safecommunities canada

A Certifying Centre for Safe Communities Programmes on behalf of the WHO Collaborating Centre on Community Safety Promotion

Karolinska Institutet, Department of Public Health Sciences, Division of Social Medicine, Stockholm, Sweden

HAGERSTOWN, MARYLAND

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Name of Community: Hagerstown, Maryland

Primary Contact Person

Name: Mike Weller

Job Title: Fire Prevention Officer

Name of Lead Organization:

Hagerstown Fire Department

25 W. Church Street

Hagerstown, MD 21740

Country: United States of America

Phone: (301) 791-2205

Fax: (301) 797-7448

Email: mweller@hagerstownmd.org

Community Website Address: www.hagerstownmd.org

Lead Organization Website Address: www.hagerstownmd.org

Safe Communities Coalition Member Organizations:

Hagerstown Fire Department
Hagerstown Police Department
City of Hagerstown Office of Community Development
Federal Emergency Management Agency
Maryland Department of Health and Mental Hygiene
Maryland Poison Center
National Safety Council
Washington County Hospital and Health Systems
Washington County Health Department
Washington County Department of Social Services
Washington County Commission on Aging
Washington County Board of Education
Washington County Department of Emergency Services
Washington County Community Action Council
Washington County Family Center
Washington County Library
Washington County Mental Health Authority
Walnut Street Community Health Center
Community Rescue Service
American Red Cross
Children's Village of Washington County
Boys and Girls Club of Washington County
Chesapeake Region Safety Council
REACH, Inc.
Equipped for Life

Community Description

Hagerstown, Maryland is located in Washington County 70 miles west of the nation's capital, in the heart of the beautiful Cumberland Valley. Known as the "Hub City" because of its rich railroad history, Hagerstown is home to nearly 40,000 citizens. The population of Washington County is currently 145,000.

As Washington County's largest city, Hagerstown is a great place to live, work, visit or raise a family. Our city has a center core where small specialty shops and restaurants offer a plethora of eclectic opportunities. The downtown includes a bustling university center, a stunning theater for the performing arts and one of the most beautiful natural parks in America. Many restored Victorian style homes dot the immediate periphery of downtown.

The area adjoining our downtown includes multiple well-established neighborhoods sporting their own unique cultural flair. Several neighborhood markets serve up freshly prepared foods and serve as gathering points for residents. A restored 30 acre fairgrounds serves as a multi-use recreational center.

The outside circumference of Hagerstown includes areas of contemporary residential, commercial and retail development. These additions have boosted our city's tax base and permitted a modest expansion of public services.

DEMOGRAPHICS OF HAGERSTOWN

Population

According to the 2000 U.S. Census, 36,687 individuals resided in Hagerstown; a four percent (4%) increase in population since the 1990 U.S. Census. Competitive housing prices, combined with lower interest rates, have spurred modest growth in the Washington County / Hagerstown area.

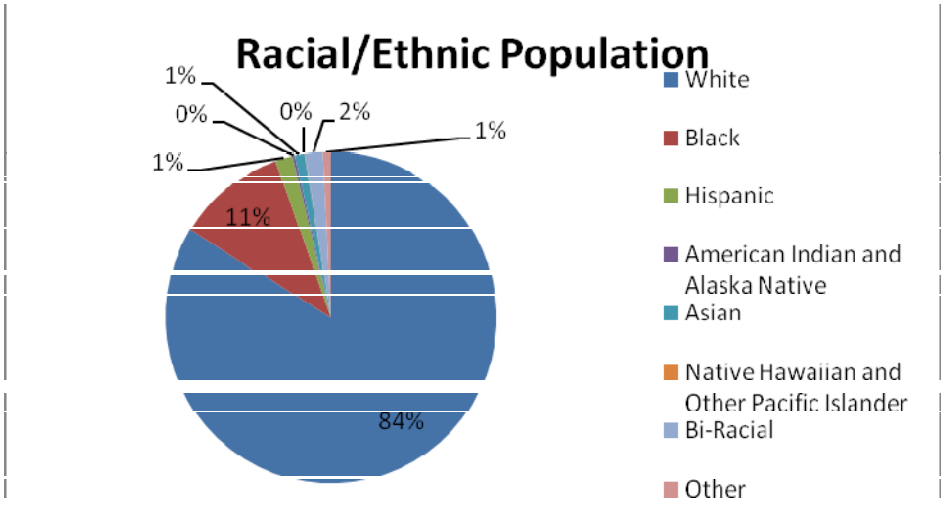
The male gender comprises 46.8% of Hagerstown's citizenry; 53.2% are females. The median age of residents is 34.8. Seven point nine percent (7.9%) of the population is younger than five. Seventy four point four percent (74.4%) of the population is older than

18 and 14.3% of the population is older than 65. The older adult population is predicted to rise dramatically over the next two decades as baby-boomers age.

Racial/Ethnic Characteristics

The 2000 Census reported that Caucasians accounted for 85.9% of the city's population. African Americans accounted for 10.1% of our citizenry. Persons of Hispanic ethnicity (regardless of race) accounted for 1.8% of the total population. Persons claiming heritage of two or more races represented 1.8% of Hagerstown's population.

Ninety-five point six percent (95.6%) of our city's population speak English as their primary (nearly exclusive) language. Four point four percent (4.4%) speak a language other than English. Of the population older than the age of 18, 3.6% speak a language other than English. Point eight percent (0.8%) of the population ages 5 to 17 speak a language other than English. These demographics are currently stable.



Persons with Disabilities

According to the 2000 U.S. Census, 23.4% of Hagerstown's non-institutionalized citizens, age five and older, have a diagnosed disability. Disability is defined as "people with long-lasting physical, mental or emotional conditions or limitations that affect the ability to perform major life activities." (See Appendix, Table 1)

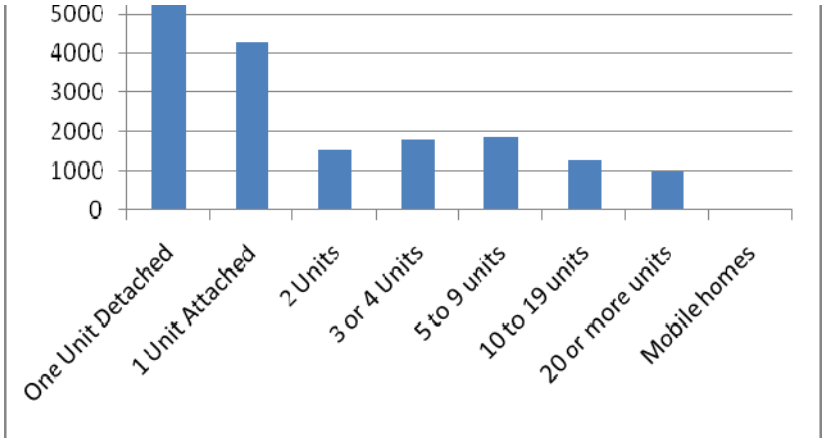
Household / Housing Characteristics

There are 17,068 residential housing units in Hagerstown; 15,827 are currently occupied. Seventy three percent (73%) of the city's residential structures were built prior to 1970. The median year of construction was 1947.

Six thousand six hundred fifty-eight (6,658) residential units are owner–occupied and 9,169 are renter-occupied. Vacant housing accounts for 1,240 housing units according to the 2000 U.S. Census. While the current housing market has stagnated new construction, the number of owner occupied homes is rising.

Fifty-seven point three percent (57.3%) of Hagerstown households are classified as being occupied by a "family". The remaining 42.7% are "non-family" households. Of the families household 13.8% are female householders with no husband present.

Since 1990, the total number of housing units has increased by 9% to 1557. Housing units have increased 18% (3,103) since 1980.



Subsidized Housing

The Hagerstown Housing Authority (HHA) is the largest provider of government assisted housing in the Hub City. It plays an important role in providing assisted housing for low income residents. HHA serves extremely low income renters whose incomes range between 0% and 30% of the median family income. HHA owns and manages 970 public housing occupancies. This represents 11% of the City's rental housing inventory and includes three multi-story properties that house a mixture of older adults and physically or cognitively disabled residents.

In addition to public housing and Section 8 rental vouchers, there are an additional 397 privately owned and assisted rental housing in the City. The majority (52%) of these units are designated as elderly housing. Another 6% of these units are designated for persons with disabilities.

Emergency Housing

Emergency shelters are defined as temporary accommodations for a 1 to 30 night duration.

Shelter	Clientele	Capacity
Citizens Assisting and Sheltering the Abused	Victims of domestic violence and their children	36 beds /up to 10 families
Washington County Community Action Council	Families	36 beds
REACH, Inc.	Families/Singles	30 beds
Rescue Mission	Single Men	81 beds
Salvation Army	Women and children	30 beds
St. John's Shelter	Families	12 beds

Three organizations provide transitional housing in Hagerstown: The Washington County Community Action Council (CAC) provides case management support with weekly reviews of budgets and case plans. Their program focuses on finding suitable employment, education and needed services to move families toward self-sufficientcy.

St. John's Shelter operates 6 units for families and provides case management support to enable clients to become self-sufficient. Citizens Assisting and Sheltering the Abused (CASA) operates 5 units for women and children. CASA also provides case management support to enable mothers and their children to become self-sufficient.

Income Characteristics

As of 2000, the median household income in Hagerstown was $30,796 with the average per capita income identified as $17,153. 15.1% of Hagerstown's families and 18.1 % of individuals lived below the poverty level. The median income level for married families was $47,120 and the median income level for female head of household without a spouse was

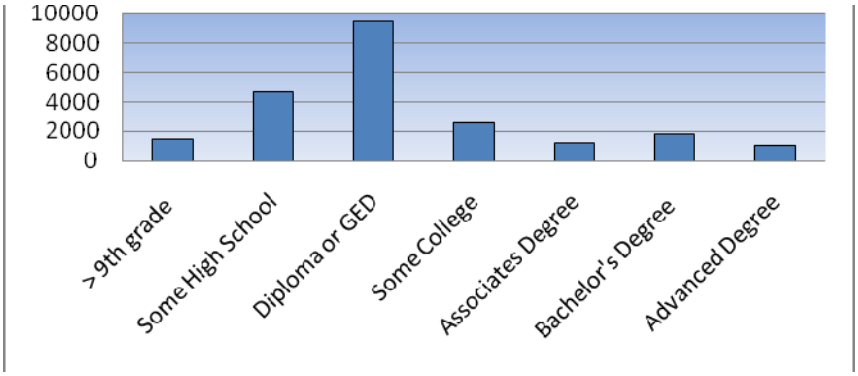
$15,255. While the income level of individuals and families has risen over the past decade, the level of poverty has remained consistent.

Education Profile

The Washington County Board of Education operates 46 public schools. Fifteen (15) of the schools are located within Hagerstown. Distribution includes: eight elementary schools, three middle schools, two high schools, one technical-vocational center and a special education complex. A new school for the performing arts will open in 2009.

There are twenty-five (25) private schools in Washington County. Five of the schools are located within the City of Hagerstown. Several church operated child development centers are also located in Hagerstown.

The breakdown of educational attainment for residents older than age 25 is depicted in the chart shown below.



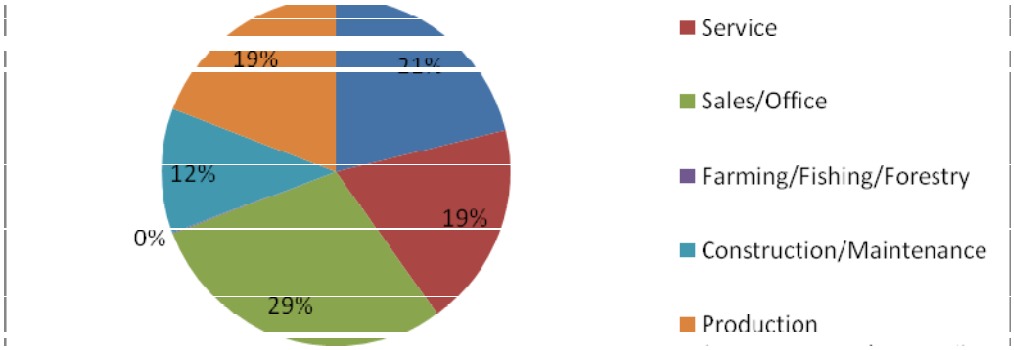
Hagerstown Community College offers associate level degrees in general studies and several specialty domains.

In 2005 the University System of Maryland at Hagerstown (USMH) opened in a beautifully restored downtown location. The ultra-modern complex offers twenty programs of study, at bachelors and masters degree levels, from five respected institutions within the University System of Maryland. A doctorate program in educational leadership is slated to begin in 2010.

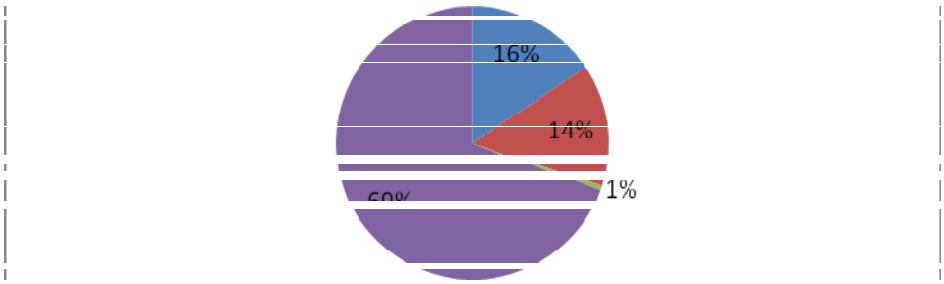
The USMH campus was a welcomed addition to Hagerstown. Due to our somewhat rural location in Western Maryland, students seeking higher education had to travel a minimum of 30 miles (and an average of 50 miles) when seeking a degree of education higher than the associate level.

Employment Profile

Of the 28,136 individuals, age sixteen years and over, living in the City of Hagerstown, 64.4% are in the labor force. The chart below the gives the percentages of the labor force in their respected industries.



As indicated in the following chart, the largest employer of workers in Hagerstown is the manuacturing industry. This cohort represents 15.6% of Hagerstown's workforce.



Transportation Profile

The Washington County Transportation Department operates public transportation in Hagerstown. The County Commuter public transit system runs eight fixed urban routes that originate in Hagerstown. They also provide transportation for older adults and persons with disabilities through a contracted taxi voucher program. In addition, there is also a complimentary Para-transit Service for individuals with disabilities to employment sites. This program is offered in cooperation with the Washington County Department of Social Services.

While a reliable public transportation system is available in Hagerstown, motor vehicles remain the most desired mode of travel for citizens. The following chart profiles preferred methods of transportation in Hagerstown:

Transportation to Work	% of Workforce
Own Transportation	89.7
Car Pool	13.3
Walk	3.9
Worked from Home	2.5
Public Transportation	2.2
Other Means	1.2
Bicycle	0.3
Motorcycle	.2

Religious Facilities

Currently, there are 67 religious institutions within Hagerstown. Religious dominations represented include: Baptist, Lutheran, Catholic, Methodist, Episcopal, Unitarian, Pentecostal, United Church of Christ, Brethren, Assemblies of God, Apostolic, Inter-Denominational and Non-Denominational.

INJURY RISK PROFILE

Hagerstown's profile of human-influenced risks mirrors those experienced in communities throughout Maryland and the United States. Falls, people being struck by or against an object, overexertion, cutting / piercing and motor vehicle / traffic incidents are the leading reasons why both Maryland and Washington County residents seek emergency department care. These types of incidents, plus poisoning and self inflicted injuries, comprise the leading injury-related ER visits from Hagerstown residents.

In both Washington County and the City of Hagerstown, the leading causes of injury requiring hospitalization include falls, motor vehicle / traffic incidents and poisoning. Deaths from preventable injuries most often result from motor vehicle / traffic incidents, poisoning, self inflicted incidents and falls. The following graphics show profiles of preventable injuries that occur in Maryland, Washington County and the City of Hagerstown.

State of Maryland Injury Data

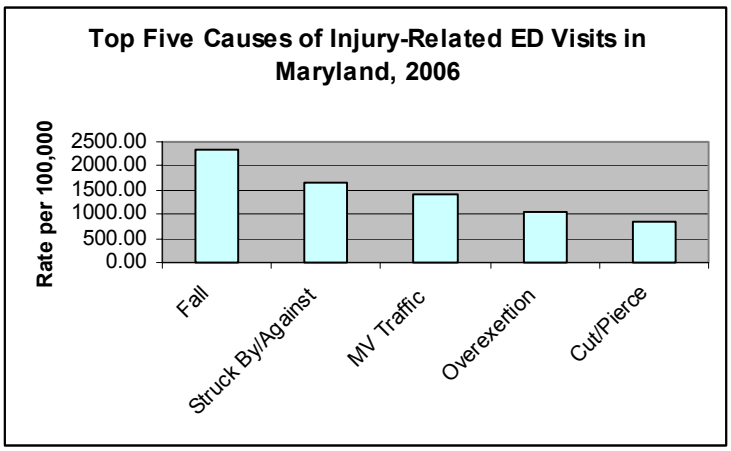


Figure 1: Hospital discharge data provided by the MD Health Services Cost Review Commission (HSCRC). Rates are based on the US Census Bureau 2000 population estimate.

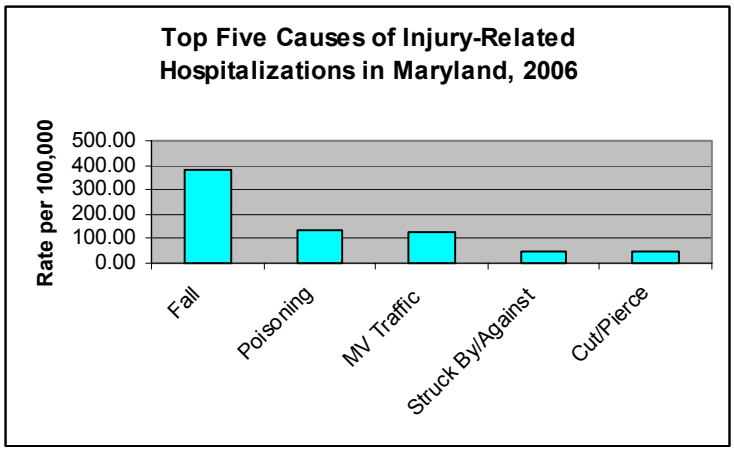


Figure 2: Hospital discharge data provided by the MD Health Services Cost Review Commission (HSCRC). Rates are based on the US Census Bureau 2000 population estimate.

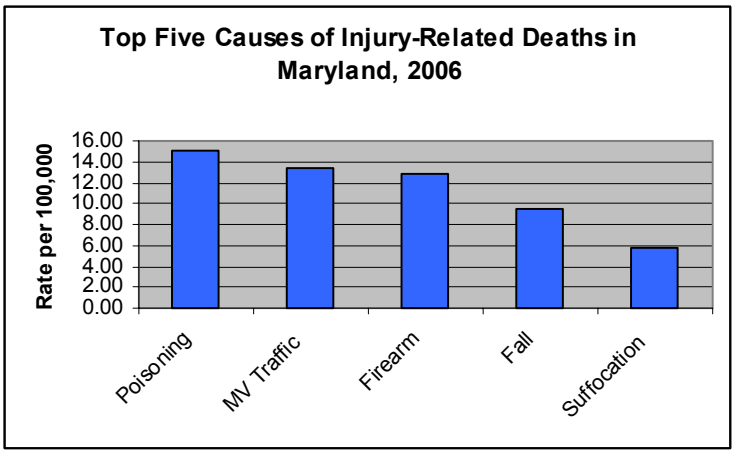


Figure 3: Death data provided by the MD Vital Statistics Administration. Rates are based on the US Census Bureau 2000 population estimate.

Washington County Injury Data

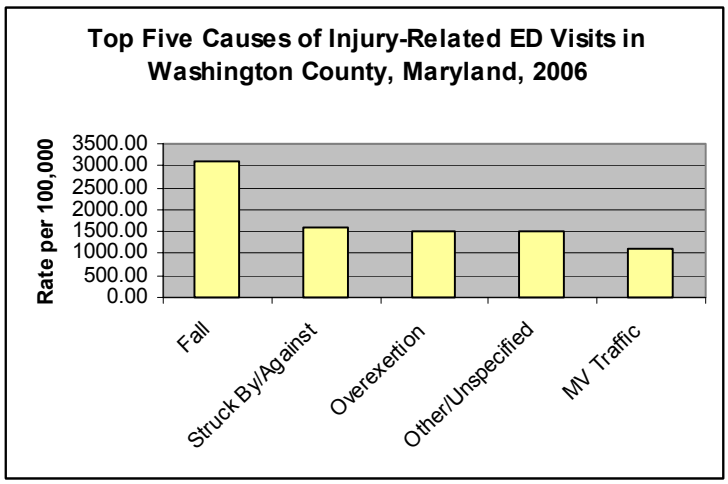


Figure 4: Hospital discharge data provided by the MD Health Services Cost Review Commission (HSCRC). Rates are based on the US Census Bureau 2000 population estimate.

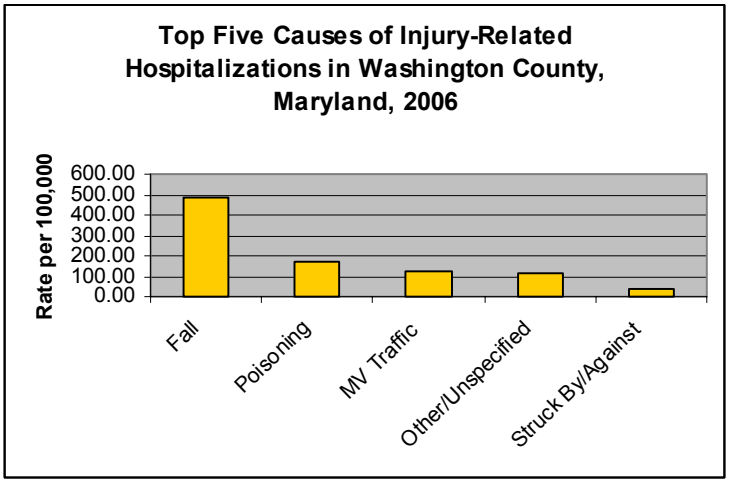


Figure 5: Hospital discharge data provided by the MD Health Services Cost Review Commission (HSCRC). Rates are based on the US Census Bureau 2000 population estimate.

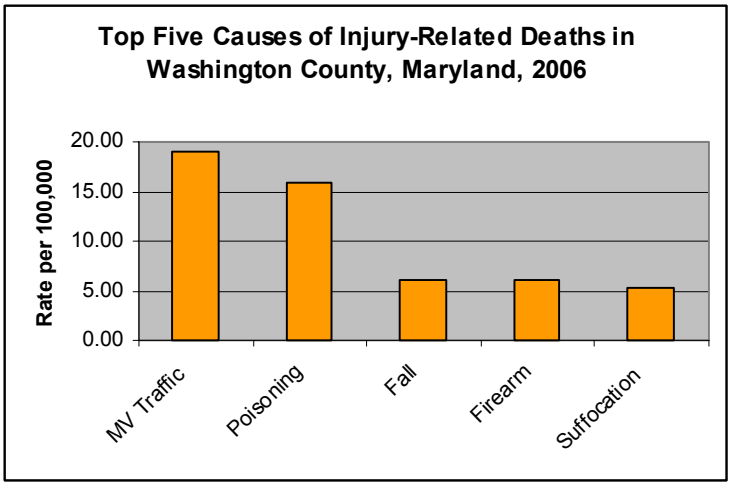


Figure 6: Death data provided by the MD Vital Statistics Administration. Rates are based on the US Census Bureau 2000 population estimate.

One challenge in working with injury morbidity (hospitalization and emergency department) data is fluctuation in the source's level of specificity. For example, the generic category "other/unspecified" appears as the number four cause of injury-related hospitalization in Washington County. This is further addressed in a subsequent section dedicated to the description of the data.

Of interest when looking at these rates is the "intent" of the injury. An intentional injury is considered a violent incident. By better characterizing the injuries in this way, a more descriptive picture of the risk profile becomes clear.

Intent of Washington County, MD, Injury-Related Emergency Department Visits, 2006				
Injury	**Unintentional**	**Intentional**		
		Self-Inflicted	**Assault**	**Other/Unspecified**
Fall	100%	0%	0%	0%
Struck By/Against	89%	1%	10%	0%
Overexertion	100%	0%	0%	0%
Other/Unspecified	83%	1%	16%	0%
Motor Vehicle Traffic	100%	0%	0%	0%
Hospital discharge data provided by the MD Health Services Cost Review Commission (HSCRC).				

For incidents that involved only an emergency department visit, the injuries were largely unintentional.

Intent of Washington County, MD, Injury-Related Hospitalizations, 2006				
Injury	**Unintentional**	**Intentional**		
		Self-Inflicted	**Assault**	**Other/Unspecified**
Fall	100%	0%	0%	0%
Poisoning	33%	59%	0%	8%
Motor Vehicle Traffic	100%	0%	0%	0%
Other/Unspecified	86%	#	9%	#
Struck By/Against	62%	0%	38%	0%
Hospital discharge data provided by the MD Health Services Cost Review Commission (HSCRC).				
# indicates a count that was too low to report publicly for patient privacy concerns.				

As the severity of the injuries increase and require hospitalization, a larger proportion of intentional injuries are presented. Specifically of note here is that a majority of poisonings requiring hospitalization were self-inflicted. By stratifying the data in this way, it is possible to understand how mental health programs will be an important element of the Safe Communities team. Additionally, a significant proportion of "struck by/against" type incidents are identified as intentional.

Intent of Washington County, MD, Injury-Related Deaths, 2006				
Injury	**Unintentional**	**Intentional**		
		Suicide	**Homicide**	**Other/Unspecified**
Motor Vehicle Traffic	100%	0%	0%	0%
Poisoning	10%	24%	0%	66%
Fall	100%	0%	0%	0%
Firearm	0%	88%	12%	0%
Suffocation	71%	29%	0%	0%
Death data provided by the MD Vital Statistics Administration.				

Firearm injuries appear in the top five causes only for fatal injuries. In Washington County, 88% of firearm deaths were classified as "suicide."

A trend analysis of Washington County injury incidents from 2002 through 2006 is included in the appendix. (See Figures A, B, and C) Injury-related emergency department visits appear to be relatively stable. The number of fall-related hospitalizations has been steadily increasing over the past five years. Motor vehicle traffic-related deaths appear to be slowly increasing over time. The City of Hagerstown continues to work with the Maryland Department of Health and Mental Hygiene for further data analysis to better understand trends in injury issues.

City of Hagerstown Injury Data (2006)

By limiting the sample size to incidents occurring to residents of Hagerstown, rate calculations are small enough to be considered unstable by state epidemiologists. Therefore, only "count" data is presented below.

In order to best characterize the injury risk for Hagerstown residents, these data have been stratified by age group. It is evident that the injury risks for each group are quite distinct.

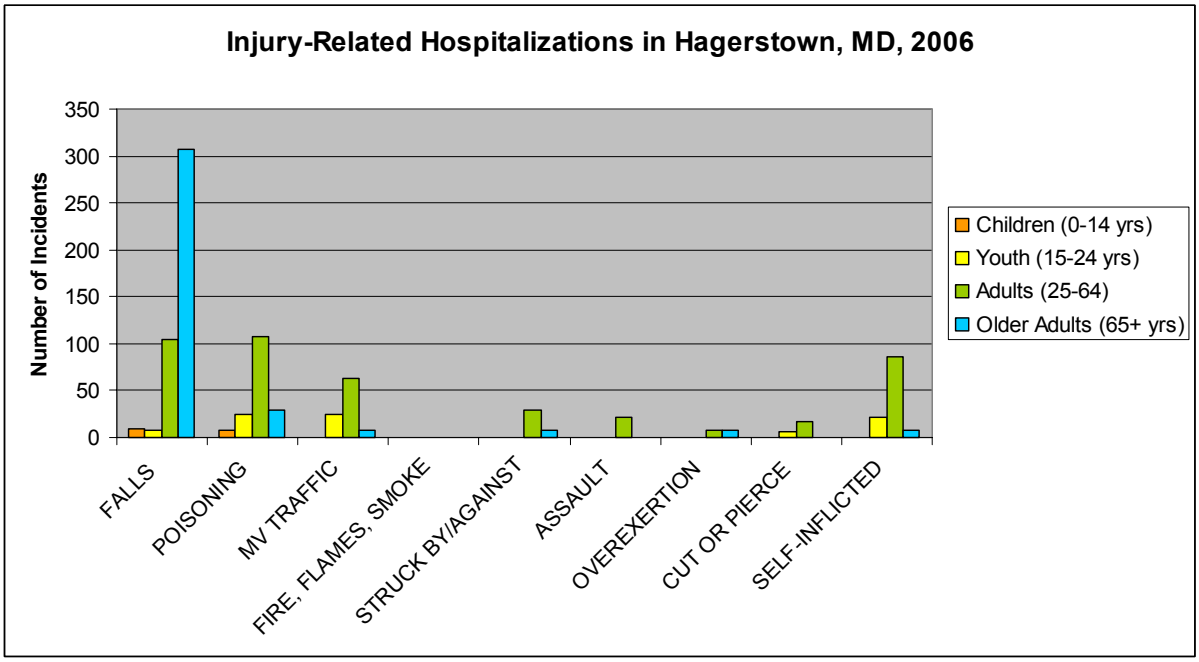


Figure 7: Hospital discharge data provided by the MD Health Services Cost Review Commission (HSCRC). Counts have been withheld for categories with 6 or less incidents due to patient confidentiality.

Clearly, the largest proportion of injury incidents requiring hospitalization are falls by older adults. Adults ages 25-64 are also largely affected by serious injury, with their large representation in the falls, poisoning, and self-inflicted groupings.

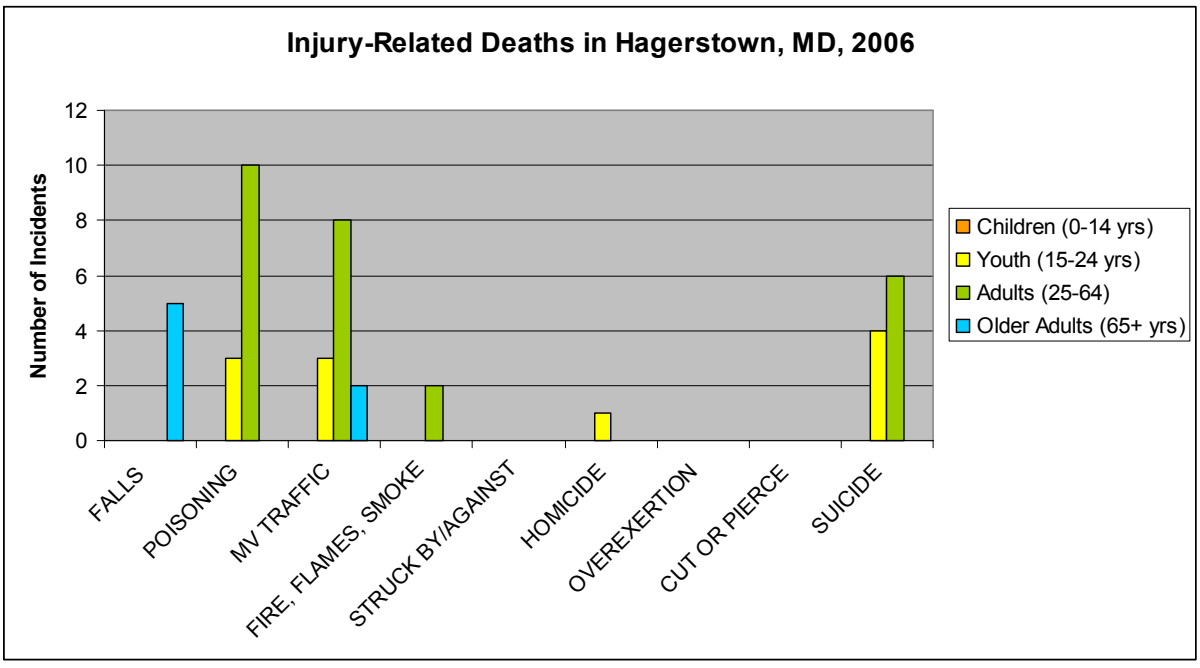


Figure 8: Death data provided by the MD Vital Statistics Administration.

Poisonings in adults ages 25-64 make up the largest category for injury-related deaths. Although information regarding the intent of injury was not readily available for Hagerstown-specific data, it is possible to assume that Hagerstown follows the same pattern as the greater Washington County area. If the assumption proved true, it would indicate approximately one fourth of those poisoning deaths as suicides. Approximately ten percent would be suicides and the remaining two-thirds would be undetermined.

Motor vehicle traffic incidents affect Hagerstown residents across almost the entire lifespan. Since Hagerstown did not lose a child, age 0-14 years, due to injury in 2006, this may be a testament to the success of numerous risk reduction programs targeted at children. These programs are further described in the following sections.

The preventable injury risk profile of Hagerstown largely mirrors the state of Maryland. Hagerstown's working class demographics and subsequent areas of low-income households may contribute to increasing causation of traffic incidents, poisoning (including alcohol / drug incidents), self inflicted harm and falls.

The agencies who address the above-listed risks have collaborated for two decades to address preventable injury among our younger populations. As the reader will learn, we have done an excellent job of making our community a safe place to grow up. This team is now committed to addressing the challenging reality of a fast-paced, stressed and aging community.

Program Description

INDICATOR 1: COLLABORATION IN SAFETY PROMOTION

The vision of making Hagerstown a safe community began in the mid-1980s when a group of community leaders, health agencies, emergency service professionals, local government, private industry and the Board of Education joined forces to explore the possibility of creating an injury prevention center where elementary age students would learn comprehensive life safety skills. This group was originally known as the Children's Safety Task Force.

Aided by the hospital and health department, the group studied local risk issues and determined that a focus was needed on fire, traffic, bicycle, pedestrian, water, poison and personal safety. The Board of Education suggested the safety curriculum be tailored for second-graders due to their stage of intellectual development. Safety officials agreed and also cited the ability of elementary age students to act as change agents who could influence safer behaviors by family members in the home environment.

The original safety curriculum was designed by firefighters, police officers, medical staff, elementary teachers and health educators. Impressed with the partnership's business plan and curriculum, the Board of Education donated a five acre land parcel to be designated as Children's Safety Village of Washington County. They also agreed to provide busing, insurance coverage and support services that would enable all public school second grade students to attend the program.

Armed with a business plan, land and the commitment from the Board of Education, the coalition's next step was to build the center. A local contractor / philanthropist volunteered to serve as the construction chairperson. He then persuaded local contractors and building supply companies to donate their services and created the campus free of charge to our community. Service organizations furnished the complex and local government provided a wide range of support services.

After five years of development, Children's Safety Village began operation in January 1991. For the past 18 years, the center has permitted approximately 40,000 grade two public, private and home-schooled students from Washington County to receive comprehensive life safety education from firefighters, police officers, medical providers and health educators.

The curriculum's core theme is that nearly all forms of injury are understandable, predictable and preventable. A key sub-theme is the relationship between personal responsibility, critical thinking and positive outcomes. The interactive curriculum

enlightens students as to why education, technology, rules, enforcement and incentives are best used in tandem as injury prevention strategies.

The impact created by the partnership between our Board of Education, building supply companies, contractors, public health agencies, emergency services and citizens is a model exemplifying the benefits of institutionalizing injury prevention as a core community value. Our example of how to develop and utilize a collaborative partnership is used by the National Fire Academy in Emmitsburg, Maryland and shared worldwide with students enrolled in risk prevention programs.

The ultimate goal of Children's Safety Village is to influence a cultural change whereby the next generation of citizens view "accidents" as unacceptable and take appropriate initiative to create a safer community. Evidence of the outreach and impact created by Children's Safety Village can be reviewed through the media coverage that appears in the appendix of this application.

Creating, sustaining and advancing the operation of a nationally recognized community-based injury prevention campus demanded the attention and resources from a wide range of partners during the period of 1986 until 1996. Many partners who contributed to the success of Children's Safety Village now comprise the current Hagerstown Safe Community Coalition, and understanding the benefits of this collaborative effort, they continue to apply their talents and resources to ensuring the safety and health of the citizens of Hagerstown. This includes funds provided by DHMH that specifically support the Safe Communities designation process.

Hagerstown Safe Community Member Agencies

Name	Title	Organization
Mike Mowen	Community Services Coordinator	American Red Cross
Jim Deaner	Executive Director	Boys /Girls Club Washington County
Dave Madaras	Director	Chesapeake Region Safety Council
Rochelle Morrell	Executive Director	Children's Village Washington County
Dave Hayes	Assistant Chief	Community Rescue Service
Mike Lida	Safety Coordinator	Equipped for Life
Mary Marchone Gerry Bassett	Training Specialist Training Specialist	Federal Emergency Management Agency
Gary Hawbaker Deanna Pelton Megan O'Brien Mike Weller	Chief Public Educator Community Resources Coordinator Public Educator	Hagerstown Fire Department

Richard Reynolds	Lieutenant	Hagerstown Police Department
Jade Leung Jennifer Clarke Erin Reiney Joan Stine Jane Talbott	Chief – Prevention Division Injury Prevention Officer Injury Prevention Officer Senior Prevention Officer Senior Prevention Officer	Maryland Department of Health and Mental Hygiene
Angel Bivens	Chief Health Educator	Maryland Poison Center
Kristin Lolmaugh	Senior Program Manager	National Safety Council
		REACH, Inc.
Debbie Hillyard	Health Education Coordinator	Walnut Street Community Health Center
Edward Masood	Director of Athletics / Curriculum	Washington County Board of Education
Elizabeth Church	Community Outreach Director	Washington County Commission on Aging
Kim Buchanan Dave Jordan	Community Outreach Officer Executive Director	Washington County Community Action Council
Verna Brown	Emergency Management Officer	Washington County Department of Emergency Services
Joyce Martin	Supervisor – Child Protective Services	Washington County Department of Social Services
Amanda Distefano Mary McPherson		Washington County Health Department
Susan Bayer Joan Fortney	Trauma Prevention Specialist Trauma Prevention Specialist	Washington County Hospital and Health Systems
Jeff Ridgeway Kathleen O'Connell	Education Specialist Education Specialist	Washington County Library
Rick Rock	Clinical Director	Washington County Mental Health Authority

The mission of the Hagerstown Safe Community Coalition is to identify and address leading risks that threaten the safety of Hagerstown's citizens. Our coalition is working strategically and cooperatively to accomplish this goal. Evidence of progress is the

comprehensive data review performed by Maryland DHMH on preventable injuries and its associated mortality in Hagerstown.

Information from the DHMH study revealed that while the occurrence of preventable injury seems to be declining among the population age 0 – 14, it is rising among our population of older adults. Closer examination identified falls as being the leading cause of preventable injury among this group.

Evidence of coalition activity is the recent Fall Summit held in Hagerstown. This meeting brought all member agencies with a vested interested in the well-being of older adults to a planning session for the Home Safety Makeover Program. Home Safety Makeover is a program that will address fire, fall and carbon monoxide poisoning risk among the older adult population over age 65.

Home Safety Makeover is currently in its formative stage of development. It is being refined as a direct result of the Hagerstown Safe Community Coalition's desire to ensure appropriate fall prevention strategies will be used in a strategic and effective manner.

Minutes documenting the coalition's progress can be reviewed in the appendix of this application.

Use of Task Forces:

Whenever possible, Hagerstown has used available data resources to recognize the leading safety risks within the community. New programs are developed to address these risks. As a cohesive community, the members of the Hagerstown Safe Community support these initiatives according to their areas of expertise. Some examples of the task forces include:

Children's Safety Task Force: The Children's Safety Village was Hagerstown Safe Community first Task Force Group centered on the concept of building a generation of future leaders who view injuries as unacceptable and take appropriate actions to continually create a safer community. Various members of the Hagerstown Safe Community Coalition are directly involved in the curriculum, i.e., police officers, educators, firefighters and allied health professionals. Beyond Safety Village, the Children's Safety Task Force currently has members from the Washington County Board of Education; the Hagerstown Fire Department; and the YMCA.

This task force group is involved in the Character Counts, Youth Sports Programs, Water Safety Programs and Safe Routes to School program.

Safe Kids of Washington County: Safe Kids Washington County is a coalition made up of numerous community members whom have a vested interest in childhood injury prevention. The main goal of Safe Kids Washington County is to reduce the number of unintentional injuries to children. Safe Kids Washington County meets this goal by providing a variety of services to Washington County Residents covering several topic

areas: Child Passenger Safety, Pedestrian Safety, Poisoning Prevention, Fire Prevention, Falls Prevention, Playground Safety, At Home Safety, Water Safety, Bicycle Safety, and Gun Safety.

The Washington County Health Department currently serves as lead agency for Safe Kids Washington County. Prior to the Health Departments designation as lead agency it was run by the Washington County Hospital and the Washington County Chapter of the American Red Cross. The Health Department has acted as lead agency for the past several years and is proud to serve in that capacity. The Health Department and our partner agencies are striving to make Washington County Safe Kids grow and thrive in the community. As lead agency the Washington County Health Department employs a staff person to act as the coalition coordinator. The coordinator is responsible for the coordination of regular meetings, events, and the implementation of programs to cover the topic areas listed above.

In addition to programmatic needs, the coordinator is charged with the task of seeking funding to sustain the programs and seek out funding that may be of assistance to other coalition members in meeting their goals and objectives. Grant writing and program evaluation are large parts of the coalition coordinator's duties and the coordinator must work to keep all coalition members apprised of information concerning funding, grant opportunities, programmatic needs and advancements, and any happenings within Washington County as it relates to Safe Kids and/or childhood injury data and statistics.

It should be noted that it is the Safe Kids Coordinator who conducts impact studies evaluating the knowledge gain that occurs among students who attend the Children's Safety Village. The coordinator is also the person responsible for calling our attention to the Smoke Alarms for Everyone (SAFE) grant that is currently being administered by the Hagerstown Fire Department.

Safe Kids Washington County operates as a grassroots coalition established with the goal of reducing childhood injury. It is part of Safe Kids Worldwide at the global level, Safe Kids USA at the national level, Safe Kids Maryland at the state level, and Washington County Safe Communities Coalition at the local county level. Safe Kids Washington County works under the umbrella of each of the listed groups to ensure that each distinct goal is being advanced at the grassroots level in Washington County. Although each listed agency works to identify injury risk factors for children, it is the specific charge of Safe Kids Washington County to work on the local level to provide programs and services to educate parents and caregivers on risk reduction strategies to prevent unintentional injuries.

Every three years, Safe Kids Washington County performs a Community Needs Assessment of childhood injury risk factors at the local county level. The assessment identifies the needs within Washington County, helps identify injury hot spots, and helps us target our efforts to the areas and populations within the community with the greatest need. This helps the coalition focus our efforts in a more effective way, giving us a better

understanding of injury in the community. Based on the Community Needs Assessment, an Action Plan is formulated for the coalition. Typically, this document is a 3-5 year plan with very specific goals and objectives for the coalition. The Communities Needs Assessment, in addition to the Action Plan, acts as the driving force for all programs and services implemented by the coalition. objective given by at the National, State, and Local level by the groups referenced above are

The relationship that Safe Kids Washington County has with its National, State, and local counterparts assists in fulfilling the needs of Washington County in an number of ways. For example, it provides the team easier access to data needed for assessment and evaluation. It also gives the group increased knowledge and a better understanding of injury trends and data at all levels. In addition, it links us to funding sources to which we would not otherwise have access, as well as expands our opportunity for growth and development as a coalition. We are able to reach a larger proportion of the population with this joint effort approach. The information gathered and passed down from these larger groups is an invaluable tool to Safe Kids Washington County as it allows us to leverage more impact from the limited resources available to us.

Smoke Alarms for Everyone (SAFE): Smoke Alarms for Everyone is an initiative sponsored by the Centers for Disease Control and administered by the Maryland Department of Health and Mental Hygiene. The initiative provides select U.S. communities with resources to address fire risk among the community's highest risk households. A major component of the project involves firefighters installing extended-life smoke alarms in target homes. Education on Hagerstown's leading fire risks /solutions takes place in a one-on-one manner with residents that receive program services.

Hagerstown was awarded its first SAFE grant in 2007. Now in its third year, firefighters have served over 1,600 households installing over 3,000 smoke alarms. High-risk homes are identified by the partner agencies that comprise the Hagerstown Safe Community Coalition. This collaboration improves the effectiveness of the initiative.

In addition, Hagerstown Fire Department has offered a free smoke alarm program to city residents since 1983. The program has long been co-sponsored by the Office of Community Development and utilized HUD monies to purchase smoke alarms. To date, over 12,000 households have been served with over 27,000 smoke alarms installed. The SAFE grant has been a welcomed addition due to a shrinking pool of block grant funding sources.

Media coverage documenting the SAFE program is included in the appendix of this application.

Juvenile Firesetter Intervention Task Force: The Hagerstown Fire Department (HFD) has led our community's juvenile firesetter intervention task force since its inception in 1986. The task force is comprised of HFD fire marshals and the education officer, Maryland Department of Juvenile Services, Washington County Social Services, Children's

Safety Village and representatives from the mental health clinical community. Referrals to the task force can be either voluntary from parents / schools or mandated by the juvenile justice system. The program uses a combination of educational, punitive and economic incentives to prevent acts of recidivism. Outcome studies reveal the post-program firesetter recidivism rate to be less than .01% among juveniles who have completed the program.

Neighborhood's First Task Force: Working with community partners, members of the Hagerstown Safe Community led by the City of Hagerstown have also led an initiative to help create safe, vibrant, and sustainable neighborhoods. The 15 Neighborhood's First association have developed parks, created greenways, enhanced various forms of public utilities, and collaborated on public safety issues. Media documentation on Neighborhood's First is presented in the appendix of this application.

Lowe's Heroes: Lowe's Heroes is a program that pairs Lowe's employees with service professionals to perform quality of life enhancements in the local community. Since 1997, Hagerstown has partnered with its Lowe's stores to conduct the annual program. Lowe's Heroes have helped firefighters visit over 5,000 homes to educate citizens about leading fire risks / solutions and install free smoke alarms.

In 2008, the Heroes conceived the Home Safety Makeover Program. The program provided in-home education on fall, fire and carbon monoxide poisoning prevention to older adults who lack a family support system. Environmental modifications such as smoke alarms, carbon monoxide detectors, lighting, stair rails and grab bars were installed free of charge. The concept of Home Safety Makeovers helped launch the Older Adult Safety Task Force. Documentation of Lowe's Heroes is included in the appendix of this application.

Older Adult Safety Task Force: This task force examines data to identify and address preventable injuries among the older adult population. Some of the activities undertaken by this task force include full pilot testing and implementation of the Home Safety Makeover Program headed by Hagerstown Fire Department and Office of Community Development. In addition to Lowe's, this program receives assistance from Washington County Hospital, Commission on Aging, and Health Department; Equipped for Life; Social Services; Library and the Hagerstown Police Department.

Another focus of this task force, spearheaded by the Washington County Commission on Aging, is the AARP driver safety program designed to help drivers improve their skills and prevent traffic accidents.

Finally, Project Lifesaver, a specialized rescue operations program, serves persons with Autism, Alzheimer's, Down syndrome and other related brain disorders. At-risk clients are issued electronic tracking mechanisms that help emergency responders locate them should they become lost in the community. Regular drills help responders practice locating clients. Media coverage on Project Lifesaver is included in the appendix of this application.

Crime Prevention Task Force: One of the activities of this task force includes National Night Out. Held for the past 26 years, this event is organized by the Collaborative Supervision and Focused Enforcement (CSAFE). National Night Out is designed to: 1) heighten crime prevention awareness; 2) generate support for and participation in local anticrime programs; 3) strengthen neighborhood spirit and police-community partnerships; and 4) send a message to criminals letting them know that neighborhoods are organized and fighting back. National Night Out is held at Hagerstown Fairgrounds Park each year on the first Tuesday in August. Several hundred families attend the annual event. Media coverage of the 2009 event is documented in the appendix of this application.

Washington County Narcotics Task Force: Founded in 1986, The Washington County Narcotics Task Force is comprised of members from the Hagerstown Department of Police and the Washington County Sheriff's Office. The NTF is responsible for the investigation, arrest, and prosecution of persons who violate the controlled dangerous substance laws of Maryland, regardless of the sophistication of the illicit operation. The office is currently staffed by fifteen personnel to include five officers from the Hagerstown City Police, five from the Washington County Sheriff's Department, an Intel Analyst, one full time prosecutor from the States Attorney's Office, one part-time prosecutor/nuisance abatement attorney, and two support staff.

The NTF is housed with the Drug Enforcement Administration and the Maryland State Police at the DEA's Hagerstown Office and works closely with Hagerstown's Street Crime Unit. This pooling of investigative resources benefits each investigative unit by increasing staff levels, having less duplication of services, and by coordinating the targeting of drug offenders. Some of the NTF agents are also federally deputized members of the DEA, which gives these local agents enforcement powers anywhere in the United States. This has been very beneficial since drug violators frequently move through the tri-state area.

Washington County Gang Task Force: Created on November 14, 2005, the task force formed as a result of learning from other communities' misfortune at having recognized they had a gang problem too late to make a real impact in the primary prevention of gang organization within their districts. Washington County believes that it is more effective and cost efficient to prevent gangs from organizing than it is to suppress them or intervene in gang activities once they are established.

The Washington County Gang Task Force has a membership that includes law enforcement, state government, county and municipal governments, Parole and Probation, Public Schools, State Division of Corrections, the Detention Center, States Attorney's Office, the Health Department, Social Services, C-SAFE Program Coordinator, Local Management Board, Department of Juvenile Services, Hagerstown Community College, and other private and public entities.

The definition of gang used by the Task Force is a group of three or more individuals, juvenile or adult, who associate on a continuous basis, form an allegiance for a common purpose, and are involved in delinquent or criminal activity.

The Gang Task Force is presently providing as many gang awareness training sessions as possible so that parents and concerned citizens can recognize individuals as being a potential gang member or that an individual is at risk for recruitment into a gang. Services are also available to any group that would like to host gang awareness training.

Child Fatality Review Task Force: The task force includes members of the police, fire, emergency medical services, health department, Safe Kids, hospital and forensic pathology community. The team meets quarterly to review all deaths of youth under age 18 that required investigation by the medical examiner's office. This strategy ensures that all deaths of young people, precipitated through preventable or intentional injury, are reviewed by the task force. Injury prevention strategists use data from the task force as a rationale for enhancing injury prevention curricula.

INDICATOR 2: LONG-TERM, SUSTAINABLE PROGRAMS

As referenced earlier in this application, Hagerstown has a history of recognizing injuries as preventable incidents. Accordingly, the city has developed a variety of prevention programs addressing an array of injury issues. While the period of 1986 – 1996 was dedicated primarily to developing and sustaining Children's Safety Village, the past decade has seen expansion of initiatives that target additional preventable risks.

The Washington County Board of Education, through collaboration with community and council partners, has institutionalized risk reduction as a core value. Injury prevention is included at all levels of the K – 12 essential curriculum and taught by certified teachers and allied professionals. Curricula correspond with the nationally recognized Character Counts initiative and exceed federally mandated No Child Left Behind benchmarks. The core curriculum objectives are listed under Section 3.2.1 of the official health curriculum and available for public review through the Washington County Board of Education.

Whenever possible, the community has used available data resources to recognize the leading threats to safety within Hagerstown. New programs are often developed according to the identification of newly recognized injury risks. Please see the appendix for a complete inventory of programs available to Hagerstown residents. As evidenced by the matrix identifying each agency's programs, 125 address risk among children /youth (age

birth to 14), 130 focus on people age 15 – 24, 100 target the group age 25 to 64 and 85 are tailored for older adults (age 65+).

Highlighted here are several programs that have been implemented by community and council partners in order to serve citizens from both genders and of all ages. The following programs are presented by preventable risk area:

Fire:

Hagerstown Fire Department Door to Door Safety Canvassing-- For over 23 years the Hagerstown Fire Department has conducted comprehensive door to door canvassing of the community. The goal of canvassing is to provide in-person education about Hagerstown's leading fire risk issues and obtain working smoke alarm protection in all city homes. Firefighters personally visit more than 4,000 homes each spring during the annual canvass. The goal is to make contact with each Hagerstown household *at least* once every five years.

Poisoning:

Home Chemical Safety Program-- is a curriculum focused on poison prevention. Washington County Emergency Management has built a partnership with the local school system in implementing this curriculum among fourth graders in Hagerstown city schools. With a focus on primary prevention, students learn to respect chemicals as an important part of the environment that can be hazardous if stored or used improperly.

Motor Vehicle: Traffic Safety:

Washington County Community Traffic Safety Program--The Washington County Community Traffic Safety Program creates and implements activities to alleviate highway traffic safety problems as part of a strategic highway safety plan. Project objectives are to reduce reported crashes and crash fatalities and injuries, decrease Maryland's overall fatality

rate, increase Maryland's seat belt/child safety seat usage, and decrease Maryland's alcohol-related fatalities. This includes law enforcement overtime efforts, public awareness / educational campaigns, and the purchase of safety equipment.

Safe Routes to School--Safe Routes to School programs enable community leaders, schools and parents across the United States to improve safety and encourage more children to safely walk and bicycle to school. In the process, programs are working to reduce traffic congestion and improve health and the environment, making communities more livable for everyone. Nationally, the Safe Routes to School program has documented results such as a reduction of speeding in school zones, increased community collaboration, and policy changes to improve safe walking conditions. Hagerstown received three grants from the Maryland State Highway Administration for the Safe Routes to School Initiative. All three grants include infrastructure, law enforcement and education. The goal of the initiative was to get kids walking and biking safely to school. In 2008, Hagerstown's Salem Avenue Elementary was one of more than 2,978 schools that participated in the 2008 National Walk to School Day.

Driven by injury data, the city of Hagerstown also implements several prevention programs that serve the community as a whole by addressing injuries sustained both at the work and in the community environments. The following programs are listed by environments served:

Occupational:

Occupational Safety and Health Training--The City of Hagerstown has developed an initiative to create safer work environments throughout the community. Implementation sites include the public works office, water pollution control and the City golf course, among others. Please see the appendix for a more specific explanation of the various branches of prevention included in this program.

Sports Safety:

Hagerstown YMCA Youth Sports Programs--The Hagerstown YMCA Youth Sports programs give children and their parents a safe learning environment with focus placed on positive physical, social, and mental development. Hagerstown's sports programs are based upon learning the fundamentals of the chosen sport, as well as the four core values of the YMCA to include: *honesty, caring, respect, and responsibility.*

American Red Cross Swimming and Water Safety Program -- Hagerstown's Red Cross Water Safety program is a comprehensive training initiative that not only teaches people of all ages to swim, it provides instruction of how to be safe in, on and around bodies of water. The program includes swimming courses for a variety of age groups and abilities. It also includes a wide range of water safety courses and presentations to help teach all age groups how to enjoy the water safely—and how to take effective action if an emergency does occur.

Leisure Safety:

Neighborhood's First Initiative--Since 1997, the City of Hagerstown has been a driving force behind an initiative to help create safe, vibrant and sustainable neighborhoods. The Neighborhood's First mission statement "To Live in a Better Neighborhood *Without* Moving" speaks to the goal of the initiative: Provide resources that empower residents to identify common *quality of life* concerns and work collaboratively to address them. There are currently 15 active associations in Hagerstown. Each group meets monthly; the leaders of each group meet every other month. All groups gather quarterly for city-wide collaboration.

The Neighborhood's First initiative has created a positive impact in Hagerstown. Associations have co-developed neighborhood parks, created greenway areas, enhanced various forms of public utilities and collaborated on public safety issues. Most notably in the area of public safety, calls for police service and fire response have declined in several neighborhoods that feature an active association. Evidence of these trends has been noted after reviewing aggregate response data from the Hagerstown Fire and Police Departments.

The Neighborhood's First initiative has created a direct line of communication between city government and neighborhoods. Each association has a president who acts as chief liaison between their neighborhood and city government. A representative from city staff serves on each neighborhood association. The staff committee representing Neighborhood's First includes representatives from each city department.

Several members of the Hagerstown Safe Community Coalition serve on the city's Neighborhood's First staff committee. In addition to attending monthly neighborhood association meetings, members of our coalition conduct safety-related programs for each Neighborhood's First group. Examples of activities include educational programs on fire safety, crime prevention, gang awareness, health education and Community Emergency Response Training.

Disaster Safety:

Community Emergency Response Training (CERT) – The Washington County Citizens Corps Committee educates people about disaster preparedness for hazards that may impact their area and trains them in basic disaster response skills, such as fire safety, light search and rescue, team organization, and disaster medical operations. Using the training learned in the classroom and during exercises, CERT members can assist others in their neighborhood or workplace following an event when professional responders are not immediately available to help. CERT members also are encouraged to support emergency response agencies by taking a more active role in emergency preparedness projects in their community.

Nearly 1,000 residents of Washington County have been trained through CERT; a large number of them within Hagerstown itself. For example, all employees of Valley Mall, a local retail outlet, are required to complete the training. The Hagerstown Police Department has also incorporated CERT into its Police Academy's curriculum. CERT has also been implemented in partnership with the local Boy Scouts of Hagerstown with successful completion of the training resulting in a merit badge.

The Washington County Citizens Corps Committee has also invested in paid advertising to encourage personal emergency preparedness. The Preparedness Tip of the Week advertisements was originally published on a weekly basis in the Hagerstown-based Herald Mail. The preparedness tips are also being combined to form public services announcements, which will be aired during National Preparedness Month in September 2009.

INDICATOR 3: VULNERABLE POPULATIONS

Of highest priority for injury prevention initiatives in Hagerstown are high-risk groups. The Safe Community coalition strives to identify these groups and include them in program planning and implementation. Below is a list of selected programs, grouped by target audience.

Children, ages 4-6:

Start Safe
Funded through a grant from the U.S. Department of Homeland Security/Office of Domestic Preparedness, Start Safe provides resources for preschool teachers and administrators to work hand-in-hand with a local fire department. Working together, using developmentally-appropriate teaching tools from Start Safe, teachers and local fire safety experts deliver life-saving lessons to the preschoolers. Perhaps even more importantly, they can also reach parents and caregivers with key safety messages and help them take action to reduce the risk of fires and burns at home.

The Hagerstown Fire Department was among a select group of communities invited by the Home Safety Council to participate in the national pilot effort of Start Safe. The program will be fully implemented in Hagerstown in 2010.

Children, ages 5-7:

School-Based Fire Safety Education

The Hagerstown Fire Department has presented annual fire safety education programs at all city schools (Grades Pre-K to Three) since 1980. Seven essential lessons on fire safety are presented by classroom teachers during the month of October. Firefighters then visit all classrooms to reinforce lessons that have been taught by teachers. Extension activities are sent home with students to involve families in the learning process.

Children, ages 7-9:

Children's Safety Village

As referenced in the "Collaboration in Safety Promotion" section, one of the primary populations identified as being at risk of preventable injury in Hagerstown is children. In response to this concern, Children's Safety Village was established and offers the following experience:

Day One of the curriculum is taught by firefighters and health educators. Students learn the difference between good / bad fires and the ramifications that can occur when fire is not treated with respect and responsibility. Primary prevention activities such as risk sequencing are employed so students learn how our community's leading fire risks occur and can be prevented. Students also learn the role technology plays in preventing, detecting and suppressing fire. Fire response strategies empower students with knowledge of what to do in a real fire situation and how to contact emergency providers.

As a cumulative experience to the fire safety curriculum, students visit a fire-damaged home that was destroyed by Hagerstown's leading fire risk, unattended cooking. The house was physically relocated to the campus by Hagerstown firefighters in 1991.

Day Two of the curriculum is taught by police officers and health educators. Students learn why police officers are important community helpers and how local police help people live their lives more safely. Students learn why traffic-related incidents are a leading cause of injury and death in the local community. They also receive interactive instruction on why and how to use bike helmets, seat belts and safety seats. The same interactive strategy is also used to present water safety education.

As a cumulative experience to the personal safety curriculum, students get to operate miniature vehicles on the streets of Children's Village. The experience is NOT to teach them how to drive, but to give them a reality-based driver's perspective of why traffic, bike and pedestrian safety is vital to their well-being.

Comprehensive personal safety is also presented at Children's Village. Students learn the difference between prescription and illicit drugs. They also learn when and why prescription drugs are used. Finally, students learn how to interact with a stranger and what constitutes an emergency situation where adults / authorities should be consulted.

Children, ages 0-14:

Washington County Safe Kids

Washington County Safe Kids is an injury prevention coalition whose member agencies focus on preventing injury / death among children ages 0-14 years. Programs offered by the coalition include: 1) Car seat rental; 2) Car seat giveaways to those who qualify; 3) Bicycle rodeos; 4) Bicycle helmet giveaways for those who qualify; 5) Child passenger safety seat

checks; 6) Child passenger safety seat certification training and technical update courses; 7) Parent workshops on child passenger safety and poison prevention; and 8) Fire safety.

Many of the agencies who were involved in creating Children's Safety Village are team members of Washington County Safe Kids. For more than 15 years these agencies have worked both independently and collaboratively to advance injury prevention initiatives directed toward children (ages 0-14) and their families.

Male Youth, ages 11-14:

Passport to Manhood

The Boys & Girls Clubs of America's Passport to Manhood program is designed for male club members ages 11-14. The National program, implemented in the Hagerstown Boy's & Girls Club chapter, addresses the issues and challenges faced by young men during their adolescent years. Through 14 sessions concentrating on specific aspects of character development and manhood, the program helps young men explore and develop the attitudes, values and behaviors necessary to become self-sufficient adults of good character. Through highly interactive activities, participants address issues such as self-esteem, ethics, healthy relationships, diversity and substance abuse.

Women:

Abuser Intervention Program

Nationally, approximately 85% of victimizations by intimate partners are against women.* Citizens Assisting and Sheltering the Abused (CASA, Inc.) of Hagerstown addresses this injury risk through their Abuser Intervention Program. The program offers abusers counseling to help them understand the cycle of violence and the negative impact of violence on their partners and children. The program aims to help participants change beliefs, attitudes, and behaviors that contribute to abusive behavior. Participants attend a total of 30 weekly group sessions. Topics covered include the definition of physical, sexual, and emotional domestic abuse, listening skills, the effects of domestic violence on children, accepting responsibility for one's own behavior, conflict resolution and, equality in relationships. *Source: Rennison, C.M. Crime Data Brief: *Intimate Partner Violence, 1993-2001.* Bureau of Justice Statistics, NCJ 197838, February 2003.

Adults ages 65 and alder:

Home Safety Makeovers

In May of 2008, the Hagerstown Fire Department and Lowe's Heroes collaborated to design and implement a pilot program to address the risk of falls for the city's aging population. The goal of the program was to modify the living environments of 25 older adults so they would be safer from the threat of falls, fires or carbon monoxide poisoning.

Through partnership with local houses of worship, the target audience was identified. Funding from the 2008 Lowe's Heroes program was used to supply smoke alarms, carbon monoxide detectors, night lighting, stair rails and grab bars.

The initial program was so well-received by the community that the City of Hagerstown Office of Community Development awarded an additional $30,000 to advance it from the pilot phase. A 2009 grant from the Federal Emergency Management Agency will permit significant expansion of this new program.

The Hagerstown Safe Community Coalition is taking a leadership role in the Home Safety Makeover Program. Partner agencies are collaborating to ensure the program is designed and implemented in a strategic manner. Referrals to the program are being received from all allied health agencies who serve the older adult population. If funding remains available, the next phase of program marketing will include partnership from the local Council of Churches.

Senior Care Program
Implemented by the Washington County Commission on Aging, the Senior Care program addresses the needs of those individuals who might otherwise require placement outside of their home. The program provides in home care, medical oversight and case management.

Senior Guardianship Program
Implemented by the Washington County Commission on Aging, this program provides appointed guardians for qualified individuals older than 65 years of age. This program is for those individuals who are incapable of making decisions concerning their health, medical needs, shelter, etc.

Low Income Families:

Free Smoke Alarm Program
The presence of working smoke alarms reduces the potential of dying in a residential fire by more than 50%. Since 1983, Hagerstown firefighters have installed close to 27,000 free smoke alarms in more than 12,000 homes.

As referenced earlier, firefighters annually visit approximately 4,000 Hagerstown homes to inspect alarms and personally discuss leading fire causes / solutions with residents. Half of the city's center-core and two census tracts are visited on a rotating basis. This strategy allows firefighters to visit all Hagerstown homes at least once every five years. A core impact objective of the program is to get working smoke alarm protection that is less than ten years old on each living level of homes.

It should be noted that firefighters canvass half of the city's downtown core / periphery each year. The purpose of this strategy is to assure the city's highest risk households (as identified through fire experience and census data) receive a personal visit by firefighters at

least once every other year. This area is targeted because 90% of Hagerstown's structure fires occur in rental units.*

The greater downtown and immediate surrounding area include the highest number of rental properties inhabited by financially challenged residents. Assuming that lower-income households are at an increased risk for a fire, the fire department has made a concerted effort to reach out specifically to this vulnerable population.

*Hagerstown Fire Department internal statistics.

Fire-Damaged Homes as Neighborhood Classrooms – Hagerstown Fire Department:

When fire does strike, Hagerstown firefighters turn preventable occurrences into reality-based interactive training. If a residential fire displaces a family, firefighters ask permission to use the home as a neighborhood classroom. Firefighters invite the neighborhood to visit the home during a specified time period. Firefighters who extinguished the fire serve as tour guides and teach attendees the sequence of events that led to the incident. Residents learn why the incident occurred, and, most importantly, how it could have been prevented. Participants are also taught fire prevention and response strategies. Free home safety inspections occur as part of the program. Documentation of this neighborhood-based fire safety program is included in the appendix of this application.

People with Disabilities:

What *(target audience)* should know about emergency preparedness.
The Washington County Citizen Corps Committee presents a biannual program to improve emergency preparedness in the community. The series title, "What _____ should know about emergency preparedness", is intentionally vague to allow for the selection of different target audiences for each session. The program consists of a workshop tailored to the emergency preparedness needs of each audience. The program's content is structured accordingly and is different for every session.

Considering the emergency preparedness of people with disabilities, including limited mobility, one past event was catered to Nursing Centers and Assisted Living Facilities. Additional target audiences are identified through feedback from community partners.

Project Lifesaver
Project Lifesaver is a program of pro-active involvement and specialized rescue operations where trained personnel respond to incidents involving persons with Autism, Alzheimer's, Down syndrome and other related brain disorders. At-risk clients are issued electronic tracking mechanisms that can help emergency responders locate them should they become lost in the community. Regular drills help responders practice locating clients.

Mental Illness and/or Depression:

Circle Center Drop-In Program
The Circle Center is a drop-in center for adults suffering from mental health disorders. Managed by the Mental Health Authority of Washington County, it offers a friendly atmosphere for socialization and fellowship between individuals coping with mental health issues. This program also offers peer counseling if needed.

Warmline Hotline Program
Warmline Hotline is a telephone line for mental health patients and their family members of Washington County to call and receive non-emergency peer support and/or community resource information. The Warmline Staff, who are mental health consumers themselves, bring their own experienced backgrounds to each call. High standards of confidentiality and trust are always maintained

Because nearly a quarter of Hagerstown's citizens are impacted by some form of disability, our community places high priority on being sensitive to the needs of these citizens. Addressing populations with disabilities is considered during the formative stage of evaluation for all risk reduction programs. Whether the disability is physical, cognitive or emotional, every program has been evaluated to assure it can be adapted to fit the needs of specific situations.

INDICATOR 4: DATA DESCRIPTION

Sources
A majority of the injury data presented in this application has been obtained through partnership with the Maryland Department of Health and Mental Hygiene (DHMH). The original sources are listed below:

- Health Services Cost Review Commission (HSCRC)
    - Hospital discharge database: Injury-Related Hospitalizations
    - Ambulatory care database: Injury-Related Emergency Department Visits

- Maryland Vital Statistics Administration: Injury-Related Deaths

State and county level data are available publicly through the annual report: Injuries in Maryland: 2006 Statistics on Injury-related Emergency Department Visits, Hospitalizations and Deaths, published by DHMH. The Department has also provided limited access to a staff epidemiologist for the compilation of Hagerstown-specific injury data.

Methodology

According to Maryland State law, the 47 non-federal acute care general hospitals are required to submit uniform abstract (UB-92) data on all hospital ED visits and hospital discharges to the HSCRC. These data comprise demographic, clinic, diagnostic and procedure information which are used by the HSCRC to set hospital rates under Maryland's charge-per-case payment system.

The cases included in the data were identified by searching records for the first-listed E-code, starting with the designated E-code field, and proceeding through the diagnosis fields in numeric order (i.e., primary diagnosis, first secondary diagnosis, etc.) Each record has been counted only once. If multiple injuries are present, only the first-listed E-code is counted.

Limitations

The richness of the hospital and emergency department data is due to the diligence of ambulatory care and hospital personnel who perform the data entry for each incident. However, in some cases the incidents are not described in sufficient detail to determine the mode of injury. For example, the number four injury-related cause for hospitalization in Washington County is categorized as "Other/Unspecified." Therefore, we know that additional injuries occurred, but we cannot conclude what heading in which to group those events. In this case, the amount of missing data is large enough to greatly change the injury risk profile, depending on the true proportion of injury causes. It is important to consider this limitation when using this data to drive program development and the allocation of resources.

The "other/unspecified" data field was identified by Maryland DHMH staff during review of preventable injury data for Hagerstown. One goal of the Safe Communities coalition is to decrease the selection of the "other/unspecified" field and to increase the specificity of Washington County/Hagerstown data input. One possible pathway for achieving this goal is to further educate ambulatory care and hospital personnel on the importance of comprehensive data entry. Hagerstown Safe Community Coalition partners will work collaboratively with Maryland DHMH, Washington County Hospital and the emergency services community to explore educational strategies.

Use of Data

As evidenced in this application, Hagerstown greatly relies on data analysis to inform the design of new programs in response to injury risks. For example, the Home Safety Makeover Program was developed in direct response to a realization that falls among the elderly constitute a great proportion of injury risk within the community. Washington County Safe Kids Coalition uses DHMH and Fatality Review Team data to drive the development / enhancement of programs that address preventable injury to children age 14 and under.

In addition to the snapshots of injury risks presented in this application, the Safe Communities coalition understands and appreciates the importance of analyzing trends. Trend data for Hagerstown was not available at the time of this application, but the coalition plans to continue its partnership with the Maryland Department of Health and Mental Hygiene to obtain that information.

INDICATOR 5: EVALUATION

Children's Safety Village Evaluation:
Factoring in the estimated number of households reached by second-graders who attend Children's Village, it is believed that approximately 8,000 (using a family of four times the 2,000 students) people benefit annually from the program. Impact studies, performed by both the Johns Hopkins School of Public Health and internally at Children's Village reveal that in addition to student knowledge gain, a positive behavioral or environmental change occurs in more than 50% of homes where a child who attended Children's Village resides. Outcome evaluation through review of Washington County morbidity and mortality statistics show that our primary age students are among the safest of all populations.

The Safe Communities coalition has attempted to perform further impact evaluation to compare rates of injury to children before 1991, when Children's Safety Village was implemented, and after 1991. The Maryland Department of Health and Mental Hygiene (DHMH), a member of the coalition, has performed surveillance of injuries throughout the state and, in recent years, has published county-level data about the incidence of injuries.

At the request of Hagerstown Fire Department, DHMH provided annual Washington County injury data beginning in 1995, the earliest year the surveillance was performed. The DHMH team continues to research injury data for previous years on behalf of the Safe Communities Coalition through the Maryland Vital Statistics Administration, as well as the Charles "McC" Mathias National Study Center for Trauma and EMS located at the University of Maryland School of Medicine. This ongoing effort to measure the impact of the Children's Safety Village is a challenge due to data limitations, but having DHMH as a member of the coalition should prove helpful as the initiative moves forward. We also look forward to assistance that has been offered by the Maryland State Highway Administration for pre-1995 data.

Smoke Alarm Program
Outcome evaluation has been performed to best determine the effects of the smoke alarm program. Since the program began in 1983, the occurrence of significant fires has been cut in half. The definition of a significant fire is an incident resulting in property loss greater than $100.00.

The biggest boost to the fire department's smoke alarm program came in 2007 when they received a Smoke Alarms for Everyone (SAFE) Grant. Monies for the grant are provided nationally from the Centers for Disease Control and reach the local level through Maryland's Department of Health and Mental Hygiene. Since 2007, firefighters have placed nearly 3,000 smoke alarms in close to 1,600 homes.

Safe Routes to School

The Washington County Health Department received three grants from the Maryland State Highway Administration for the Safe Routes to School Initiative. All three grants included support for infrastructure, law enforcement and education. The initiative was started to get kids walking and biking safely to school.

Grant Year A's award was for $254,000.00 and included two infrastructure pieces: sidewalk installation along Maryland Avenue and a pedestrian countdown signal installation along with upgraded crosswalk lines at two different intersections in downtown Hagerstown. Grant Year B's award was $385,000.00 and featured two infrastructure projects for sidewalks near one of Hagerstown's middle schools. Grant Year C's award was for $63,500.00 and included a sidewalk installation project along a busy intersection near one of Hagerstown's elementary schools.

The enforcement piece for each grant pays overtime for law enforcement officers to patrol around targeted schools before and after school when children are walking and biking to school. As part of the grant, prevention staff at the Washington County Health Department holds bike rodeos and also participate in first grade educational programs that place heavy emphasis on bike and pedestrian safety. Another notable accomplishment was the establishment of the Safe Routes to School Coalition, which meets quarterly each year.

Future Efforts

The newly formed Safe Communities coalition in Hagerstown understands the importance of evaluation and will continue to pursue formative and summative evaluation methodologies in all their safe community programs.

INDICATOR 6: INTERNATIONAL NETWORKS

The City of Hagerstown shows a long history of international collaboration on safety issues. Examples include:

For the past 26 years, Hagerstown has participated in National Night Out which is an international event involving more than 35 million people in 11,310 communities from all 50 states, U.S. territories, Canada, and military bases worldwide.

Hagerstown Community College participates in the 18th annual Ride to Work Day. This international event first began as an effort to demonstrate how motorcyclists can be a responsible solution to traffic congestion, parking, and fossil fuel challenges. Every year on the third Monday in June, motorcyclists and scooter riders around the world are encouraged to ride their vehicles to their places of employment.

Safe Kids Washington County is part of a larger network—Safe Kids Worldwide. Safe Kids Worldwide is a global network of organizations whose mission is to prevent accidental childhood injury, a leading killer of children 14 and under. More than 450 coalitions in 16 countries bring together health and safety experts, educators, corporations, foundations,

governments and volunteers to educate and protect families. The organization was founded in 1987 by Children's National Medical Center with support from Johnson & Johnson. Safe Kids Worldwide is a 501(c)(3) nonprofit organization located in Washington, D.C.

Each member of Safe Kids Worldwide is charged with:

- Empowering their local communities to prevent unintentional injuries by the building of a grassroots coalition.
- Generating local and national awareness of the burden of accidental injuries.
- Encouraging sound research on leading injury risks and critically evaluating solutions.
- Assisting in the passing and improvement child safety laws and regulations locally and nationally.
- Providing lifesaving devices such as child safety seats, helmets and smoke alarms to families who need them.
- Promoting global corporate leadership in child safety through effective and sustainable partnerships.

The Hagerstown Fire Department's Life Safety Education Officer interacts frequently with fire service professionals from abroad through his relationship with the National Fire Academy. The education officer is a nationally recognized expert in the field of community risk reduction. All students enrolled in the NFA risk reduction curriculum visit Hagerstown to see first-hand how the city has institutionalized prevention as a core value.

Approximately a dozen representatives from other countries visit Children's Safety Village each year. As a direct result of these visits, Safety Villages have been established in Canada, the United Kingdom and Australia. Most international visitors are very impressed with the collaborative manner in which Safety Village was developed and how Hagerstown addresses risk strategically.

Due to the plethora of requests from both America's emergency services and those abroad asking how the Hagerstown community built its safety village, the fire prevention officer created an interactive CD ROM based guide. This guide has been used in the U.S., U.K., Canada and Australia.

Hagerstown Safe Communities recognizes the value of international cooperation and networking and see this opportunity as one of the greatest values of International Safe Communities designation.