SAFE STATES

STATE TECHNICAL ASSESSMENT TEAM (STAT)
IMPACT EVALUATION FORM

Interviewee's Name: **Bill Temple** **Position:** **Branch Chief**
Injury Prevention and Control
Arkansas Department of Health

State: **Arkansas** **Date:** **September 14, 2012**

Your state participated in a STAT visit that took place on August 1-5, 2011. Now, approximately one year later, we'd like to find out how useful you think the STAT process was in terms of assisting your state's injury and violence prevention program in its growth and development. For the purposes of this evaluation, the STAT process is defined as consisting of the preparatory activities (e.g., organizing the briefing book, requesting participation from state colleagues and collaborators); the visit itself; and the final report.

1. In retrospect, how would describe the overall benefit of the STAT process your state injury and violence prevention unit?

   1a) What would you say has been the most positive impact that your unit has derived from the STAT process?

   The most significant "positive impacts" the STAT process had on the Injury Prevention Section (IPS) are as follows:

   1. The process, through stakeholder interviews and other avenues, identified the need for the Arkansas Department of Health (ADH) and the IPS to take a leadership role in injury and violence prevention (IVP) in the state. The interview process and final report make this goal clear, not only to ADH personnel but to the IVP community as a whole. The fact that this has been stated by the premier national organization in this area has had, and will continue to have, a very positive impact as we continue to grow our program.

   2. The STAT Team Assessment contained recommendations regarding appropriate staffing and training for the IPS. Since the STAT visit, the IPS has added an Injury Prevention Section Chief and a Public Health Educator, both of whom are exceptionally well qualified for their respective positions. Each person is well versed in evidence-based injury and violence prevention strategies, interventions, and policies. Before accepting their positions, each thoroughly read the STAT Team Assessment and stated that it had a very beneficial impact on their decisions to join the IPS.

   1b) Are there any ways in which you think the STAT process had a negative impact on your unit? If so, please describe.

   No. Had the appropriate stakeholders not been interviewed by the STAT Team, there might have been a negative impact, but since they were, there is no issue here.

2. Have you continued to use the briefing book since the visit? If yes, in what ways?

Yes. We have used the briefing book as reference material for our new Injury Prevention Section Chief and Public Health Educator. It gives them an excellent historical perspective of the injury prevention program at the ADH as well as an overview of some of the ongoing initiatives. It was also useful to us as we worked through the requirements of the CORE Violence and Injury Prevention Program (VIPP) grant from the CDC.

3. Did organizing staff, colleagues and collaborators for participation in the visit result in any positive or negative impacts? Please describe.

   Through setting up the interviews with the STAT Team, we were able to continue, and in some cases re-establish, relationships with many of our partners in the injury prevention field. The actual interviews were particularly valuable in that it gave our partners the chance to interact with injury prevention professionals from around the country.

4. Please describe how the final report been used since the visit and who it has been shared with? (ex. Strategic planning, communicating with decision-makers, etc)

   Although not referred to on a daily basis, it has been particularly useful at times as we worked through requirements of the CORE VIPP grant from the CDC. A specific example is a weakness cited in the Assessment that ADH has had a "lack of sustained intervention activities at ADH." As a way to begin this effort, and to support one of our CORE VIPP priorities (motor vehicle , accidents), the IPS, though a series of grants, distributed over 4,800 child passenger seats to various entities in the state. The seats are in the process of being installed by certified child safety seat technicians. The report has been shared with many of our colleagues in the injury prevention field as well as senior staff at the ADH.

5. How effective would you say the STAT process has been in improving your unit's overall capacity? Please describe.

   The STAT process has been very effective in improving the capacity of the IPS. Several recommendations were made in this regard, including obtaining critical core staff positions, developing a plan for staffing and activities over the next five years, ensuring appropriate training is obtained by IVP staff members, updating the *Arkansas Rules and Regulations for Trauma Systems*, re-establishing the Injury Community Planning Group, leading the development of the *Arkansas Injury Surveillance and Prevention Plan*, relocating the Rape Prevention and Education Program within the IPS, and creating internship opportunities for undergraduate and graduate students. The IPS has taken the following steps regarding each of the above:

   1. A highly qualified Section Chief and Public Health Educator have been hired since the STAT visit. An administrative support position for the IPS has also been hired. An Injury Epidemiologist and a Health Program Specialist were already on-board at the time of the visit;

   2. As a result of the CDC CORE VIPP grant, the structure for a five year IVP plan is now in place and will be incorporated into the *Arkansas Injury Surveillance and Prevention Plan*;

3. The IPS Chief has attended the Johns Hopkins Injury Prevention Summer Institute at the Bloomberg School of Public Health. Other training opportunities are currently being planned;

4. The *Arkansas Rules and Regulations for Trauma Systems*, which has an injury prevention component, is currently being revised and is expected begin the extensive legislative review process in the next three months;

5. The Injury Community Planning Group has been successfully created and several meetings have occurred over the past year;

6. The IPS has taken the lead in revising the 2005 *Arkansas Injury Surveillance and Prevention Plan;*

7. The Rape Prevention and Education Program has been relocated within the IPS; and,

8. A graduate student in Public Health received a Stead Scholarship and interned this summer (2012) in the IPS. She has also been hired as "extra help" and will be able to provide up to 1,000 hours of assistance to the IVP Program over the next year.

STAT Impact Evaluation
Status of Specific STAT Recommendations

In the final STAT report, the team made specific recommendations for your program for year one. For each recommendation, we want to know:

a. Was this recommendation implemented, partially implemented, or not implemented at all?

b. If implemented or partially implemented, to what extent do you credit the STAT process for this action?

c. What obstacles (if any) you have encountered in trying to implement this recommendation.

Recommendations	*Implemented?*			*Credits STAT?*			*Obstacles to implementation*
	No	*Partly*	*Yes*	*No*	*Partly*	*Yes*	
1. INFRASTRUCTURE							
Develop the IPS which at a minimum:							
a) Uses national guidelines, standards, and proven and promising practices to customize approaches to local issues.		xxx			xxx		
b) Critical core state staff positions consisting of a full-time IP Section Chief, Core Program Manager, two Health Educators, Injury Epidemiologist, Data Analyst, and administrative support. Program realignment should be considered to relocate the Rape Prevention and Education (RPE) program within the IPS.		xxx				xxx	Funding limitations
c) Develop a plan for the expansion of the IPS, both in staffing and activity, over the next five years, based on the established priorities and work plan within a comprehensive IVP plan.		xxx			xxx		

Assess staff's training needs by using the self-assessment tool developed by the National Training Initiative to evaluate strengths and weakness regarding the fundamental and basic principles of IVP from a public health perspective. Adequately train staff through formal training from nationally recognized programs that meets the core competencies for IVP.		xxx			xxx		
Train Trauma Section staff on the concepts of IVP.							
Develop an internal ADH department-wide coordinating group which will: a) Develop a unified vision for department-wide approaches to IVP and surveillance; b) Define the scope of the IVP program within the ADH; c) Use department procedures to establish agreements with Centers, Branches and programs related to IVP; and d) Identify opportunities for integration within existing programs.	xxx						Although an "ADH department-wide coordinating group" has not been formed, we have integrated IP activities with other department entities and have established agreements with them. An example is an internal transfer of $500,000 to our Hometown Health Initiative, which will allow department employees in all 75 Arkansas counties to engage in IP activities and interventions.
Update the Arkansas Trauma Systems Rules and Regulations, Trauma Facility Standards for Public Education and Injury Prevention to mirror, at a minimum, the requirements from the American College of Surgeons Committee on Trauma as it applies to IVP.		xxx			xxx		
Re-establish the Injury Community Planning Group (ICPG) and ensure representation from public and private partners with diverse interests in IVP, to guide and champion IVP as a public health priority.			xxx		xxx		

Lead the development of the Arkansas Injury Surveillance and Prevention five-year plan. The plan should be data driven and address all components of a multi-faceted IVP program. All internal and external stakeholders should be involved in developing and implementing this plan.			xxx		xxx		
Create internship opportunities for undergraduate and graduate students.			xxx		xxx		
2. DATA COLLECTION, ANALYSIS & DISSEMINATION							
Mentor and develop the data knowledge, skills, and abilities of the injury epidemiologist so that this position would be the person known as the one of the state experts on injury data, analysis, dissemination and interpretation. Key components of this development should include: a. Continued mentoring from the primary state epidemiologists; b. Integration of the injury epidemiologist into other state-based data groups; c. Integration of the injury epidemiologist into the ACHI to allow for access to and increased knowledge of state data systems, and the development of the ability to link datasets; and d. Membership and participation in national organizations, including the Council of State and Territorial Epidemiologists (CSTE) and the Safe States Alliance.			xxx xxx xxx xxx	xxx xxx xxx xxx			

Develop an Injury and Violence Data Users Group so that individuals fully and partially involved in administrating or analyzing data from surveillance systems pertinent to injury and violence data can discuss technical issues, develop common approaches, and support each other's efforts in making data useful for the IPS program.	xxx						
Increase collaboration with the OHS in the Arkansas State Police. At a minimum, this should include: a. Becoming an active member of the Strategic Highway Safety Plan; and b. The establishment of two-way data sharing between the OHS and IPS.		xxx			xxx		
Recognize and exploit the opportunity to integrate key injury and violence data elements into the developing ED data, trauma registry, and EMS data surveillance systems. Key data needs should be identified from national resources, such as the Data Elements for Emergency Department Surveillance and that National Trauma Data Bank.		xxx			xxx		
Given that resources exist, exploit the ability to enhance injury and violence surveillance using the Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS) mechanisms by adding questions appropriate to state and local needs.		xxx			xxx		We have budgeted to add four BRFSS questions to the next survey that support our Core VIPP objective of Prescription Drug Abuse Reduction and gave input to three questions to the next survey to address older adult falls.

Develop an Injury and Violence Surveillance Plan to identify a process to build the capacity of the IPS to use core data systems for program needs, including coroner/ME data, Uniform Crime Reports, and CDR data. The plan should also include alternative sources of intentional injury data focused on attempted suicide, child maltreatment, rape and sexual assault, and domestic violence. Strengths and weaknesses of available data should be assessed and data systems, if not yet developed, should be established preliminarily though pilot programs.		xxx			xxx		
Expand links between the IPS and the Boozman College of Public Health via preceptorships and internships to utilize graduate students in program data activities.			xxx		xxx		We have hired a student who served as an intern to work as extra help throughout this school year.
Implement a formal evaluation of the functioning ED, EMS, and trauma registry, and other key injury and violence surveillance systems following the public health surveillance system evaluation criteria of the CDC.		xxx		xxx			
Identify procedures for enabling access to the trauma registry, ED data, and EMS data systems by external agencies, partners, researchers, and the public.			xxx	xxx			
With the establishment of high quality injury and violence surveillance mechanisms, use available data to regularly: a. Identify and support program development and priorities; b. Report on health disparities in injury and violence at the state and local level; and c. Disseminate data to internal and external partners and coalitions.		xxx			xxx		
3. INTERVENTION DESIGN, IMPLEMENTATION & EVALUATION							

Conduct a more comprehensive needs assessment of the IVP workforce in Arkansas, beyond the hospital and EMS personnel, to include regional HHI support staff and county health department staff.			xxx		xxx		
Work with partners to develop a compendium of evidence-informed strategies specific to injury and violence topic areas.			xxx		xxx		
Serve as a clearinghouse to disseminate information about identified proven and promising strategies and IVP training opportunities to the IVP workforce in Arkansas.		xxx			xxx		
Implement proven and promising IVP strategies that are comprehensive and go beyond awareness and information dissemination activities to approach behavioral, social, and environmental change.		xxx			xxx		
Actively seek opportunities for IPS to work with internal programs and external stakeholders on IVP issues, including the review of statewide educational and media materials to portray appropriate IVP messages.		xxx			xxx		
As appropriate, ensure that the full range of evaluation components—formative, process, impact, and outcome evaluation—are an integral part of the prevention strategies from the beginning.		xxx			xxx		
Utilize accepted conceptual models (i.e., Haddon Matrix, social ecological model, Spectrum of Prevention) to identify intervention opportunities and/or develop future interventions. Establish mechanisms to ensure fidelity to evidence-informed protocols.			xxx		xxx		

Work with ACH to ensure that training to locals includes not only information about evidence-informed strategies, but also information about activities and interventions that are NOT effective.		xxx			xxx		
Ensure that attention is given to implementing IVP strategies into a culturally appropriate framework of norms, values, roles, literacy levels, and practices.		xxx			xxx		
Explore opportunities to expand partnerships among public and private entities to address under-served populations in Arkansas.		xxx			xxx		
Identify key stakeholders at the local level and provide funding for them to attend formal IVP training that has been mapped to the core competencies for IVP adopted by the Safe States Alliance and Society for the Advancement of Violence and Injury Research (i.e., Johns Hopkins Summer Institute: Principles and Practices in Injury Prevention).			xxx		xxx		
4. PUBLIC POLICY & ADVOCACY							
Work closely with the state personnel committee to communicate the need for strong IVP program infrastructure within the state health department, including but not limited to, immediately hiring a well-qualified Section Chief with strong experience in IVP and leadership and management.			xxx		xxx		

Immediately utilize resources within the Core VIPP grant to hire an experienced, well-qualified staff member charged with managing internal relationships, the ICPG and other external partnerships, and develop and oversee policy approaches to IVP, in lieu of a second data analyst.Utilize its state agency relationships to promote aggressive enforcement of IVP laws through direct senior-level communication and formal partnerships with state police, as well as through the media. Additionally, ADH should ensure leadership and organization for the enforcement of injury and violence related policies at the state level (i.e.,: monitor and support implementation of related daycare regulations, Medicaid transportation standards, suicide risk awareness training, soccer goal safety guidelines, etc).			xxx		xxx		
Seek training and technical assistance from associations and agencies with expertise in public health and IVP policy such as Safe States Alliance, CDC, the Directors of Health Promotion and Education and the Society for the Advancement of Violence and Injury Research. The IPS should also continue to participate in national activities such as the NCSL/CDC Workshop.			xxx		xxx		
Identify and provide training for local partners and HHI Coalition members for policy approaches to injury prevention and control (i.e., Shaping Policy for Health™).			xxx		xxx		

Form a Policy Committee of the ICPG to develop and strategically disseminate a policy agenda. Develop a media and legislative packet for all priority areas, utilizing national and state resources and templates, that includes: a. Fact sheets with data on deaths, disability and associated costs as well as proven and promising practices. b. A one page brief that describes the IVP program, its goals, objectives, capacities and history for dissemination to the ADH, key stakeholders, partners and policy makers; and c. A standard report on the status of IVP to be distributed annually.		xxx			xxx		
Conduct a scan of all laws and formal and informal policies related to identified policy priorities at the state and local level that address IVP and interventions, and identify gaps and opportunities to work with advocacy groups to support needed policy changes.			xxx		xxx		
Work with the ADH Office of Governmental Affairs to proactively provide input into department legislative priorities and draft and review legislation as appropriate.			xxx		xxx		
Convene regular meetings, press conferences, and seminars to keep partners, policymakers, and the public informed about issues of importance in injury and violence.			xxx		xxx		
Identify and actively participate in relevant state associations (such as Arkansas Public Health Association, Arkansas Chapter of the American Academy of Pediatrics, Arkansas Emergency Nurses Association, etc), commissions, task forces, boards and the ACHI to advance the policy agenda and IVP.			xxx		xxx		

Prioritize evaluating the impact of legislation, such as the primary seat belt law and GDL system in partnership with key stakeholders such as the OHS and the Arkansas State Police.			xxx		xxx		
Support law enforcement at program levels to enhance enforcement through national campaigns (i.e., Click it or Ticket, etc) and other strategic enforcement initiatives.		xxx			xxx		