



## ARKANSAS DRIVE SMART CHALLENGE: INTRA-FACILITY EVALUATION GUIDE

**Note: The Drive Smart Challenge: Intra-facility should NEVER occur unless a community facilitator has been trained in implementing the Drive Smart Challenge.**

There are two evaluation phases to the Arkansas Drive Smart Challenge: Intra-facility Program, process evaluation and outcome evaluation. All documents are to be sent to a SIPP analyst within 5 working days after completion of the challenge. SIPP analysts will follow-up if evaluation documents are not received.

### Process Evaluation:

Please complete the *Arkansas Drive Smart Challenge: Intra-facility Process Document* for each challenge you conduct. The process document will include:

- 1) Challenge information ie: date, location, TRAC
- 2) program baseline data
- 3) program data measures
- 4) barriers and facilitators to challenge implementation

### Outcome Evaluation:

There are two documents for collecting Arkansas Drive Smart Challenge: Intra-facility outcome data.

- 1) *Arkansas Drive Smart Challenge: Intra-facility pre-observation*
- 2) *Arkansas Drive Smart Challenge Intra-facility post-observation*

Please have all facilities who participate in the challenge complete pre and post observations.

### All documents mentioned can be found:

- 1) As attachments to this document
- 2) On the SIPP website at <http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/injuryPrevention/SIPP/Pages/default.aspx>
- 3) By contacting a SIPP analyst Toll-free 866-611-3445 or 501-364-3400

**RETURNING EVALUATION DOCUMENTS:** You may mail, email or fax your evaluation documents

Mail	EMAIL	FAX
Motor Vehicle SIPP Analyst 1 Children’s Way, Slot 512-26 Little Rock, AR 72202	injuryprevention@archildrens.org	501-364-3112

Return the following documents

- 1) *Arkansas Drive Smart Challenge: Intra-facility Process Document -1 per event*
- 2) *Arkansas Drive Smart Challenge: Intra-facility Pre/post observation forms - pre-observations and post observations for each participating facility*



Form to be completed by: Project Coordinator

## ARKANSAS DRIVE SMART CHALLENGE: INTRA-FACILITY PROCESS DOCUMENT

TRAC: \_\_\_\_\_ Project Coordinator: \_\_\_\_\_

Challenge time frame: Start Date: \_\_/\_\_/\_\_ End Date: \_\_/\_\_/\_\_

Challenge County: \_\_\_\_\_

Mechanism: Motor vehicle

Baseline Data 2010								
METRICS	State	Ark Valley	Central	North Central	North East	North West	South East	South West
Motor vehicle related mortality	569	71	119	74	94	76	45	90
Motor vehicle related hospitalization	2256	289	593	312	150	410	178	324
Motor vehicle related mortality Ages 20-44	261	29	55	30	40	33	17	50
Motor vehicle hospitalization Ages 20-44	1067	126	318	133	61	172	96	161
Motor vehicle related mortality Ages 45-64	90	24	35	21	15	28	UR	20
Motor vehicle hospitalization Ages 45-64	614	88	173	92	38	97	42	84
Motor vehicle related mortality Ages 65+	86	15	13	15	15	10	UR	14
Motor vehicle hospitalization Ages 65+	284	35	63	50	19	41	40	36

UR=counts under 10 are unreportable

Outcome Measures					
Measure		Overall Program Goal (# challenges, as per budget request)	Individual challenge Goal (if multiple challenges, # facilities to enroll in this challenge (must be at least 2))		
1	Challenge goals				
		# Contacted to Participate	# Agreed to Participate	# Completed Challenge	
2	Total number of facilities for this challenge				
		# facilities returning pre observation data	# facilities returning post observation data	# facilities completing at least 4 activities	
3	Facility level challenge data				



Form to be completed by: Project Coordinator

## ARKANSAS DRIVE SMART CHALLENGE: INTRA-FACILITY PROCESS DOCUMENT

Did you achieve your individual challenge goals for your outcome measures? **Yes** **No**  
If no, why not? \_\_\_\_\_

\_\_\_\_\_

Did you encounter any barriers planning for this challenge? **Yes** **No**  
If YES, what? \_\_\_\_\_

\_\_\_\_\_

What went well during this challenge? \_\_\_\_\_

\_\_\_\_\_

Do you have any lessons learned that you'd like to share? **Yes** **No**  
If YES, what? \_\_\_\_\_

\_\_\_\_\_

### RETURN VIA:

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Form to be completed  
by: Program Data

**ARKANSAS DRIVE SMART CHALLENGE: INTRA-FACILITY  
PRE OBSERVATION SEATBELT AND CELL PHONE**

**DATE:** \_\_\_\_\_

**LOT:** \_\_\_\_\_

**Observer Name:** \_\_\_\_\_

**For each observation put a tick mark in the correct column.**

Seatbelt use, YES	Seatbelt use, NO	Driver Cell Phone use, YES

Form to be completed  
by: Program Data



# Arkansas Department of Health



## ARKANSAS DRIVE SMART CHALLENGE: INTRA-FACILITY POST OBSERVATION SEATBELT AND CELL PHONE

DATE: \_\_\_\_\_

LOT: \_\_\_\_\_

Observer Name: \_\_\_\_\_

For each observation put a tick mark in the correct column.

Seatbelt use, YES	Seatbelt use, NO	Driver Cell Phone use, YES



Arkansas Department of Health

