ARKANSAS DEPARTMENT OF HEALTH
INJURY & VIOLENCE PREVENTION PROGRAM
REPORT TO THE
SOUTH BY SOUTHWEST (SxSW) REGION
APRIL 24, 2013

Creating conditions in Arkansas so that injury is less likely to happen…
The Arkansas Department of Health (ADH) recognizes the importance of injury prevention and control.

Strengthening injury prevention and control is a strategic initiative of the Arkansas Department of Health. Our prevention efforts include promotion of policy change, education, and support of communities as they engage in injury prevention activities.

- First sentence on the ADH Injury Prevention Website (underlines added)

Source: http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/injuryPrevention/Pages/default.aspx
History of the Arkansas Department of Health (ADH) Injury & Violence Prevention Efforts

- Federal funding from CDC 1990 – 2008 to implement various IVP (fire safety, child passenger safety)
- HRSA/EMSC program (traumatic brain injury)
- Robert Wood Johnson (violence prevention)
- As federal funds ended, programs become limited or ended
- ADH has supported falls prevention historically and more recently supported Arkansas Children’s Hospital (ACH) to conduct childhood injury prevention
- Other limited internal ADH programs with limited collaboration with IVP Section
- Current local efforts are individual education based and may not be evidence-informed and may be ineffective (passion may be high, but may be insufficient for effective IVP programs)

Source: Safe States Alliance Report August 1-5, 2011

An observer might conclude that before 2008, ADH Injury Prevention planning was strongly related to the availability of outside grant monies to conduct injury prevention programs.
Pre/Post-work compiled by ADH and STAT Staff:

- Infrastructure
- Data (collection, analysis and dissemination)
- Interventions (design, implementation, and evaluation)
- Public Policy
- Recommendations, Follow-up Survey
“Although there is a strong childhood injury prevention focus in the state, there is a need for a comprehensive data driven program addressing the leading causes of injury and violence across the lifespan” – page 8

“Stakeholders interviewed during the STAT visit overwhelmingly indicated the need for ADH to provide leadership and coordination among internal and external [Injury and Violence Prevention] (IVP) partners” – page 8

Source: “An Assessment of the Arkansas Department of Health Injury Prevention Section, Safe States Alliance” Aug 1-5, 2011
“A key burden is injury from motor vehicle crashes...there is no current IVP involvement with crash data or with the Highway Safety Plan that guides injury prevention efforts related to motor vehicle crashes.” – page 20

“Implement proven and promising IVP strategies that are comprehensive and go beyond awareness and information dissemination activities to approach behavioral, social, and environmental change.” – page 12

Source: “An Assessment of the Arkansas Department of Health Injury Prevention Section, Safe States Alliance” Aug 1-5, 2011
Infrastructure Recommendations

- Use national guidelines, standards, proven and promising practices
- Critical staff: Full-time IP Section Chief, Core Program Manager, Two Health Educators, Epidemiologist, Data Analyst, and admin support
- Plan of expansion of IVP based on established priorities (five years)
- Assess staff training needs
- Train Trauma Staff on IVP
- Develop ADH Department-Wide Coordinating Group
- Update Trauma Systems Rules and Regulations for Public Education and Injury Prevention to mirror the requirements of ACSC on Trauma
- Re-establish the Injury Community Planning Group (ICPG)
- Lead the development of the Arkansas Injury Surveillance and Prevention Five Year Plan
- Create internship opportunities
Data Recommendations

- ADH Trauma Epidemiologist becomes state expert on injury data
- Develop an Injury and Violence Data Users Group
- Increase collaboration with HSO in the Arkansas State Police
- Become an active member in the Strategic Highway Safety Plan – Share data between HSO and HIS
- Integrate key injury and violence data into the developing ED data, trauma registry, and EMS data
- Utilize BRFSS and YRBSS by adding questions about IVP
- Implement a formal evaluation of ED, EMS, Trauma Registry and other key surveillance systems
- Regularly support program development and priorities
- Report on health disparities
- Disseminate data to partners
Intervention Recommendations

- Comprehensive needs assessment of prevention workforce
- Prioritize utilization of evidence based strategies
- Serve as a clearinghouse of proven and promising strategies
- Implement proven and promising strategies that go beyond awareness to approach environmental change
- Review statewide educational and media materials to portray appropriate IVP messages
- Ensure formative, process, impact, and outcome evaluation
Intervention Recommendations

- Work with partners to ensure that information about activities and interventions that are NOT effective is shared
- Address under-served populations
- Use culturally appropriate strategies
- 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
Policy Recommendations

- Strong IVP infrastructure within ADH
- Evaluate legislation (primary seat belt, GDL, etc.)
- Provide training for local partners and HHI coalition members for local policy strategies
- Conduct a review of all laws and formal/informal policies at the state and local level...work with advocacy groups to support needed policy changes
- Utilize state agency relationships to promote aggressive enforcement of IVP laws
- Support law enforcement to enhance enforcement
- Monitor regulations on IVP (child care, suicide risk awareness training, soccer goal safety, concussion, etc.)
Policy Recommendations...cont.

- Identify staff member to manage internal relationships and oversee policy approaches to IVP
- Seek training for IVP policy development and evaluation from Safe States Alliance, CDC, etc.
- Form a Policy Committee of the ICPG – develop a media and legislative packet
- Work with ADH governmental staff to provide input to legislative priorities
- Participate in relevant state associations (AHA, ACAP, APNet, etc.)
The creation/re-organization of the Injury Community Planning Group (ICPG) brings state-level leadership in all aspects of injury and violence prevention to the table to ensure coordination of efforts, plan core activities, and evaluate programs. The mission of the ICPG is to reduce injury in Arkansas through support of collaborative injury prevention efforts.

Reviewed data to inform CORE VIPP grant goals. Falls Prevention added as a committee of ICPG.

Source: http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/injuryPrevention/Pages/default.aspx
Program Direction and Priority Review.

- Needs Demonstrated by Existing State Level Data
- Safe States 2011 STAT Visit and Recommendations
- CORE VIPP Grant SMART Objectives
- Trauma Advisory Council (TAC) Retreat Prevention Goals
- Trauma Regional Advisory Council (TRAC) Prevention Goals
- Prevention Subject Matter Expert Input
- Local Coalition Input
- Integration Opportunity with Trauma Efforts
- Other…
## Hospitalizations from Motor Vehicle Crashes Among Arkansans By Trauma System Region, 2009-2011

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Source: Arkansas Hospital Discharge Data System, Health Statistics Branch
Hospitalizations from Motor Vehicle Crashes Among Arkansans By Trauma System Region, 2009-2011

Source: Arkansas Hospital Discharge Data System, Health Statistics Branch
## Hospitalizations from Unintentional Falls Among Arkansans By Trauma System Region, 2009-2011

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Source: Arkansas Hospital Discharge Data System, Health Statistics Branch
Hospitalizations: Falls vs. MVC Raw Numbers

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## Hospitalizations from Unintentional Poisoning Among Arkansans By Trauma System Region, 2009-2011

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Source: Arkansas Hospital Discharge Data System, Health Statistics Branch
Hospitalizations from Unintentional Poisoning Among Arkansans By Trauma System Region, 2009-2011

Source: Arkansas Hospital Discharge Data System, Health Statistics Branch
### Hospitalizations from Attempted Suicide/Self Harm Among Arkansans By Trauma System Region, 2009-2011

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Source: Arkansas Hospital Discharge Data System, Health Statistics Branch
# Hospitalizations from Assault

## Among Arkansans, 45-64 years old, By Trauma System Region, 2009-2011

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Source: Arkansas Hospital Discharge Data System, Health Statistics Branch
Top 5 Mechanisms of Hospitalizations due to Injury by Trauma Region, 2011

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Source: Arkansas Hospital Discharge Data System, Health Statistics Branch
Hospitalizations from Injury
Among Arkansans By Type, 2011

Source: Arkansas Hospital Discharge Data System, Health Statistics Branch
CORE VIPP Focus Areas - Objectives

- Motor Vehicle Occupant Injury and Death
  - Inform state policy
  - Educate about restraint use
  - 10% increase in restraint use by 2016
  - Decrease in rates of deaths and hospitalizations (due to MVC) by 5% by 2016
Unintentional Poisoning

- Support policy to reduce access to Rx drugs
- Educate adults about safe storage and disposal of Rx drugs
- Increase the number of organizations participating in drug take back drop box program from 26 to 75 by 2016
- Unintentional poisoning deaths will be “stabilized” * in Arkansas by 2016

*Define Stabilized
CORE VIPP Focus Areas - Objectives

- Intentional Injury Prevention – reduction in incidence of suicide among teens and adults
  - Informing state and institutional policy
  - Increase awareness of suicide risk factors and availability of crisis hotline services
  - Increase the number of educators/stakeholders trained in suicide crisis intervention by 200 in 2016
  - Increase the rate of crisis intervention resource awareness among teens and adults by 25% by 2016

*Need Baseline Data
Sports/recreational injury – reduce youth related concussions

- Informing state and institutional policy (need policy)
- Support educational efforts for coaches, parents, athletes, and clinicians about concussion prevention and management
- Increase the number...trained in concussion management and prevention by 20% BY 2016*
- Increase the number of high schools participating in concussion screening programs by 15% by 2016*

*Need Baseline Data
Prevention Stakeholders in AR

- ADH Injury Prevention and Control
- ACH Statewide Injury Prevention Program
- ADH Hometown Health Improvement
- Arkansas Highway Department
- Trauma Advisory Council
- Regional TRAC Prevention Committees
- Trauma System Hospitals
- Rape Prevention and Education
- Local Coalitions and Motivated Citizen Groups
- Local and State Policymakers and Enforcers
- Other…
TAC and TRAC Injury Prevention Committee

- Trauma Advisory Council (TAC)
- Injury Prevention Sub-Committee
- Seven (7) Trauma Regional Advisory Council (TRAC)
- Seven (7) Injury Prevention Sub-Committee
Coordinated IP Planning – Steering Committee and IP Subcommittee/ICPG

Strategic Planning – Assess Safe States visit and develop 5 year strategic plan

Continue Training Goals – Statewide Injury Prevention Conference

Development of One/Two Statewide Injury Prevention Initiatives

Statewide Media Campaign regarding MVC

Continue Implementation of CORE VIPP Grant Objectives

Community IP Designation Program (Safe Communities?)

Assessment of Emergency Department Data
The Statewide Injury Prevention Program (SIPP) is funded through a contractual agreement between the ADH Injury Prevention and Control Branch’s Injury Prevention Section and Arkansas Children’s Hospital. The program is housed and administered within the Injury Prevention Center at Arkansas Children’s Hospital and the University of Arkansas for Medical Sciences.

The mission of the SIPP is to reduce the burden of injury mortality and morbidity in Arkansas through primary prevention of injuries.

SIPP provides technical assistance and serves as a resource center for designated trauma centers, EMS providers, Hometown Health Improvement Coalitions, and Educational Service Cooperatives.
Hometown Health Initiative (HHI)

Through a strategic planning initiative, the Arkansas Department of Health determined that to solve today’s health problems would require cooperative action and creative solutions at the local level. The health of the community is a shared responsibility of many entities. Hometown Health Improvement brings together a wide range of people and organizations including consumers, business leaders, health care providers, elected officials, religious leaders, and educators to identify community health problems and develop and implement ways to solve them.

Hometown Health Improvement is a state-wide and locally controlled initiative that stresses:

- collaboration,
- coalition building,
- community health assessment,
- prioritization of health issues, and
- the development and implementation of community health strategies that are locally designed and sustained.
Hometown Health - 81 Coalitions Strong

2011 Arkansas Department of Health Hometown Health Improvement
81 Coalitions

NORTHWEST REGION
1. Scott County Health and Education Coalition
2. River Valley Prevention Coalition, 15th Judicial District Drug Coalition
3. Conway County Hometown Health
4. Lonoke County ATOD Coalition
5. River Valley Prevention Coalition
6. Johnson County Resource Alliance
7. Living Longer in Logan County
8. Franklin County Right CHOICE Coalition
9. Your Cares Our Concerns Hometown Health Coalition
10. River Valley Drug & Tobacco Prevention Coalition
11. Crawford County Health and Education Coalition
12. NWA Hometown Health Improvement
13. Benton County Community Coalition/Elm Springs Regional Health Cooperative
14. Drug Free Regions Leeds
15. Madison County Health Coalition
16. Drug Free Carroll County
17. Van Buren County Health Coalition
18. Boone County Hometown Health Coalition
19. Marion County Hometown Health Coalition
20. Baxter County HHI
21. Searcy County Prevention Coalition
22. Clark Mountain Health Network
23. TEA Coalition; Clark Mountain Health Network

CENTRAL REGION
24. Faulkner County Human Services Coalition
25. Lonoke County HHI Coalition
26. NLR Advisory Coalition
27. Malvern
28. SWAR HHI Coalition
29. S.E. Pulaski County Coalition
30. Grant County Hometown Health Coalition
31. Saline County Hometown Health Coalition
32. Perry County HHI
33. Project MC2 PE

SOUTHWEST REGION
34. Healthy Hot Spring County Coalition
35. Becoming a Healthy Clark County
36. Dallas County Alliance Supporting Health (DACH)
37. United Community Resource Council (UCRC)
38. A Healthy Qualita-Health (AHQH)
39. TOUCH (Tremendous Opportunities for Union County Health)
40. Helping Everyone Achieve Long Term Health in Columbia County (HELP)
41. Lafayette County Improving the Futures for Everyone (LIFE)
42. Making Individuals Live Longer through Education and Resources (MILLER)
43. Little River Health Coalition
44. Sevier County Coalition
45. Howard County Health Improvement
46. Pike Hometown Health Initiative Coalition
47. Healthy Opportunities through Prevention & Education (HOPE) Coalition
48. Prescott Nevada County Health Alliance
49. Montgomery County Health Education Advisory Board
50. Polk County Quality of Life Coalition

SOUTHEAST REGION
51. Prairie County HHI
52. Monroe County TEA HHI Coalition
53. St. Francis County Hometown Health Network
54. Lee County HHI Coalition
55. Phillips County HHI Coalition
56. Arkansas County Partners in Health (ACPH)
57. Jefferson County Health Coalition
58. Crawford County Health Coalition
59. Cross County Hometown Wellness Coalition
60. Woodruff HHI Coalition

NORTHEAST REGION
61. White County Hometown Health Improvement Coalition
62. Independence County Coalition
63. Independence County Hometown Wellness Coalition
64. Stone County Hometown Health Planning Coalition
65. Grant County Hometown Health Coalition
66. Fulton County HHI Healthy Arkansas Coalition
67. Sharp County Hometown Wellness Coalition
68. Lawrence County Healthcare Coalition
69. Healthy Randolph County
70. Clay County Coalition
71. Crawford’s Ridge Rural Health Coalition
72. Centralized Essential Prevention Education
73. Mississippi HHI Coalition
74. Newton County Partners in Health Coalition
75. Jackson County Health & Wellness Coalition
76. Crittenden County Health Council
77. Cross County Hometown Wellness Coalition
78. Dinwiddie HHI Coalition
- Crisis Intervention Center (Fort Smith)
- Ozark Rape Crisis (Clarksville)
- Partners for Inclusive Communities (Little Rock)
- Southwest Domestic Violence Center (De Queen)
- University of Arkansas-University Health Center (Fayetteville)
- White County Domestic Violence Prevention (Searcy)
- Women’s Crisis Center of South Arkansas (Camden)
Arkansas Prevention Funding Resources

- ADH Funding to ACH State Injury Prevention Program (SIPP)
- ADH Funding to HHI Workforce
- ADH Funding from CDC for RPE (managed by IVP Section Chief)
- ADH Trauma System Annual Funds for Injury Prevention
- DBHS Funding from SAMHSA
- Tobacco Prevention and Control CHART for Community Coalitions
- TRACs and Trauma Hospitals may spend ADH funds for prevention
IVP Infrastructure and Funded or Key Agency/Community Partners

Injury Prevention and Control

TAC
- ADH Injury Prevention Funded Programs
  - TRAC Prevention Subcommittees
  - ACH SIPP
  - Hometown Health Improvement
  - Rape Prevention & Ed.
  - Designated Hospitals
  - 5 SMEs, Child Seat, ATV, etc
  - CHNS/CHIPS FTEs in each region
  - 1 SME, 5 coalitions
  - Local Coalitions

AR HWY Dept
- AR HWY Dept
  - Highway Safety Planning Group
  - Local Coalitions

DBHS
- Suicide Prevention
  - Prevention Resource Centers
  - Local Coalitions
Infrastructure Needs Distilled

- **Increased communication and cooperation** among and between stakeholders
- Development of a “**unifying project**” (supported by data) that most if not all stakeholders can support
- **Media awareness effort** to support a unifying project
- **Workforce development** process to ensure professional prevention skills are utilized
- Emphasis on **population level change** through awareness, advocacy, policy and enforcement of policy
Potential Projects to Address Needs

- Statewide ADH Injury Prevention conference with SMART objectives to increase collaboration among injury prevention professionals (SIPP, HHI, RPE, TRAC, DBHS, and local coalitions)

- Ongoing Workforce Development to ensure that evidence-based techniques are promoted and utilized (possible start-up grants)

- Implement a unifying project to address MVC through media awareness, policy change, and enforcement

- Determine specific roles for stakeholders that support evidence-based, environmental change
Unifying Project: Toward Zero Deaths

- **Toward Zero Deaths**: A National Strategy on Highway Safety will be a data-driven effort focusing on identifying and creating opportunities for changing American culture as it relates to highway safety.
- The effort will also focus on developing strong leadership and champions in the organizations that can directly impact highway safety through engineering, enforcement, education, emergency medical service (EMS), policy, public health, communications, and other efforts.
- The national strategy will be utilized as a guide and framework by safety stakeholder organizations to enhance current national, state and local safety planning and implementation efforts.
- The intent is to develop a mechanism for bringing together a wider range of highway safety stakeholders to work toward institutional and cultural changes.

Unifying MVC Program Collaboration Structure

### Injury Prevention and Control Programs

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<td>ACH SIPP</td>
<td>GDL, Ignition Interlock, Social Host</td>
</tr>
<tr>
<td>Hometown Health Improvement</td>
<td>HSO/ASP</td>
</tr>
<tr>
<td>5 SMEs, Child Seat, ATV, etc</td>
<td>AR HWY DEPT</td>
</tr>
<tr>
<td>CHNS/CHIPS FTEs in each region</td>
<td>Policy Initiatives</td>
</tr>
<tr>
<td>Local Coalitions</td>
<td>HWY Safety Planning Group Federal HWYs</td>
</tr>
</tbody>
</table>

*DBHS stands for Division of Behavioral Health Services.*
Policy Success Stories in AR

- Trauma Act
- Primary Seatbelt
- Ignition Interlock
- Fatigued Driving
- Social Host
- GDL
- PDMP
- Home safety (carbon monoxide detectors in all rental properties)
- Shaken Baby Syndrome Education requirements
- Teen Suicide Prevention Education requirements
- Bullying Prevention Education requirements
- Other…
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QUESTIONS?