



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...



Teresa Terry

Austin

Katy

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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)

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.

Program Technical Assessment



Injury Prevention Program State Technical Assessment
Team (STAT) Review – August 1-5, 2011

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

Safe States Quotes/Recommendations



- ❑ “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

Safe States Quotes/Recommendations



- ❑ “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.)



Injury Community Planning Group (ICPG)



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.



Program Direction and Priority Review.

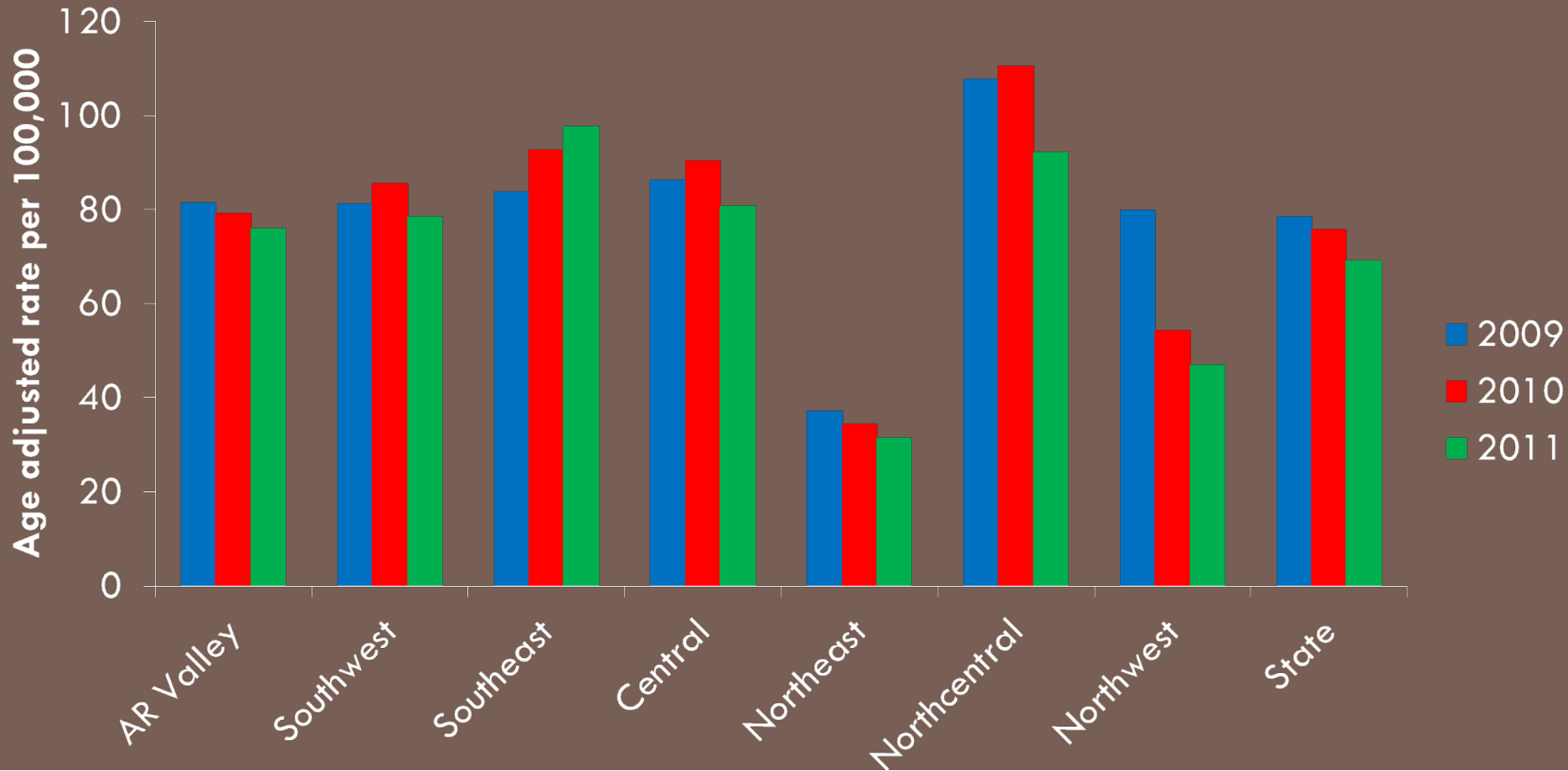
- ❑ Needs Demonstrated by Existing State Level Data
- ❑ Safe States 2011 STAT Visit and Recommendations
- ❑ CORE VIPP Grant SMART Objectives
- ❑ Trauma Advisory Council (TAC) Retreat Prevention Goals
- ❑ Trauma Regional Advisory Council (TRAC) Prevention Goals
- ❑ Prevention Subject Matter Expert Input
- ❑ Local Coalition Input
- ❑ Integration Opportunity with Trauma Efforts
- ❑ Other...



Hospitalizations from Motor Vehicle Crashes Among Arkansans By Trauma System Region, 2009-2011

Region	2009	2010	2011
AR Valley	287	289	277
Southwest	324	329	316
Southeast	178	194	203
Central	593	640	580
Northeast	150	138	130
North Central	312	322	272
Northwest	410	280	245

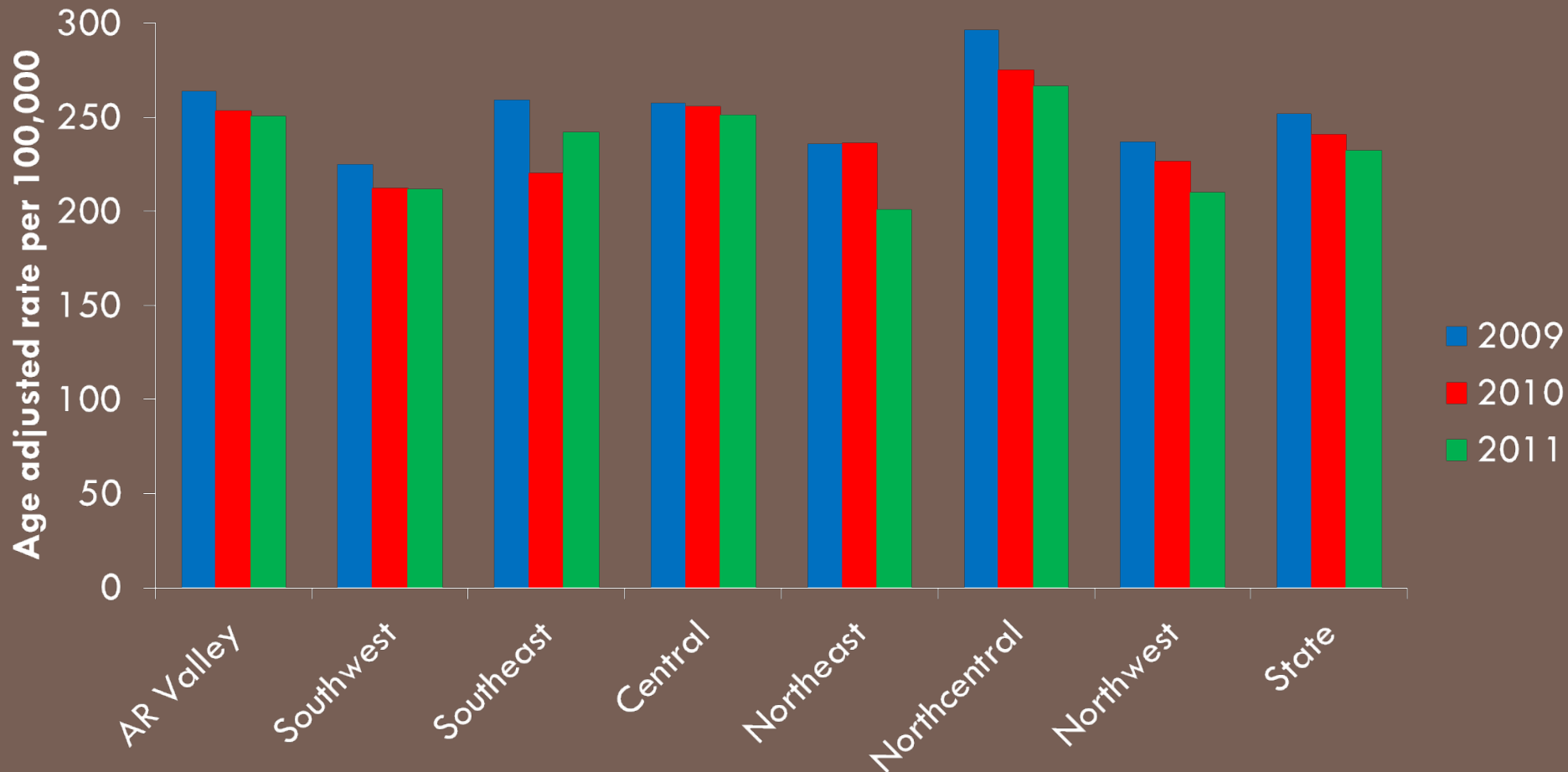
Hospitalizations from Motor Vehicle Crashes Among Arkansans By Trauma System Region, 2009-2011



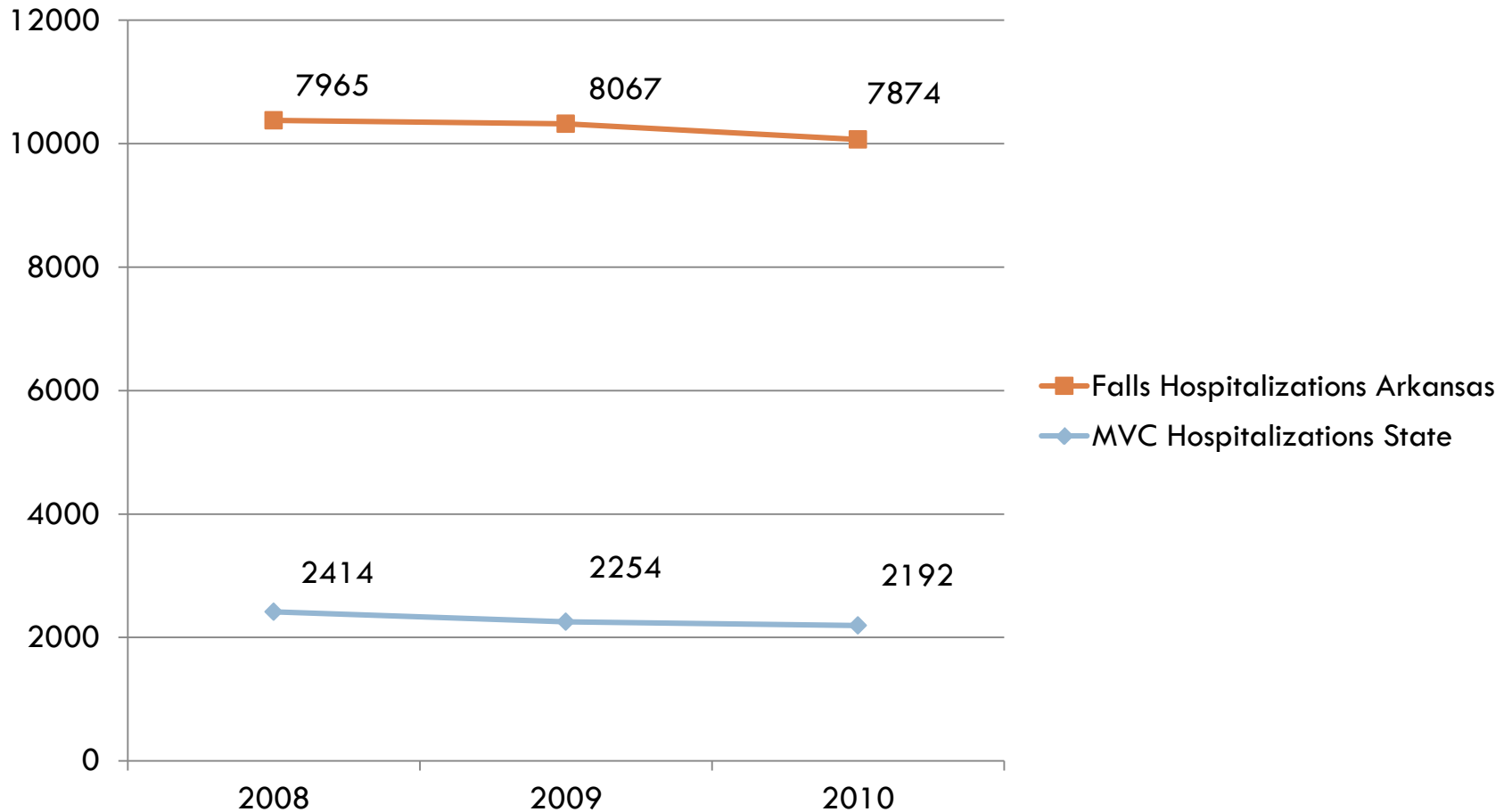
Hospitalizations from Unintentional Falls Among Arkansans By Trauma System Region, 2009-2011

Region	2009	2010	2011
AR Valley	1056	1046	1049
Southwest	1155	1093	1094
Southeast	622	538	592
Central	1763	1807	1809
Northeast	1033	1054	906
North Central	1249	1189	1166
Northwest	1189	1147	1093

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



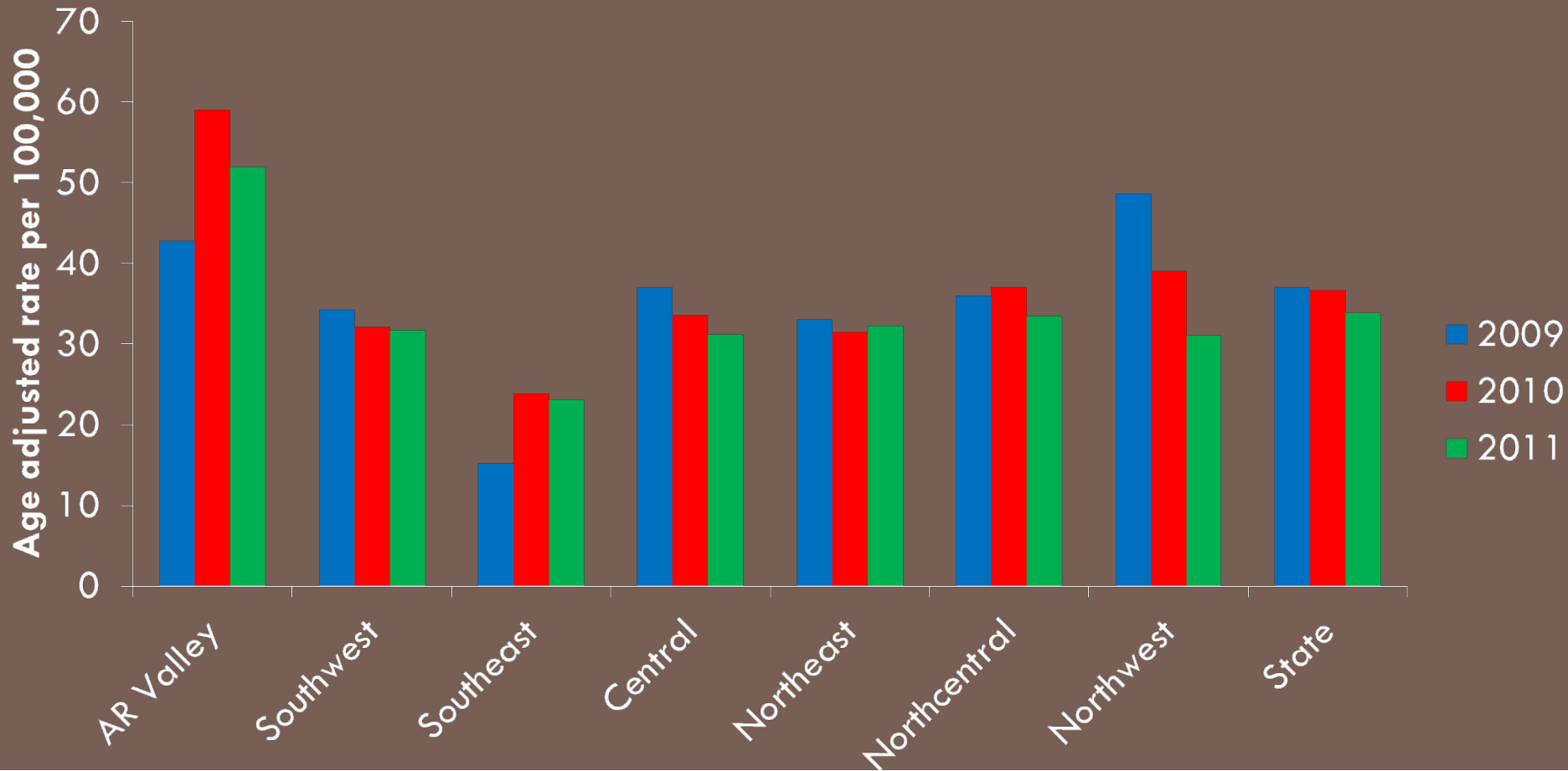
Hospitalizations: Falls vs. MVC Raw Numbers



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

Region	2009	2010	2011
AR Valley	159	225	199
Southwest	147	133	135
Southeast	34	52	52
Central	261	242	230
Northeast	135	134	134
North Central	115	117	113
Northwest	251	203	164

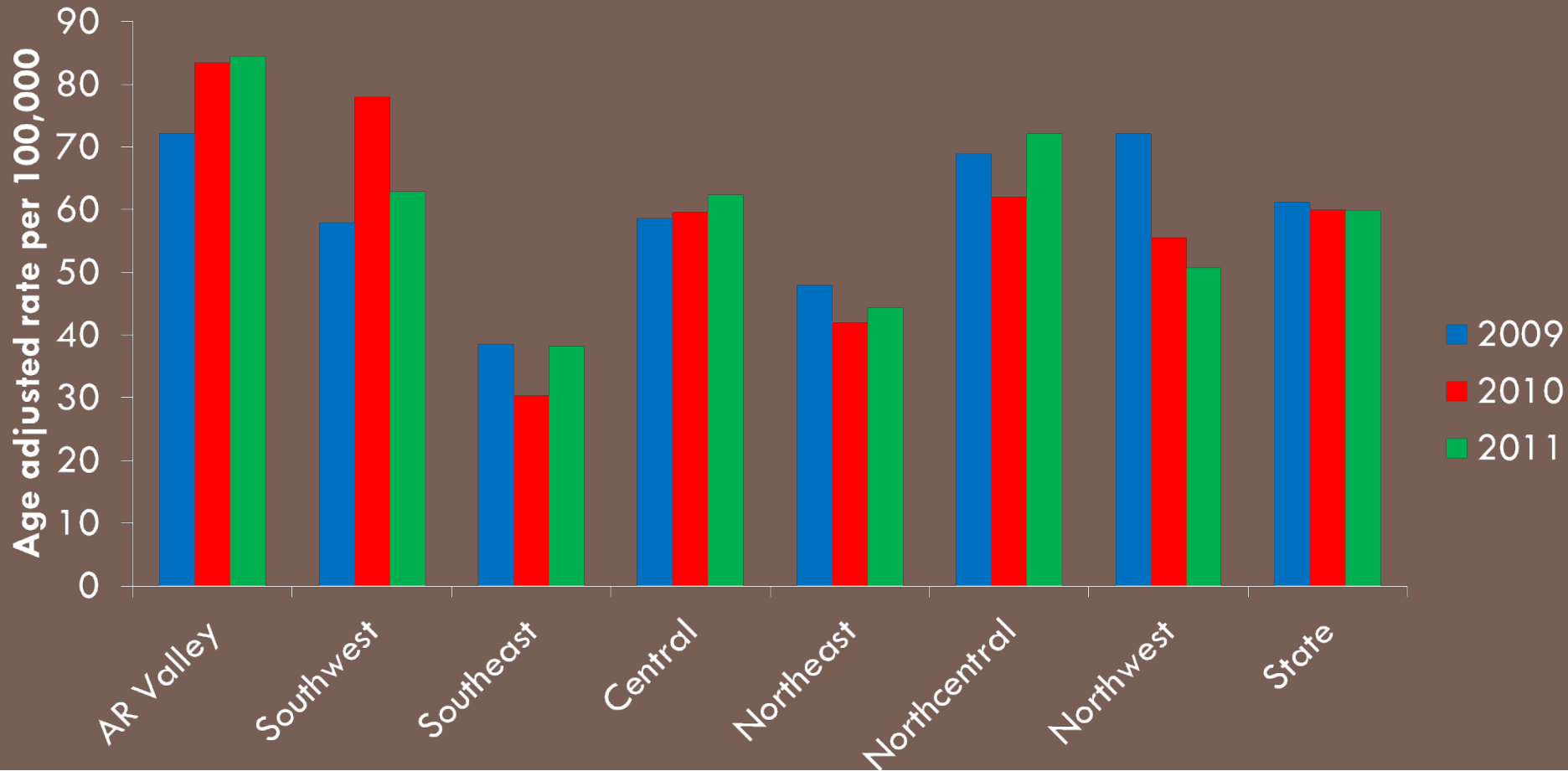
Hospitalizations from Unintentional Poisoning Among Arkansans By Trauma System Region, 2009-2011



Hospitalizations from Attempted Suicide/Self Harm Among Arkansans By Trauma System Region, 2009-2011

Region	2009	2010	2011
AR Valley	262	294	296
Southwest	219	298	238
Southeast	79	61	78
Central	403	422	449
Northeast	185	164	176
North Central	181	168	200
Northwest	372	285	265

Hospitalizations from Attempted Suicide/Self Harm Among Arkansans By Trauma System Region, 2009-2011



Hospitalizations from Assault Among Arkansans, under 19 years, By Trauma System Region, 2009-2011

Region	2009	2010	2011
AR Valley	*masked*	6	12
Southwest	5	*masked*	9
Southeast	15	5	10
Central	15	23	23
Northeast	*masked*	*masked*	9
North Central	*masked*	*masked*	8
Northwest	7	*masked*	16

Hospitalizations from Assault Among Arkansans, 20-44 years old, By Trauma System Region, 2009-2011

Region	2009	2010	2011
AR Valley	41	23	24
Southwest	48	29	40
Southeast	44	45	34
Central	120	119	112
Northeast	30	16	20
North Central	15	23	26
Northwest	32	17	15

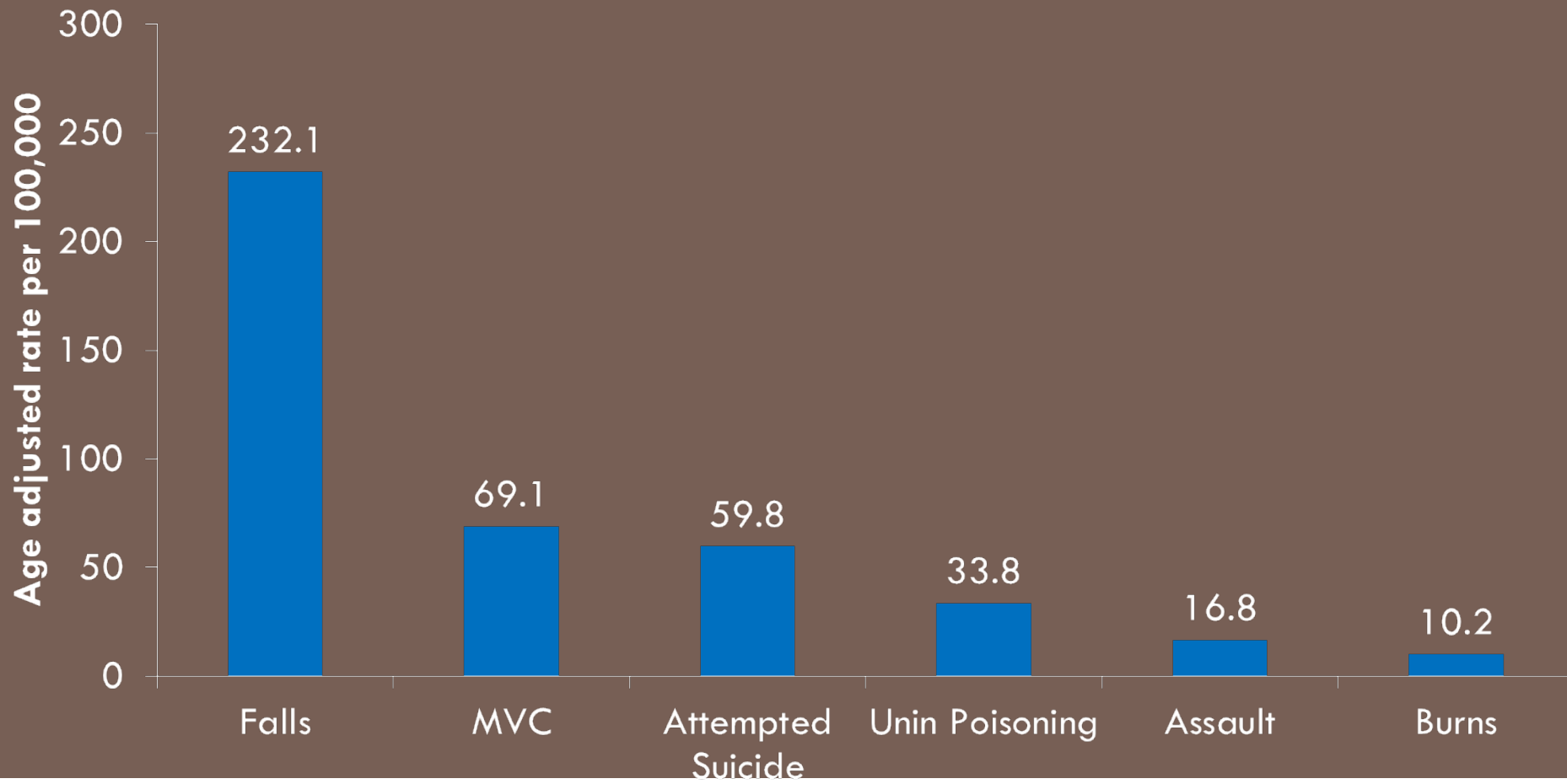
Hospitalizations from Assault Among Arkansans, 45-64 years old, By Trauma System Region, 2009-2011

Region	2009	2010	2011
AR Valley	11	9	5
Southwest	29	19	11
Southeast	12	12	14
Central	38	35	43
Northeast	8	9	7
North Central	10	*masked*	11
Northwest	*masked*	7	12

Top 5 Mechanisms of Hospitalizations due to Injury by Trauma Region, 2011

Northwest	AR Valley	Southwest	Southeast	Central	Northeast	North Central
1. Fall	1. Fall	1. Fall	1. Fall	1. Fall	1. Fall	1. Fall
2. Suicide	2. Suicide	2. MVC	2. MVC	2. MVC	2. Suicide	2. MVC
3. MVC	3. MVC	3. Suicide	3. Suicide	3. Suicide	3. Poisoning	3. Suicide
4. Poisoning	4. Poisoning	4. Poisoning	4. Assault	4. Poisoning	4. MVC	4. Poisoning
5. Assault	5. Assault	5. Assault	5. Poisoning	5. Assault	5. Assault	5. Assault

Hospitalizations from Injury Among Arkansans By Type, 2011



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



CORE VIPP Focus Areas - Objectives



- ❑ 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 *

CORE VIPP Focus Areas - Objectives



- ❑ 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

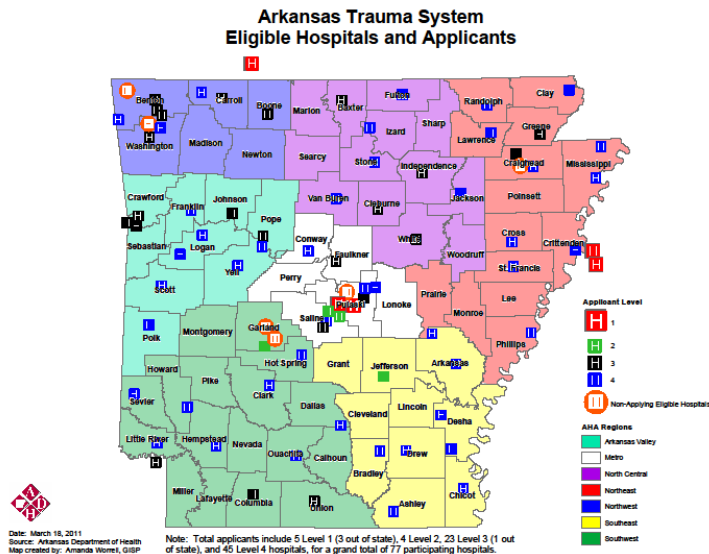
- ❑ ADH Injury Prevention and Control
- ❑ ACH Statewide Injury Prevention Program
- ❑ ADH Hometown Health Improvement
- ❑ Arkansas Highway Department
- ❑ Trauma Advisory Council
- ❑ Regional TRAC Prevention Committees
- ❑ Trauma System Hospitals
- ❑ Rape Prevention and Education
- ❑ Local Coalitions 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



TAC Retreat – Goals for 2012-13



- ❑ 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

ACH Statewide Injury Prevention Program (SIPP)



- ❑ 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- Conway County ATOD Coalition
- 5- River Valley Prevention Coalition
- 6- Johnson County Resource Alliance
- 7- Living Longer in Logan County
- 8- Franklin County Right C.H.O.I.C.E.S. Coalition
- 9- Your Cares Our Concerns Hometown Health Coalition
- 10- River Valley Drug & Tobacco Prevention Coalition
- 11- Crawford County Health and Education Coalition
- 12- NVA Hometown Health Improvement
- 13- Benton County Community Coalition/Siloam Springs Regional Health Cooperative
- 14- Drug Free Rogers Lowell
- 15- Madison County Health Coalition
- 16- Drug Free Carroll County
- 17- Newton County Hometown Health Coalition
- 18- Boone County Hometown Health Coalition
- 19- Marion County Hometown Health Coalition
- 20- Baxter County HHI
- 21- Searcy County Prevention Coalition
- 22- Ozark Mountain Health Network
- 23- TEA Coalition; Ozark Mountain Health Network

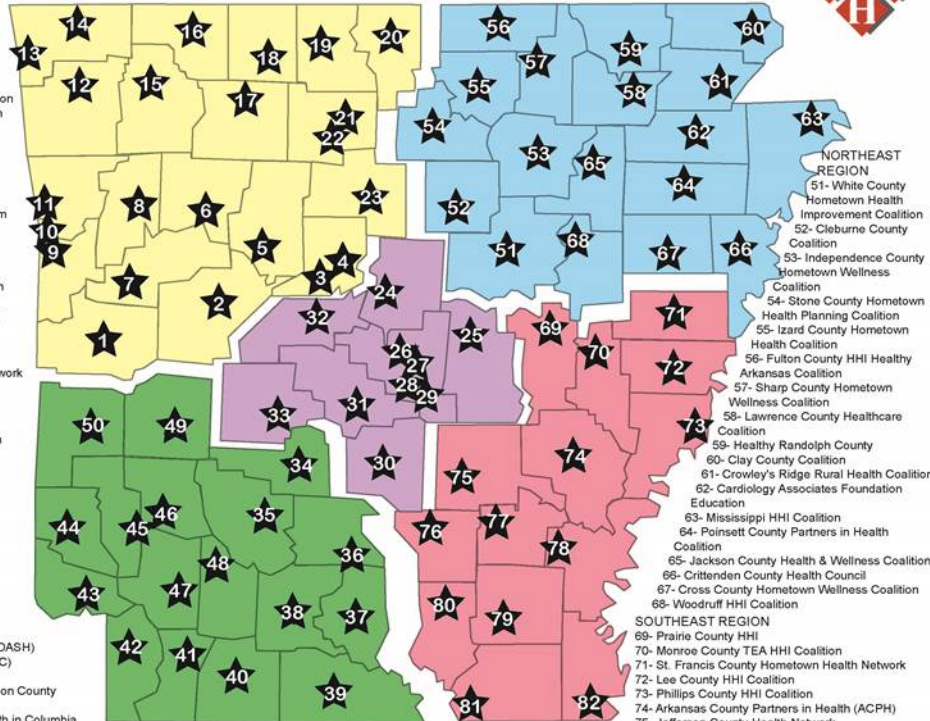
CENTRAL REGION

- 24- Faulkner County Human Services Coalition
- 25- Lenoke County HHI Coalition
- 26- NLR Advisory Coalition
- 27- Midtown
- 28- SWLR HHI Coalition
- 29- SE Pulaski County Coalition
- 30- Grant County Hometown Health Coalition
- 31- Saline County Hometown Health Coalition
- 32- Perry County HHAT
- 33- Project H.O.P.E.

SOUTHWEST REGION

- 34- Healthy Hot Spring County Coalition
- 35- Becoming a Healthy Clark County
- 36- Dallas County Alliance Supporting Health (DASH)
- 37- United Community Resource County (UCRC)
- 38- A Healthy Ouachita County (AHOC)
- 39- TOUCH (Tremendous Opportunities for Union County Health)
- 40- Helping Everyone Achieve Long Term Health in Columbia County (HEALTH)
- 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



NORTHEAST REGION

- 51- White County Hometown Health Improvement Coalition
- 52- Cleburne County Coalition
- 53- Independence County Hometown Wellness Coalition
- 54- Stone County Hometown Health Planning Coalition
- 55- Izard County Hometown Health Coalition
- 56- Fulton County HHI Healthy Arkansas Coalition
- 57- Sharp County Hometown Wellness Coalition
- 58- Lawrence County Healthcare Coalition
- 59- Healthy Randolph County
- 60- Clay County Coalition
- 61- Crowley's Ridge Rural Health Coalition
- 62- Cardiology Associates Foundation Education
- 63- Mississippi HHI Coalition
- 64- Poinsett County Partners in Health Coalition
- 65- Jackson County Health & Wellness Coalition
- 66- Crittenden County Health Council
- 67- Cross County Hometown Wellness Coalition
- 68- Woodruff HHI Coalition

SOUTHEAST REGION

- 69- Prairie County HHI
- 70- Monroe County TEA HHI Coalition
- 71- St. Francis County Hometown Health Network
- 72- Lee County HHI Coalition
- 73- Phillips County HHI Coalition
- 74- Arkansas County Partners in Health (ACPH)
- 75- Jefferson County Health Network
- 76- Cleveland County Hometown Health Coalition
- 77- Lincoln County Hometown Health
- 78- DHHP Deaths HHI Project
- 79- Drew HEALTH Coalition
- 80- Bradley County HHI
- 81- Ashley County Hometown Health
- 82- Chicot County 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

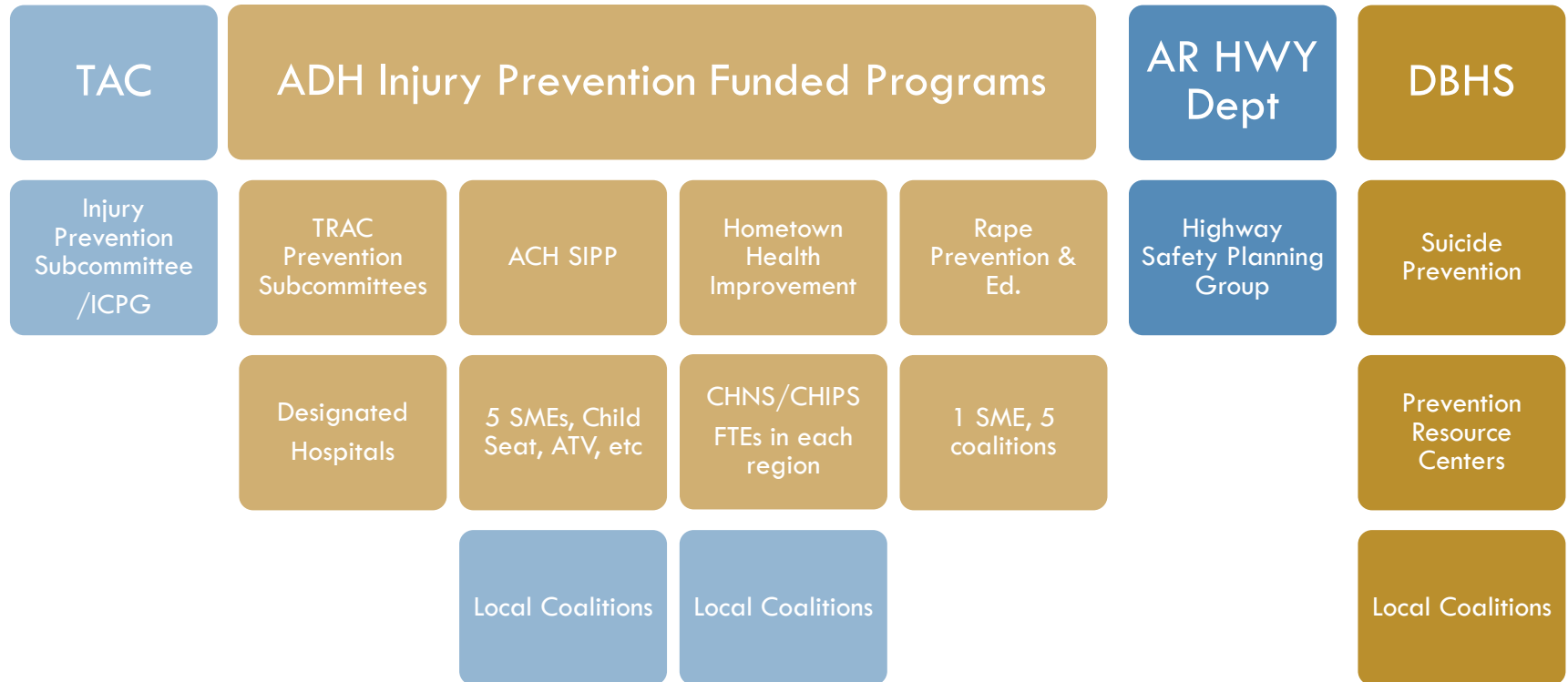


- ❑ ADH Funding to ACH State Injury Prevention Program (SIPP)
- ❑ ADH Funding to HHI Workforce
- ❑ ADH Funding from CDC for RPE (managed by IVP Section Chief)
- ❑ ADH Trauma System Annual Funds for Injury Prevention
- ❑ DBHS Funding from SAMHSA
- ❑ Tobacco Prevention and Control CHART for Community Coalitions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

IVP Infrastructure and Funded or Key Agency/ Community Partners



Injury Prevention and Control



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

Toward Zero Deaths

DBHS

Trauma	ACH SIPP	Hometown Health Improvement	AR HWY DEPT	Policy Initiatives	Prevention Resource Centers
Designated Hospitals	5 SMEs, Child Seat, ATV, etc	CHNS/CHIPS FTEs in each region	HSO/ASP	GDL, Ignition Interlock, Social Host	Local Coalitions
TRACS	Local Coalitions	Local Coalitions	HWY Safety Planning Group Federal HWYs	Primary Seatbelt	

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...

Arkansas IVP Team – 501-683-0707



Teresa Belew

teresa.belew@arkansas.gov

Terry Love

terrence.love@arkansas.gov

Austin Porter

austin.porter@arkansas.gov

Katy Allison

mary.allison@arkansas.gov



Teresa

Terry Marie

Austin

Brian

Joe

Melissa

Jacquelyn

Bill

Lee

Jim

Renee

Dianna

Bethany

Jamie

Katy

QUESTIONS?

