

FOREWARD

The State and Territorial Injury Prevention Directors Association (STIPDA) is proud to present the *STIPDA 2005 State of the States Survey: Highlights Report*, the association's premiere assessment of capacity among state injury and violence prevention programs in the U.S.

This report provides – for the first time – comprehensive national level data on the status of state injury and violence prevention programs. As such, this report is the new baseline for measuring changes in state injury and violence prevention programs over time. It reflects achievements of these programs to date and gives direction for future improvement and growth. Future *State of the States* surveys will be conducted on a biannual basis.

STIPDA also will use *State of the States* survey data to generate state-specific reports describing each state's injury and violence prevention programs; conduct in-depth analyses and create special reports; and, develop future STIPDA programs and services.

The *State of the States* survey builds upon STIPDA's work to develop infrastructure in the field of injury and violence prevention since the association was formed in 1992. In 1999, a STIPDA working group published *Consensus Recommendations for Injury Surveillance in State Health Departments* to improve state injury surveillance and in turn support injury and violence prevention programs and policies. STIPDA worked with federal and state partners to produce *Safe States*, a call to action outlining five core program components for creating and sustaining state injury and violence prevention programs that effectively addresses the multiple, complex causes of injury and violence. And by the end of 2005, STIPDA's State Technical Assessment Team (STAT) Program had conducted assessments in 20 states and the District of Columbia to provide assistance in developing and enhancing the state injury and violence prevention programs.

The findings and recommendations in this report provide a starting point for informing federal, state and local prevention partners of the need for comprehensive injury and violence prevention programs grounded in a public health approach and located within state health departments. Such programs provide focus and direction, coordinate and find common ground among the many prevention partners, and make the best use of limited injury and violence prevention resources.

This report also is an invitation for organizations, agencies and individuals alike to identify where each can be most effective in moving the field of injury and violence prevention forward.

Sincerely,

Susan B. Hardman
President
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EXECUTIVE SUMMARY

The *STIPDA 2005 State of the States Survey: Highlights Report* presents major findings from STIPDA's inaugural assessment of capacity among state injury and violence prevention programs in the U.S. The survey was administered in the first half of 2006 to collect data on the status of programs in 2005. A total of 48 states and the District of Columbia participated in the survey. STIPDA plans to conduct this survey on a biannual basis to develop a comprehensive picture over time of the status of the nation's state health department injury and violence prevention programs.

The contents of this report are organized around each of the five core components identified by STIPDA as essential elements of a comprehensive state health department injury and violence prevention program. They are: build a solid infrastructure for injury and violence prevention; collect and analyze injury and violence data; design, implement and evaluate programs; provide technical support and training; and, affect public policy.

Major findings on the status of state injury and violence prevention programs in 2005 include:

- Only 12 (24%) of 49 states had a mandated injury prevention program.
- Many state injury and violence prevention programs pieced together funding to support basic program infrastructure. Among the 251 state injury and violence prevention program positions supported 100 percent by a single funding source, 24% were funded solely by state funds, while 75% were supported by federal funds from the Centers for Disease Control and Prevention or other federal agencies.
- Staff members of state injury and violence prevention programs are relatively new to the field: about 50% had worked in injury and violence prevention less than four years.
- Staff members often played more than one role within a state injury and violence prevention program.
- The type and breadth of collaboration between state injury and violence prevention programs and other programs within the state health department varied, as did collaboration with other state agencies.
- Although vital records typically is an easily-accessible data set, only 77% of state injury and violence prevention programs reported access to it. Thirty-five (73%) programs reported access to hospital discharge data. Less than half of the programs reported access to emergency department or emergency medical services data (42% and 44%, respectively).
- Five states had no hospital discharge data system and half of the states did not have a hospital emergency department data system, according to a 2004 report by the Council of State and Territorial Epidemiologists. The completeness of E-coding of these two major data systems is not yet optimal, limiting their usefulness.
- Although the number of injury and violence prevention program staff with the primary role of training and technical support is small (less than 10%), training and technical support appears to be a priority integrated into the responsibilities of nearly all staff.
- Thirty-eight (81%) of 47 state injury and violence prevention programs reported having mechanisms or protocols for communicating with policy-makers around issues related to injury and violence prevention during the most recently completed legislative session.
- Only three (<1%) of 323 injury and violence prevention program staff members reported a primary role of public policy/advocacy.

Recommendations based on major findings from the 2005 survey data are:

Build a solid infrastructure for injury and violence prevention

- Efforts should be made to educate policy makers about the discrepancy between the toll of injury and violence in the U.S. and the dollars spent on injury and violence prevention programs.
- Efforts should be made to engage the myriad of current and potential injury and violence prevention partners at the highest levels (e.g. through federal programs, other national associations) and to identify ways to make it easier for these partners to engage in injury and violence prevention even if it is not a primary focus of the organization.
- Further research is needed to determine the association between the existence of a program mandate and the capacity and growth over time of a state injury and violence prevention program.
- Additional STIPDA State Technical Assessment Team (STAT) visits should be conducted to help state injury and violence prevention programs identify priorities and build capacity. Outcomes reported from among the 20 STAT visits conducted during 2000-2005 include: increased internal and external funding for staff and programs; increased program visibility within the state health department; and, improved data access, quality and analysis.
- Training and technical support efforts should offer opportunities for cross-training, given that staff of injury and violence prevention programs in most states must play multiple roles within the programs.
- Engaging individuals new to injury and violence prevention, as well as students considering public health career options, is essential to ensuring that the workforce has the skills and knowledge necessary to be effective in the field of injury and violence prevention.

Collect and analyze injury and violence data

- Barriers to state injury and violence prevention programs accessing and using key injury and violence surveillance data sets should be identified and addressed. These efforts should include strengthening skills of program staff on how to access and use these data sets.
- Adequate funding and programmatic support are needed to develop state hospital discharge and hospital emergency department data surveillance systems, promote the routine collection of E codes in states without these systems, and address the lack of completeness of E-coding in both systems.

Design, implement and evaluate programs

- Effective mechanisms should be identified that enable state injury and violence prevention programs to share promising practices and replicate them within and across states.
- Efforts should be made to further build the capacity of state injury and violence prevention programs – and the competencies of staff members – to conduct program evaluation.

Provide technical support and training

- Efforts should be made to collect and share the methods and content of the myriad of training sessions conducted and technical support provided by state injury and violence prevention programs. The STIPDA Exchange could be an effective tool to facilitate this sharing.
- Additional efforts should be taken to assess if -- and then encourage -- state injury and violence prevention programs to collaborate with schools of public health and/or injury prevention research centers to develop and deliver training and technical support.

Affect public policy

- The current lack of capacity among state injury and violence prevention programs in the area of public policy and advocacy should be addressed. Further research is needed to determine the type and extent of barriers that state programs face in pursuing policy change or other advocacy efforts.