SAFE STATES

Safe States Alliance
2017 Innovative Initiatives
Finalist Summaries for Review

Initiative #1: Engaging Youth and Strategic Partnerships to Prevent Commercial Sexual Exploitation in Youth

Statement of Purpose:
To create effective outreach materials for sexually exploited and at-risk youth, Minnesota Department of Health anti-trafficking Safe Harbor Program tapped into existing grantee relationships and engaged youth to prevent sexual exploitation. In human trafficking and sexual violence, those who are most vulnerable are often the most difficult to reach. Youth are particularly vulnerable yet wary of authority-driven interventions. State agencies can be more effective in combating trafficking and sexual exploitation through strategic relationships with partners who have trusted access to vulnerable populations and by engaging youth when creating interventions directed towards youth.

Program Methods, Results, and Significance:
Interviews with the network of Safe Harbor Program grantees identified a need for messaging that would increase youth awareness of the Safe Harbor Program, enable them to self-identity their risk and/or own experience of exploitation, and have reliable contact information for services. Vital was engaging youth to develop materials that would speak to them. Statewide youth focus groups developed initial imagery, ensuring youth-centric language and diversity. Youth participants ranged from exiting "the life," still actively involved, and youth prevention peer advocates. They varied in age, ethnicity, gender expression, sexual orientation, and geographic location. They reviewed multiple draft concepts and final mockups so that youth who read these messages would think about their own situation, identify harm, and confidently reach out, when ready.

Prioritized outreach materials include posters, an outreach card explaining Safe Harbor, and hygiene kits that provide contact information. Twelve posters reach various programs, demographics, and regions throughout the state. Grantees will receive posters as fillable pdfs so contact information is regionally specific. Advocates in Hmong, Somali, Hispanic, and Native communities will review materials for translation or customization. We are also considering indoor media (bathroom ads) in places that youth frequent.

This project involved strategic use of partnerships and engagement of directly affected populations to increase MDH's ability to reach vulnerable youth and prevent sexual exploitation. By strengthening existing connections and engaging youth, we enhanced our grantees' ability to provide relevant messages about Safe Harbor, increased awareness of existing services, empowered youth to recognize their own expertise, and ensured effectiveness of the outreach materials.

Innovative Characteristics:
The Minnesota Department of Health's Safe Harbor Program implements a new system for redirecting trafficked and sexually exploited youth from prosecution to services, while working with partners to ensure traffickers and sex buyers are held accountable. Minnesota is the only state to implement Safe Harbor interventions through its public health sector rather than through criminal justice or human services departments. This unique approach recognizes sex trafficking's impact on health and seeks to de-stigmatize the issue by further separating it from criminal justice. A public health approach, with its preference for systems thinking and primary prevention, reframes the issue to better understand its causes on many levels and how to prevent it. In addition to the already unique nature of MDH's anti-trafficking Safe Harbor Program, the process of creating outreach materials for our Safe Harbor Program went beyond the "one size fits all," top-down approach. Instead, by strengthening existing connections, this project has created effective materials

for use throughout the state for a variety of populations. Furthermore, by engaging youth in the process, we have increased their awareness, empowered them to recognize their own value and control, in addition to ensuring effectiveness of the outreach materials.
While Minnesota has a unique Safe Harbor Program, other states could replicate the outreach strategy highlighted in this abstract by developing their own partnerships and engaging those most affected.

Barriers & Obstacles:
While initially developed as a project to be completed internally at MDH, it became evident that we did not have the capacity in staff time, marketing expertise, and access to fully implement this project. From that obstacle, however, arose the process that itself makes this project noteworthy. We leveraged what we did have in terms of the already developed network of grantees and ongoing partnership with a consultant familiar with the issues to make the product more effective and the process more impactful than what could have been done in-house. By employing outside partnerships, we were also able to overcome the often insurmountable barrier faced when state agencies try to reach vulnerable communities who may be skeptical of state-authorized interventions and therefore less likely to be engaged.

Initiative #2: A Cross-sector Approach to Suicide Prevention on Bridges in Minnesota

Statement of Purpose:
Suicide is the 9th leading cause of death in Minnesota. Deaths by suicides have incrementally increased in Minnesota, with a high of 730 deaths in 2015. From 2010 to 2015, 145 suicides from high places were identified in Minnesota; 49 occurred from a bridge. There are risks to the general public when a death by suicide occurs from a bridge including psychological trauma, potential contagion and improper reporting by media. Minnesota has developed a cross-sector suicide prevention project to address suicides on bridges in Minnesota.

Program Methods, Results, and Significance:
In 2015, the Saint Paul community experienced seven deaths by from a bridge that had been perceived by the media and some groups as “the suicide bridge.” The average deaths by suicide on “The Bridge.” has been 0-1 deaths historically. These events prompted action by a neighborhood community to request support from Minnesota Department of Health (MDH), Minnesota Department of Transportation (MnDOT) and non-profit organizations. The neighborhood community created a forum to have safe dialogues, and educate and sponsor events for community members on suicide prevention. The MDH provided technical assistance on suicide data and prevention strategies (the issue of data memorials, QPR, etc.,) and “safe messaging” for community members and the media. Non-profits suicide advocates provided suicide prevention trainings. MnDOT is renovating and redesigning the bridge structure with the best deterrents for those at-risk of attempting suicide on the bridge.

Since 2016, there have been zero deaths by suicide on “The Bridge.” Our work has resulted in greater awareness and prevention efforts in the community. MnDOT continues to consult with MDH and other experts like, Suicide Awareness Voices of Education (SAVE), during the current design process of “The Bridge.” The neighborhood community continues to have a powerful voice and continues engage their community members on innovative strategies to prevent suicides on “The Bridge.”

This unique cross-sector collaboration has functioned for nearly two years to ensure the safety of people on "The Bridge." We have applied our key learning's to other bridges in Minnesota. There are opportunities and challenges when understanding each other's perspectives, prioritize and communication styles, but the shared vision to keep people safe has provided the unified approach.

Innovative Characteristics:
"A Cross-sector Approach to Suicide Prevention on Bridges in Minnesota" has a variety of unique characteristics. Minnesota Department of Health approaches suicide prevention by engaging across sectors, disciplines and state departments. Minnesota Department of Health is collaborating with engineers, designers, public health professionals, the media and community members throughout this project. This comprehensive approach and level of collaboration to suicide prevention on "The Bridge." incorporates: analysis and data monitoring of suicides using the Minnesota Violent Death Reporting System; creating architectural designs with the greatest deterrence; Gatekeeper Training for community members; Postvention for community members; and safe reporting training to the media. Though, death by suicide is less common among high places, there are complex risk factors that affects the general public. The neighborhood community, Minnesota Department of Transportation and Minnesota Department of Health has taken a data driven and evidence-based practice approach to address the potential for contagion after seven deaths by suicide in the course of a year.

The grassroots approach to empower the "neighborhood community" to be a part of the solution to proactively prevent suicides on "The Bridge." This unique collaboration has engaged over 330 community members on training and education, not to mention the safe media reporting on the topic of suicide to the general public. Lastly, this project has set a precedence to use a suicide prevention lens when renovating and building bridges in Minnesota. MnDOT continues to seek support from suicide prevention advocates future projects. We would encourage replication of this initiative in other states and believe our model is very replicable and sustainable.

Barriers & Obstacles:
There are two major barriers we have experienced as a collaborative; 1) understand the federal and state requirements of renovating and building bridges; and 2) timely communication.

First, MnDOT has to manage multiple requirements and demands when renovating and building bridges that only bridge engineers and bridge designers understand. There was a significant learning curve to understand MnDOT's prioritizes. This resulted in all partners to recognize that we have multiple perspectives on how "The Bridge." should be renovated. MnDOT's priority was to keep the public safe with the design of the renovated bridge. Safety from suicide is one of many variables of public safety. MnDOT cannot renovate "The Bridge." to prevent suicides but could renovate "The Bridge." with the greatest deterrents. The neighborhood community's priority was to stop suicides on "The Bridge." MDH's perspective was to play a neural role, while educating key partners on suicide prevention strategies. This collaboration made a point to understand each other's perspectives and prioritizes and created a common vision to keep people safe on "The Bridge."

The second barrier that we addressed is the timeliness of communication. MnDOT works with very tight timelines to renovate and build bridges. There is specific information they may share timely and information that they are not able to share timely. There were a few occasions where communication across the collaboration was delayed during the critical phase of selecting the bridge design with the greatest deterrent. Our collaborative has learned the

restrictions MnDOT has to abide by throughout the various stages of renovating a bridge. As a result, MnDOT openly communicated moving forward to educate the partners on the parameters they work within.

Initiative #3: Introducing the Alaska Longitudinal Child Abuse and Neglect Linkage (ALCANLink) Project: Making Smarter Use of Available Data

Statement of Purpose:
Health informatics projects integrating statewide birth populations with child protection records have emerged as a viable approach to conducting longitudinal research of child maltreatment. These large linkage projects however can be resource intensive, are limited to what is captured in administrative records, and rely on non-linkage assumptions for follow-up. We describe a resource efficient mixed-design data linkage project to calculate the incidence proportion to first maltreatment report, screen-in, and substantiation.

Program Methods, Results, and Significance:
The Alaska Longitudinal Child Abuse and Neglect Linkage (ALCANLink) project integrates the 2009-2011 Pregnancy Risk Assessment Monitoring System (PRAMS) survey with multiple administrative sources in Alaska, including child protection and a novel source, the permanent fund dividend (PFD). The PFD database contains records of Alaska residents that apply for oil revenue dividends and is a unique data source used to track the complete cohort over time and unlike other birth cohort studies allows us to account for out-of-state emigration. We calculated the incidence proportion F(t) using a weighted Aalen hazard-based estimation of the survivorship function S(t). Stratified results were calculated and validation processes conducted to quantify bias resulting in birth cohort studies relying on non-linkage assumptions or using restrictive record linkage parameters.

The PRAMS estimates were within one percentage point of the full cohort estimate. The crude incidence of experiencing at least one report, screen in report, or substantiated report of maltreatment among the 2009-2011 cohort were 31.3%, 25.3%, and 8.5% before age 7, respectively. These estimates are on average 10% (8.1% - 10.9%) higher than those produced without accounting for censorship. For some subpopulations over 50% of the births had a report of maltreatment. Annual prevalence estimates among children < 7 years in Alaska indicate that approximately 10% experience a report of harm, and 2% substantiated.

The ALCANLink methodology is an efficient method for estimating the incidence proportion of maltreatment in a representative birth cohort and can be used for conducting comprehensive predictive and etiologic assessments. Further, these methods are transferable to other states using the PRAMS survey and may enable more accurate between state comparisons of maltreatment. The incidence proportion clearly documents that when measured over the life course more children are potentially exposed to maltreatment then estimated using annual prevalence estimates.

Innovative Characteristics:
Data linkage has been promoted by multiple agencies including the CDC as a method for studying child maltreatment and other injury conditions. Linkage efforts however can become incredibly complex and require both specialized expertise and resources for data storage and analysis. We leveraged both epidemiologic and administrative data sources that reduces the burden of data linkages and facilitates more concerted effort to be made on ensuring complete follow-up of the entire cohort. While large birth population studies have strong statistical precision they are still subject to forms of bias and are

limited to the information contained on administrative records. Furthermore, the PRAMS respondents provided consent for the department to link responses with administrative information making data sharing easier between agencies.

Although some locals have been successful in integrating large data (such as the Children's Data Network) most states struggle to bring partners together to facilitate data linkages. The ALCANLink methods help facilitate partnership by reducing burden on individual agencies, easing data sharing due to consent provided, and allow for more comprehensive stories to be told with the data that may benefit individual agency work. This effort has created a unified relationship between child protection, public health, and behavioral health that will translate into collective efforts to prevent and address child maltreatment.

By integrating PRAMS with administrative records and conducting a longitudinal cohort project within the state health department, increased utilization of these data can be made, requiring limited "translation" that often must occur when interpreting academic research for public efforts. The ALCANLink project can be replicated in other states and could, in theory if implemented systematically, develop into a large national resource for longitudinal maltreatment data unlike anything currently available for studying this complex issue.

Barriers & Obstacles:
Integrating data requires trust and the development of relationships between both traditional and non-traditional public health partners. To make the ALCANLink project possible partnering agencies that typically respond to child maltreatment were engaged and slowly educated on the role public health can play in addressing child maltreatment in Alaska. Through the development of solid relationships and support, data sharing was made possible and protected under both public health law, and consent provided by PRAMS respondents. The process of developing data sharing agreements can be long and cumbersome which requires consistent oversight to ensure all aspects and concerns for each agency contributing information are addressed. To address these specific challenges we conducted two pilot projects that used minimal data linkages between a limited number of agencies. From these projects we presented information and helped partners "catch the vision" of the types of information that can be accessed through more comprehensive linkages. This proved and proves to be incredibly useful as we expand the ALCANLink project.

We also have the issue of information control and ensuring data are made available, but that they are delivered and released in a method that doesn't alienate or cause alarm for any single agency (particular child protection). Although we haven't entirely solved this problem, we've tried to engage a variety of partners (specifically are tribal partners) to ensure all partners understand the distinction between incidence proportion and annual prevalence estimates. Further, resulting from in-person partnership meetings we've seen a large increase in the number of agencies requesting information to use in their respective steering committee meetings. This is directly related to the recognition between the ACEs research and our prospective longitudinal maltreatment research and how preventing early childhood events can result in improved health over the life course. As expressed by one partner, "I never realized until now how much more useful it is to have a context for the probability that a child born in Alaska will experience maltreatment vs, the proportion of children who experience maltreatment in a given year…this is revolutionary to our work".

The ALCANLink project is limited by capacity, and in current need of identifying developmental funding to establish a universal platform for data storage and linkage that will enable easy adoption by other states. This is still a barrier to large scale adoption, but as we continue to make these methods more visible these funding streams will be identified and opened.

Initiative #4: Stop the Opidemic Media Campaign

Statement of Purpose:
Although Utah has seen a slight decrease in prescription opioid deaths, heroin related deaths have increased. In response, Utah launched a media campaign focusing on opioid risks, signs of an overdose, and naloxone called "Stop the Opidemic" (opidemic.org).

Program Methods, Results, and Significance:
With an increase in heroin and synthetic opioid related deaths, there was an immediate need to expand public awareness messaging and educate the public on the risks of all opioids (prescription and illicit), signs of an opioid overdose and naloxone.

An immediate need to expand public awareness messaging and educate the public on the risks of all opioids (prescription and illicit), signs of an opioid overdose and naloxone allowed us to leverage resources to obtain state funding to develop a media campaign focusing on all opioids. Non-traditional and traditional media components were used to create a bold, hard hitting campaign that initiated conversations around opioid risks, increased awareness on the signs of an opioid overdose, and changed attitudes, perceptions, and behaviors surrounding naloxone.

One of the most unique and effective components of the campaign were powerful and personal videos and stories of Utahns and their experience with opioids. A total of eleven testimonials were produced. The personal stories are used on social media, YouTube pre-rolls, trainings and presentations throughout the state to pharmacists, doctors, dentists, and the general public. Web and social media analytics showed over 2.5 million views for the testimonial videos. In addition, an initiative encouraging the public to engage in discussions with their pharmacist on opioid risks, signs of an overdose, and naloxone provided an opportunity to engage pharmacists in prevention efforts. A toolkit with materials and talking points were developed for pharmacists in addition to a sticker they could place on top of opioid prescriptions alerting customers of opioid risks. Several pharmacy chains and independent pharmacies participated and the press conference generated over $20,000 of local market publicity value and a viewership of 274,302 through print and media reports.

The campaign was strategically launched during Utah's first Heroin and Prescription Opioid Summit which brought together multidisciplinary stakeholders. The name of the campaign, "Stop the Opidemic", was a focus of the summit and created an atmosphere of collaboration in the state ensuring an understanding that the approach to the opioid epidemic should be multifaceted and comprehensively and cohesively addressed by multiple partners.

Innovative Characteristics:
The "Stop the Opidemic" public awareness campaign had several unique, innovative, and creative components which made it successful. The previous public awareness campaign focused on safe storage, use and disposal of prescription pain medications. Many states have replicated this campaign effort but with the increase in heroin and synthetic opioid related deaths in the state, it was vital to expand public awareness messaging to target all opioid users and increase awareness of harm reduction strategies such as overdose signs and naloxone. The testimonial videos and stories allowed Utahns to be a part of the solution and build connections with others in the community. They are a powerful and invaluable tool to increase awareness and decrease stigma associated with opioid misuse and abuse. Another component of the campaign included the launch of the first ever "Talk to Your Pharmacist Month" which provided opportunities for the pharmacist and customer to engage in necessary and life-saving conversations about health and patient safety. The

development of this component came from a unique partnership with the Utah Pharmacy Association, the Utah Board of Pharmacy, and the Utah Department of Commerce. The most influential part of this initiative includes placing a sticker on the top of opioid prescriptions alerting consumers of opioid risks. Pharmacists are the last point of intervention before an opioid prescription is given to a customer and play a key role in patient safety. There has been discussion with Health and Human Services Region VIII partners to replicate the "Talk to Your Pharmacist Month" throughout the entire region.

Barriers & Obstacles:

The main barrier the campaign faced was expanding the public awareness messaging of safe use, storage, and disposal to include harm reduction messaging such as opioid risks, signs of an overdose, and naloxone. In the beginning, it was difficult to get prevention partners to buy-in and understand the need of an expanded public awareness campaign that focused on reducing harms. Education on the spectrum of prevention and the use of data eventually garnered support. Partners insisted on message testing for each creative element that was developed to show its effectiveness. This in turn proved to be an effective way to get partner buy-in since the data supported the need for the campaign.