Strategies for Sustaining State Injury and Violence Prevention Programs

Developed by

EDC

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EXECUTIVE SUMMARY

Many state injury and violence prevention programs (IVPPs) strive to maintain and increase resources to support program efforts. In order to assess how state IVPPs attempt to sustain and grow these programs – and the challenges they face in these efforts – telephone interviews were conducted with state IVPP directors and other program staff members in a sample of states in 2005. Discussions with these respondents focused on sustainability challenges, factors that contribute to a loss of resources, successful strategies used to sustain and expand state IVPPs, and communication access and restrictions of state IVPPs to key audiences such as policy makers and the media. Assessment results are based on information collected from 26 individual respondents among 26 state IVPPs.

Assessment results indicate that state IVPPs are engaged in a number of activities that may support sustainability, but there is substantial variation in the capacity of these programs to fully and consistently engage in these activities. Some states are using a full array of available resources and support, while some are not. Conclusions from these discussions indicate that state IVPPs should consider the following recommendations:

- Expand the skills and competencies of state IVPP directors to sustain programs;
- Enhance the visibility of the state IVPP;
- Demonstrate the value of the state IVPP;
- Develop and maintain relationships with key stakeholders;
- Make communications a routine activity; and,
- Use marketing to support the state IVPP.

INTRODUCTION

The 1980s and 1990s saw unprecedented and much needed growth in the recognition of injury and violence as public health problems, as well as an expansion in the number and expansion of the capacity of state injury and violence prevention programs (IVPPs). In more recent years, state IVPPs have faced budget cuts, reorganizations and dwindling support as state budgets shrunk and public health resources were diverted to address bioterrorism.

During 2004, staff at the Children's Safety Network National Injury and Violence Prevention Resource Center (CSN) received many telephone calls from state IVPP staff members who were concerned about state and federal budget cuts. The State and Territorial Injury Prevention Directors' Association (STIPDA) also expressed concern about a reduction in funding and other support for injury and violence prevention. In response to these concerns, CSN conducted an assessment among a sample of state IVPPs to identify strategies used to sustain these programs and the sustainability challenges they face. This report presents the results of this assessment. It is intended to stimulate dialogue and stimulate action among CSN and STIPDA stakeholders about how to support state IVPPs in building and sustaining program capacity. It also provides many creative ideas and strategies for program sustainability that state IVPPs may find immediately applicable to their programs.

In this report the term "injury and violence prevention program," and its acronym, "IVPP," refer to programs that seek to prevent unintentional injuries and/or violence.

PURPOSE

This assessment was designed to obtain information that would help CSN provide technical assistance to IVPPs, assist STIPDA in serving its members and guide the development of strategies and tools to help state IVPP staff members sustain and enhance their programs. Specifically, the assessment was intended to identify:

- Sustainability challenges facing state IVPPs (e.g. program funding, state health department reorganization);
- Promising strategies for sustaining state IVPPs; and,
- Communication mechanisms, access and restrictions of state IVPPs with key audiences such as policy makers and the media.

METHODS

Semi-structured telephone interviews were conducted with state IVPP staff members in a sample of U.S. states in 2005. To generate this sample, 25 states were chosen by randomly selecting states from each of the 10 public health service (PHS) regions in the U.S. In each of these states, a STIPDA State Representative (the person in each state designated by the state health officer as the State Representative to STIPDA) or a state IVPP staff member designated by the STIPDA Representative was selected to be interviewed. In some cases, more than one person from a state participated on a call though their responses to questions were recorded as a single respondent. The CSN State Outreach Specialists assigned to the

selected states invited the STIPDA State Representatives to participate in the interview. Two of the 25 states identified for the original sample declined to participate and were replaced by other states in the same PHS region. Three states with a long history in injury and/or violence prevention were added to the sample to insure that it would include states that had demonstrated an ability to sustain and expand their state IVPPs.

Each interview lasted approximately 60 minutes and was administered over the telephone by the director of this project between January 6 and April 18, 2005. The CSN State Outreach Specialist assigned to each state also participated in the interview. Respondents were told about the purpose of the interview, how the state was selected, that the results would be presented in aggregate, and that respondents would not be quoted in an identifiable manner without permission. A list of questions to guide the discussion was provided to respondents in advance if they requested this information (see Appendix A).

The interviews focused on six areas:

- Respondents' years of experience in public health and injury and/or violence prevention;
- Key sustainability concerns of program funding and reorganization;
- Strategies state IVPPs use to cope with these sustainability concerns;
- Promising strategies for sustaining state IVPPs;
- Communication with policymakers and the media, and the mechanisms used, status of, restrictions to, and successful strategies for this communication; and,
- Suggestions for improving the sustainability of state IVPPs.

The questions in the discussion guide were designed to be slightly redundant to prompt respondents' memories and provide opportunities for elaboration. There was a mixture of 36 open-ended and yes/no questions with elaboration requested on responses to the latter. Documents and publications used to help develop these questions included:

- *Reducing the Burden of Injury* (Institute of Medicine, National Academy Press, 1999),
- *Injury Prevention and Public Health: Practical Knowledge, Skills and Strategies* by Thomas Christoffel and Susan Scavo Gallagher (Jones and Bartlett, 2nd edition, 2006),
- *CDC Request for Proposals for Public Health Injury Prevention and Surveillance Program*, November 2004 (Federal Register # CE05-027),
- *STAT Review Guide* (STIPDA, 2001), and
- *Measuring the Implementation of Injury Prevention Programs in State Health Agencies* by C. E. Cassady, D. A. Orth, B. Guyer and M. L. Goggin (Injury Prevention, Volume 3, Issue 2, 1997, pages 94-99).

Both quantitative and qualitative information were analyzed. An Excel file was created for the quantitative information to generate frequencies. Information from qualitative responses were grouped by question and analyzed for specific content and themes.

RESPONSE

The results presented in this report are based on responses from 26 of the 28 states included in the final sample. A total of 26 individual respondents from the state IVPPs in these 26 states participated (See Table 1). In all but four cases, the respondent in each state was the STIPDA State Representative. In three states, more than one person from the state IVPP participated in the interview. In two states, a state IVPP staff person who was not the STIPDA State Representative was interviewed initially, and a separate interview was conducted later with the STIPDA State Representative to provide responses to questions to which the initial respondent answered "don't know." Two interviews were not included in the analysis because the respondents were new to their positions and could not provide answers to many of the questions.

For each finding presented in this report, the total number (or N) of participating states or state IVPPs used to calculate a percentage is noted, as this denominator varies depending on the number of states that responded to each question. Likewise, some results refer to the number or a percentage of individual interview respondents, and accordingly, the total number of respondents used to calculate the percentage is noted, as this denominator also varies from question to question.

FINDINGS

RESPONDENT EXPERIENCE

Respondents had worked in the state health agency for an average of 14.3 years (N=26). Their injury prevention experience averaged 9.8 years (N=26). Service as a STIPDA State Representative averaged 3.5 years (N=26).

PROGRAM FUNDING AND REORGANIZATION: KEY SUSTAINABILITY CONCERNS

Program funding and periodic program reorganization are two critical sustainability concerns often faced by state IVPPs. Respondents discussed funding sources of state IVPPs, funding reductions and other funding challenges, the provision of state injury and/or violence prevention funds at the community level, the varied impact of program reorganization, and other sustainability concerns such as hiring and retaining staff. They also described specific strategies used to cope with these and other threats to the sustainability of state IVPPs.

Funding Sources

State IVPPs reported an average of 5.6 funding sources (see Table 2). Federal funding predominated. The most frequently cited source of funding was the Preventive Health and Health Services Block Grant, which was reported by 17 (65% of 26) state respondents. In addition, 16 (62% of 26) state respondents reported funding from the Maternal and Child Health Block Grant, 16 (62% of 26) from state general funds, 15 (58% of 26) from other state funds, 12 (46% of 26) from the CDC Integrated Core Injury Prevention and Control Program cooperative agreement, and 12 (46% of 26) from other CDC targeted-issue cooperative agreements, including the National Violent Death Reporting System, Rape

Prevention Education, or Traumatic Brain Injury funds. Only two (8% of 26) state respondents reported receiving private funds. It should be noted that the interviews were conducted before the announcement of Federal Fiscal Year 2008 funding for the CDC Integrated Core Injury Prevention and Control Program cooperative agreements.

Funding Reductions

Nearly all state IVPPs reported that recent budget cuts had affected program sustainability. Most of these reductions were imminent at the time of the interview or had occurred in the previous two years. Sixteen (62% of 26) state respondents reported their IVPPs had received or were facing a reduction in federal funding, mostly due to cuts in the Preventive Health Services Block Grant or the end of a CDC cooperative agreement. Although 11 (42% of 26) state respondents reported their IVPP were threatened by state budget cuts, respondents' most pressing concern was a dependency on the Preventive Health Services Block Grant, which provided core funding for many state IVPPs.

In contrast, receiving federal funding may have the unintended effect of threatening program sustainability in some states. Some respondents expressed concern that when the state IVPP successfully obtained federal funding (e.g. a CDC cooperative agreement), the state would cut its funding and *"the injury prevention program never seemed to get ahead."*

Providing Funds for Local Injury and Violence Prevention

While injury and violence prevention funding is often inadequate at the state level, this problem typically is magnified at the local level. State IVPPs may provide monetary support to help develop and sustain injury and violence prevention efforts at the community level, and by so doing, build the state's overall injury and violence prevention capacity. Nineteen (73% of 26) state respondents reported that they had distributed funds to community agencies and organizations (e.g. municipal health departments) and 13 (50% of 26) had distributed funds to partners at other levels (e.g. state fire marshalls, universities, state Office of Aging, topic specific coalitions, Safe Kids coalitions, or state Departments of Labor). Many of the funds distributed at the community-level were CDC Rape Prevention and Education pass-though funds. Some respondents noted that distributing funds to communities is challenging because even very small amounts of support for local injury and/or violence prevention activities can fluctuate greatly from year to year.

Reorganization

Fifteen (58% of 26) state respondents reported that their IVPP was affected by state health agency reorganizations. The impact of these reorganizations on state IVPPs varied. In a number of cases, the reorganization enhanced the status of the state IVPP. In one state, reorganization into a single consolidated IVPP section, of previously separate injury and violence prevention efforts, increased the visibility of the unit within the state health department. In a few cases, reorganization decreased the visibility of the state IVPP by incorporating it into a larger office. For example, the IVPP in one state was moved into the Division of Epidemiology and Emergency Response, in which much of the current interest focuses on bioterrorism and hospitals.

Other Sustainability Concerns

Nineteen (73% of 26) state respondents cited other sustainability concerns for their IVPP program such as staffing and lack of funds for local programs. Impediments to hiring and

retaining staff members included turnover, salary not commensurate with staff members' experience and skills (especially a concern of experienced staff members) and practices of state government human resource departments, such as hiring freezes and substantial justification and review requirements to fill positions.

STRATEGIES FOR COPING WITH PROGRAM SUSTAINABILITY THREATS

Staff members from state IVPPs described an average of 3.2 strategies for coping with budget cuts, reorganization and other threats to sustainability. One such strategy was to prepare a written summary describing the injury or violence problem and how the state IVPP addresses it. One respondent stated, *"When an opportunity arises for funds with a 24-hour turn around or we need to justify our program, we can adapt what we already have written."*

Other examples of strategies used by state IVPPs to manage sustainability threats such as budget cuts and reorganization include:

- Developing a business proposal and applying for internal health research money to support a part-time grant writer;
- Approaching the Preventive Health Service Block Grant Manager to discuss the manager's priorities, learn about criteria for budget cuts, and remind the manager about what the state IVPP does with these funds;
- Reminding the head of the unit in which the state IVPP is located how the program contributes to building the state health agency's infrastructure;
- Creating or taking opportunities when a new state health department director is appointed to explain injury and violence prevention as a public health problem and to inform the director of the STIPDA State Technical Assessment Team (STAT) injury and violence prevention standards;
- Arranging a meeting between the state IVPP's advisory board and the state health officer;
- Using the state IVPP advisory committee, a white paper about injury and violence issues in the state and results of a STIPDA STAT review to demonstrate the need for injury and violence prevention;
- Requesting private organizations to write letters of support for the state IVPP;
- Writing to the relevant state health department officials to explain how cuts to the state IVPP will affect the entire department;
- Applying for CDC cooperative agreements to replace those that are ending;
- Contracting for injury and/or violence prevention services to avoid state hiring restrictions and other state requirements;
- Developing public/private partnerships to create new revenue streams;
- Supporting legislation that provides for a percentage of fines for health and safety violations to be used to support the injury and/or violence prevention efforts of local health agencies;
- Developing a strategic planning process to promote support of the state IVPP;
- Achieving high productivity and touting state IVPP accomplishments; and,
- Integrating injury and/or violence prevention into other agency initiatives (e.g. including pedestrian safety in a chronic disease prevention program such as the Heart Healthy Program).

PROMISING STRATEGIES FOR SUSTAINING STATE INJURY AND VIOLENCE PREVENTION PROGRAMS

Respondents were asked to describe the efforts of state IVPPs in using one or more of the following promising approaches to nurturing and sustaining public health programs:

- Developing a state injury and violence prevention plan;
- Marketing the program;
- Cultivating a champion;
- Promoting visibility for the program;
- Working with the media;
- Demonstrating the value of the program;
- Becoming the state focal point for injury and violence prevention;
- Working with an external steering committee or advisory board; and,
- Building support for the program among policy makers.

Overall, state IVPPs reported using a variety of these methods. These methods are discussed in detail below and some are highlighted in Tables 3 and 4. In reviewing these results, it is important to note that, for the most part, respondents indicated that these methods are rarely part of a state IVPP plan, but are done as the opportunity arises and often reactively. Many respondents indicated that they could be more effective in building the visibility of the state IVPP and its needs, and that they could use assistance in developing the skills to do so.

Developing a State Injury and/or Violence Prevention Plan

Nineteen (73% of 26) state respondents reported that their IVPP completed an injury and/or violence prevention plan between 1993 and 2005. More than half of the plans were completed in 2003 or 2004. Many of these plans were completed in response to CDC cooperative agreement or funding requirements. A number of states also developed state plans for specific injury or violence topics. Most of these topic-specific plans were focused on intentional injuries (e.g. violence against women, suicide). Only seven (37%) of the 19 state IVPP plans included components for communication, dissemination or sustainability. Plans in 15 (79%) of these 19 states included a component for policy.

In a number of states, respondents indicated that the general state injury and/or violence prevention plans were not used to provide guidance for the state IVPP. One respondent said that the plan "*means nothing in the state health agency as CDC did not require the state health director to sign off on the plan.*" A respondent in another state said, "*There is no funding or accountability to implement the plan or ask others to do anything.*"

Respondents in most states indicated that they used a state injury and/or violence prevention plan to guide programmatic efforts and were enthusiastic about the value of these plans. Their comments included:

- *"It was the best thing we have ever done."*
- *"Seventy-five percent of the recommendations have been achieved."*
- *"We have used it to apply for two grants."*
- *"We use it to work with local health departments."*

- *"Local health departments must base their objectives for obtaining Preventive Health Services Block Grant funding on the state health plan, which incorporates six objectives from the state injury prevention plan."*

Reasons cited by state IVPPs for not developing a state injury and/or violence prevention plan included a lack of resources, waiting to see if a CDC Integrated Core Injury Prevention and Control Program cooperative agreement was received, and not being ready to address programmatic issues injury surveillance work was completed.

Marketing the Program
Eighteen (69% of 26) of the state respondents indicated that marketing the state IVPP was an ongoing activity. Some respondents noted that marketing was not a fully developed skill among staff members of the state IVPP, that marketing was sporadic rather than routine and that it often was directed to the "choir" instead of new constituents.

Respondents reported using the following strategies to market injury and violence prevention:

- Holding an annual state injury prevention conference,
- Requiring local grantees to market their programs,
- Retaining a marketing firm to help local grantees,
- Promoting a web-based data center for customized data requests,
- Promoting a data report to local constituents (e.g. nursing services and local health departments),
- Developing public service announcements and brochures on specific injury and violence topics as a special discretionary fund activity,
- Meeting with advocates,
- Offering resources to other organizations,
- Bringing groups together to address specific injury issues, and
- Using the state injury and/or violence prevention plan to demonstrate the need for a state IVPP.

Reasons given by respondents in state IVPPs that did not engage in marketing included:

- *"did not realize it was my job…",*
- *"never had the need to do it"* and
- *"limited staff time, expertise and funding."*

Cultivating a Champion
Seven (26% of 26) state respondents reported that staff from the state IVPP had identified champions to promote injury and violence prevention and/or the state IVPP. Most champions were in the state health department (e.g. a state health officer). Two champions were outside of state government. In many cases, respondents mentioned champions who are devoted to reducing a specific type or cause of injury or violence rather than focusing on the state IVPP itself.

Promoting Visibility for the Program

Respondents reported a variety of approaches that have been used to enhance the visibility of the state IVPP. Most efforts focused on specific injury and/or violence topics rather than the state IVPP as a whole. One respondent said, *"Promotion is part of every staff person's job. We self-promote constantly and in a proactive manner."* However, respondents in a few states said that high profile visibility of the state IVPP might make the program a target for budget cuts. In one state, the state IVPP deliberately chose to be "under the radar" to avoid being micromanaged.

Examples of methods state IVPPs have used to promote program visibility include:

- Highlighting "Child Passenger Safety Week" with a press release, activities and a proclamation by the governor;
- Speaking at conferences or assisting other organizations to include injury and violence prevention in their conferences;
- Serving on advisory committees (e.g. the education committee for graduated driver licensure bill);
- Holding public forums on injury and violence prevention topics;
- Building relationships with other state agencies that are not currently involved in injury and violence prevention activities;
- Offering to conduct focus groups related to death reviews for the attorney general's office;
- Working with groups like Safe Kids and the state trauma nurses' association;
- Holding a formal ceremony/press conference with the governor to issue a proclamation on the injury or violence problem and release the state injury and/or violence prevention plan;
- Disseminating fact sheets on injury and violence prevention;
- Maintaining a website;
- Sponsoring safety fairs;
- Contacting members of the Family Health Services (FHS) Advisory Council to get injury and/or violence prevention included as a priority in the FHS/Maternal and Child Health plan;
- Including a communications plan in the state injury and violence prevention plan;
- Submitting information to the newsletters of other organizations;
- Presenting injury data to state legislators;
- Developing a CD-ROM with public service announcements (which labor law violators could pay to air in lieu of paying a fine);
- Participating in hearings and providing testimony; and,
- Disseminating data reports.

Respondents also were asked if any of the six specific activities presented in Table 3 were used to enhance the visibility of the *need* for injury and violence prevention in the state. Respondents identified an average of 2.8 activities. The most common activity – reported by 19 (73% of 26) of state respondents – was producing an injury data report, which was often posted on a web site as a less expensive dissemination method than printing copies. Only 10 (38% of 26) state respondents indicated that IVPP had a document listing their services and resources. Only three (12% of 26) state respondents indicated that the state IVPP engaged in

activities relating to the costs of injury and violence. Many respondents acknowledged that the state IVPP needed to build capacity and expand efforts in these areas, but indicated that the program did not have the time or resources.

Working with the Media

When asked whether any of six specific steps were taken to elevate the profile of the IVPP with the media, an average of 2.6 steps was cited among 25 state respondents (see Table 4). Only three (12% of) of 25 state respondents reported no activities involving the media. The most common methods of working with the media were to issue press releases (64%), respond to media inquiries (60%) and promote local programs to the media (44%). Most media activities were designed to focus on specific injury or violence topics rather than the state IVPP. Examples of other media-related activities included hiring a media firm to train local programs on media advocacy and providing local IVPPs with prepackaged, topic-specific injury or violence information to use in working with the media.

While some states indicated problems in obtaining the timely approval from the public information officer in the state health department needed to contact or respond to the media, others said such requests were easy, routine and not a problem. Some respondents indicated that it is difficult for the state IVPP to work with the media because its staff is small, overworked and busy reacting to crises.

Demonstrating the Value of the Program

Twenty one (81% of 26) state respondents reported that staff from the state IVPP had tried to demonstrate or document the value of the program. They cited multiple methods, including:

- Generating data and reports;
- Working with the state hospital association to develop and implement a data system to track the impact of a fireworks reporting mandate;
- Documenting goals and program successes (e.g. lives saved because of a personal flotation device program at a specific location);
- Serving as a neutral convener of constituent groups and helping them work together (e.g. convening 22 agencies who provide services related to violence against women);
- Documenting increased calls from constituents for technical assistance;
- Conducting a process evaluation of the distribution of safety equipment, presentation of classes and use of fact sheets developed by the state IVPP;
- Documenting child safety seat utilization in a motor vehicle crash or smoke detector use in a fire and whether the safety device was distributed by a local health department;
- Writing one-page impact statements for the Preventive Health Services Block Grant report;
- Sponsoring an annual statewide child injury prevention conference that showcases successful local programs;
- Participating in the state child fatality review committee to assess progress made in reducing child injury deaths;
- Participating on state advisory boards and commissions; and,

- Sponsoring a STIPDA STAT visit and using the report generated by the STAT visit to build support for issues raised in the report.

Becoming the State Focal Point for Injury and Violence Prevention
Twenty-one (81% of 26) state respondents reported that the state injury prevention program was seen as the focal point for injury prevention (always unintentional and sometimes violence also) in the state health department. Respondents in nearly half (9 of 21) states where the injury program was the focal point for injury prevention qualified their response by saying there was less clarity about which program or departmental unit typically was viewed as the focal point for *violence* prevention efforts in the state health department. For example, in one state, rape prevention and education grant funds were allocated to the state IVPP, but responsibility for suicide prevention activities was given to a professional support services unit. In another state, there was a clear delineation of roles, with the domestic violence section providing victim services and shelters, while the state IVPP focused on population-based primary injury and violence prevention. In a third state, suicide prevention was under the jurisdiction of the state IVPP, but sexual assault, domestic violence and child abuse prevention efforts were under the jurisdiction of the state's maternal and child health unit, which was described as not being interested in working closely with the state IVPP despite IVPP overtures to coordinate efforts. Several respondents described the fragmentation of injury and violence prevention efforts across a number of organizational units as being problematic for advancing the visibility and sustainability of the state IVPP.

Some states indicated that reorganizations enhanced the focal point for injury prevention by consolidating fragmented efforts into a more comprehensive group of programs. For example, programs to prevent childhood injuries, injuries to the elderly, occupational injuries, and residential injuries may be grouped together. In one state, the state IVPP became the focal point within the state health department by having the injury program epidemiologist also provide data services to the section that housed sexual assault and bullying prevention. Other avenues recommended by respondents for enhancing or becoming the designated focal point for injury and/or violence prevention included:

- Following the recommendations of CDC staff on where to house topics;
- Being successful in receiving a CDC cooperative agreement to build injury and/or violence prevention capacity (core or topic specific);
- Having an advisory committee that can lobby for the state IVPP as a focal point for injury prevention;
- Being known as a program with a demonstrated track record of accomplishments; and,
- Developing capacity for data analysis and dissemination.

Working with an External Steering Committee/Advisory Board
In half of the 26 states, the state IVPP had an active external steering committee or advisory board. However, these advisory boards had been asked to use their influence for the good of the program in only about a third (31%) of the 13 states. Three of the 13 states reported multiple, topic-specific advisory boards (e.g. National Violent Death Reporting System, occupational injury, trauma registry, suicide prevention, child passenger safety, child abuse). Most (77%) of the 13 advisory boards were not located high within the state (e.g. a board appointed by or at the level of the state governor) and members were not political

appointments. Two states were in the process of establishing an advisory board. CDC grant requirements were cited as the reason for the establishment of some of the advisory boards. A few states mentioned that the advisory board was more a symbolic group than an active or productive one.

Building Support for the Program Among Policymakers

Twenty (77% of 26) states respondents reported that the state IVPP had asked an individual or group outside of state government for assistance in advocating for the program. The groups contacted included CDC, STIPDA, an EMS Regional Council, the state medical association, Safe Kids, a member of the U.S. Congress, local health departments, university-affiliated physicians, trauma specialists, and topic-specific coalitions (e.g. suicide prevention advocacy groups). Requests for assistance centered on responding to budget cuts, maintaining resources and supporting the release of a report and a strategic plan with recommendations not aligned with policies of the state governor.

Respondents reported other methods for building support for the state IVPP among policy makers. For example, in one state, the chair of the external steering committee routinely met with any new state health officer or governor to articulate the need for an IVPP Another strategy was to work with an organization that would hold an awards ceremony for advocates in injury and/or violence prevention to increase program visibility during the state budget appropriations process. For example, the organization gave an award to the state health director during this ceremony.

Ten (38% of 26) states, state IVPPs created a forum to showcase community-level injury and/or violence prevention programs. Decision-makers targeted for these forums included members of the U.S. Congress, governors and state legislators and their staff. One state commented that this type of showcasing was often done in order to survive budget cuts and show how the problem of injury and violence affects local communities.

State IVPP staff members reported often working behind the scenes on these efforts while a local coalition or program was in the spotlight. Local injury and violence prevention efforts that were showcased included suicide prevention, a rape crisis coalition, child passenger safety, all-terrain vehicle (ATV) safety, residential fire-related injury prevention, and playground safety. In one state, information on injury prevention programs that may be visited was provided to the governor whenever he traveled to a community. In another state, child passenger safety seat fitting stations earned so much recognition that local legislators invited themselves to participate. Other examples of promoting injury prevention include conducting child safety seat check-ups for legislators and their staff and holding an event at the state capitol to showcase CDC-funded programs to prevent residential fire-related injuries. Some state IVPPs plan to do such showcasing in the future when the legislature hosts a health caucus for EMS or when the public health nurse directors meet.

Several reasons were cited for not showcasing community-level injury and/or violence programs with decision-makers in attendance. These included restrictions that may not allow state employees to speak with decision-makers, lack of permission from the state health officer to do so, a need to focus on other priorities within the state IVPP (e.g. further developing the state IVPP, acquiring injury data), and a lack of staff.

COMMUNICATION WITH POLICYMAKERS AND THE MEDIA: MECHANISMS, STATUS, RESTRICTIONS, STRATEGIES

Respondents in state IVPPs were asked a variety of questions about the program's capacity and mechanisms to communicate with a variety of key audiences such as legislators, state agency leaders and the media. Restrictions to communicating with these audiences and strategies for successful communication with legislators also were discussed.

Communication Mechanisms

State respondents reported that the IVPPs use a combination of communication mechanisms within the program or the state health department to communicate with a variety of audiences. Specifically, sixteen (62% of 26) state respondents reported the state had an injury and violence prevention program website, ten (38% of 26) reported the state IVPP had a list serve for stakeholders, ten (38% of 26) reported that the IVPP website was imbedded within the state health agency's website, and five (19% of 26) reported the state IVPP had a quarterly newsletter. Only four (15% of 26) state respondents indicated their state had a general brochure on the state IVPP. Two states did not have a website.

The frequency with which websites were updated varied. Four state IVPPs updated their website at least once every two weeks, seven updated it monthly to quarterly, and eight states updated it only twice a year (or less). Five state respondents did not know how often their websites were updated. In most state IVPPs, not having an individual designated to maintain the website was an impediment to maintaining a frequently-updated website.

Twenty-two (85% of 26) state respondents reported that their IVPP had mechanisms to exchange information with local programs. Twenty-one (81% of 26) indicated that the IVPP staff had mechanisms to communicate with the state health officer. Eighteen (69% of 26) reported that the IVPP program had mechanisms to bring information about the state IVPP to the public, and 14 (54% of 26) indicated that the IVPP had mechanisms to communicate with legislators. Mechanisms for these communications included meetings, web site queries, emails to stakeholders, fact sheets, press releases, and working through the state health agency's public information office or legislative liaison office. Some states sent out quarterly or annual communications using established mailing lists of persons interested in receiving information about IVP. One state had developed a communications plan.

Status of Communication with Policymakers

Respondents were asked if the state IVPPs had made connections with policy makers such as state and U.S. legislators and members of the state government's executive branch.

Communication with Legislators

Eighteen (72% of 26) state respondents indicated that staff from the IVPP had communicated in some manner with a legislator. These communications included 17 contacts with state legislators and three contacts with members of the U.S. House or Senate. Seven of these communications were initiated by the state IVPP, four by the legislator, four by both, and one by another party. In two cases the respondent did not know who initiated the contact. In several cases, the respondent did not know who had initiated the communication. Circumstances for the contact with legislators included:

- Providing information on new grant awards;
- Receiving a letter of congratulations for a new grant;
- Requesting a letter of support for a grant application;
- Providing data;
- Providing analysis of proposed legislation;
- Assisting in developing model legislation;
- Providing a legislative information sheet on injury causes;
- Providing short briefing papers;
- Testifying before the legislature;
- Organizing visits to committee chairs with injury prevention program staff members and community partners;
- Attending press conference and meetings; and,
- Inviting a legislator to serve as a member of a community injury prevention planning team.

Eleven (44% of 25) state respondents reported that staff members of the IVPP had communicated in some manner with a legislative staff assistant. Among these 11 reporting contact with legislative staff assistants, nine of the contacted staff assistants were working for state legislators, one was on the staff of a U.S. Representative and one was on the staff of a U.S. Senator. Six of the 11 contacts were initiated by the legislative staff assistant, two by the state IVPP, two by both, and one by another party. Circumstances under which these contacts were made included discussion of proposed legislation, providing injury data, providing information to respond to constituent suggestions for legislation, and providing information on what a state IVPP does and costs or about issues related to specific injury or violence topics.

Communication with the state government's Executive Branch

Fifteen (58% of 26) respondents indicate that staff of the state IVPP had communicated in some manner with members of the state government's executive branch. Among these 15 states where communication between the IVPP and the state executive branch was reported, 10 (67% of 15) had contacts with the governor and 7 (47% of 15) with the state attorney general. Among the 15 states that communicated with the executive branch, six of the contacts were initiated by the governor or attorney general, six by the state IVPP, one by both, and one by another party. In one case, the respondent did not know who initiated the contact. Circumstances for contact included:

- Being invited to serve on a committee;
- Attempting to secure an appointment to a committee;
- Serving on a committee (e.g. a child fatality review team);
- Answering a request for resources (i.e. poison control center stickers and magnets), which led to a discussion of the need for state general funds to support poison control centers;
- Discussing firearms legislation supported by a firearms coalition (a firearms-related injury prevention coalition?);
- Giving presentations at forums on domestic violence prevention with the attorney general; and,
- Responding to a request about ensuring confidentiality protection as the state participated in the National Violent Death Reporting System.

Communication and Access Restrictions

Despite the communication mechanisms available to and used by state IVPPs, many respondents indicated that the frequency of the types of communication described above was variable, that communication was sometimes done only in response to a request rather than as proactive effort of the state IVPP, and that approval for the communication frequently needed to be obtained through a chain of command.

The majority of state IVPPs reported some type of restriction in contacting and communicating with policy makers and the media (see Table 5). Twenty-three (92% of 25) state respondents noted that their state IVPP had some type of restriction in access to legislators, 22 (88% of 25) reported restrictions to legislative assistants, 22 (88% of 25) reported restrictions to the governor, 22 (85% of 26) reported restrictions in access to the media, and 16 (62% of 26) reported restrictions to the state health officer. Table 5 also indicates that respondents reported that (40%) or fewer could respond directly if contacted by legislators, legislative assistants, a state governor, or the media. However, respondents also indicated that more than three-quarters of these state IVPPs could proactively send data or information to these policy makers and the media.

Access restrictions reported by state IVPPs included requirements to channel requests through the state health department's legislative affairs office or public information office, to follow the chain of command up through the state health office, and instructions to not contact policy makers or the press under any circumstances. In a few states, respondents said that they had never tried to contact policy makers or the media and were unsure of the process. Reasons for this lack of contact included:

- Direct contact is not allowed;
- Staff members feared losing their jobs if contact was made;
- Another agency is the lead for injury-related legislation;
- All communication is channeled through the state health department's public information office or legislative liaison office;
- The program is only allowed to contact legislators on the request of a legislator and such a request has never been made;
- It is too difficult to get approval to contact a legislator;
- The state health department's government affairs office does not respond to requests to contact legislators; and,
- The state health officer is in charge of legislative relations.

Respondents also expressed mixed experiences working with the state health department's public information office (PIO) to write a press release or respond to a media request. Some respondents reported that the PIO was supportive, responded in a timely manner, or assisted in the process. Others described the PIO as having no interest in injury and/or prevention and being a "hindrance." Some respondents reported that they had never talked with the PIO. In working with legislators or their staff, respondents often reported having to work through formal protocols or processes, especially if a controversial policy was being considered. Some respondents said the state legislative affairs office supported information sharing and that data was never censored, while others indicated that involving this office required too much paperwork.

Strategies for Successful Communication

The state IVPPs that have successfully initiated legislative contacts stressed the importance of following proper protocol. Such protocol may include:

- making all legislative contacts through the state health department's legislative liaison;
- using an approved template to submit a legislative analysis; and
- waiting for the state governor to take a position on a injury and/or violence topic before contacting a legislator on a particular issue.

In addition, some respondents reported that it is essential to have private sector partners who will contact legislators if the state IVPP cannot do so, or if the legislator refuses to meet with the state IVPP.

IMPROVING THE SUSTAINABILITY OF STATE IVPPS

Successful Program Sustainability Strategies

A number of states have sustained an IVPP for many years. Other state IVPPs may benefit from their successful sustainability strategies. For example, Table 6 displays the strategies used by one state IVPP that has not suffered budget cuts and has increased its number of staff members and funding over the last five years.

Suggestions for Improving the Sustainability of State IVPPs

Respondents from states with a history of sustaining and expanding a state IVPP, as well as those in states that are working toward this goal, suggested a variety of ideas for improving the sustainability of state IVPPs. These strategies are listed below. Statements from respondents describing or demonstrating the need for these strategies also are included.

- **Seek advocacy for the program by people outside of state government, especially when there is a budget crisis**

  Respondents discussed the importance of external support at local, state and federal levels (including STIPDA and CDC) in advocating for state IVPPs.
  - *"The state health officer and my boss are supportive, but will not fight for the program during a budget crisis, despite the positive accomplishments of the program."*
  - *"We need help beefing up external support."*
  - *"It's important to have people outside the health department on our side and we need to communicate to keep them abreast of issues."*
  - *In describing the benefits of a proactive plan to get information out to the community, respondents stated "An educated community will get to policymakers," and "Our greatest success has been through the community."*

- **Build and maintain relationships**
  - *"Relationships are the key to sustainability."*
  - *"It is all personal contacts, especially with block grant funding."*

- **Imbed injury and/or violence prevention into other public health programs, so that others carry some of the weight**

- *"We need help to better integrate injury prevention for the MCH [maternal and child health] population as recommended by our STAT visit report."*
- *"In states where injury prevention is within MCH, how is injury prevention integrated?"*
- *"We want guidance on how injury prevention programs in other states are working with other health department programs like MCH."*

❖ **Keep injury and violence prevention visible to the state health officer**

- *"If there is something that is successful or a public event is planned for injury prevention, invite the state health officer to be there, even for just a welcome. Even if the state health officer declines, he or she will still be aware that good things are happening in injury prevention."*

❖ **Conduct strategic planning**

- *"It is extremely stressful while going through the [strategic planning] process, but we are now reaping the benefits."*

❖ **Try to understand how injury and/or violence prevention might support the interests of the state health officer**

❖ **Find other sources of funding for injury and/or violence prevention (e.g. tobacco settlement funds)**

❖ **Involve legislators by inviting them and their families to participate in IVPP activities**

❖ **Keep the Association of State and Territorial Health Officers (ASTHO), STIPDA and CSN involved to maintain visibility for injury and violence prevention on radar screens of state health officers and governors**

- *"The national involvement of ASTHO helps us whenever it contacts the state health officer about injury prevention conferences or asks about injury related things."*
- *"…need STIPDA and CSN to send messages more directly to the governor. Go to the governors' association. Get on committees. Send a letter from CSN or STIPDA to the governor."*

❖ **Help maintain the availability of CDC's Integrated Core Injury Prevention and Control Program cooperative agreements**

- *"Staff resources are very limited and capacity grants that are not categorical are critical for sustainability."*
- *"If you are tied to categorical grants, you cannot address the emerging issues in your state and grow a program."*
- *"…need core grants for five years without too many restrictions."*

❖ **Provide more opportunities for dialogue about sustainability and visibility with CSN and STIPDA**

- *"Need more dialogue like this where you can step back and think."*
- *"Two years ago, STIPDA/CDC/feds talked about sustainability and stable funding for two days. There was plenty of input, but not the 'how-to'".*

DISCUSSION

The guided discussions conducted for this assessment with state IVPP staff members provided the opportunity to gain insight about experiences with and the need for building and sustaining state IVPPs. Despite the many barriers to sustainability identified in this assessment, state IVPPs have used creative methods to build or expand program sustainability (e.g. marketing the program, building positive relationships and trust with gate-keepers within the state health agency, working with the media, submitting journal articles for publication).

Staff members of state IVPPs find it difficult to make the time to plan for sustainability. Attempts to communicate the value of state IVPPs appear to be inconsistent, even though strategically communicating the value of the state IVPP can make a difference in gaining support. Developing strategic public-private partnerships can also be effective. For at least one state, such a partnership resulted in earmarked funds for childhood unintentional injury prevention funds to local health agencies. But the results of this assessment indicate that effective partnerships and injury and/or violence prevention champions are limited for many state IVPPs.

The assessment also indicates that state IVPPs are juggling as many as 11 sources of funding. Block grants remain the predominant source of funding. With the recent award of 30 CDC Integrated Core Injury Prevention and Control Program cooperative agreements to state health agencies, reliance on federal funds has increased. Most of these cooperative agreements are at the $120,000 level, which provides minimal staff support to meet the requirements of the agreement. The requirement in these cooperative agreements for state IVPPs to sustain programs and enhance the state's ability to implement injury and violence prevention plans by securing community resources and working through community-level planning groups may help state IVPPs increase their voice, visibility and value. But given the cooperative agreement's funding levels, states will still need coordinated help from national organizations like STIPDA and CSN to systematically address sustainability issues.

While a number of state IVPPs have effectively utilized existing resources such as advisory groups, others have not. Generally, state IVPPs can make better use of resources toward advancing sustainability, and many could use technical assistance in identifying and using resources toward this end.

RECOMMENDATIONS

Recommendations based on results of this assessment of state IVPP capacity for and experience with developing and sustaining program capacity are organized around six themes. These themes are not exhaustive, but synthesize the elements fundamental to increasing the ability of state IVPPs to sustain or expand their programs. These six themes also reflect the basic recommendations in the Institute of Medicine's *Reducing the Burden of Injury* and the standards that appear in STIPDA's *STAT Review Guide*. Each of the six recommendations includes a list of specific ideas that state IVPPs and their state and national level partners could use to begin implementing each recommendation.

1. **Expand the skills and competencies of state IVPP directors to sustain programs**
   State IVPP directors are appreciative of and looking for a sounding board to discuss issues pertinent to the sustainability of their programs. Several acknowledged a lack of comfort with the areas of communications and marketing. New tools and forums should be developed, or existing ones identified and adapted, that can help injury and violence prevention professionals develop the core competencies necessary for sustaining state IVPPs.[1]

   Implementing the recommendation
   - Add discussion forums to the STIPDA annual meeting on sustainability issues. A facilitator could initiate the discussions with a brief presentation of a program sustainability problem. The forums could also include skill-building opportunities.
   - Hold a monthly conference call to help states strategize and work on problem-solving for sustainability.
   - Develop generic templates that can be customized by each state IVPP (e.g. a template of the materials needed for advisory board meetings or stakeholder interviews).

2. **Enhance the visibility of the state IVPP**
   Some state IVPPs lack visibility within their public health agency and state government, and among their key constituents and non-traditional partners. The majority of respondents expressed interest in increasing the visibility of the state IVPP, but most states lack materials to promote the identity of the program. State IVPPs can work to raise their visibility and improve their credibility among other agencies by collaborating effectively and supporting these units within the state health department.

   Implementing the recommendation
   - Promote and encourage state IVPP staff members to publish articles in professional journals related to injury and violence prevention efforts.
   - Encourage and support state IVPP staff members to join professional associations and to participate in opportunities to network with colleagues.
   - Develop and utilize modifiable templates of materials to promote the identity of the state IVPP.
   - Educate other state health department offices and bureau directors, block grant managers and their advisory committees, and the state health officer about the need for and value of the state IVPP.
   - Develop a "brand" and devise and implement strategies to raise awareness of the state IVPP.

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[1] STIPDA has partnered with the Society for the Advancement of Violence and Injury Research (SAVIR), formerly the National Association of Injury Control Research Centers (NAICRC), to develop core competencies for professionals working in the field of injury and violence prevention, as well as identify and/or develop ways to learn the skills and knowledge identified in the core competencies. For more information, please visit www.injuryed.org.

- Collaborate with other state offices both inside and outside of the state health department to enhance visibility and credibility of the state IVPP.
- Regardless of the positive or negative outcomes of program reorganization within a state health department, state IVPPs should implement strategies (i.e. those listed throughout the report recommendations) to maintain and/or increase the visibility and perceived value of the program before, during and after the reorganization.

3. Demonstrate the value of the state IVPP

State IVPPs rely heavily on data to demonstrate the need for their existence. However, if they are not partnering or collaborating with other agencies, they may be perceived as lacking credibility and value. State IVPPs can use a number of methods to promote their value, including demonstrating that they serve key constituencies and other agencies in the health department, disseminating success stories, and showing the impact of program cuts (who will be hurt) and the impact of continuing a program (who will benefit).

Implementing the recommendation

- Identify and describe how the state IVPP serves key constituencies, including constituents of a legislative district, individual legislators and other agencies.
- Develop and disseminate stories about programmatic successes and successful partnerships to the state health officer and other health department leaders and managers, as well as the legislative affairs and public affairs offices.
- Identify and collaborate with injury and/or violence prevention champion(s) who will advocate for the state IVPP.
- Use an advisory committee, such as the Injury Community Planning Groups (ICPG) that many CDC/NCIPC grantees use , to promote the value of the program.
- Collaborate with other state health department offices to demonstrate the value of what state IVPP staff members can offer (e.g. expertise in program development or evaluation, data analysis).
- Serve on advisory boards, task forces and commissions to show how the state IVPP is a valuable resource.

4. Develop and maintain relationships with key stakeholders

Relationships of state IVPPs with other key staff and offices within the state health department appear to be important to the program's sustainability. Additionally, creating, convening, and working with advisory committees can help build and strengthen relationships with stakeholders while enhancing the visibility of the state IVPP.

Implementing the recommendation

- Develop and implement strategies for communicating with other offices in the state health department, especially the legislative affairs and public affairs offices.
- Offer the expertise and time of state IVPP staff members to other offices.

- Invite a broad and diverse group of partners to participate in the state IVPP's advisory committee or ICPG.
- Offer to serve on the advisory committees of other state health department offices and key stakeholders.

5. **Make communications a routine activity**

A number of state IVPPs identified the need to develop strategies for communicating with the public, local health agencies, policy makers, and other partners, including other offices within the state health department and the state health officer. Some also identified a need for better communication between violence and unintentional injury prevention programs, which are sometimes managed by different units within a state health department. Development and implementation of communications strategies could help to address these issues by communicating with other agencies and communicating important messages.

Implementing the recommendation

- Incorporate communication objectives and activities into state injury and/or violence prevention strategic plans.
- Develop and implement communications strategies for demonstrating successful state IVPP outcomes and partnerships and incorporate these strategies into the state IVPP strategic plan.
- Develop and implement strategies for communicating with the legislative affairs and public affairs offices within the state health department in order to communicate important information to legislators and to the public.
- Develop and implement a strategy for communicating between violence and unintentional injury prevention programs. This might include inviting violence prevention professionals to sit on state IVPP advisory committees or ICPGs and, if appropriate, working with program leadership to administratively combine violence and unintentional injury prevention or to develop memoranda of understanding about how the programs can collaborate to maximize resources and prevention impact.

6. **Use marketing to support the state IVPP**

Many state IVPP staff members would welcome opportunities to develop knowledge and skills for marketing the program and its services. Materials to promote the state IVPP also would be useful.

Implementing the recommendation

- Incorporate marketing objectives and activities into state injury and/or violence prevention strategic plans.
- Develop marketing strategies for the state IVPP.
- Identify and take advantage of opportunities for state IVPP staff members to receive training in marketing and/or for staff members to foster relationships with staff members in other organizations who have marketing skills that could be used by the state IVPP.

CONCLUSIONS

This assessment indicates that state IVPPs are engaged in a number of activities that may support program sustainability. However, there appears to be substantial variation in the capacity of state IVPPs to fully and consistently engage in these activities. Some states are using the full array of available resources and supports. Some are not. Bureaucracy, time constraints of state IVPP staff members, and restrictions in access and communication to key audiences such as policy makers and the media abound within state government. Yet several state IVPPs have managed to overcome these barriers. They have curtailed budget cuts, used reorganizations to their advantage and maintained a consistent level of program operations.

Respondents from most state IVPPs indicated that activities that support program sustainability tend to be sporadic and not routine. Sustainability efforts could be improved if state IVPPs became strategic and developed a cohesive and planned approach to sustaining their programs. States regularly employ the public health approach to reduce injuries and violence – they assess the problem, identify contributing factors, select and implement intervention strategies, and evaluate the outcome. This same public health approach could be systematically applied to the problem of sustaining state IVPPs.

Many state IVPP directors could expand their skills, competencies and role in activities that sustain their programs. State IVPP directors and other staff members could benefit from professional development and/or training communication, marketing and strategic planning. National agencies and organizations, including those providing funding to state IVPPs, could identify ways to support the development and delivery of professional development, training and tools relevant to the core competencies state IVPP directors and their staff members need to sustain their programs. Building relationships within the state health agency, with other agencies and organizations and with non-traditional partners is essential to program sustainability. Therefore, state IVPPs should identify multiple ways to work with these partners to promote state IVPPs and their value.

LIMITATIONS

Several methodological limitations could have affected the results of this assessment. Every attempt was made to include state IVPPs in diverse geographical areas of the U.S. and with varied experience and success in sustaining a state IVPP. However, staff members new to a state IVPP who did not have institutional memory were unable to respond to most items in the discussion guide. For this reason, information from respondents these two states were excluded from analysis, as described in the Response section above. Three states with long-lived and successful IVPPs were added to insure responses were obtained from states with demonstrated growth and survival. This may have skewed the analysis. Participants may have provided socially acceptable responses, which may have led to an over-reporting of sustainability efforts. Participants may have differed in their interpretations of questions and terms. For example the term "marketing" may not be well understood, resulting in responses that do not reflect the intended topic or purpose of the question.

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APPENDIX

APPENDIX A: TABLES

Table 1. States and respondents included in analysis of data collected for the CSN/STIPDA sustainability assessment of state injury and violence prevention programs, 2005

State (N = 26)	Participants
Alabama	Nancy Wright
Alaska	Deborah Choromanski Hull-Jilly
California	Barb Alberson
Colorado	Barb Bailey and Holly Hedegaard
Florida	Lisa VanderWerf-Hourigan and Jane Parker
Georgia	Lisa Dawson
Hawaii	Eric Tash and Therese Argoud
Indiana	Charlene Graves
Louisiana	Shirley Kirkconnell
Maryland	Tracey Serpi
Massachusetts	Cindy Rodgers
Missouri	Joy Osterly
Nebraska	Peg Prusa Ogea
Nevada	Kelly Langdon
New Hampshire	Rhonda Siegel
New Jersey	Kathy Mackiewicz and Katherine Hempstead
New Mexico	Karen Gaylord
New York	Susan Hardman
North Dakota	Carol Meidinger
Ohio	Nan Migliozzi
Oklahoma	Shelli Stephens-Stidham, Sue Mallonee, and Pam Archer
Oregon	Lisa Millet
Pennsylvania	Carol Thornton
Texas	Linda Jones
Vermont	Tracy Phillips

Virginia	Erima Fobbs
Wisconsin	Linda Hale
Wyoming	Carol Zorna

Table 2. Sources of federal and state funding reported by representatives of state injury and violence prevention programs, 2005
(N = 26 states)

Funding source	State programs with funding source	
	#	%
Preventive Health Services Block grant	17	65
MCH Block grant	16	62
State general funds	16	62
Other state funds (1-3 additional sources)	15	58
CDC Integrated Core Injury Prevention and Control Program cooperative agreement	12	46
CDC other cooperative agreement (1-4 additional sources)	12	46
CDC Rape Prevention grant (or is it a cooperative agreement?)	11	42
CDC NVDRS cooperative agreement	9	35
Other Federal funds	7	28
CDC TBI grant	5	19
NHTSA	5	19
NIOSH	3	12
Private funds	2	8
Congressional earmark	1	4
State Medicaid funds	1	4

Table 3. Activities reported by representatives of state injury and violence prevention programs to enhance the visibility of program needs , 2005
(N = 26 states)

Activity	State programs that used activity	
	#	%
Injury data report	19	73
List of injury prevention services and resources	10	38
Other activity not already mentioned	9	35
Promote effective interventions	8	31

Publish program results	8	31
Promote success stories	7	27
Report the costs of injury and violence	3	12

Table 4. Methods used by state injury and/or violence prevention programs to elevate the program's profile with the media, 2005
(N = 25 states)

Method	State programs that used method	
	#	%
Issue press releases	16	64
Respond to media inquiries	15	60
Promote local programs to the media	11	44
Proactive follow-up when a relevant story appears	9	36
Other activities	7	28
Promote primary prevention in local media outlets	6	24
Develop op editorials	2	8

Table 5. Restrictions to and type of communication allowed with policy makers and the media, reported by state injury and violence prevention programs, 2005

Type of policy maker/media	State IVPP access restricted in some way		State IVPP can respond directly if contacted		State IVPP can proactively send data or program information	
	#	%	#	%	#	%
Legislators	23	92% (N=25)	10	40% (N=25)	20	87% (N=23)
Legislative assistants	22	88% (N=25)	10	40% (N=25)	19	86% (N=22)
Governor	22	88% (N=25)	7	30% (N=23)	16	76% (N=21)
Media	22	85% (N=26)	8	31% (N=26)	21	88% (N=24)
State health officer	16	62%	22	88%	25	100%

		(N=26)		(N=25)		(N=25)
Other state agency heads	13	54% (N=24)	15	65% (N=23)	18	78% (N=23)

Table 6. Examples of sustainability strategies from one state injury and violence prevention program, 2005

- Talked to Preventive Health Block Grant Program Director, asked direct questions, and provided information on how funds are spent for injury prevention
- Used Advisory Committee to meet with and influence policy makers for the benefit of the program
- Invited the budget analyst to attend meeting of the state injury and violence prevention advisory committee
- Developed a "white paper" on injury prevention issues facing the state
- Requested a STIPDA STAT review
- Convened stakeholders and non-traditional partners to work together
- Showcased local programs at a statewide conference and with the legislature
- Served on a variety of state boards and commissions
- Continued productivity and promotion of success stories
- Leveraged state funds to obtain federal funds
- Tapped sources of state funding not explicitly designated for injury prevention (e.g. tobacco settlement funds for a walkable community program that includes pedestrian safety)
- Obtained higher level support from new state health officer by explaining there are STAT standards for injury prevention, there is a science to apply, and the program is part of a national movement

APPENDIX B: DISCUSSION GUIDE

Guide For Sustainability Discussions with Injury and Violence Prevention Program Directors and Other Staff Members in State Health Departments

SUSTAINABILITY - the process of laying a foundation to maintain or expand a program and its positive outcomes....it needs to be thought out at the beginning of a program as it will require proactive activities.

Purpose
To assess what state injury and violence prevention programs have done to:

- Reduce susceptibility to budget cuts,
- Promote visibility and market success stories, and
- Address perceived or real restrictions that prevent such activity.

(PLEASE NOTE: "Success" is not solely defined as a reduction in injuries.)

Part I: Broad areas of funding and reorganization

1. Broadly, what are your sources of funding for injury and violence prevention? (Federal and state)

2. Has your program been faced with budget cuts? (Federal and state)
   a. If yes, when?
   b. What?

3. Has your program recently been reorganized? (due to new grants, a new state health officer, a general move, etc.)
   a. If yes, when?
   b. How?

4. Has your injury and violence prevention program (IVPP) had other sustainability issues?

5. Why do you think the IVPP has had these problems?

6. What strategies have you used to deal with budget cuts, reorganization and sustainability?

7. Do you financially support/distribute funds for IVPP at the community level or with other partners?

Part II: Specific measures that can be effective in nurturing and sustaining public health programs, marketing and visibility

8. How has the IVPP been marketed?
    a. At what point in time? (pre crisis, post crisis, routinely ongoing)
    b. If not, why not? (time issues, prohibited, etc.)

9. Has a champion been identified for the IVPP? (e.g. a higher up in the state health agency, a legislator, someone external to the program)

10. How has visibility for the IVPP been promoted?

11. Has the profile of the IVPP been elevated with the media in any way?
    a. Issued press releases?
    b. Responded to media inquiries?
    c. Proactively followed up when a relevant story appears?
    d. Developed an op editorial?
    e. Promoted primary prevention in local media outlets?
    f. Promoted local programs?

12. How has the value of the IVPP been demonstrated or documented?

13. Is the program seen as the focal point for IVP in the health department?
    a. If yes, how was this accomplished?
    b. If not, is this a problem for you?

14. Has an active external steering committee/coalition/advisory board been established for the IVPP?
    a. Composition? (politically appointed or not)

15. Has an external individual or group been asked to use their influence for the IVPP?
    a. If so, who?
    b. What was done?

16. Have you showcased a community level IVPP with decision makers in attendance?

17. Has the IVPP made connections with a legislative staff assistant? (state or federal)
    a. If yes, who initiated the contact?

18. Has the IVPP made connections with a legislator? (state or federal)
    a. If yes, who initiated the contact?

19. Has the IVPP made connections with other policy makers? (Governor, AG)
    a. If so, who?
    b. Who initiated the contact?

20. Has the IVPP developed a mechanism to communicate with the following in your state?
    a. Local programs
    b. Public
    c. Legislators and their staff

d. State Health Officer
e. Other state agency heads

21. Is there an IVPP brochure?
    a. If yes, how current is it?

22. Is there an IVVP website?
    a. If yes, how up-to-date is it?

23. Is there an IVPP newsletter?
    a. If yes, how frequently is it produced?

24. Is there an IVPP list serve?
    a. If yes, how frequent are postings?

25. Has a state IVP plan been developed?
    a. If so, when was it developed?
    b. Has it been used to provide guidance?

26. Does the IVPP include a component for:
    a. Communications?
    b. Dissemination?
    c. Sustainability?
    d. Policy?

27. Has the IVPP initiated anything else to enhance the visibility of its needs in the state?
    a. Disseminated a data report?
    b. Developed a list of services and resources?
    c. Developed a cost of injury and violence report?
    d. Promoted effective interventions?
    e. Published research or program results?
    f. Promoted success stories?
    g. Other?

Part III: Restrictions on accessibility to policy makers and others

28. What restrictions does the IVPP have on access to:
    a. Media
    b. State Health Officer
    c. Legislators
    d. Legislative Staff
    e. Governor
    f. Other state agency heads

(direct, indirect, State Health Official approval, Governor's approval, no contact allowed)

29. Can you proactively send IVPP data or program information to the:
    a. Media
    b. State Health Officer
    c. Legislators
    d. Legislative Staff
    e. Governor
    f. Other state agency heads

30. Can you respond directly if called by:
    a. Media
    b. State Health Officer
    c. Legislators
    d. Legislative Staff
    e. Governor
    f. Other state agency heads

Part IV: Experience of the respondent

31. Have you ever made contact with the media or an elected official on your own time?

32. How long have you been in your current position as the STIPDA representative?

33. How long have you worked in the field of injury and violence prevention?

34. How long have you worked in a state health agency?

Part V: Ideas for improving the sustainability of the injury prevention program

35. What ideas do you have for improving the sustainability of the IVPP?

36. Other comments?