

1. INTRODUCTION

Thank you for completing STIPDA's 2009 State of the States questionnaire. The questionnaire is administered to each U.S. state health department's injury and/or violence prevention program to develop a comprehensive picture of the status of these programs over time.

We know your time is valuable. In designing and testing this questionnaire, STIPDA has made every effort to limit the questions to those most essential in developing a profile of state injury and/or violence prevention programs. Depending on the size and breadth of your program, it will take approximately 2-8 hours to gather the needed information and complete this questionnaire. Based on results from the pilot, it seems the most efficient way to finish the survey is to complete the hard copy first and then enter the data online. You may also complete the hard copy and then fax or email the survey to STIPDA to enter the data online.

Please complete the survey by COB on Friday, March 26, 2010.

The information collected through this questionnaire will:

- Provide an annual description of each state's injury and/or violence prevention program;
- Be used to generate an annual report on the state of injury and violence prevention programs in the U.S.;
- Provide the third year of data for measuring changes in these injury and violence prevention programs over time;
- Inform partners at the federal, national, state and local levels about the activities in the states or nation;
- Be used by STIPDA to conduct in-depth analyses and create special reports; and
- Help STIPDA develop future programs and services.

The information collected through this questionnaire will be included in the next State of the States Highlights Report and shared as needed to strengthen and draw awareness to state injury and violence prevention programs. Most data collected will be presented in aggregate. If you have any questions about the questionnaire, please contact Amber Williams at 770-690-9000 or amber.williams@stipda.org.

To express our appreciation for your participation, STIPDA will prepare a special report for your state including national comparison data.

THANK YOU again for your contribution to this important and exciting project.

2. INSTRUCTIONS AND DEADLINE (Monday, December 7, 2009)

The 2009 State of the States questionnaire asks for information about several aspects of your state's injury and/or violence prevention program, including program infrastructure, funding, partnerships, projects/interventions, data, strategic plans, and staff roles and FTEs. While the survey is being implemented in 2010, please answer the questions based on the status of your program in the 2009 calendar year.

You may find it helpful to first review the hard copy of the questionnaire (emailed to your State Representative) in order to gather all necessary information before completing the questionnaire. You also may find it helpful to coordinate completion of the questionnaire among your staff by distributing hard copies of the staffing section and other portions of the questionnaire to appropriate staff members who are most knowledgeable about topics addressed in the questionnaire.

There are several ways to complete the questionnaire:

- Complete the entire questionnaire online through survey monkey.
- Complete the questionnaire in hard copy first, then enter all responses online through survey monkey.
- Complete the entire questionnaire in hard copy and FAX or email it to STIPDA for data entry (770-690-8996 FAX or geri.stahl@stipda.org EMAIL).

If you cannot use one of these methods to complete the survey, please contact Amber Williams at STIPDA (770-690-9000) to identify an alternative arrangement. **WHICHEVER METHOD YOU CHOOSE, PLEASE COMPLETE THE QUESTIONNAIRE BY Friday, March 26, 2010.**

If you complete the survey online, you can complete the questionnaire over several days or weeks. Your responses are saved by page when you click on the "next" button at the bottom of each page in the questionnaire. You can re-access the questionnaire to edit or complete it by using the same computer each time. If you try to complete the remainder of the survey on a different computer, you will not see any of your previous data. **HOWEVER, UPON RE-ACCESSING THE QUESTIONNAIRE ON THE SAME COMPUTER, YOU CAN ONLY GO TO THE LAST COMPLETED PAGE, NOT THE BEGINNING OF THE QUESTIONNAIRE.**

Funding Source Questions In previous State of the States Surveys, STIPDA has asked questions about the funding sources of the state's injury and violence prevention program. STIPDA plans to do this again in the 2009 survey; however, the questions will be asked in a different format. We will be conducting a 30 minute to one hour telephone survey with each state representative to obtain this information. In advance of the call, the state representative will be given a copy of the questions to answer. A STIPDA staff member will then go over these questions with the representative during the call to ensure that STIPDA accurately captures the information. Look for more information about this portion of the survey coming later this year.

Please note that throughout the questionnaire, the acronym IVPP is used to indicate "injury and/or violence prevention program."

3. QUESTIONNAIRE FOCUS AND TERMINOLOGY

Finally, a word about questionnaire focus and terminology. The intent of this survey is to assess the program within the state health department that is considered the PRIMARY or CENTRAL FOCUS of injury and/or violence prevention activities. Some state injury prevention programs may address only unintentional injury, as violence (intentional injury) is addressed by another organizational unit(s) within the state health department. In other states, the primary program may address both unintentional injury and violence (intentional injury). In completing the questionnaire, please focus your responses (especially those about staff and FTEs) on the one program that is considered the **PRIMARY** or **CENTRAL** injury and/or violence prevention program. Information about injury or violence prevention activities in other areas of the state health department will be captured in questions about partnerships and collaboration. In some states, however, there simply is no central injury and/or violence prevention program. Perhaps there is no funding or personnel, or prevention activities may be spread among programs and units with no coordinating program or staff. Regardless of how your program is defined, the individual or program charged with program planning, strategic planning and/or policy development for injury and/or violence prevention should answer the questions to the best of their ability based on what is considered to be the **PRIMARY** or **CENTRAL** FOCUS of your state's injury and/or violence prevention activities.

If you have any questions or concerns about how to define the boundaries of your state's program, please contact Amber Williams (Amber.Williams@stipda.org, 770-690-9000) at STIPDA to discuss. Clarification before completing the questionnaire will help ensure that the data collected for the State of the States report are comparable among states.

Please note that throughout the questionnaire, the acronym IVPP is used to indicate "injury and/or violence prevention program."

4. CONTACT INFORMATION

REMINDER -- While the survey is being implemented in 2010, all questions should be answered based on the status of your program in the 2009 calendar year.

First, please provide the following contact information in case there are any questions when STIPDA analyzes the information and data you provided. Contact information will not be included in the analysis or reporting of questionnaire data.

Questions marked with an asterisk (*) require an answer.

*** 1. In which state is the injury and/or violence prevention program (IVPP) located?**

State:

*** 2. Please provide the first and last name, title/position, email address, and telephone number for the contact person for this survey.**

First Name:

Last Name:

Title/Position:

Email Address:

Phone Number:

*** 3. Are you the STIPDA State Representative?**

Yes

No

5. DESCRIPTION OF STATE PROGRAM

The next set of questions focuses on the infrastructure of the state's injury and/or violence prevention program (IVPP).

Questions marked with an asterisk (*) require an answer.

*** 1. Does the state IVPP have a full-time director?**

- Yes
- No

*** 2. Is the state IVPP located within the state health department?**

- Yes
- No

*** 3. Who is responsible for the IVPP activities conducted at the state health department?**

- There is an identified injury/violence prevention program that is solely/primarily responsible for IVPP activities.
- There is no single identified IVPP program. IVPP activities are decentralized throughout the health department with multiple programs responsible for different aspects of injury and/or violence prevention.
- Other (please specify)

*** 4. In what division/organizational unit is the IVPP located?**

- Health promotion/disease prevention/community health
- EMS
- Epidemiology
- Environmental health
- Maternal child health/family health
- Other (please specify)

*** 5. Where are the following programs located in your state? (Please indicate the health department division/organizational unit, or if the program is located outside of the health department, please indicate the agency/office and division.)**

Child Maltreatment	<input type="text"/>
Intimate Partner Violence/Sexual Assault	<input type="text"/>
Poisoning	<input type="text"/>
Motor Vehicle Safety/Child Passenger Safety	<input type="text"/>
Senior Falls	<input type="text"/>
Suicide	<input type="text"/>
Teen Dating Violence	<input type="text"/>

*** 6. Does the IVPP address/include:**

- Unintentional injuries only
- Intentional injuries only
- Both unintentional and intentional injuries

7. In what year was the IVPP established?

Year

*** 8. Is there a state mandate (legislative or budgetary) for a comprehensive injury and/or violence prevention program (IVPP)(i.e., not a specific silo of injury and violence prevention such as child passenger safety)?**

- Yes
- No
- Don't know

6. STATE MANDATE

Questions marked with an asterisk (*) require an answer.

*** 1. You indicated in the previous question that your state has a mandate (legislative or budgetary) for a comprehensive injury and/or violence prevention program (IVPP)?**

Is this mandate funded?

Yes

No

7. STATE MANDATE (CONTINUED)

Questions marked with an asterisk (*) require an answer.

*** 1. You indicated in the previous question that your state does not have a mandate (legislative or budgetary) for a comprehensive injury and/or violence prevention program (IVPP)?**

Would the development of a state mandate significantly benefit your program? If yes, how? Select all that apply.

- No
- Yes, by increasing resources (e.g., personnel, etc.)
- Yes, by increasing expertise (e.g., surveillance, data analysis, etc.)
- Yes, by improving leadership
- Yes, by policy development
- Yes, for other reasons (please specify)

8. STATE PLANS

The next set of questions addresses the existence and use of strategic plans to prevent injury and violence in the state during 2009. By strategic plans, we mean any document used to guide injury and/or violence prevention efforts.

Questions marked with an asterisk (*) require an answer.

*** 1. In 2009, in your state, which types of plans included activities to prevent injuries and violence. Please check ALL that apply.**

- State-wide health plan, which includes injury and violence prevention and other health issues (multiple agencies)
- State-wide injury and violence prevention plan (multiple agencies)
- Health department's plan, which includes injury and violence prevention and other health issues
- Health department's injury and violence prevention plan
- A plan(s) has/have been developed for specific injury/violence problems such as suicide, child occupant safety, falls, etc.
- We do not have a plan
- In 2009 we were developing a plan
- Other (please specify)

9. STATE PLANS (CONTINUED)

Questions marked with an asterisk (*) require an answer.

*** 1. Did the IVPP use this plan(s) to monitor/evaluate progress in 2009?**

- Yes
- No
- Don't know

*** 2. In a previous question, you indicated that there was a *state-wide* injury and violence prevention plan or a *health department* injury and violence prevention plan in 2009.**

When was this plan created? (If you have both plans, consider the one which is the most recent.)

- less than 1 year ago
- 1-2 years ago
- 3-4 years ago
- more than 5 years ago

10. STATE PLANS (CONTINUED)

Questions marked with an asterisk (*) require an answer.

*** 1. You indicated in the previous question that there was a *state-wide* health plan and/or a *health department* plan that includes injury and violence prevention.**

Please selected the option that best describes how injury and violence are included within the plan. (If you have both types of plans, consider the one which is most recent.)

- Injury and/or violence prevention was included generally within the plan
- Specific injury and/or violence prevention topics were included within the plan
- Don't Know
- Other (please specify)

*** 2. Did the IVPP use this plan(s) to monitor/evaluate progress in 2009?**

- Yes
- No
- Don't know

*** 3. In a previous question, you indicated that there was a *state-wide* health plan and/or a *health department* plan that includes injury and violence prevention.**

When was this plan created? (If you have both plans, consider the one which is the most recent.)

- less than 1 year ago
- 1-2 years ago
- 3-4 years ago
- more than 5 years ago

11. STATE PLANS (CONTINUED)

Questions marked with an asterisk (*) require an answer.

*** 1. You indicated in a previous question that there is a state-wide health plan and/or a health department plan that includes injury and violence prevention that was over 5 years old. Does your state/health department have any plans to revise or update that plan?**

- Currently revising
- Revising within 1-2 years
- Revising within 3-4 years
- No plans to revise at this time
- Other (please specify)

12. STATE PLANS (CONTINUED)

Questions marked with an asterisk (*) require an answer.

*** 1. In 2009 in your state, did you have a plan which focused on activities to prevent violence?**

- Yes, one plan
- Yes, multiple plans
- No
- In 2009 we were developing a plan

13. STATE PLANS (CONTINUED)

Questions marked with an asterisk (*) require an answer.

*** 1. In the previous question you indicated that there was a plan(s) for violence prevention in 2009. What topics are included in that plan(s)? CHOOSE ALL THAT APPLY**

- | | |
|--|--|
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Sexual Violence |
| <input type="checkbox"/> Child Maltreatment | <input type="checkbox"/> School Violence |
| <input type="checkbox"/> Community Violence | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Elder Abuse | <input type="checkbox"/> Teen Dating Violence |
| <input type="checkbox"/> Gang Violence | <input type="checkbox"/> Youth Violence |
| <input type="checkbox"/> Gun Violence | <input type="checkbox"/> Violence in the Workplace |
| <input type="checkbox"/> Intimate Partner Violence | |
| <input type="checkbox"/> Other (please specify) | |

*** 2. Did the IVPP use this plan(s) to monitor/evaluate progress in 2009?**

- Yes
- No
- Don't know

*** 3. In a previous question, you indicated you had a violence prevention plan(s) for your state.**

When was this plan created? (If there is more than one plan, please consider the one which is the most recent.)

- less than 1 year ago
- 1-2 years ago
- 3-4 years ago
- more than 5 years ago

14. STATE PLANS (CONTINUED)

Questions marked with an asterisk (*) require an answer.

*** 1. You indicated in a previous question that you have a violence prevention plan that was over 5 years old. Do you have any plans to revise or update that plan?**

- Currently revising
- Revising within 1-2 years
- Revising within 3-4 years
- No plans to revise at this time
- Other (please specify)

15. PARTNERSHIPS/COLLABORATION WITHIN THE STATE HEALTH DEPARTMENT

This next section focuses on collaboration within the state health department.

Questions marked with an asterisk (*) require an answer.

1. Please indicate how the IVPP worked with other offices WITHIN the state health department in 2009 to address injuries and violence.

A broad name of each office is listed below because each state names their offices differently. Please select the name that most accurately reflects the group you are working with. For example, if your state office is called "mental health and substance abuse," but you are working with your substance abuse colleagues -- please select substance abuse and not both substance abuse and mental health. If there is overlap in offices (i.e. disease prevention/preventative medicine is considered to be the same as health promotion/education/community health), answer the questions for only one of the offices and choose "N/A" for the other office.

For ease of data entry, this question continues with additional state health department offices in Question #2.

INSTRUCTIONS:

- 1. Indicate the strength of partnership with the office (New and Developing, Strong, Needs Improvement, None or N/A) from the drop down menu.*
- 2. If a partnership exists, please indicate the manner in which you partner/collaborate with that agency by selecting "Yes" or "No" in the drop down menu under each type of collaboration (shared data, actively involved in IVPP planning, programs, etc.)*
- 3. If a partner/office does NOT exist, choose "N/A" and then disregard the remaining questions.*
- 4. If a relationship does NOT exist with the partner/office, choose "None" and then disregard the remaining questions.*

Part 1

Strength of Partnership

Shared Data

Actively involved

in IVPP
planning,

IVPP Provided
Funding TO

IVPP Received
Funding FROM

Collaborated for
Policy/Advocacy

Provided
Training/

IV

Occupational Health	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School Health	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sexual Health	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vital Statistics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other #1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other #2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other #3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other #4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other #5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. If you selected other in the previous question, please list the office/unit in the space provided.

Other #1	<input type="text"/>
Other #2	<input type="text"/>
Other #3	<input type="text"/>
Other #4	<input type="text"/>
Other #5	<input type="text"/>

State	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Universities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Department of Transportation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other #1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other #2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other #3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other #4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other #5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. If you selected other in the previous question, please list the agency(ies) in the space provided.

Other #1	<input type="text"/>
Other #2	<input type="text"/>
Other #3	<input type="text"/>
Other #4	<input type="text"/>
Other #5	<input type="text"/>

organizations

Youth-
serving

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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organizations
(YMCA, etc.)

Other #1

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Other #2

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Other #3

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Other #4

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Other #5

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. If you selected other in the previous question, please list the non-governmental department/agency/organization in the space provided.

Other #1

Other #2

Other #3

Other #4

Other #5

Administration
(HRSA)

Indian Health
Service (IHS)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Local Health
Departments

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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National
Highway
Traffic
Administration
(NHTSA)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Substance
Abuse and
Mental Health
Services
Administration
(SAMHSA)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Other #1

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Other #2

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Other #3

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Other #4

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Other #5

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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2. If you selected other in the previous question, please list the non-state governmental department/agency/organization in the space provided.

Other #1

Other #2

Other #3

Other #4

Other #5

19. DATA

The next four questions focus on the availability and use of data sets useful to injury and violence prevention.

Questions marked with an asterisk (*) require an answer.

1. Please specify the availability, access, and use of the following datasets in the state in 2009. We are interested in learning about the availability of the data sources in your state IN 2009, not the availability OF 2009 data. We want to know if the data source was available (any year's data) in 2009.

INSTRUCTIONS:

- 1. Indicate the whether or not the data source is available in your state (Available, Available but Incomplete, Not Available, Don't Know) from the drop down menu.**
- 2. If data source is available in your state, please indicate whether or not you had access to Raw, Summary or No data in 2009 and if you used the data in 2009 by selecting "Yes" or "No" in the drop down menus (Access to Data, Use of Data). Please also indicate if the data is available for specific age and racial/ethnic categories by selecting "Yes" or "No" in the drop down menus.**
- 3. If the data source is NOT available in your state select "Not Available" and disregard the remaining questions about that data source.**
- 4. If you do not know if data source is available in your state select "Do Not Know" and disregard the remaining questions about that data source.**

	Data Availability in Your State	Access to the Data in 2009	Use of Data in 2009	Is the data available for specific age categories?	Is the data available by racial/ethnic categories?
Behavioral Risk Factor Surveillance System (BRFSS)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Death Review (CDR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Department (ED)

Emergency Medical Services (EMS)

Fatality Analysis Reporting System (FARS)

Hospital Discharge Data (HDD)

Medical Examiner

National Occupant Protection Use Survey (NOPUS)

Uniform Crime Reporting System (UCR)

National Violent Death Reporting System (NVDRS)

Vital Records

Youth Risk Behavior Surveillance System (YRBSS)

State Surveys

2. Please specify the availability, access, and use of the following data in the state in 2009. We are interested in learning about the availability of the data in your state IN 2009, not the availability OF 2009 data. We want to know if the data source was available (any year's data) in 2009.

INSTRUCTIONS:

1. *Indicate the whether or not the data source is available in your state (Available, Available but Incomplete, Not Available, Don't Know) from the drop down menu.*
2. *If data source is available in your state, please indicate whether or not you had access to Raw, Summary or No data in 2009 and if you used the data in 2009 by selecting "Yes" or "No" in the drop down menus (Access to Data, Use of Data). Please also indicate if the data is available for specific age and racial/ethnic categories by selecting "Yes" or "No" in the drop down menus.*
3. *If the data source is NOT available in your state select "Not Available" and disregard the remaining questions about that data source.*
4. *If you do not know if data source is available in your state select "Do Not Know" and disregard the remaining questions about that data source.*

For ease of data entry, this question continues in Question #3 below.

	<u>Data Availability</u> <u>in Your State</u>	<i>Access to the Data in 2009</i>	<i>Use of Data in 2009</i>	<i>Is the data available for specific age categories?</i>	<i>Is the data available by ethnic/racial categories?</i>
Alcohol involvement data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
All Terrain Vehicle (ATV) injury data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child abuse/neglect data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child safety seat use data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Childhood injury data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Domestic/intimate partner violence data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fall injuries data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fire and burns injury data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Firearm injury data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Homicide data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mass trauma/disaster-related data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor vehicle injury data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motorcycle/motorized scooter injury data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupational injury data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Please specify the availability, access, and use of the following data in the state in 2009. We are interested in learning about the availability of the data in your state IN 2009, not the availability OF 2009 data. We want to know if the data source was available (any year's data) in 2009.

INSTRUCTIONS:

1. *Indicate the whether or not the data source is available in your state (Available, Available but Incomplete, Not Available, Don't Know) from the drop down menu.*
2. *If data source is available in your state, please indicate whether or not you had access to Raw, Summary or No data in 2009 and if you used the data in 2009 by selecting "Yes" or "No" in the drop down menus (Access to Data, Use of Data). Please also indicate if the data is available for specific age and racial/ethnic categories by selecting "Yes" or "No" in the drop down menus.*
3. *If the data source is NOT available in your state select "Not Available" and disregard the remaining questions about that data source.*
4. *If you do not know if data source is available in your state select "Do Not Know" and disregard the remaining questions about that data source.*

	<u>Data Availability</u> <u>in Your State</u>	<i>Access to the</i> <i>Data in 2009</i>	<i>Use of Data in</i> <i>2009</i>	<i>Is the data</i> <i>available for</i> <i>specific age</i> <i>categories?</i>	<i>Is the data</i> <i>available by</i> <i>racial/ethnic</i> <i>categories?</i>
Pedestrian injury data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Poisoning data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rural/agricultural injury data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Safety belt use data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School-based injury data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sexual assault/rape data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Smoke alarm data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spinal cord injury (SCI) data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Submersion injuries/drowning data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suicide data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suicide attempts data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Teen Dating Violence	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trauma System/Registry data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Traumatic brain injury (TBI) data	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Are there other data sets you used or had access to in 2009 in addition to those that were listed in the previous questions?

Other #1	<input type="text"/>
Other #2	<input type="text"/>
Other #3	<input type="text"/>
Other #4	<input type="text"/>
Other #5	<input type="text"/>

*** 5. Does your state IVPP have sufficient access to epidemiologists, statisticians, or other data professionals to analyze data for the IVP program?**

- Yes
- No

*** 6. What percent time does your program have access to an epidemiologist to conduct injury and violence data analyses?**

- 0%
- 1-25%
- 26-50%
- 51-75%
- 76-99%
- 100% (i.e., equivalent to one FTE)
- More than 100% (i.e., equivalent to more than one FTE)

*** 7. Have you or another representative of the IVPP received a copy of the following Injury Surveillance Workgroup (ISW) Reports published by STIPDA?**

Received a Copy of the ISW Report

Consensus Recommendations for Injury Surveillance in State Health Departments (1999)

Consensus Recommendations for Using Hospital Discharge Data for Injury Surveillance (2003)

Consensus Recommendations for Surveillance of Falls and Fall-Related Injuries (2006)

Consensus Recommendations for Injury Surveillance in State Health Departments (2007)

Assessing an Expanded Definition for Injuries in Hospital Discharge Data Systems (2008)

8. In the coming year, STIPDA plans to commission an external evaluation to examine the dissemination, use, and potential effects of the ISW reports released to date. The evaluator might like to follow up with the individual in your state who is most likely to have a need for the ISW reports (e.g. epidemiologist who works with injury data). Please provide the contact information for the individual our evaluator should contact in the space below.

Name:

Email Address:

Phone Number:

20. DATA REPORTS

The next two questions focus on reports the injury and/or violence prevention program (IVPP) released in 2009.

Questions marked with an asterisk (*) require an answer.

*** 1. In 2009, did the IVPP publish any publications in peer-reviewed journals?**

- Yes
- No
- In process

*** 2. In 2009, did the IVPP present data at a national or state meeting? Check all that apply.**

- Abstracts
- Oral Presentations
- Poster Presentations
- Did Not Present

*** 3. In 2009, did the IVPP release a report, paper, or other document specific to falls or fall-related injuries?**

- No
- Yes (please provide the title of the report)

*** 4. In 2009, did the IVPP release a report, paper, or other document that specifically focused on examining injuries documented in hospital discharge data?**

- No
- Yes (please provide the title of the report)

*** 5. Which of the following reports, if any, did the IVPP release in 2009 on the status of injury and/or violence in your state? Please check ALL that apply.**

- Comprehensive report on unintentional injuries
- Comprehensive report on intentional injuries
- Comprehensive report on both unintentional and intentional injuries
- Report on childhood injuries
- Issue/topic specific report(s), papers or other documents
- None
- Other (please specify)

21. DATA REPORTS (CONTINUED)

Questions marked with an asterisk (*) require an answer.

- * 1. In the previous question you indicated that you had released at least one report in 2009. For the types of reports listed below, please provide the citation of the most recent report developed. Skip any categories in which you did not release a report.**

Comprehensive report on unintentional injuries

Comprehensive report on intentional injuries:

Comprehensive report on both intentional and unintentional injuries

Report on childhood injuries

Issue or topic specific reports, papers or documents (beyond fall or fall-related, or hospital discharge)

- * 2. In a previous question you indicated the state IVPP released at least one report in 2009. How does your state use these reports? Choose all that apply.**

- | | |
|---|--|
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Policy Development |
| <input type="checkbox"/> Funding Justification | <input type="checkbox"/> Program Design/Planning |
| <input type="checkbox"/> Grant Requirements | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Information Sharing | |
| <input type="checkbox"/> Other (please specify) | |

22. PREVENTION PROGRAMS

This section primarily focuses on the areas of injury/violence addressed by IVPP programs in 2009.

Questions marked with an asterisk (*) require an answer.

- * 1. This question attempts to assess the level of effort the state IVPP gives to each injury/violence area, whether or not it is lead by or located within the state IVPP.**

Please select from the drop down menu to indicate the level of program focus during 2009 in each injury/violence area that the state IVPP addresses through its programs and activities.

Choices include primary focus, secondary focus, minimal focus, or did not focus on in 2009. You can choose multiple areas of primary or secondary focus.

For ease of data entry, this question continues with additional Prevention Programs in Question #2 below.

Part 1

	Program Focus
All Terrain Vehicle (ATV) injury	<input type="text"/>
Child abuse/neglect	<input type="text"/>
Child passenger safety	<input type="text"/>
Domestic/intimate partner violence	<input type="text"/>
Elder Abuse	<input type="text"/>
Fall injuries	<input type="text"/>

Fire and burns injury	<input type="text"/>
Firearm injury	<input type="text"/>
Homicide	<input type="text"/>
Mass trauma/ disaster-related	<input type="text"/>
Motor vehicle injury	<input type="text"/>
Motorcycle/motorized scooter injury	<input type="text"/>
Occupational injury	<input type="text"/>

*** 2. CONTINUED FROM QUESTION #1: This question attempts to assess the level of effort the state IVPP gives to each injury/violence area, whether or not it is lead by or located within the state IVPP.**

Please select from the drop down menu to indicate the level of program focus during 2009 in each injury/violence area that the state IVPP addresses through its programs and activities.

Choices include primary focus, secondary focus, minimal focus, or did not focus on in 2009. You can choose multiple areas of primary or secondary focus.

Part 2

Program Focus

Pedestrian injury	<input type="text"/>
Poisoning	<input type="text"/>
Rural/agricultural injury	<input type="text"/>
School-based injury	<input type="text"/>
Sexual assault/rape	<input type="text"/>
Spinal cord injury (SCI)	<input type="text"/>

Submersion injuries/drowning	<input type="text"/>
Suicide/self-inflicted	<input type="text"/>
Suicide attempts	<input type="text"/>
Teen Dating Violence	<input type="text"/>
Traumatic brain injury (TBI)	<input type="text"/>
Injuries to children	<input type="text"/>
Injuries to adolescents	<input type="text"/>
Injuries to elderly	<input type="text"/>
Injuries to a racial/ethnic group	<input type="text"/>
Injuries to gender-specific group	<input type="text"/>
Other #1	<input type="text"/>
Other #2	<input type="text"/>
Other #3	<input type="text"/>
Other #4	<input type="text"/>
Other #5	<input type="text"/>

*** 3. For the primary areas of focus you indicated in the previous questions above (#1 and #2), please select how the IVPP determined that those areas of focus were primary. Choose all that apply.**

- Data
- Funding directives
- Needs assessment
- Political influence
- State mandates
- Other (please specify)

*** 4. In questions #1 and #2 above, you indicated the areas of primary focus for your state IVPP in 2009. Please tell us more about how you evaluated activities in these primary focus areas. For the areas indicated as primary focus in 2009, for how many of them did you complete the following types of evaluation? The total number entered for each type of evaluation should not exceed the total number of primary focus areas. For example, if you had four (4) areas of primary focus in 2009, the total number of formative evaluations completed should not be more than four (4).**

Definitions are provided below for each type of evaluation:

- **Formative Evaluation** – testing program plans, messages, materials, strategies, or modifications for weaknesses and strengths before they are put into effect
- **Process Evaluation** – testing whether the program’s procedures for reaching the target population are working as planned
- **Impact Evaluation** – assessing the program’s progress toward its goals (i.e., measuring the immediate changes brought about by the program in the target population such as changes in knowledge, attitudes and beliefs that may lead to changes in health behavior)
- **Outcome Evaluation** – measuring whether your program met its ultimate goal of reducing morbidity and mortality due to injury

Citation: Thompson NJ, McClintock HO. Demonstrating Your Program’s Worth: A Primer on Evaluation for Programs To Prevent Unintentional Injury. Atlanta: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 1998.

Formative	<input type="text"/>
Process	<input type="text"/>
Impact	<input type="text"/>
Outcome	<input type="text"/>

*** 5. Did your state IVPP use the CDC "Framework for Program Evaluation in Public Health" to plan and implement program evaluations in 2009?**

- Yes
- No

*** 6. Does your IVPP have access to a program evaluator?**

- Yes, within IVPP program
- Yes, within state health department
- Yes, by consultant
- No
- Other (please specify)

23. INJURY TOPIC AREAS - INTEGRATION

The next set of questions focuses on the integration of injury and violence prevention programs/activities into other health department programs.

Questions marked with an asterisk (*) require an answer.

The following definition was agreed upon at a CDC forum with the Evaluation Standards Work Group / Program Integration & Sub-Group:

Integration: Process whereby formal units jointly pursue a shared objective in order to improve the health of the population (1). They do this through joint (2,3):

- Decision-making, priority-setting, planning
- Responsibility for program development, co-investment, resource sharing & development, implementation, evaluation, program improvement
- Mutual accountability for results & stewardship
- Sharing of risks and rewards

Citation:

(1) Mark, Henry, and Julnes (2000). *Evaluation: An integrated framework for understanding, guiding, and improving policies and programs*. Jossey-Bass: San Francisco, CA. [Social betterment]

(2) Himmelman, AT. *Collaboration for a Change: Definitions, Decision-making models, Roles, and Collaboration Process Guide*. http://depts.washington.edu/ccph/pdf_files/4achange.pdf. [Continuum from networking through collaboration]

(3) Slonim AB, et al. *Recommendations for integration of chronic disease programs; are your programs linked?* *Prev Chronic Dis* [serial online] 2007 Apr [date cited]. Available from http://www.cdc.gov/pcd/issues/2007/apr/06_0163.htm.

*** 1. In 2009, what injury/violence prevention efforts were integrated with other areas of the health department, state agencies, and/or outside agencies/organizations?**

*** 2. What priority does your state IVPP place on integrating injury and/or violence prevention activities into these state offices/programs?**

Priority for
Integrating

Chronic Disease	<input type="text"/>
Environmental Health	<input type="text"/>
Maternal and Child Health	<input type="text"/>

24. INJURY TOPIC AREAS - PREVENTING FALLS AMONG OLDER ADULTS

The next set of questions focuses on the injury topic of Preventing Falls Among Older Adults. We are interested in programs located within the IVPP (including those that are done in collaboration with partners.)

Questions marked with an asterisk (*) require an answer.

*** 1. Did your state IVPP have programs or activities for Preventing Falls Among Older Adults in 2009?**

- Yes
- No
- Not Applicable (not a priority area for the state)

25. INJURY TOPIC AREAS - PREVENTING FALLS AMONG OLDER ADULTS (CONTINUED)

Questions marked with an asterisk (*) require an answer.

*** 1. What programs or activities for Preventing Falls Among Older Adults did your state IVPP in 2009? Check all that apply.**

- Multi-factorial (must include at least two of the following: exercise, medication adjustment, vision correction, home modification)
- Exercise Program
- Home Modification
- Education and Awareness
- Other (please specify)

*** 2. How were these programs or activities evaluated in 2009?
Check all that apply.**

- Number of participants enrolled
- Media reports
- Participants' reports of falls
- Policy changes
- Pre- and post-surveys of participants
- Program costs
- Emergency department or hospital admissions for falls
- Other (please specify)

26. INJURY TOPIC AREAS - PREVENTING FALLS AMONG OLDER ADULTS (CONTINUED)

Questions marked with an asterisk (*) require an answer.

*** 1. Did your IVPP provide funding to local health departments or other organizations in your state for Preventing Falls Among Older Adults programs in 2009?**

- Yes (Funding given to the local health department or other organization)
- No (Funding available, but not given to the local health department or other organization)
- Not applicable (No funding available to give to local health department or other organization)

27. INJURY TOPIC AREAS - PREVENTING CHILD MALTREATMENT

The next set of questions focuses on the injury topic of Preventing Child Maltreatment. We are interested in programs located within the IVPP (including those that are done in collaboration with partners.)

Questions marked with an asterisk (*) require an answer.

*** 1. Did your state IVPP have programs or activities for Preventing Child Maltreatment in 2009?**

- Yes
- No
- Not Applicable (not a priority area for the state)

28. INJURY TOPIC AREAS - PREVENTING CHILD MALTREATMENT (CONTINUED)

Questions marked with an asterisk (*) require an answer.

*** 1. What types of interventions and program activities did your IVPP have that focused on Preventing Child Maltreatment in 2009? Please check all that apply.**

- | | |
|--|--|
| <input type="checkbox"/> Parenting training/parent skill building | <input type="checkbox"/> Concrete assistance/support for families (financial or transportation assistance, child care, respite care) |
| <input type="checkbox"/> Home visitation (Nurse or other trained professional deliverer) | <input type="checkbox"/> Social support/network building for families |
| <input type="checkbox"/> Home visitation (Paraprofessional deliverer) | <input type="checkbox"/> Parent literacy/career/employment skills |
| <input type="checkbox"/> Home visitation (Other deliverer) | <input type="checkbox"/> Parental mental health/substance abuse services |
| <input type="checkbox"/> Other (please specify) | |

*** 2. What outcomes did you measure to evaluate these programs and activities in 2009? Please check all that apply.**

- | | |
|--|--|
| <input type="checkbox"/> Process indicators (e.g. number of participants, number of materials distributed, etc.) | <input type="checkbox"/> Knowledge gain/retention/refresh |
| <input type="checkbox"/> Anecdotes/informal measures (e.g., word of mouth; newspaper stories) | <input type="checkbox"/> Behavior change/maintenance |
| <input type="checkbox"/> Institutional/policy change | <input type="checkbox"/> Long term outcomes (e.g., CPS reports of child maltreatment, children in foster placement, emergency department data, child fatalities due child maltreatment, child well-being/developmental status) |
| <input type="checkbox"/> Media reports/presence | <input type="checkbox"/> Environment change |
| <input type="checkbox"/> Likeability/acceptability | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please specify) | |

29. INJURY TOPIC AREAS - PREVENTING CHILD MALTREATMENT (CONTINUED)

Questions marked with an asterisk (*) require an answer.

- * 1. You indicated in a previous question that programs or activities for Preventing Child Maltreatment are not a priority in your state. What needs to happen to make this injury and violence prevention area a priority in your state?

30. INJURY TOPIC AREAS - PREVENTING CHILD MALTREATMENT (CONTINUED)

Questions marked with an asterisk (*) require an answer.

*** 1. Did your IVPP provide funding to local health departments or other organizations in your state for Preventing Child Maltreatment programs in 2009?**

- Yes (Funding given to the local health department or other organization)
- No (Funding available, but not given to the local health department or other organization)
- Not applicable (No funding available to give to local health department or other organization)

*** 2. What are the barriers to using child maltreatment data in your state? Check all that apply.**

- Not Applicable - child maltreatment data are not available in my state
- Barriers to using data (please specify)

*** 3. What are the types and extent of barriers you face in pursuing policy changes or other advocacy efforts related to child maltreatment?**

*** 4. Do you and/or your staff have the capacity to participate in distance learning opportunities?**

- Yes
- No

31. INJURY TOPIC AREAS -- PREVENTING CHILD MALTREATMENT (CONTINUED)

Questions marked with an asterisk (*) require an answer.

*** 1. What child maltreatment prevention topics would be most beneficial for your program in a distance learning opportunity?**

- | | |
|--|---|
| <input type="checkbox"/> Data analysis | <input type="checkbox"/> Report writing |
| <input type="checkbox"/> Data collection | <input type="checkbox"/> Review of evidence base for child maltreatment (What works?) |
| <input type="checkbox"/> Partnership development | <input type="checkbox"/> Evaluation |
| <input type="checkbox"/> Policy | |
| <input type="checkbox"/> Other (please specify) | |

32. INJURY TOPIC AREAS -- PREVENTING CHILD MALTREATMENT (CONTINUED)

Questions marked with an asterisk (*) require an answer.

*** 1. You indicated in a previous question that you and/or your staff did not have the capacity to participate in distance learning opportunities.**

What would you need to develop this capacity? Check all that apply.

Information technology network capacity

Training

Other (please specify)

33. INJURY TOPIC AREAS - PREVENTING TEEN DATING VIOLENCE

The next set of questions focuses on the injury topic of Preventing Teen Dating Violence. We are interested in programs located within the IVPP (including those that are done in collaboration with partners.)

Questions marked with an asterisk (*) require an answer.

*** 1. Did your state IVPP have programs or activities for Preventing Teen Dating Violence in 2009?**

- Yes
- No
- Not Applicable (not a priority area for the state)

34. INJURY TOPIC AREAS - PREVENTING TEEN DATING VIOLENCE (CONTINUED)

Questions marked with an asterisk (*) require an answer.

*** 1. What types of interventions and program activities did your IVPP have that focused on Preventing Teen Dating Violence in 2009? Please check all that apply.**

- | | |
|--|---|
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> Educational sessions | <input type="checkbox"/> Evaluation |
| <input type="checkbox"/> Training for professionals | <input type="checkbox"/> Policy |
| <input type="checkbox"/> Information and awareness raising materials | <input type="checkbox"/> Partnership/coalition building |
| <input type="checkbox"/> Media campaigns | <input type="checkbox"/> Capacity building |
| <input type="checkbox"/> Other (please specify) | |

*** 2. What outcomes did you measure to evaluate these programs and activities in 2009? Please check all that apply.**

- | | |
|--|--|
| <input type="checkbox"/> Process indicators (e.g. number of participants, number of materials distributed, etc.) | <input type="checkbox"/> Knowledge gain/retention/refresh |
| <input type="checkbox"/> Anecdotes/informal measures (e.g., word of mouth; newspaper stories) | <input type="checkbox"/> Behavior change/maintenance |
| <input type="checkbox"/> Institutional/policy change | <input type="checkbox"/> Long term outcomes (e.g., such as the reduced incidence of TDV) |
| <input type="checkbox"/> Media reports/presence | <input type="checkbox"/> Environment change |
| <input type="checkbox"/> Likeability/acceptability | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please specify) | |

35. INJURY TOPIC AREAS - PREVENTING TEEN DATING VIOLENCE (CONTINUED)

Questions marked with an asterisk (*) require an answer.

*** 1. Did your IVPP provide funding to local health departments or other organizations in your state for Preventing Teen Dating Violence programs in 2009?**

- Yes (Funding given to the local health department or other organization)
- No (Funding available, but not given to the local health department or other organization)
- Not applicable (No funding available to give to local health department or other organization)

36. SUPPORT FOR LOCAL PREVENTION EFFORTS

The next set of questions focuses on how the state IVPP provides support for local injury and violence prevention efforts. This includes both funding and in-kind support to local health departments, community based organizations, etc.

Questions marked with an asterisk (*) require an answer.

*** 1. In 2009, did the IVPP provide any funding or in-kind support for local injury/violence prevention activities?**

Yes

No

37. SUPPORT FOR LOCAL PREVENTION EFFORTS (CONTINUED)

Questions marked with an asterisk (*) require an answer.

*** 1. Please check all methods used by the IVPP in 2009 to provide funding and/or in-kind support for local prevention efforts. Check all that apply.**

- | | |
|--|--|
| <input type="checkbox"/> Mini-grants | <input type="checkbox"/> In-kind support for epi/data |
| <input type="checkbox"/> Supplies/equipment (i.e. car seats, smoke alarms) | <input type="checkbox"/> In-kind support for program development |
| <input type="checkbox"/> In-kind support for technical assistance | <input type="checkbox"/> In-kind support for evaluation |
| <input type="checkbox"/> In-kind support for training | |
| <input type="checkbox"/> Other (please specify) | |

*** 2. What sources of funding did the IVPP use to provide resources to local injury and violence prevention efforts in 2009? Please check all that apply.**

- | |
|---|
| <input type="checkbox"/> Pass-through funds (i.e. RPE, etc) |
| <input type="checkbox"/> Preventive Health & Human Services Block Grant funds |
| <input type="checkbox"/> Other federal funds (i.e. smoke detector grant funds, etc) |
| <input type="checkbox"/> State funds |
| <input type="checkbox"/> Other (please specify) |

38. TRAINING AND TECHNICAL ASSISTANCE

This section focuses on communication, technical assistance and training efforts by the state injury and/or violence prevention program (IVPP) in 2009.

Questions marked with an asterisk (*) require an answer.

*** 1. In 2009, how did the IVPP communicate injury and/or violence-related information to target populations, program partners, local groups, etc.?**

Please check ALL that apply.

- Website
- Listserv
- Newsletter
- Regular mailings
- TV/radio/newspaper
- Participated in steering committees, community meetings, professional association meetings
- None of the above
- Other (please specify)

39. TRAINING AND TECHNICAL ASSISTANCE (CONTINUED)

Questions marked with an asterisk (*) require an answer.

*** 1. In 2009, what was the PRIMARY way in which your IVPP communicated injury and/or violence-related information to target populations, program partners, local groups, etc.? Please select only one.**

- | | |
|--|--|
| <input type="radio"/> Website | <input type="radio"/> TV/radio/newspaper |
| <input type="radio"/> Listserv | <input type="radio"/> Participated in steering committees, community meetings, professional association meetings |
| <input type="radio"/> Newsletter | <input type="radio"/> None of the above |
| <input type="radio"/> Regular mailings | |
| <input type="radio"/> Other (please specify) | |

40. TRAINING AND TECHNICAL ASSISTANCE (CONTINUED)

Questions marked with an asterisk (*) require an answer.

*** 1. What methods did the IVPP use in 2009 to provide technical assistance and training to partners, grantees, and others engaged in injury and violence prevention? Please check ALL that apply.**

- | | |
|--|--|
| <input type="checkbox"/> Offered practical experience for students | <input type="checkbox"/> Conducted distance learning via satellite, video conference, or video tape |
| <input type="checkbox"/> Responded to requests for technical assistance | <input type="checkbox"/> Conducted distance learning via computer (Internet based, Webcast, or CD-ROM) |
| <input type="checkbox"/> Offered courses for academic credit or CEUs | <input type="checkbox"/> None |
| <input type="checkbox"/> Conducted in-person training (workshops, conference sessions, presentations, etc) | |
| <input type="checkbox"/> Other (please specify) | |

*** 2. What are the technical assistance resources your program uses? Check all that apply.**

- | | |
|--|--|
| <input type="checkbox"/> Businesses | <input type="checkbox"/> SAVIR |
| <input type="checkbox"/> Federal Agencies (such as CDC, HRSA, NHTSA, SAMHSA) | <input type="checkbox"/> Self Assessment |
| <input type="checkbox"/> Injury Prevention Research Centers | <input type="checkbox"/> STAT Report (for your own state) |
| <input type="checkbox"/> Internet | <input type="checkbox"/> STIPDA |
| <input type="checkbox"/> Peer to Peer | <input type="checkbox"/> Other National Organizations |
| <input type="checkbox"/> Regional Networks | <input type="checkbox"/> University/Academic Institutions (other than IPRCs) |
| <input type="checkbox"/> Resource Centers (such as CSN, SPRC or CDR) | |

Other (please specify)

*** 3. Is your IVPP aware of the National Training Initiative for Injury and Violence Prevention's Core Competencies? (See list below)**

1. *Ability to describe and explain injury and/or violence as a major social and health problem.*
2. *Ability to access, interpret, use and present injury and/or violence data.*
3. *Ability to design and implement injury and/or violence prevention activities.*
4. *Ability to evaluate injury and/or violence prevention activities.*
5. *Ability to build and manage an injury and/or violence prevention program.*
6. *Ability to disseminate information related to injury and/or violence prevention to the community, other professionals, key policy makers and leaders through diverse communication networks.*
7. *Ability to stimulate change related to injury and/or violence prevention through policy, enforcement, advocacy and education.*
8. *Ability to maintain and further develop competency as an injury and/or violence prevention professional.*
9. *Demonstrate the knowledge, skills and best practices necessary to address at least one specific injury and/or violence topic (e.g. motor vehicle occupant injury, intimate partner violence, fire and burns, suicide, drowning, child injury, etc.) and be able to serve as a resource regarding that area.*

Yes

No

*** 4. Do you create staff performance plans that explicitly include the above listed National Training Initiative for Injury and Violence Prevention's Core Competencies?**

Yes

No

Don't know

*** 5. How many trainings or other professional development sessions did you offer to the local health department or other partners in your state in 2009?**

of Sessions

*** 6. Do any of these trainings explicitly incorporate the National Training Initiative for Injury and Violence Prevention's Core Competencies?**

- Yes
- No
- No trainings/professional development offered in 2009
- Don't know

41. POLICY

This section of the questionnaire addresses how the IVPP worked to influence public policy during the most recently completed legislative session (i.e. completed prior to 12/31/2009).

Policy is a general term which includes laws, regulations, and rules – both informal and formal. There are different subtypes of policies, and settings in which they may exist:

Public policies: Laws or ordinances enacted at the federal, state, or local levels of government through a legislative process or another formal process of approval. Example: laws which mandate the use of motorcycle helmets

Regulatory policies: Rules and regulations created, approved, and enforced by governmental agencies, generally at the federal- or state-level. Example: The establishment by the Centers for Medicare and Medicaid of a diagnostic reimbursement group and a reimbursement schedule for payment of child safety seats for children with special healthcare needs.

Organizational policies: Rules and procedures created, adopted, and enforced within organizations, public or private, affecting employees or members of the organization or individuals served by the organization. Organizations include (but are not limited to) private companies, health care providers, health insurance companies, national non-profit organizations, schools or entire school districts, or community groups. Example: Data sharing policies with emergency departments and medical examiners offices.

Questions marked with an asterisk (*) require an answer.

*** 1. During the most recently completed legislative session (i.e. completed prior to 12/31/2009), did the IVPP have mechanisms or protocols for communicating with policy-makers around issues related to injury and violence prevention?**

- Yes
- No
- Don't know

*** 2. Please describe the methods the IVPP program used in 2009 to influence public policy either directly or through collaboration with partners. Please check all that apply.**

	<i>Method used by IVPP</i>	<i>Method used through collaboration/partners</i>	<i>Method not used</i>	<i>State IVPP not permitted to use this method</i>
Assessed/monitored impact of laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conducted cost-benefit analyses of IVP policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drafted and submitted potential policies to policy-makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invited Congressional delegates to meetings/events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invited state or local legislators to meetings/events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Met with policy-makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participated in boards and/or commissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended health department positions on bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requested opportunity to review bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sent materials to policy-makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testified at state and local hearings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worked to increase public awareness of laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worked to develop/enforce regulations for injury/violence prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worked to create/encourage adoption of organizational policies for injury/violence prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*** 3. What injury and violence prevention topic areas does your state's IVPP address through policy efforts?**

- | | | |
|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Mass trauma/ disaster-related | <input type="checkbox"/> Submersion injuries/drowning |
| <input type="checkbox"/> All Terrain Vehicle (ATV) injury | <input type="checkbox"/> Motor vehicle injury | <input type="checkbox"/> Suicide/self-inflicted |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Motorcycle/motorized scooter injury | <input type="checkbox"/> Suicide attempts |
| <input type="checkbox"/> Childhood injury | <input type="checkbox"/> Occupational injury | <input type="checkbox"/> Teen Dating Violence |
| <input type="checkbox"/> Child passenger safety | <input type="checkbox"/> Pedestrian injury | <input type="checkbox"/> Traumatic brain injury (TBI) |
| <input type="checkbox"/> Domestic/intimate partner violence | <input type="checkbox"/> Poisoning | <input type="checkbox"/> Injuries to children |
| <input type="checkbox"/> Elder Abuse | <input type="checkbox"/> Rural/agricultural injury | <input type="checkbox"/> Injuries to adolescents |
| <input type="checkbox"/> Fall injuries | <input type="checkbox"/> School-based injury | <input type="checkbox"/> Injuries to elderly |
| <input type="checkbox"/> Fire and burns injury | <input type="checkbox"/> Sexual assault/rape | <input type="checkbox"/> Injuries to a racial/ethnic group |
| <input type="checkbox"/> Firearm injury | <input type="checkbox"/> Smart growth/built environment | <input type="checkbox"/> Injuries to gender-specific group |
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Spinal cord injury (SCI) | |
| <input type="checkbox"/> Other (please specify) | | |

*** 4. In 2009, did the IVPP maintain a record of existing state policies (laws, regulations, etc) related to injury and violence prevention?**

- Yes
- No
- Don't know

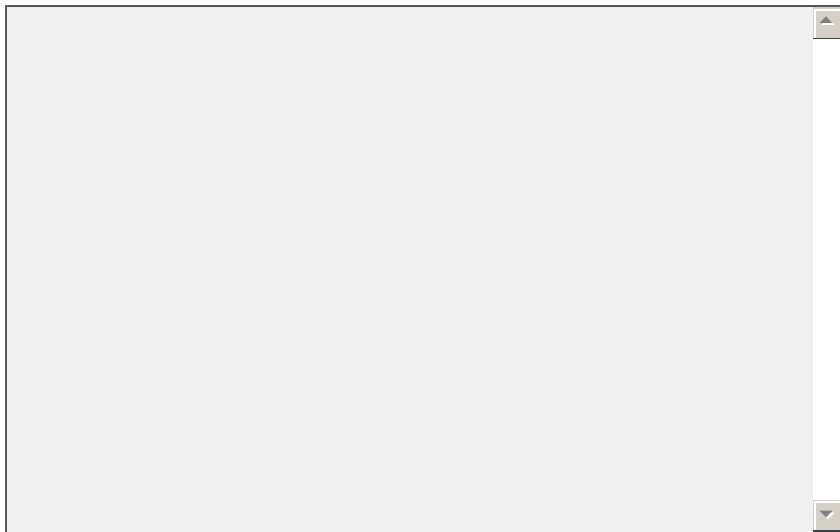
*** 5. What role does your IVPP play in helping to implement or increase awareness of new laws? (seat belt laws, child passenger safety laws, bullying prevention, graduated driving license, etc.)**

*** 6. What are the types and extent of barriers you face in pursuing policy changes or other advocacy efforts related to injury and violence prevention efforts?**

42. CHANGES IN YOUR PROGRAM SINCE 2007

In this section we would like to give you an opportunity to tell us about any changes that have occurred in your state IVPP program, your state health department, or your state in general since we conducted the 2007 State of the States Survey in early 2008.

1. Were there any changes to your IVPP program, your state health department, or your state in general in 2008 or 2009? (Please describe in detail any information that might put into perspective comparisons between your 2007 and 2009 data. Changes might include: reorganizations, changes in funding, changes in political dynamics or legislation, loss of a critical staff member, increase in responsibilities, etc.)



43. PROGRAM STAFF (FORMAL IVP PROGRAM)

We would like to know about the people who work for the state injury and/or violence prevention program (IVPP.) By staff, we mean all paid staff (full or part-time), fellows, and interns (paid or unpaid). Do not include staff in other programs (like RPE), unless they are housed directly in the formal IVPP. We'll be asking about those staff in the next section.

This section includes questions you will need to answer for your staff as a whole. You may find it helpful to provide each staff member with a hard copy of this portion of the survey to complete by hand, and then whoever is completing the survey can compile the results into one state response for this section.

Questions marked with an asterisk (*) require an answer.

*** 1. Please indicate how many staff members that were part of the IVPP in 2009 in each of the following status categories.**

Paid staff member (include both part-time and full-time)	<input type="text"/>
Paid intern	<input type="text"/>
Unpaid intern	<input type="text"/>
Fellow	<input type="text"/>

*** 2. For each paid staff member, please identify the role that most closely describes the staff member's PRIMARY role within the state IVPP. You can choose only one primary role per staff person. If they perform multiple roles, indicate the one which is performed most often.**

Please indicate how many paid staff members you have within each primary role category. Include all paid employees, regardless of percent time they work in the IVPP. (Your total should not exceed the number indicated for "paid staff member" in question 1 above.)

Management	<input type="text"/>
Data collection/analysis	<input type="text"/>
Coalition building/Coordination	<input type="text"/>
Evaluation	<input type="text"/>
Intervention/Program Coordination	<input type="text"/>
Technical Assistance/Training	<input type="text"/>
Public Policy/Advocacy	<input type="text"/>
Support Staff/Administrative	<input type="text"/>

*** 3. Please indicate how many staff members in the IVPP you have with each of the following degree(s).**

Include all paid employees, regardless of percent time they work in the IVPP.

Choose ALL degrees attained, not just highest degree.

High School	<input type="text"/>
Diploma/GED	<input type="text"/>
AA	<input type="text"/>
AS	<input type="text"/>
BA	<input type="text"/>
BS	<input type="text"/>
RN	<input type="text"/>
MS	<input type="text"/>
MA	<input type="text"/>
MBA	<input type="text"/>
MPA	<input type="text"/>
MPH	<input type="text"/>
MSW	<input type="text"/>
MD	<input type="text"/>
PhD	<input type="text"/>
DrPH	<input type="text"/>
JD	<input type="text"/>

*** 4. Please indicate how many staff members in the IVPP have been working for the state IVPP program for the various periods of time listed.**

Include all paid employees, regardless of percent time they work in the IVPP. (Your total should not exceed the number indicated for "paid staff member" in question 1 above.)

Less than 1 year	<input type="text"/>
1 year to less than 4 years	<input type="text"/>
4 years to less than 7 years	<input type="text"/>
7 years to less than 10 years	<input type="text"/>
10 years or more	<input type="text"/>

*** 5. Please indicate how many staff members in the IVPP have been working for the field of injury and violence prevention for the various periods of time listed.**

Include all paid employees, regardless of percent time they work in the IVPP. (Your total should not exceed the number indicated for "paid staff member" in question 1 above.)

Less than 1 year	<input type="text"/>
1 year to less than 4 years	<input type="text"/>
4 years to less than 7 years	<input type="text"/>
7 years to less than 10 years	<input type="text"/>
10 years or more	<input type="text"/>

*** 6. Please indicate how many staff members in the IVPP have been working for the field of public health for the various periods of time listed.**

Include all paid employees, regardless of percent time they work in the IVPP. (Your total should not exceed the number indicated for "paid staff member" in question 1 above.)

Less than 1 year	<input type="text"/>
1 year to less than 4 years	<input type="text"/>
4 years to less than 7 years	<input type="text"/>
7 years to less than 10 years	<input type="text"/>
10 years or more	<input type="text"/>

*** 7. Please indicate how many staff members in the IVPP spend their time working in the IVPP according to the various percentages below.**

Include all paid employees, regardless of percent time they work in the IVPP. (For example, if you have a .5 FTE that works 50% on IVPP, please include that staff person in the 26-50% category)

1-25%	<input type="text"/>
26-50%	<input type="text"/>
51-75%	<input type="text"/>
76-99%	<input type="text"/>
100%	<input type="text"/>

*** 8. Please indicate how many IVPP staff member's positions include the following funding sources. An employee can be funded by multiple sources.**

Include all paid employees, regardless of percent time they work in the IVPP.

State

Federal-CDC

Other

Federal

Other

Sources

*** 9. How many of your staff members are current members of STIPDA?**

Include all paid employees, regardless of percent time they work in the IVPP. (Your total should not exceed the number indicated for "paid staff member" in question 1 above.)

44. STATE HEALTH DEPARTMENT IVP STAFF NOT LOCATED IN FORMAL IVP PROGRAM (i.e., ...

Finally, we'd like to know about the other people who work on injury and violence prevention activities that are not housed directly in the formal state injury and/or violence prevention program (example, RPE staff). By staff, we mean all paid staff (full or part-time), fellows, and interns (paid or unpaid).

Questions marked with an asterisk (*) require an answer.

- * 1. Please indicate how many non-formal IVPP program staff members there are in the state health department. (You might want to include staff such as RPE or suicide prevention coordinators in the maternal and child health program to name a few.)**

- * 2. What programs are these staff members in?**

45. THANK YOU

*You have completed the 2009 State of the States questionnaire. **THANK YOU** for your time and participation.*

Please contact Amber Williams (770-690-9000 or Amber.Williams@stipda.org) at STIPDA if you have any questions about the survey.