

**An Assessment of the
Injury Prevention Program at the
Montana Department of Public Health
and Human Services**

**Assessment conducted
July 28-31, 2008
by the
State and Territorial
Injury Prevention Directors Association**



BACKGROUND

Injury is the leading cause of death during the first four decades of life and the fourth leading killer in the U.S. overall. More than 173,753 people died from injuries and violence in 2005. Each year, more than 30 million people are treated for injuries in U.S. emergency departments; injuries account for over 35 percent of emergency department visits annually. The financial costs of injury and violence are staggering – an estimated \$260 billion annually. These estimates do not include the emotional burden resulting from the loss of a child or loved one, or the toll of severe disability, chronic pain or a profound lifestyle change on the injured person and his or her family.

Injury and violence – from car crashes and falls to homicides, child maltreatment and other violent deaths – are so common that they are reported in the media daily. However, many people view them as accidents and thus not preventable. But when a public health approach is applied to the problems of injury and violence, these events can be predicted, and in most cases, prevented. In the U.S., the primary health jurisdictions are the states and local entities where such authority may be delegated by state law. Thus it is up to the states – often with guidance, technical assistance and financial support from the federal government, but even in its absence – to assure its residents a healthy and secure environment.

Each day, state health department injury and/or violence prevention programs utilize scientific methods like those used to prevent infectious and chronic disease in order to reduce injuries and save tens of thousands of lives. Much of this work is done through coordination and collaboration between injury and violence prevention programs within the health department and outside of the agency. Unlike some other public health prevention activities where monitoring, intervention and evaluation all occur within the health sector (e.g. immunization against childhood diseases), injury and violence prevention may involve education, law enforcement, emergency medical services, traffic safety, fire safety; building codes, etc., and many other sectors in various components of its program, not to mention the important role of community-based coalitions and organizations.

In the late 1980s, the then-Center for Environmental Health and Injury Control (CEHIC) at the Centers for Disease Control and Prevention (CDC) began supporting states to build their capacity for injury and violence prevention. Some states built their programs without these grants, using funds from such sources as the Maternal and Child Health (Title V) Block Grant, the Preventive Health and Health Services Block Grant, state general or special funds, and others. CDC's National Center for Injury Prevention and Control's (NCIPC) current support for state health department injury and violence prevention programs includes the Public Health Injury Surveillance and Prevention Program (formally known as the Core State Injury Program). This program funds "core" capacity building and surveillance activities to prevent and control injuries—including traumatic brain injury (TBI). The program's three primary objectives are to build a solid infrastructure for injury prevention and control; collect, analyze and use injury data; and, implement and evaluate interventions. NCIPC also supports research efforts that can assist states in the implementation of best practices.

In 1993, a number of states' injury and violence prevention program directors developed the idea of forming a national organization of their peers, and the State and Territorial Injury Prevention Directors' Association (STIPDA) was formed. One of its most important products has been a document called *Safe States: Five Components of a Model State Injury Prevention Program*. Soon

thereafter, STIPDA entered into a Cooperative Agreement with the NCIPC. This cooperative agreement supports STIPDA in a number of activities.

In 1999, under the cooperative agreement, STIPDA developed a State Technical Assessment Team (STAT) project that supports the assessment of state health department level injury and violence prevention programs. STIPDA leads this process by assembling a team of technical experts who have experience in development and implementation of state and local injury and violence prevention programs. These experts demonstrate leadership and expertise through involvement in national organizations committed to the improvement of injury and violence prevention programs throughout the country. Experience in similar geographic, political and demographic situations is desirable.

The State Technical Assessment Team assembled in Helena, Montana on July 28, 2008. For two days, 28 presenters invited by the Montana Department of Public Health and Human Services' Injury Prevention Program (MIPP), provided in-depth briefings on the injury and violence prevention activities in Montana. Topics for review and discussion included the following:

- Infrastructure
- Data: Collection, Analysis and Dissemination
- Interventions: Design, Implementation and Evaluation
- Public Policy

Coordination and collaboration are crosscutting issues and are addressed in each of these component areas. In addition, there is attention to eliminating health disparities in injury and violence outcomes.

The forum of presentation and discussion allowed the team the opportunity to ask questions regarding the status of the Montana Injury Prevention Program, clarify any issues identified in the briefing materials provided earlier, identify barriers and facilitators to change, and develop a clear understanding of how injury and violence prevention functions throughout Montana. The team spent time with each presenter so as to review the status for each topic.

Following the briefings by presenters from the Montana Injury Prevention Program, public and private sector partners, and stakeholders in the injury and violence prevention community, the team assessed the status of the Montana Injury Prevention Program respect to the STAT standard, summarized its findings, and developed a set of recommendations.

ACKNOWLEDGMENTS

The team would like to acknowledge the Montana Department of Public Health and Human Services for its support in conducting this assessment.

The team would like to thank all of the presenters for being candid and open regarding the status of injury and violence prevention in Montana. Each presenter was responsive to the questions posed by the team, which aided the reviewers in their evaluation.

Special recognition and thanks are due to Bobbi Perkins and all others who worked tirelessly to prepare for the STAT visit, as well as the briefing participants for their well-prepared and forthright presentations. In addition, the team applauds the well organized, comprehensive briefing material sent to the team members.

List of Presenters:

<i>Bobbi Perkins</i>	<i>Injury Prevention Program Coordinator, Montana DPHHS</i>
<i>Jodee Dennison</i>	<i>Injury Prevention Specialist, Indian Health Service</i>
<i>Darcy Merchant</i>	<i>Injury Prevention Specialist, Indian Health Service</i>
<i>Todd Harwell</i>	<i>Chief, Chronic Disease Prevention and Health Promotion Bureau, Montana DPHHS</i>
<i>Steve Helgerson</i>	<i>Medical Director, Montana DPHHS</i>
<i>Jane Smilie</i>	<i>Administrator, Public Health and Safety Division, Montana DPHHS</i>
<i>Jim Detienne</i>	<i>Supervisor, EMS and Trauma Systems Section, Montana DPHHS</i>
<i>Jennie Nemece</i>	<i>Trauma System Manager, Montana DPHHS</i>
<i>Jessica Ball</i>	<i>State Coordinator, Montana Safe Routes to School, Healthy Mothers, Healthy Babies</i>
<i>Audrey Allums</i>	<i>Transit Section Supervisor, Montana Department of Transportation</i>
<i>Patty Carrell</i>	<i>State Coordinator, Montana Safe Kids/Safe Communities, Health Mothers, Healthy Babies</i>
<i>Carol Ballew</i>	<i>Epidemiologist, Comprehensive Cancer Control, Chronic Disease Prevention and Health Promotion Bureau, Montana DPPHS</i>
<i>Ginny Furlong</i>	<i>Program Manager, Comprehensive Cancer Control, Chronic Disease Prevention and Health Promotion Bureau, Montana DPHHS</i>
<i>Carrie Oser</i>	<i>Epidemiologist, Cardiovascular Program, Chronic Disease Prevention and Health Promotion Bureau, Montana DPHHS</i>
<i>Dianna Frick</i>	<i>Epidemiologist, Maternal and Child Health Bureau, Montana DPHHS</i>
<i>Judy Edwards</i>	<i>Fetal, Infant, and Child Mortality Review Coordinator, Family and Community Health Bureau, Montana DPHHS</i>
<i>James Driggers</i>	<i>Chief, Community Services Bureau, Senior and Long Term Care Division, Montana DPHHS</i>
<i>Susan Court</i>	<i>YRBS Program Director, Montana Office of Public Instruction</i>
<i>Bruce Schwartz</i>	<i>Research Specialist, Vital Records, Montana DPHHS</i>
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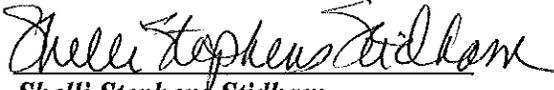
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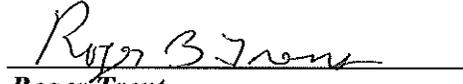
Health Education Specialist, Women's and Men's Health Section, Family and Community Health Bureau, Montana DPHHS

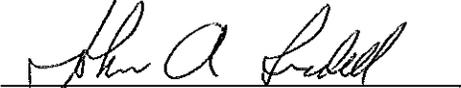
Lonie Hutchison

Missoula Health Department, Safe Kids/Safe Communities Coordinator

The statements made in this report are based on the input received. All team members agree with the recommendations as presented.


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EXECUTIVE SUMMARY

The State Technical Assessment Team assembled in Helena, Montana on July 28, 2008. For two days, 28 presenters invited by the Montana Department of Public Health and Human Services' Injury Prevention Program (MIPP), provided in-depth briefings on injury and violence prevention activities in Montana. Topics for review and discussion included the following:

- Infrastructure
- Data: Collection, Analysis and Dissemination
- Interventions: Design, Implementation and Evaluation
- Public Policy

First, the team examined infrastructure. Although the Montana Department of Public Health and Human Services (DPHHS) does not have a comprehensive injury prevention program responsible for providing leadership and coordination for injury prevention in the state, they have made a good start. The Montana Injury Prevention Program (MIPP) was established within the Chronic Disease Prevention and Health Promotion Bureau in the EMS and Trauma Systems Section. Ms. Bobbi Perkins, although supported with Health Resources Services Administration (HRSA) Emergency Medical Services for Children funds, spends 25% of her time as the designated Injury Prevention Program Coordinator. Other Section staff members such as those involved with the State's Trauma Registry, support injury prevention efforts through the provision of trauma data. The MIPP is able to utilize the skills of epidemiologists in the Bureau on a limited basis. Program activities to date in injury and violence prevention have been piecemeal and fragmented.

The DPHHS administration appreciates the magnitude of injury as a public health problem and provides mentoring and technical assistance to the MIPP Coordinator. The importance of injury and violence prevention is reflected in the DPHHS Public Health and Safety Division's strategic plan which addresses injury prevention as a priority public health issue. DPHHS administration is planning to request funding for a full-time position and program activities for injury and violence prevention from the Montana Legislature during the session that starts in January of 2009. This is a definite step in the right direction. For an effective program there also needs to be a full-time injury epidemiologist.

The ground work has been laid for establishing a statewide work group of partners invested in injury and violence prevention. An initial meeting was held with a group of stakeholders to discuss the development of a coordinated statewide strategic plan for injury and violence prevention in 2007.

Next the team reviewed for data collection, analysis, and dissemination. The State and Territorial Injury Prevention Directors Association identifies data sets regarded as "core" for comprehensive injury surveillance. The MIPP has accessed nine of the recommended 11 core injury data sets. Injury data sources in Montana are as good as or better than those in most other states, but some sources need to be improved to be more useful for surveillance. If Montana can require external cause of injury coding for hospital and emergency department discharge records, it will be able to describe most injuries, ranging from those treated as outpatients, to deaths. This "general surveillance" ability would give Montana data on virtually every significant injury in the state.

For MIPP to take advantage of Montana's rich surveillance data, three things are necessary:

- A full-time injury epidemiologist,
- Improvement of data systems, and
- Translation of surveillance findings for policy and program implications.

For a new program with no full-time staff, MIPP has developed a strong collection of surveillance reports. In addition, useful reports have been produced as part of other programs such as reports on traffic crashes, domestic violence, homicides and suicides.

Third, the team looked at design, implementation and evaluation of interventions. Within the public health model, data drives program development, implementation and evaluation. Once injury problems and the focus for interventions are selected, a program must have resources to implement interventions. The MIPP currently has no intervention funds. However, the partnerships necessary for the development of funding proposals are being cultivated.

Although prevention efforts are very limited in scope, they serve to raise awareness of injury as a serious threat to public health and have built valuable relationships and provided recognition for the MIPP.

Finally, the team reviewed injury and violence prevention policy efforts in Montana. The Chronic Disease Prevention and Health Promotion Bureau leadership, along with State Medical Director, Dr. Steven Helgerson have been active in advancing a public health policy agenda. In recent years a new Departmental Director, Joan Miles, a former member of the Montana Legislature, was appointed. This has led to an increase in departmental advocacy activities. There continues to be interest in passing injury-related legislation in Montana.

Significant injury-related legislation anticipated in the 2009 session include: funding an injury prevention program; second, passing a primary seat belt law; and third requiring mandatory external cause of injury coding of hospital discharge and emergency department data. If this last effort is successful- such data would significantly strengthen the ability of the MIPP to analyze injury patterns and costs in Montana and help to focus future policy and prevention initiatives.

Infrastructure Recommendations

The Montana Department of Public Health and Human Services should:

- Proceed with the plan to obtain legislative support for one FTE and program activities for injury and violence prevention and seek to establish a legislative champion who will support ongoing increased funding for injury and violence prevention.
- Consider assigning one epidemiologist to work half-time on injury epidemiology until funding for an FTE can be obtained.
- Create a formal internal work group of DPHHS leaders to guide the development of a comprehensive injury and violence prevention program.

The Montana Injury Prevention Program should:

- Apply for Centers for Disease Control and Prevention core capacity funding in 2010, as well as other funding opportunities that arise, to further expand the program.
- Establish an ongoing statewide injury community planning group (ICPG), comprised of partners representing all facets of injury and violence prevention, that is charged with developing a coordinated statewide plan for injury and violence prevention.
- Ensure that staff receives adequate mentoring and education opportunities, including training in basic injury prevention theory and practice such as The Johns Hopkins University Summer Institute: Principles and Practices in Injury Prevention.
- Update the DPHHS website to reflect current personnel and injury prevention priorities and partners.

Data: Collection, Analysis, and Dissemination Recommendations

The Montana Department of Public Health and Human Services should:

- Obtain inpatient and emergency department data, with external cause of injury coding and a confidential patient identifier, for the benefit of injury surveillance as well as areas such as mental health, substance abuse, and disability.
- Designate staff to establish and manage a work group to connect epidemiologists, statisticians, and program personnel throughout DPHHS with an interest in injury and violence prevention to promote information sharing.
- Hire a full-time epidemiologist devoted to injury.

The Montana Injury Prevention Program should:

- Develop an identity for all injury surveillance and research efforts and disseminate data products under a consistent “brand.”
- Develop an enhanced presence on the Web that shows the public health importance of injury and provides links to other sources of general and specific injury data.
- Support improvements in the State Trauma Registry and other data sources with unrealized potential for injury surveillance.
- Utilize Fetal, Infant, and Child Mortality Review Team data for surveillance of child and adolescent injuries and development of specific program and policy implications.

Interventions: Design, Implementation and Evaluation Recommendations

The Montana Injury Prevention Program should:

- Utilize accepted conceptual models such as Haddon Matrix, the social ecological model, and the Prevention Institute's Spectrum of Prevention to identify intervention opportunities and develop future interventions.
- Apply for funding to support the design, implementation and evaluation of interventions. Possible funding sources could include the Safe Kids/Safe Communities program available through the Montana Department of Transportation.
- Seek training and expert support necessary to develop and implement evaluations of interventions that include formative, process, impact and outcome measures.

Public Policy Recommendations

The Montana Department of Public Health and Human Services should:

- Educate legislators on significant injury-related issues anticipated in the 2009 session, including funding an injury prevention program, passing a primary seat belt law, and requiring mandatory external cause of injury coding of hospital discharge and emergency department data.

The Montana Injury Prevention Program should:

- Build sufficient MIPP staff and resources to become the recognized leader of injury prevention efforts in the State of Montana.
- Strengthen injury-related public policy initiatives by continuing to form partnerships with other state agencies and organizations involved in injury prevention.
- Utilize resources available from other state, regional, and national associations.

INFRASTRUCTURE

Standard

- In the state health department, there is a designated, functioning, core program which is responsible for providing leadership and coordination for injury prevention.
- Staffing is adequate to conduct a statewide injury prevention program.
- The injury prevention program takes action to obtain funding that is both adequate to support its core functions – data collection/ analysis/ dissemination, intervention design/implementation/ evaluation, technical support and training, and public policy work – and commensurate with the nature and scope of the injury problem in the state.

Status

The Montana Department of Public Health and Human Services (DPPHS) does not have a designated, functioning, core program that is responsible for providing leadership and coordination for injury prevention. State law does not mandate an injury and violence prevention program. However, the DPPHS has established the Montana Injury Prevention Program (MIPP) within the Chronic Disease Prevention and Health Promotion Bureau in the EMS and Trauma Systems Section. Ms. Bobbi Perkins, while supported with HRSA Emergency Medical Services for Children funds, spends 25% of her time as the designated Injury Prevention Program Coordinator (IPPC). Program activities to date in injury and violence prevention have been piecemeal and fragmented. Other Section staff members such as those involved with the state's Trauma System have supported injury prevention efforts through the provision of trauma data. The MIPP has also been able to utilize the skills of epidemiologists in the Bureau on a limited basis.

The DPHHS administration understands and appreciates the magnitude of injury as a public health problem and provides mentoring and technical assistance to the Injury Prevention Program Coordinator. The importance of injury and violence prevention is reflected in the DPHHS's Public Health and Safety Division's strategic plan which addresses injury prevention as a priority public health issue. DPHHS administration is planning to request funding (\$125,000) for a full-time position and program activities for injury and violence prevention from the Montana Legislature during the upcoming session that begins in January of 2009. This is a definite step in the right direction. For an effective program there also needs to be a full-time injury epidemiologist.

The ground work has been laid for establishing a work group of partners invested in injury and violence prevention. An initial meeting was held with a group of stakeholders to discuss the development of a coordinated statewide strategic plan for injury and violence prevention in 2007.

The MIPP website contains information that is outdated (former employee's name still appears as the contact person) and inconsistent with current injury prevention priorities.

In summary, despite the absence of a core injury and violence prevention program, the Montana DPHHS is to be commended for the collaborative efforts among its programs and with external partners, as well as its plan to request funding from the legislature. The citizens of Montana would ultimately benefit by having a designated and cohesive core unit to provide leadership and enhance visibility of the issue of injury and violence prevention within the department and throughout the state.

Strengths

- The DPHHS has no FTE for injury prevention. However, one dedicated staff member with a keen interest in injury and violence prevention -- Bobbi Perkins, Injury Prevention Coordinator-- is located in the EMS and Trauma Systems Section. She has basic experience and the enthusiasm necessary to develop the injury and violence prevention program.
- Higher level administration recognizes and supports the injury and violence prevention activities within the department and acknowledges the crucial need for expanding the injury program.
- There is an upcoming legislative request to obtain the authority and funding to hire a full-time staff person and establish program activities dedicated to injury and violence prevention.
- There are numerous diverse partners that support expanding the injury and violence prevention program.
- The DPHHS staff cross traditional subject matter lines and provide help and technical assistance when needed.
- Upper level administration is willing to provide resources for training in injury and violence prevention.

Challenges

- There are currently limited state resources readily available to support the central administration and expanded programming for a core injury and violence prevention program.
- There is no realistic data-driven coordinated statewide strategic plan for preventing injury and violence.
- There is insufficient training for injury and violence prevention staff.
- The work plan is not commensurate with staff resources.
- The MIPP has no linkage to violence prevention efforts such as the DELTA Program, the Rape Prevention Education Program (RPE), and the youth suicide prevention program.

- Although the MIPP has received the Indian Health Services Injury Prevention Training, there is a need for the MIPP staff to receive additional formal injury and violence prevention education.

Recommendations

The Montana Department of Public Health and Human Services should:

- Proceed with the plan to obtain legislative support for one FTE and program activities for injury and violence prevention and seek to establish a legislative champion who will support ongoing increased funding for injury and violence prevention.
- Consider assigning one epidemiologist to work half-time on injury epidemiology until funding for an FTE can be obtained.
- Create a formal internal work group of DPHHS leaders to guide the development of a comprehensive injury and violence prevention program.

The Montana Injury Prevention Program should:

- Apply for Centers for Disease Control and Prevention core capacity funding in 2010, as well as other funding opportunities that arise, to further expand the program.
- Establish an ongoing statewide injury community planning group (ICPG), comprised of partners representing all facets of injury and violence prevention, that is charged with developing a coordinated statewide plan for injury and violence prevention.
- Ensure that staff receives adequate mentoring and education opportunities, including training in basic injury prevention theory and practice, such as The Johns Hopkins University Summer Institute: Principles and Practices in Injury Prevention.
- Update the DPHHS website to reflect current personnel and injury prevention priorities and partners.

DATA COLLECTION, ANALYSIS & DISSEMINATION

Standard

- Consistent with *Consensus Recommendations for Injury Surveillance in State Health Department*, the injury prevention program conducts surveillance of the 14 recommended conditions, based on the 11 core data sets in order to identify injury priorities, risk factors, and populations at risk.
- The injury prevention program conducts injury prevention research to support effective program implementation.
- The injury prevention program maintains specific data collection activities that support program development and reflect state and local priorities.
- The injury prevention program collaborates with other agencies and groups to ensure the quality of their data, improve their utility for prevention purposes, and provide assistance in the development of data.
- The injury prevention program regularly monitors and reports disparities in injury outcomes.
- The injury prevention program disseminates data to relevant coalitions and partners, including other health department programs and all levels of government (state and local).

To develop these capacities, an injury prevention program must have skilled staff, computer hardware and software, networked online data systems, and other resources. The capacities listed here are necessary to maintain even after grant funding expires.

An injury surveillance unit may not have to be physically or administratively housed within the state injury prevention program, but ties should be close enough so that the injury prevention program is adequately served by these recommended surveillance capacities.

Status

The State and Territorial Injury Prevention Directors Association identifies data sets regarded as “core” for comprehensive injury surveillance. The Montana Injury Prevention Program (MIPP) has accessed nine of the recommended eleven core injury data sets: vital records, hospital discharges, state trauma registry, Fatal Analysis Reporting System (FARS); Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), medical examiner, child death review, and National Occupant Protection Use Survey.

Other injury data sources are available for injury surveillance in Montana, such as poison control center call reports, Emergency Medical Services prehospital care forms, and traffic crash records.

Injury data sources in Montana are as good as or better than those in most other states, but some sources need to be improved to be more useful for surveillance. The best example is patient discharge records. If Montana can develop external cause of injury coding for hospital and emergency department discharge records, it will be able to describe the range of injuries, from those treated as outpatients to deaths. This “general surveillance” ability would give Montana data on virtually every significant injury in the state.

General surveillance will give a comprehensive but general picture of injury. More specialized surveillance data sources can give Montana the ability to describe in greater detail specific types of injuries. Without this more specific information, it is hard to develop prevention strategies. Among Montana’s data assets, one specialized surveillance source is the State Trauma Registry. The Registry can provide details such as precise medical description of injuries involving, for example, burns, near drownings, and trauma to the brain and spinal cord. Another such source: prehospital care forms may be able to provide information on the scene (for example, use of life jackets, helmets, and other protective gear) or circumstances (for example, hot and cold weather).

In other sources, investigation data are available. Investigation information can be used to describe specific circumstances and even identify new injury threats not captured in death certificates or patient records. One example is Fetal, Infant Child Mortality Review teams, whose investigations can uncover threats like substance abuse-related neglect. State medical examiner records have similar potential, as demonstrated in other states fortunate enough to have a state-wide medical examiner database with investigation narratives and toxicology reports.

For MIPP to take advantage of Montana’s rich surveillance data, three things are necessary. First, MIPP needs a full-time epidemiologist. This person would become expert in the peculiarities of injuries as a field of public health-specific issues, coding practices, and promising lines to pursue. This requires immersion in the field that cannot be had by enlisting the help of epidemiologists without an injury background. (This is not to minimize the “borrowed help” that has been given very generously at all levels in the Montana Department of Public Health and Human Services!)

Second, some of Montana’s data systems need to be improved. Several data systems suffer from incomplete reporting, coverage gaps (especially for injuries on Reservations), and lack of sound quality control to ensure accuracy. An injury epidemiologist could provide both impetus and expert help to the owners of these data systems to make them more useful for program administration as well as public health surveillance.

Third, surveillance findings need to be mined for their policy and program implications. To cite one good example, child death review provides detailed information than can be translated into both state and local policies, but translation has to be built into the agenda of team activities.

For a program just starting, and with no full-time staff, MIPP has developed a strong collection of surveillance reports, in addition to useful reports produced as part of other programs (such as annual reports produced on traffic crashes and domestic violence homicides and suicides). MIPP has reported injury indicator data for the 2006 State Injury Indicators Report to the National Center for Injury Prevention and Control. MIPP is building its capacity through important studies of unintentional poisonings and injury health care costs. In both cases, MIPP and its supporters have reached out and included national experts in these efforts. MIPP has also had a hand in a study of

motor vehicle occupant deaths. It has used various data sources to provide brief reports on seat belt and impairment in traffic crashes, drowning, and child deaths. Useful reports (to cite but two examples) have been disseminated on youth risk behaviors (from the Montana Youth Risk Behavior Survey) and child and adolescent deaths (from the Montana Fetal, Infant and Child Mortality Review Program).

Strengths

- The MIPP's surveillance work benefits from the enthusiastic support and commitment of time and expertise from colleagues and leadership despite being dispersed throughout the Department of Public Health and Human Services (DPHHS).
- Crash data are carefully gathered and published in regular reports.
- Montana has outstanding data on risk factors from its BRFSS and YRBS surveys.
- The MIPP and other parts of DPHHS have already produced reports describing important aspects of injury in Montana.
- Montana has a broad array of surveillance sources potentially useful for injuries, such as comprehensive child death review, a State Trauma Registry, and medical examiner database.

Challenges

- The MIPP does not have a full-time injury epidemiologist.
- Montana does not yet have injury morbidity data coded for external cause (e.g., pedestrian, fall, assault) in hospital discharge or emergency department patient discharge records.
- There is a lack of injury and violence-related data reports.
- There is a lack of in-depth and well publicized analysis on issues important in Montana, such as injuries involving residents of reservations, motor vehicle injuries, unintentional poisonings, falls, alcohol impairment, and all terrain vehicles.
- Some potentially valuable data sources have not undergone assessment, and improvement of data accuracy and completeness need to be evaluated and improved.
- Injury data have not realized their potential for translation into policy.

Recommendations

The Montana Department of Public Health and Human Services should:

- Obtain inpatient and emergency department data, with external cause of injury coding and a confidential patient identifier, for the benefit of injury surveillance as well as areas such as mental health, substance abuse, and disability.
- Designate staff to establish and manage a work group to connect epidemiologists, statisticians, and program personnel throughout DPHHS with an interest in injury and violence prevention to promote information sharing.
- Hire a full-time epidemiologist devoted to injury.

The Montana Injury Prevention Program should:

- Develop an identity for all injury surveillance and research efforts and disseminate data products under a consistent “brand.”
- Develop an enhanced presence on the Web that shows the public health importance of injury and provides links to other sources of general and specific injury data.
- Support improvements in the State Trauma Registry and other data sources with unrealized potential for injury surveillance.
- Utilize Fetal, Infant, Child Mortality Review Team data for surveillance of child and adolescent injuries and development of specific program and policy implications.

INTERVENTIONS: DESIGN, IMPLEMENTATION, AND EVALUATION

Standard

- The injury prevention program collaborates with internal and external stakeholders, reflective of the state's diverse populations, to promote the development, implementation and evaluation of injury prevention interventions.
- The injury prevention program's interventions address a wide range of populations and injuries.
- The selection and design of interventions is informed by needs assessments, asset assessments, and data on disparities in morbidity, mortality, and risk factors.
- The injury prevention program staff adopts effective or promising approaches and considers feasibility and acceptability when developing intervention plans.
- Attention is given to fitting injury prevention interventions into a culturally appropriate framework of norms, values, roles, and practices.
- All injury prevention interventions are designed to include plans for multi-faceted evaluation and dissemination of evaluation findings.
- A comprehensive intervention approach is utilized at state, local, and community levels.
- The state injury prevention program supports and monitors injury prevention activities at the local level.
- The injury prevention program identifies, selects and establishes collaborative agreements with agencies and individuals to implement injury prevention interventions.
- The injury prevention program facilitates the development of state interventions and intervention components that complement the injury prevention program's goals and objectives.
- Progress in achieving the objectives of the state injury prevention plan or agenda is monitored by state injury prevention staff and stakeholders.

Status

Program design relies on data and comprehensive needs assessments that are used to focus intervention strategies. The Montana Injury Prevention Program (MIPP) has not conducted a comprehensive needs assessment. However, a variety of sources of information exist that can be used to do so. These include the Maternal Child Health Needs Assessment, Youth Risk Behavior Survey, Behavioral Risk Factor Survey, the Comprehensive Highway Safety Plan, the State Trauma Registry, and death certificates.

Once injury problems and the focus for interventions are selected, a program must have resources to implement interventions. The MIPP currently has no intervention funds. However, the partnerships necessary for the development of funding proposals are being cultivated.

Internal relationships exist between the MIPP and the state medical director, the Chronic Disease Bureau Chief, and the director of the EMS and Trauma Systems Section, as well as relationships with staff in epidemiology (including the BRFSS), maternal and child health, addictive and mental disorders, vital statistics, and senior and long-term care.

External to the department, MIPP developed relationships with the State Trauma Care Committee and its Regional Advisory Committees (each of which has an Injury Prevention Subcommittee) the Indian Health Service Injury Prevention Coalition, the Governor's Traumatic Brain Injury Task Force, the state Fetal, Infant, and Child Mortality Review Committee, the Montana Seat Belt Coalition, the Montana Highway Traffic Safety Comprehensive Traffic Safety Planning Committee, Montana Safe Kids/Safe Communities Coalition, and the Montana Office of Public Instruction Joint Committee for Health Kids.

The MIPP experience implementing and evaluating programs is valuable to the effort to develop resources as well. The MIPP has recently completed the implementation and evaluation of a five-year smoke alarm installation program funded by the Centers for Disease Control and Prevention.

The MIPP also has experience partnering in a support role, and that has enabled the program to implement limited but useful interventions in the form of dissemination of information. These collaborations include: a partnership with the Senior and Long Term Care program to disseminate fall prevention information to local aging service centers in Montana, and a partnership with the Rocky Mountain Poison Control Center that enables the MIPP to distribute prevention information in the form of brochures, magnets and stickers upon request.

The MIPP expects to receive a grant for funds in the amount of \$10,000 in August 2008 to implement a Screening, Brief Intervention and Referral to Treatment (SBIRT) program in the four Level II Trauma Centers in Montana. There are no other applications for funding in process at this time.

Although recent efforts are very limited in scope, they serve to raise awareness of injury as a serious threat to public health, and these efforts build valuable relationships and provide recognition for the MIPP.

Strengths

- The MIPP has established working relationships with a variety individuals and organizations. These relationships provide opportunities for the program to implement prevention activities as well as lend support to partners as they implement prevention activities.
- The MIPP partnership with the Montana Highway Safety Program has provided resources for the program to implement prevention activities.

- The program has demonstrated the ability to craft a successful proposal for federal funding that provided the capacity to develop and implement a multi-faceted smoke alarm intervention.
- The partnership with the Senior and Long Term Care program has established MIPP interest in developing a senior falls prevention program. Initial activity to disseminate Center for Disease Control and Prevention fall prevention information to local Area Agencies on Aging programs assisted the MIPP in becoming recognized by these programs as a resource for senior falls information.
- The MIPP staff has become a member of a variety of groups including the state level Fetal, Infant and Child Mortality Review Team, the Traffic Safety Program Planning Committee, and the SAFE KIDS and Safe Communities Advisory Board. This is useful in strengthening program activities.
- The MIPP has engaged in partnerships with research institutions such as Harborview Injury Control Research Center and the National Center for Injury Prevention and Control.

Challenges

- The MIPP has not completed a needs assessment, a state injury report, or a formal strategic plan.
- Past evaluation of interventions has been limited to process evaluation. Outcome evaluations are lacking.
- There is no funding for the program to design, implement, and evaluate interventions necessary to reduce the burden of injury in Montana.

Recommendations

The Montana Injury Prevention Program should:

- Utilize accepted conceptual models such as Haddon Matrix, the social ecological model, and the Prevention Institute's Spectrum of Prevention to identify intervention opportunities and develop future interventions.
- Apply for funding to support the design, implementation and evaluation of interventions. Possible funding sources could include the Safe Kids/Safe Communities program available through the Montana Department of Transportation.
- Seek training and expert support necessary to develop and implement evaluations of interventions that include formative, process, impact and outcome measures.

PUBLIC POLICY

Standard

- The injury prevention program has access to policy-makers to achieve injury prevention program goals.
- The injury prevention program staff generates and disseminates information on the effectiveness of existing state and local policies related to injury prevention.
- The injury prevention program reviews proposed legislation.
- The injury prevention program collaborates with all appropriate partners, reflective of the state's diverse populations, to promote policies, legislation, and regulations related to selected injury prevention issues.
- The injury prevention program participates in the process of policy development to support injury prevention.

Status

The Bureau leadership, along with State Medical Director, Dr. Steven Helgerson, has been active in the Department of Public Health and Human Services (DPPHS) public policy advocacy efforts. In recent years a new Departmental Director, Ms. Joan Miles, was appointed, which has led to an increase in departmental advocacy activities. Ms. Miles previously served in the Montana Legislature.

The Montana Legislature is comprised of 50 Senate members and a 100-member House of Representatives. The Legislature meets biannually (every odd year) and lasts for ninety days. The Montana Injury Prevention Program (MIPP) has had success in recent years educating legislative members on several injury-related issues. In the 2007 session a Fire Safe Cigarette bill was passed. In 2005, Montana became the 50th state to pass a Graduated Drivers License (GDL) law along with passing an open container and .08 blood alcohol content impaired driving laws. Montana is one of only 14 states whose occupant restraint law requires the driver and all passengers to be restrained. In 2003, the state's child passenger safety law was modified to require child safety seats for kids up to 6 years of age and sixty pounds.

Like neighboring states, Montana has a tradition that supports strong protection of personal freedoms and civil liberties. While this can be a strength, this tradition can impede advocacy or discussion of injury and violence prevention issues. This tradition has led to minimal interest in the Montana Legislature to reinstate a motorcycle helmet law. The current law only requires riders under the age of 18 to wear a helmet. However there are signs of increasing interest in passing other injury-related legislation. The MIPP has been an active participant in the state's Seat belt Coalition which is advocating making Montana a primary occupant restraint law state. As a result of this broad based advocacy effort, during the 2007 legislative session a bill passed the Senate and came within six

votes of passing the House. If these efforts are successful in the 2009 session, Montana will become one of only four states to have a primary restraint law that applies to all occupants.

Several existing injury data sources have been used to support these advocacy efforts. Included are the State Trauma Registry, BRFSS, YRBS, and the Fetal, Infant, and Child Mortality Review data sources. Leadership within the DPHHS and its Chronic Disease Prevention and Health Promotion Bureau is actively building support for legislation requiring mandatory external cause of injury coding of hospital discharge and emergency department data. If these efforts are successful such data would significantly strengthen the ability of the MIPP to analyze injury patterns and costs in Montana and help to focus future policy and prevention initiatives.

The MIPP has established relationships with injury prevention advocacy groups outside the department such as the Safe Kids/Safe Communities Program and those involved in the Seat Belt Coalition. The coalition successfully utilized the “spheres of influence” technique that identifies individuals at the local level who would support their proposal and in turn identify and recruit other advocates.

It is critical to take advantage of other available state, regional and national resources in policy and advocacy, such as those available from the State and Territorial Injury Prevention Directors Association, Association of State and Territorial Health Officials, Children’s Safety Network, Council of State and Territorial Epidemiologists, Governors Highway Safety Association, Injury Control Research Centers, and the Montana Public Health Association.

Strengths

- The MIPP has experienced previous success in the public policy arena providing a base on which to build future efforts. In collaboration with other governmental agencies and injury prevention advocacy groups, the MIPP has successfully advocated for passage of Montana’s Graduated Drivers License (GDL) law, strengthening of impaired driving laws, and passage of a fire safe cigarette law.
- During the past several years the MIPP has increased its legislative advocacy efforts. Examples include testimony by Todd Harwell, Chief of the Chronic Disease Prevention and Health Promotion Bureau, to the House Judiciary Committee regarding injuries to motorcyclists with and without helmets, and testimony by State Medical Director Dr. Steven Helgerson to the Montana Senate regarding the importance of occupant restraint laws.
- Strong support from multiple governmental agencies and other partners exists for passage of a primary occupant restraint law in Montana. Having passed the Senate in the two prior legislative sessions and being narrowly defeated in the House, the MIPP and partners are poised for another attempt in the 2009 session.
- Considerable efforts have been undertaken by Dr. Helgerson and Mr. Harwell along with EMS and Trauma System Section Supervisor Jim DeTienne to build support for legislation which would require mandatory external cause of injury coding of hospital discharge and emergency department data and make such data available to the MIPP. If these efforts are successful, such

data would significantly strengthen the ability of the MIPP to analyze injury patterns and costs in Montana and help to focus future policy and prevention initiatives.

- The EMS and Trauma Services Section has developed a maturing State Trauma Registry system. Although challenges relating to data collection and analysis exist, the State Trauma Registry information has provided data used in several public policy initiatives such as efforts to pass a primary seat belt law. As resources increase, the Trauma Registry will be a valuable source of “cost of injury” and other data.

Challenges

- Montana tradition supports strong protection of personal freedoms and civil liberties. While this is a strength, this tradition impedes advocacy or discussion of injury and violence prevention issues.
- Fragmentation of injury and violence prevention programs within the Montana Department of Public Health and Human Services inhibits development of coordinated advocacy initiatives within the department.
- Lack of MIPP staff resources has hindered the formation of advocacy partnerships with outside agencies, injury prevention programs, and county health departments.
- The MIPP has lacked the resources to develop advocacy efforts directed towards prevention of intentional injuries occurring in the state, such as intimate partner violence and child maltreatment.

Recommendations

The Montana Department of Public Health and Human Services should:

- Educate legislators on significant injury-related issues anticipated in the 2009 session, including funding an injury prevention program, passing a primary seat belt law, and requiring mandatory external cause of injury coding of hospital discharge and emergency department data.

The Montana Injury Prevention Program should:

- Build sufficient MIPP staff and resources to become the recognized leader of injury prevention efforts in the State of Montana.
- Strengthen injury-related public policy initiatives by continuing to form partnerships with other state agencies and organizations involved in injury prevention.
- Utilize resources available from other state, regional, and national associations

**STIPDA State Technical Assessment Team-Montana
July 27-31, 2008
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Shelli Stephens Stidham has 25 years of experience in public health, including 18 years in injury and violence prevention. From 1990 through 2007, she served in various capacities with the Injury Prevention Service of the Oklahoma State Department of Health. She was responsible for planning and coordinating the development, implementation, and evaluation of statewide and community-based injury prevention programs and overseeing surveillance for reportable injuries. She is also a founding member of Safe Kids Oklahoma. She has been a STIPDA member since 1994, serving as the state-voting representative for Oklahoma from 2005 through 2007. In January 2008, she became the Director of the Injury Prevention Center of Greater Dallas (IPCGD) in Dallas, Texas. The IPCGD has adopted the World Health Organization (WHO) Safe Communities model as an approach for working in communities to engage residents in injury prevention. In 1995, the IPCGD assisted Dallas in becoming the first WHO endorsed Safe Community in the United States; Dallas was re-certified by the WHO in 2007.

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Linda currently works as the Group Manager of the Environmental Epidemiology and Injury Surveillance Section of the Texas Department of Injury Surveillance. She has over 30 years of broad based experience in community outreach and health education, program development, implementation and evaluation, training teaching and facilitation, management, public relations and market research. She is skilled in writing research reports, grant proposals, newsletters and news columns. Ms Jones is also an accomplished speaker and experienced workplace trainer. She is a dynamic professional with a reputation for enthusiasm, creativity, intelligence and dependability.

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Carrie Nie has 13 years of experience in public health- eleven in injury prevention. From 1997- 2006 she served as Director of the Violent Injury Reporting System at the Medical College of Wisconsin, which became an early model for the Centers for Disease Control and Prevention (CDC) hosted National Violent Death Reporting System. She has trained other institutions and organizations to develop similar linked injury systems, created the first training on violent death reporting for the CDC and served as co-investigator for a CDC Injury Research Center project on violent related injuries and fatalities. In 2006, she joined the Injury Prevention Center of Greater Dallas as Associate Director where she directs the Dallas County Child Death Review. She holds a Masters degree in Public Health from Tulane University.

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Mr. Lundell serves as the Deputy Director of the University of Iowa Injury Prevention Research Center where he began working in 1994. The Iowa Center is one of 12 CDC-

funded “Centers of Excellence” in injury control research. Mr. Lundell is involved in numerous injury-related research and public policy initiatives and is responsible for the Center’s outreach program. John has undergraduate and graduate degrees from the University of Iowa. He is also a graduate of the Johnson County Citizens Police Academy and a retired firefighter. John is currently STIPDA’s Treasurer and is also active in the APHA Injury Control and Emergency Health Services (ICEHS) section serving as the section’s newsletter editor.

Observer

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Dr. Grant Baldwin is acting Deputy Director of the National Center for Injury Prevention and Control (NCIPC) at the Centers for Disease Control and Prevention (CDC). In this role, Dr. Baldwin assists the NCIPC Director in providing overall leadership and direction for the Center. NCIPC maintains a budget of approximately \$138 million dollars and a staff of 175 persons. The Injury Center at CDC is focused on reducing premature death, disability, human suffering, and the medical costs caused by injuries and violence.

Prior to this appointment, Dr. Baldwin served as a senior advisor in the Coordinating Center for Environmental Health and Injury Prevention (CCEHIP) and the National Center for Environmental Health / Agency for Toxic Substances and Disease Registry (NCEH/ATSDR). Dr. Baldwin also spent several years in the ATSDR Division of Health Education and Promotion (DHEP) as a team leader in a group educating community members and health professionals about preventing exposure to toxic substances. He began his career at CDC in September 1996.

Dr. Baldwin received his PhD in Health Behavior and Health Education (HBHE) at the University of Michigan School of Public Health in 2003. He also received a MPH in Behavioral Sciences and Health Education (BSHE) from the Rollins School of Public Health at Emory University in 1996.

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Lisa Millet has Masters degree in Health Science from the University of North Florida. She has been the manager of Oregon’s Injury and Violence Prevention Program in the State Public Health Division since 1998.

She oversees a variety of programs including: the Injury Surveillance Program, Oregon Violent Death Reporting System, Oregon Adolescent Suicide Attempt Data System, Child Fatality Review Data System, Youth Suicide Prevention, Older Adult Suicide Prevention, Oregon SAFE KIDS, Child Maltreatment Surveillance, and a variety of injury and violence prevention initiatives designed to promote injury prevention. She supervises a staff of six housed in the Office of Disease Prevention and Epidemiology.

Ms. Millet served on the executive board of the State and Territorial Injury Prevention Director's Association for six years. She is currently the chair of the Leadership Development Committee and an executive committee advisor. She served as the STIPDA advisor in the development of the National Violent Death Reporting System and has served on a workgroup that developed national recommendations for rural youth suicide prevention. She has served as a STAT team member and leader. Lisa lives in Portland Oregon (almost heaven).