

**An Assessment of the
Maryland Injury Prevention and
Epidemiology Division**

**Assessment conducted
October 2-6, 2006
by the
State and Territorial
Injury Prevention Directors Association**



BACKGROUND

Injury is the leading cause of death for persons in the age group one through 44 as well as the most common cause of hospitalizations for persons under the age of 40. The financial costs of injuries are staggering. Injuries cost billions of dollars in health care and social support resources. In 1990, for example, the lifetime costs of all injuries were estimated at \$215 billion annually. These estimates did not include the emotional burden resulting from the loss of a child or loved one, or the toll of severe disability on the injured person and his or her family.

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 prevention may involve education, social services, law enforcement, corrections, parole, probation, emergency medical services, traffic safety, chronic disease prevention, and many other sectors in various components of its program, not to mention the important role of community-based coalitions and organizations. 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.

In the late 1980s, the then-Center for Environmental Health and Injury Control (CEHIC) at the Centers for Disease Control (CDC) began supporting states to build their capacity for injury prevention. At its peak, about a dozen states had received this support. 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. In 1993, a number of states' injury 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 & Three Phases of Program Development*. Soon thereafter, STIPDA entered into a Cooperative Agreement with the National Center for Injury Prevention and Control (NCIPC) at CDC. 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 level injury 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 prevention programs. These experts demonstrate leadership and expertise through involvement in national organizations committed to the improvement of injury prevention programs throughout the country. Experience in similar geographic, political, and demographic situations is desirable.

The State Technical Assessment Team assembled near Baltimore, MD, on October 2-6 2006. For the first two and a half days, 46 presenters invited by the Maryland Injury Prevention and Epidemiology Division (IPED) provided in-depth briefings on the injury and violence prevention activities in Maryland. Topics for review and discussion included the following:

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

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

The format of presentations and discussions allowed the team the opportunity to ask questions regarding the status of the Injury 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 Maryland. The team spent time with each presenter so as to review the status for each topic.

Following the briefings by presenters from the Maryland Injury Prevention and Epidemiology Division, Family Health Administration, other public and private sector partners, and stakeholders in the injury and violence prevention community, the team assessed the status of the Maryland IPED with respect to the STAT standards, summarized its findings, and developed the following set of recommendations.

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ACKNOWLEDGMENTS

The team acknowledges the Maryland Department of Health and Mental Hygiene (MDHMH) for its support in conducting this assessment.

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

We give special recognition and thanks to Dr. Tracey Serpi, Becky Roosevelt Turpin, other members of the IPED, and the following 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 and appreciates the warm and generous hospitality afforded during their visit.

List of Presenters (in the order of their presentations):

<i>Dr. Lori Demeter</i>	<i>DHMH, Center for Preventive Health Services, Director</i>
<i>Dr. Tracey Serpi</i>	<i>DHMH, Maryland Injury Prevention and Epidemiology Division (IPED), Chief</i>
<i>Becky Roosevelt Turpin</i>	<i>DHMH, Maryland IPED, Injury Program Coordinator</i>
<i>Jane Talbott</i>	<i>DHMH, Maryland IPED, Injury Prevention Specialist</i>
<i>Bill Serpi</i>	<i>DHMH, Center for Preventive Health Services, Program Manger</i>

<i>Dr. Chris Tkach</i>	<i>DHMH, Maryland IPED, Research Analyst</i>
<i>Ryan Shields</i>	<i>DHMH, Maryland IPED, Program Specialist</i>
<i>Helio Lopez</i>	<i>DHMH, Maryland IPED, BRFSS Coordinator</i>
<i>Paul Patrick</i>	<i>DHMH, Maryland IPED, Spinal Cord Research Program Coordinator</i>
<i>Dr. George Thorpe</i>	<i>DHMH, Maryland IPED, Program Manager</i>
<i>Brenna Hogan</i>	<i>DHMH, Maryland IPED, Epidemiologist</i>
<i>Dr. Carolyn Fowler</i>	<i>Baltimore County Health Department, Johns Hopkins University</i>
<i>Roger Harrell</i>	<i>Dorchester County, Health Officer</i>
<i>Faron Taylor</i>	<i>Office of the State Fire Marshall, Deputy State Fire Marshall and Division Director</i>
<i>Ida Williams</i>	<i>Maryland State Police, Central Records Division, Division Director</i>
<i>Dr. Andrea Gielen</i>	<i>Johns Hopkins Bloomberg School of Public Health, Center for Injury Research and Policy, Director</i>
<i>Christi Megna</i>	<i>DHMH, Family Health Administration, Legislative Liaison</i>
<i>Kathy Knoll</i>	<i>The Johns Hopkins University Hospital, Adult Trauma Service</i>
<i>Andrea Edwards</i>	<i>Kent County Injury Prevention Coordinator</i>
<i>Cynthia Baker</i>	<i>Prince George County Injury Prevention Coordinator</i>
<i>Dr. Bruce Anderson</i>	<i>Maryland Poison Center, Director</i>
<i>Angel Bivens</i>	<i>Maryland Poison Center, Public Education Coordinator</i>
<i>Dr. Shannon Fratteroli</i>	<i>Johns Hopkins Bloomberg School of Public Health, Center for Injury Research and Policy, Faculty</i>
<i>Marie Warner-Crosson</i>	<i>Maryland Institute for Emergency Medical Services Systems (MIEMSS), Region V Administrator</i>
<i>Pam Putnam</i>	<i>DHMH, Center for Maternal and Child Health, Adolescent Coordinator</i>
<i>Joy Marowski</i>	<i>Maryland Highway Safety Office, Chief</i>
<i>Jackie Milani</i>	<i>Johns Hopkins Bloomberg School of Public Health, Center for Injury Research and Policy, Community Outreach and Training, Director</i>
<i>Stefani O'Dea</i>	<i>Mental Hygiene Administration, Long Term Care, Chief</i>
<i>Diane Triplett</i>	<i>Brain Injury Association of Maryland (BIAM), Executive Director</i>
<i>Tim Kerns</i>	<i>National Study Center for Trauma and EMS, Database Engineer</i>
<i>Kim Auman</i>	<i>National Study Center for Trauma and EMS, Epidemiologist</i>
<i>Cynthia Burch</i>	<i>National Study Center for Trauma and EMS, Epidemiologist</i>
<i>Joe Kufera</i>	<i>National Study Center for Trauma and EMS, Research Statistician</i>
<i>Shiu Ho</i>	<i>National Study Center for Trauma and EMS, Database Engineer</i>
<i>Dr. David Fowler</i>	<i>Office of the Chief Medical Examiner (OCME), Chief Medical Examiner</i>
<i>Cindy Wright-Johnson</i>	<i>Maryland Institute for Emergency Medical Services Systems (MIEMSS), EMSC Program Director</i>
<i>Dr. Russell Moy</i>	<i>DHMH, Family Health Administration, Director</i>
<i>Dr. Isabel Horon</i>	<i>Office of Vital Statistics, Director</i>
<i>Dr. Bob Hayman</i>	<i>Office of Vital Statistics, Data Production Manager</i>
<i>Dr. Melissa McCarthy</i>	<i>Johns Hopkins University, Department of Emergency Medicine, Associate Professor</i>
<i>Barbara Beckett</i>	<i>Maryland Safe Kids, Coalition Coordinator</i>
<i>Joyce Danzler</i>	<i>Center for Health Promotion, Education, and Tobacco Use Prevention, Deputy Director</i>
<i>Tracy Whitman</i>	<i>Center for Health Promotion, Education, and Tobacco Use Prevention, KISS Program Coordinator</i>
<i>Saran Martin</i>	<i>Center for Health Promotion, Education, and Tobacco Use Prevention, RPE Program Coordinator</i>

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

Barak Wolff

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EXECUTIVE SUMMARY

Congratulations are in order for the 20th Anniversary of a statewide Injury Prevention program in Maryland, now called the Maryland Injury Prevention and Epidemiology Division (IPED). Although the program name, functioning and organizational home have changed a number of times over the last two decades, nonetheless, 20 years of continuous effort is cause for celebration and appreciation.

Currently the IPED is located within the Center for Preventive Health Services (CPHS), in the Family Health Administration, under the Deputy Secretary for Public Health Services of the Maryland Department of Health and Mental Hygiene (DHMH). DHMH is a large cabinet level organization that includes the State Medicaid Program and all of the health, public health, and mental health state level programs. Injury prevention is firmly embedded within the mission of CPHS, “to promote health and the quality of life by preventing and controlling chronic diseases, injury, and disability.”

The current office title, “Injury Prevention and Epidemiology Division,” is indicative of the program’s strength and emphasis. Currently, there are no state general funds in the IPED, except for part of the Chief’s salary. All other staff and programs rely on a variety of federal grants that come and go over time. The IPED has a strong data orientation focusing on injury problem assessment, injury surveillance, data base linkages, survey capacity, report generation, information dissemination, and technical assistance. With a solid team of data program managers, epidemiologists, a research analyst, a research assistant, and several research specialists and students, the IPED is first and foremost an “injury epi” unit, which also does work for chronic disease programs and others. In addition, the IPED Injury Prevention Chief, Tracey Serpi, is a PhD level researcher and manager who contributes strongly to this team. As detailed in the full report, the IPED is actively engaged with almost all of the recommended injury databases and is looked to by injury prevention partners and stakeholders for their significant data capabilities.

In regards to current injury and violence prevention interventions, the IPED is much more limited, although the office clearly gets enormous leverage and benefit from a modest, statewide, program of providing mini-grants (about \$3,000 each per year) to most of the county health departments and Baltimore City. Using federal Preventive Health and Health Services Block Grant funds, those counties that identify an Injury Prevention Coordinator (IPC) and propose a data driven prevention program with an evaluation component are funded and provided training and support in their efforts. This appears to be an extremely well managed and well-received program that has created a network of IPCs across Maryland and has stimulated many local and countywide injury prevention initiatives, most of which focus on various unintentional injury problems.

In 2005, the IPED received a Public Health Injury Surveillance and Prevention Program core capacity grant from the National Center for Injury Prevention and Control at CDC to build its core capacity and develop, enhance and integrate injury prevention programs in Maryland. A key component of this 5-year grant (funded at about \$120,000 per year) is the hiring of a state level Injury Prevention Coordinator and the formation of an injury coalition, now called the Partnership for a Safer Maryland (Partnership). The Partnership has been meeting for about a year with excellent and broad participation from diverse stakeholders and has established both a steering committee that has been meeting monthly and a group of experienced policy advisors to provide high level guidance and direction.

The new coordinator, Becky Roosevelt Turpin, who had worked with the IPED as a graduate student, has done an incredible job in providing organizational support, facilitation and initial leadership to the early formation of the Partnership. A key accomplishment of the Partnership has been the drafting of a Strategic Plan for Injury Prevention in Maryland that will be unveiled in late October. It follows the Safe States framework and calls for sustaining and enhancing the injury prevention infrastructure in Maryland, commensurate with the burden of injury on its citizens. It also commits the Partnership to an initial 3-year, unified, statewide campaign to improve youth safety in Maryland as a way for the diverse partners to work together towards a shared success.

The STAT Team feels strongly that full and robust support of the Partnership is a way for the IPED and the Family Health Administration to demonstrate their capacity to convene and coalesce the many capable, expert, and diverse injury prevention advocates and practitioners across Maryland. The STAT team also feels that the Partnership for a Safer Maryland must quickly identify a strong and articulate spokesperson to be its visible leader. They should also proceed with plans to identify a fiscal agent, like the Center for a Healthy Maryland, a public health arm of the Maryland Medical Society, so that it can solicit public and private funding to support its projects and priorities.

Within the Family Health Administration, there are several injury and violence prevention programs that in many states are located within one centralized Injury and Violence Prevention program. Both the Kids in Safety Seats (KISS) and Rape Prevention and Education Block Grant programs seem to be functioning extremely well with strong, knowledgeable program managers, within the Center for Health Promotion, Education and Tobacco Prevention. What could be improved is the ongoing participation and working knowledge of the IPED staff about these important programs. There are also programs in the Center for Maternal and Child Health that the IPED staff should coordinate with more fully. The Family Health Administration should consider establishing an ongoing working group on Injury and Violence Prevention at the staff level to strengthen coordination and seek opportunities to enhance injury prevention.

Similarly there are a few valuable external partners where relationships could be strengthened for the benefit of all. Most notably is the current lack of ongoing interaction with the highly visible, statewide Safe Kids coalition. It would help build some important bridges if one of the IPED staff could be specifically assigned to attend Safe Kids meetings and participate regularly in their activities across the state. Enhanced relationships with the domestic violence, sexual assault, and youth violence prevention programs in Maryland will also expand the Partnership and help ensure a public health and primary prevention focus to these “intentional” injury areas.

In regards to public policy, Maryland is fortunate to be covered by a wide variety of protective laws and regulations. In recent years Maryland has been able to maintain its motorcycle helmet law, institute a graduated driver’s license system, and move from secondary to primary enforcement on safety belts. Helmets are required for children on bicycles, scooters and in-line skates. The IPED staff do a good job in reviewing legislative proposals and recommending DHMH positions, even when the department does not take an official position. It would be desirable for the IPED to utilize its considerable assessment expertise to evaluate the impact of the implementation of safety legislation.

Overall, the IPED is at a critical turning point on this 20th Anniversary. Its challenge, with support and direction from the Partnership for a Safer Maryland, is to further develop vision and leadership, enhance visibility, and obtain additional resources for injury and violence prevention programs to match the size, scope and expertise in its data-related components, commensurate with the death and disability impacts and social and financial burden of injuries in Maryland.

Recommendations

Infrastructure

The Maryland Injury Prevention and Epidemiology Division (IPED) should:

- Produce a comprehensive plan defining the vision, goals, and measurable short- and long-term objectives for building the IPED's infrastructure and capacity. At a minimum, the plan should: engage all levels of DHMH leadership toward increasing state support for and increased visibility of injury and violence prevention, and reflect ownership by the staff in defining, implementing, and monitoring progress of the plan.
- Designate an IPED staff person to be the state Safe Kids coalition liaison and support consistent involvement and active participation in Safe Kids coalition meetings and initiatives.
- Secure funding for and classification of permanent state positions to increase the IPED's capacity to do programmatic work. Explore currently untapped funding sources, such as Medicaid, the Maternal and Child Health Block Grant, and National Highway Traffic Safety Administration funds via the Maryland Highway Safety Office.

The Family Health Administration Director should:

- Create an internal, cross-center injury prevention workgroup within the Family Health Administration as a short-term strategy to build collaboration. Request that administration leadership: 1) generate long-term support and commitment from center directors to ensure their staff participate in the work group, and 2) explore opportunities for potential reorganization to maximize resources in injury and violence prevention as they arise.
- Be a visible presence in Partnership for Safer Maryland's activities and help them strategize about how to use the Partnership's influence to build support for injury and violence prevention in Maryland.

The Partnership for a Safer Maryland Steering Committee should:

- Identify and engage a chair for the Partnership who has visibility and credibility and whose injury & violence prevention philosophy reflects the comprehensive needs of Maryland residents.

Data Collection, Analysis and Dissemination

The Maryland Injury Prevention and Epidemiology Division should:

- Based on successes in other states, encourage the Health Services Cost Review Commission (HSCRC) to implement a unique identifier for the Hospital Discharge and the Emergency Department datasets.
- Develop a plan to assess the quality and completeness of its datasets on a regular basis.
- Better market its Epidemiology capacity beyond its traditional injury partners to be seen as the resource for injury information. The IPED needs to be proactive and generate data in a more targeted, opportunistic way. The IPED should expand its efforts to present injury data in a format accessible to

more diverse audiences and seek out opportunities to publicize injury data, such as press releases associated with the Partnership work or with the publication of injury reports.

- Improve reporting of the Disabled Individuals Reporting System by working with hospitals that do not report and seeking funding to support the system.
- Analyze data by Hispanic origin when publishing reports (when the numbers permit).

The Maryland Department of Health and Mental Hygiene should:

- Fully implement the Child Death Review database. This is especially timely with the focus on youth safety in the Partnership strategic plan.

Intervention Design, Implementation, and Evaluation

The Maryland Injury Prevention and Epidemiology Division (IPED) should:

- Seek additional funding to support the mini-grants to local communities and extend the cycle of funding to a one-year period.
- Work with staff and existing partners, such as Johns Hopkins, to support a more thorough evaluation of programs as well as facilitate appropriate dissemination of findings to stakeholders.
- Seek additional funding to support and increase the level of injury and violence prevention intervention efforts from the state office.
- Secure/fund scholarships for local IPCs to attend the Johns Hopkins University Summer Institute on Injury Prevention and Control.

Public Policy

The Secretary of the Maryland Department of Health and Mental Hygiene should:

- Authorize the Injury Prevention and Epidemiology Division managers to provide information and testimony on important injury and violence prevention related legislation at the state and local levels, even if no position is taken on specific legislation.

The Maryland Injury Prevention and Epidemiology Division (IPED) staff should:

- Continue to work within approved structures to influence policy-makers and their staffs, and they should take advantage of any additional opportunities to do so.
- Work with partners, such as the Johns Hopkins Bloomberg School of Public Health to evaluate the effectiveness of injury and violence prevention legislation and policies that have been implemented.
- Share injury and violence data and information with diverse groups, such as city, suburban, and rural health departments, and assist them in developing injury and violence prevention laws and policies.
- Work with the Government Affairs Committee of the Partnership for a Safer Maryland to compile and disseminate a list of model statutes, regulations, and policies on a wide range of injury and violence prevention issues.

INFRASTRUCTURE

Standard

- In the state health department, there is a designated, functioning, core program which is responsible for providing leadership, coordination, and visibility for injury and violence prevention (IVP).
- The organizational placement and staffing supports a comprehensive statewide IVPP.
- The IVPP staff receives orientation, basic IVP training, on-the-job training, and continuing education.
- The IVPP takes action to obtain funding that adequately supports its core functions and is commensurate with the nature and scope of the injury problem in the state.

Status

The Injury Prevention and Epidemiology Division (IPED) sits within the Center for Preventive Health Services (CPHS) in the Family Health Administration of the Maryland Department of Health and Mental Hygiene. CPHS, which also houses oral health and chronic disease prevention, is one of seven centers/offices within the Family Health Administration. Dr. Lori Demeter is the director of CPHS and the direct supervisor of Dr. Tracey Serpi, who is the Chief of IPED.

Including the Chief, the IPED has a staff of fourteen, many of whom are recent college and graduate school graduates who bring vibrancy and energy to the program. Approximately 8.5 FTEs are dedicated to injury prevention and epidemiology, with the majority focusing on injury epidemiology. The IPED has 5 full-time permanent state positions and is in the process of hiring one more. These permanent state positions have been designated for staff who focus primarily on epidemiology and data analysis. The other positions within IPED are supported through a sub-contract with the Maryland Institute for Policy Analysis and Research (MIPAR), which is housed at the University of Maryland Baltimore County. By enabling the provision of benefits to these contractual employees, the director of CPHS has successfully leveraged this agreement to grow the IPED. However, only 0.5 FTE is funded through state general funds; all other positions within the IPED are funded through federal grants. This lack of stable state funding for IPED staff seriously threatens the continued growth, development, and future stability of the program.

Neither the IPED nor the FHA has a formal process for orienting new staff. FHA is currently designing an orientation process, and an IPED staff person is involved in the committee to create this. New employees in IPED receive some on-the-job training and mentoring from existing employees through an informal process. The IPED does not hold regular staff meetings. It does provide opportunities for professional development and injury prevention training to employees based on employee interest and motivation. However, the IPED leadership could consider taking a more active role in building a comprehensive understanding of injury prevention and public health among staff, such as by sending all staff to the Johns Hopkins University Summer Institute on Injury Prevention and Control.

In 2005, the IPED applied for and received funding through the CDC Public Health Injury Surveillance and Prevention program, which has enabled the IPED to convene the Partnership for a Safer Maryland, a coalition comprised of approximately 100 state agency and external partners, many of whom have been involved with injury prevention in Maryland for many years. Becky Roosevelt Turpin, injury program coordinator with the IPED, currently serves as facilitator and convener of the Partnership, and members of the Partnership express appreciation for her abilities. Although the IPED has done a good job pulling together its allies, it has struggled to engage less traditional partners, including the violence prevention

community, and those with whom it has a less developed relationship, such as the state Safe Kids coalition. Furthermore, even though the CDC recommends that Partnership members come primarily from outside state government, the IPED should make more of an effort to include in the Partnership centers and offices within FHA with whom it has not been actively engaged. Becky's enthusiasm and objectivity may be able to expand involvement in the Partnership, provided she is encouraged and supported in reaching out to these groups.

Through the Partnership, Maryland has developed a strategic plan for injury prevention, which includes a goal of building statewide infrastructure for locally implemented injury prevention initiatives. The plan lacks an emphasis on building the sustainability of the IPED, although it does include an emphasis on raising awareness of injury prevention within DHMH by offering networking, education and training opportunities to partners. Members of the Partnership believe the plan is on the right track and would like to see more dedicated support within DHMH to ensure the activities in the plan are sustained. The strategic plan will be unveiled by the IPED and the Partnership in late October 2006.

The visibility of injury and violence as public health problems remains low within the Family Health Administration. There are several reasons for this. First, having a low profile is seen by some as a way for IPED to stay "safe and protected." Second, there is no mandate for injury and violence prevention in Maryland. The IPED believes that the state's political climate is not conducive to pursuing a state mandate at this time, although some members of the Partnership expressed that a mandate is essential. Furthermore, there is fragmentation of injury prevention programs throughout various centers and offices in the Family Health Administration. For example, the Kids in Safety Seats (KISS) and the Rape Prevention & Education programs – both of which are injury and violence prevention programs – are housed within the Center for Health Promotion, Education, and Tobacco Prevention, which is a separate center within FHA. Even though the IPED does receive funds through the Preventive Health and Health Services Block Grant and recently received a CDC fire prevention grant to support local injury prevention initiatives (see Interventions section), its injury data efforts are more developed and recognized. The IPED should increase attention to building its capacity for programmatic work.

Strengths

- Becky Roosevelt Turpin is an enthusiastic convener and facilitator of the Partnership and is well regarded by Partnership members.
- Members of the Partnership benefit from the IPED training and resource support for locally implemented injury prevention activities and support decentralized interventions.
- The IPED and CPHS have made creative use of funds and contractual arrangements to bring in and retain staff with energy and enthusiasm.
- The IPED has made an important commitment to injury epidemiology, which is well beyond what many other states have done.
- Many groups within Maryland – including Johns Hopkins University, Maryland Institute for EMS Systems, and the National Study Center – are strong, recognized players in the injury prevention field, and the IPED has strategically engaged and built partnerships with them.
- The IPED makes good use of its state and national partners to fill gaps in its internal capacity.
- The IPED utilizes students from local universities to enhance its capacity to analyze and present data and publish findings.

Challenges

- Injury prevention is not prioritized among other public health problems commensurate with the burden of injury and violence on Maryland residents; further, an articulated strategy to create a stable internal infrastructure for the IPED is missing.
- A reciprocal and productive relationship is lacking between the state Safe Kids coalition and the IPED.
- The IPED lacks committed state funding and stable staffing to reach its capacity to expand programmatic initiatives and activities.
- Other injury and violence prevention programs – such as Kids in Safety Seats and grant programs to local schools and communities to prevent rape and sexual assault – are housed in different centers within FHA. As these programs also build local capacity for injury prevention, a lack of internal coordination may inhibit the development of the state’s core injury prevention program to its potential.
- After building a strong injury prevention program in the 1980s and 90s, the state injury prevention program has wavered. Although it is currently being rebuilt and strengthened, many former partners express concern about the future sustainability of the Partnership without full support from FHA and DHMH.
- As the Partnership enters its second year, leadership continues to be provided by the IPED’s program coordinator. Leadership should be transitioned to a non-staff person.

Recommendations

The Maryland Injury Prevention and Epidemiology Division (IPED) should:

- Produce a comprehensive plan defining the vision, goals, and measurable short- and long-term objectives for building the IPED’s infrastructure and capacity. At a minimum, the plan should: engage all levels of DHMH leadership toward increasing state support for and increased visibility of injury and violence prevention, and reflect ownership by the staff in defining, implementing, and monitoring progress of the plan.
- Designate an IPED staff person to be the state Safe Kids coalition liaison and support consistent involvement and active participation in Safe Kids coalition meetings and initiatives.
- Secure funding for and classification of permanent state positions to increase the IPED’s capacity to do programmatic work. Explore currently untapped funding sources, such as Medicaid, the Maternal and Child Health Block Grant, and National Highway Traffic Safety Administration funds via the Maryland Highway Safety Office.

The Family Health Administration Director should:

- Create an internal, cross-center injury prevention workgroup within the Family Health Administration as a short-term strategy to build collaboration. Request that administration leadership: 1) generate long-term support and commitment from center directors to ensure their staff participate in the work group, and 2) explore opportunities for potential reorganization to maximize resources in injury and violence prevention as they arise.

- Be a visible presence in Partnership for Safer Maryland's activities and help them strategize about how to use the Partnership's influence to build support for injury and violence prevention in Maryland.

The Partnership for a Safer Maryland Steering Committee should:

- Identify and engage a chair for the Partnership who has visibility and credibility and whose injury & violence prevention philosophy reflects the comprehensive needs of Maryland residents.

DATA COLLECTION, ANALYSIS & DISSEMINATION

Standard

- The Injury and Violence Prevention Program (IVPP) has access to and/or collects injury and violence related data.
- The IVPP strives to improve data quality.
- The IVPP conducts data analysis and regularly monitors injury and violence indicators.
- The IVPP regularly disseminates data.
- The IVPP conducts and/or participates in research activities.

Status

The Maryland Injury Prevention and Epidemiology Division (IPED) has a very strong data assessment team and focus. The IPED produces data reports, including the annual Injuries in Maryland report, performs data analyses, provides data trainings and serves as an epidemiological resource for CPHS, the Family Health Administration, local Injury Prevention Coordinators, and other external injury prevention partners. The primary focus in the IPED is injury and violence epidemiology, but data staff also have responsibility for chronic disease and oral health epidemiology and provide some support to other programs.

The IPED currently has access to 7 of the 11 Core Data Sets recommended by STIPDA: Vital Records, Hospital Discharge Data (HDD), Emergency Department Data (ED), Behavioral Risk Factor Surveillance Survey (BRFSS), which is located in the IPED, Medical Examiner Data, Uniform Crime Reports, and Emergency Medical Service Run Reports (EMS). The HDD database does not include data from Maryland residence hospitalized Washington DC and although the data can be obtained by the IPED upon request, it lacks E-codes.

The IPED has access to motor vehicle crash data similar to the Fatality Analysis Reporting System database from the University of Maryland National Study Center for Trauma and EMS Crash Outcome Data Evaluation System (CODES). The IPED will seek direct access to the 2005 Youth Risk Behavior Surveillance System data from the Department of Education.

The IPED currently does not access observational seatbelt use data from the National Occupant Protection Use Surveys conducted by the Maryland Department of Transportation Highway Safety Administration, nor does it access Child Death Review (CDR) data. CDR is an unfunded mandate with local teams coordinated through the Center for Maternal and Child Health (MCH). Standardized statewide data are not currently collected. MCH, the IPED and the Medical Examiner's (ME) office have collaborated to create a web-based database for use by local CDR teams. The application will be housed in the ME's office and will include the pre-population of the database with ME data. The ME hopes to train local teams on using the database this Fall and open the system for data entry early next year. There are concerns about having the funding needed to fully implement the system.

The IPED maintains 3 additional injury surveillance systems:

- Traumatic Brain Injury (TBI) Surveillance- The CDC grant that funded TBI surveillance ended in 2005. TBI data from unlinked datasets are still generated.

- Maryland Violent Death Reporting System (MVDRS)- This system examines violent deaths linking police, ambulance, hospital, and ME records. Staffing for this includes 3 full time analysts and one part time analyst. A 2003 report was published. The current CDC grant ends September 2007.
- Disabled Individuals Reporting System (DIRS)- Maryland law requires but does not fund hospitals to report hospitalizations for TBI, spinal cord injury, stroke, amputation. Data are submitted to the IPED, but not all hospitals participate.

The IPED continues to explore accessing additional data sources such as data from poisonings.

The IPED has the data to monitor 13 of the 14 conditions recommended by STIPDA. Eight of these indicators are reported annually in the Injuries in Maryland report: Motor vehicle injuries, Homicide, Suicide, Firearm injuries, Fire and Burn injuries, Submersion injuries, Falls, and Poisonings. Of the indicators not included in the annual report, two (smoke alarms and seatbelt use) are available from BRFSS data (1999, 2006). Data on alcohol use in motor vehicle crashes are available from the CODES database. TBI data are generated by the IPED from the mortality, HDD and ED data using CDC definitions. Spinal cord injury data are available through the DIRS system, which as noted above is not comprehensive.

The IPED has very good working relationships with data providers such as Vital Records, the Health Services Cost Review Commission (HSCRC), and the National Study Center for Trauma and EMS at the University of Maryland who they collaborate with on data collection for CODES. The IPED has not yet assessed the completeness and validity of the datasets it uses with the exception of the hospital discharge data and the BRFSS data. The IPED has accomplished several data linkages including vital records, hospital discharge data, emergency department, medical examiner, uniform crime reports, and EMS data. The Division collaborated with Johns Hopkins University to publish research articles based on data collected as part of the TBI surveillance grant.

The IPED does an excellent job of publishing and disseminating data. It publishes the annual Injuries in Maryland report with injury incidence from both morbidity (HDD, ED) and mortality data. The report highlights disparities by gender, age, race, and county. The IPED reports do not include data by Hispanic origin. Hispanics represent about 6% of the Maryland population statewide, but the proportion is higher in some jurisdictions. The IPED's reports and presentations are disseminated through injury and violence prevention partnerships and posted on the web. In 2002, the IPED staff worked with the Johns Hopkins Center for Injury Research and Policy to create user-friendly injury data publications for 7 Maryland counties. In addition, state and county BRFSS data are available via an on-line data query system. Data generated by the IPED are used at the state and local level for program planning and grant applications.

Nearly every person interviewed in this STAT visit acknowledged the usefulness of the injury data and the timely and responsive nature of the IPED data staff. The IPED has also provided assistance on survey development and analysis, and has conducted trainings for injury partners on understanding and communicating about data, and using data for program planning and evaluation.

The IPED has taken the lead on an exciting project called the Maryland Assessment Tool for Community Health (MATCH), an on-line database which will house data from the Pregnancy Risk Assessment Monitoring System (PRAMS), BRFSS and Vital Statistics. The IPED will explore the feasibility of adding additional injury data such as the HDD, ED and MVDRS data.

Strengths

- The IPED and its injury prevention partners value data.

- The IPED is well staffed for injury assessment/ data analysis with enthusiastic skilled workers.
- The IPED has very good working relationships with data users. The data technical assistance and analysis provided to injury partners by the IPED is responsive, timely and greatly valued. The IPED has provided trainings for injury partners to foster better understanding and use of injury data.
- The IPED monitors core injury and violence incidence morbidity and mortality data and its annual report highlights disparities and includes local as well as state data. Reports and presentations generated by the IPED are easily accessible through the web and disseminated to injury and violence partners.
- The IPED has very good working relationships with data providers and continues to seek out ways to improve data quality and access to additional injury-related data sources. The collaboration between the Center for Maternal and Child Health, the IPED and the Medical Examiner's Office to create the Child Death Review database will facilitate the work of local CDR teams. The planned Maryland Assessment Tool for Community Health (MATCH) on-line data query system will further expand the availability of data.
- Data generated by the IPED are used at the state and local level for program planning and grant applications.

Challenges

- Linking datasets is a challenge because of the lack of a unique identifier in the Hospital Discharge and Emergency Department databases.
- All the datasets the IPED uses have not been assessed for quality and completeness.
- Injury partners have expressed an interest in having the IPED generate data in a more user-friendly format for broader, non-public health audiences such as the general public and the media.
- Although the Disabled Individuals Reporting System mandates Traumatic Brain Injury and Spinal Cord Injury surveillance, the mandate is unfunded and not all hospitals report data.
- The IPED does not report data by Hispanic origin in its reports.
- Child Death Review data, a core dataset, is not currently collected at the state level, although there are plans to implement a system next year. Funding to fully implement this is uncertain.

Recommendations

The Maryland Injury Prevention and Epidemiology Division should:

- Based on successes in other states, encourage the Health Services Cost Review Commission (HSCRC) to implement a unique identifier for the Hospital Discharge and the Emergency Department datasets.
- Develop a plan to assess the quality and completeness of its datasets on a regular basis.
- Better market its Epidemiology capacity beyond its traditional injury partners to be seen as the resource for injury information. The IPED needs to be proactive and generate data in a more targeted, opportunistic way. The IPED should expand its efforts to present injury data in a format accessible to more diverse audiences and seek out opportunities to publicize injury data, such as press releases associated with the Partnership work or with the publication of injury reports.
- Improve reporting of the Disabled Individuals Reporting System by working with hospitals that do not report and seeking funding to support the system.
- Analyze data by Hispanic origin when publishing reports (when the numbers permit).

The Maryland Department of Health and Mental Hygiene should:

- Fully implement the Child Death Review database. This is especially timely with the focus on youth safety in the Partnership strategic plan.

INTERVENTION DESIGN, IMPLEMENTATION, AND EVALUATION

Standard

- The Injury and Violence Prevention Program (IVPP) collaborates with internal and external stakeholders, reflective of the state's diverse populations, to promote the development, implementation and evaluation of IVP interventions.
- The selection of intervention areas is informed by needs assessments, asset assessments, and data on disparities in morbidity, mortality, and risk factors with an effort to address a wide range of populations and injury areas.
- The IVPP staff utilizes proven or promising approaches and considers feasibility and acceptability when developing and/or implementing specific interventions.
- Attention is given to fitting IVP interventions into a culturally appropriate framework of norms, values, roles, and practices.
- All IVP interventions are designed to include multi-faceted evaluation and dissemination of evaluation findings.
- IVPP's interventions utilize a comprehensive, multi-level approach.
- The state IVPP supports and monitors IVP activities at the local level.
- The IVPP establishes agreements with agencies and individuals to implement IVP interventions.
- Progress in achieving the objectives of the state IVP plan or agenda is monitored by state IVP staff.
- The IVPP provides practical IVP training at the basic and advanced levels to professionals (state and local), students, and the public.
- The IVPP provides proactive and reactive technical support.
- The IVPP integrates IVP and the public health approach into the training of other disciplines.

Status

There are many injury prevention interventions being implemented in the state of Maryland. The 24 local health department Injury Prevention Coordinators (IPCs), Safe Kids coordinators, as well as program staff from DHMH's Center for Health Promotion, Education and Tobacco Prevention conduct initiatives at the local level. In many counties, the IPC also serves as the local Safe Kids representative. Additionally, Risk Watch, an injury prevention curriculum, is taught in many schools. This is supported through the Fire Marshal's Office, local schools and local IPCs. Other community based injury prevention programs are led by EMS for Children and the Maryland Highway Safety Office.

The Maryland Injury Prevention and Epidemiology Division (IPED) currently does not implement any intervention programs from the state level. The IPED's primary mechanism for injury and violence prevention interventions within the health department is via a mini-grant process with all 24 jurisdictions. The Injury Prevention Coordinators (one in each county and Baltimore City) are responsible for the design, implementation and evaluation of the interventions funded through the mini-grant process, which uses Preventive Health and Health Services Block Grant funds. These non-competitive mini-grants are based on a Request for Proposal (RFP) process and the award is \$3,000 for an approximate 9-month period.

The format of the RFP is based on the public health approach and addresses a wide range of populations and injury areas. The potential grantee must address the following areas in its proposal: problem statement, agency organization, funding requirements, target population and evaluation. Types of programs that have been funded over the years through this mini-grant process are safety programs related to bicycle, pedestrian, fire, firearm and water safety, in addition to fall prevention in the elderly and shaken baby syndrome. The vast majority of these programs are related to unintentional injury prevention; there are very few that target violence prevention.

The IPED offers two opportunities annually for all of the IPCs to convene. Training and networking are the focus of these meetings. Through the positive relationship with Johns Hopkins and other partners, the IPED is able to offer training programs at these meetings to meet the needs identified by the IPCs. In addition, the IPCs are able to share with their peers the work that has been accomplished through the mini-grants.

The IPED recently received funding for a 5-year grant cycle to address residential fire injury prevention efforts in the state. This is a prevention program that will target distribution and installation of smoke alarms in residential dwellings and also has an education component. The IPED has decided to develop a competitive RFP process to local communities that meet the specified criteria (high fire incident/ population less than or equal to 50,000, existing infrastructure and low socioeconomic demographics). It is planned that three communities would be funded to implement the program locally. The IPED will purchase all of the alarms, equipment, etc.

In many other state health departments the Child Passenger Safety (CPS) and Rape Prevention Education (RPE) programs are housed in the Injury and Violence Prevention Division. However, in Maryland, both are housed in FHA's Center for Health Promotion, Education and Tobacco Prevention. The child passenger safety program in Maryland is called Kids in Safety Seats (KISS). Tracey Whitman, the coordinator for the KISS program, was formerly a local IPC. She has established a connectedness with the Safe Kids Coalition on state and local levels. The KISS program is funded by the Maryland Highway Safety Office and has 2.5 staff supported by these resources. The goal of the RPE program is to prevent sexual violence. Funds are targeted to school- and community-based interventions. Currently there are 14 enhanced school-based programs. There are 18 rape crisis centers funded to conduct community prevention education. At this time there appears to be limited or no coordination with the local IPCs.

The CDC core capacity grant, Public Health Injury Surveillance and Prevention Program, supports the enhancement of the current state injury prevention program. The IPED has hired a Program Coordinator who is responsible for the implementation of the grant. The proposed Partnership strategic plan focuses on the development and implementation of several targeted 3-year public education campaigns on injury risks, the first of which will focus on youth safety. A relationship between the Center for a Healthy Maryland and the Partnership is being pursued. It is hoped that the Center will serve as the fiscal agent for the Partnership. Funding and other resources contributed to the Partnership will be used to support the targeted campaigns.

There is approximately \$500,000 annually of state money for Spinal Cord Injury Research with a legislative mandate for an Advisory Board. The IPED provides staff support for this program. Presently there are no resources for Traumatic Brain Injury surveillance but there continues to be involvement from IPED on this issue. Dr. Tracey Serpi is a member of the TBI Advisory Council Data subcommittee.

Strengths

- The implementation of the mini-grant sponsored programs at the local level has been well received and in some cases has become leverage for acquiring other resources.
- There are IPCs in all jurisdictions. Several of these IPCs also serve in the role as the local Safe Kids representative.
- Leadership at the state level by Jane Talbott has produced a positive working relationship between the state office and local IPCs.
- The IPED provides training to the IPCs twice a year. Speakers from the IPED and from the injury prevention field provide training on topic areas to meet the needs of the local IPCs. In addition, these meetings offer an opportunity for presenting and receiving feedback on the local programs.
- There is a great opportunity through the Partnership for unification of stakeholders through the proposed strategic planning of targeted campaigns.
- There are many injury and violence prevention programs being implemented in Maryland by various stakeholders.
- The Center for a Healthy Maryland seems eager to collaborate with the Partnership in the role of fiscal agent.

Challenges

- The mini-grant awards are limited to \$3,000 and have a nine-month implementation timeframe.
- There is an evaluation component of the mini-grant programs, however this is limited to mostly process measures.
- The IPED has limited staff and resources directed to injury and violence prevention intervention efforts.
- There is a need to provide advanced training opportunities at the local level.

Recommendations

The Maryland Injury Prevention and Epidemiology Division (IPED) should:

- Seek additional funding to support the mini-grants to local communities and extend the cycle of funding to a one-year period.
- Work with staff and existing partners, such as Johns Hopkins, to support a more thorough evaluation of programs as well as facilitate appropriate dissemination of findings to stakeholders.
- Seek additional funding to support and increase the level of injury and violence prevention intervention efforts from the state office.
- Secure/fund scholarships for local IPCs to attend the Johns Hopkins University Summer Institute on Injury Prevention and Control.

PUBLIC POLICY

Standard

- The IVPP has access to local, state and federal policymakers to achieve IVP goals.
- The IVPP monitors the effectiveness of existing state and local policies and disseminates findings.
- The IVPP reviews proposed legislation
- The IVPP collaborates with all appropriate partners, reflective of the state's diverse populations, to develop and promote policies-related to selected IVP issues.
- The IVPP participates in the process of policy development to support IVP.

Status

Dr. Tracey Serpi, Director of the Injury Prevention and Epidemiology Division (IPED), reports to Dr. Lori Demeter, Director of the Center for Preventive Health Services. Dr. Demeter previously served as IPED Director and she currently reports to Dr. Russell Moy, Director of the Family Health Administration. Dr. Demeter has regular access to Dr. Moy and to other Center and Office Directors within FHA. Dr. Demeter also has some access to Dr. Michelle Gourdine, Deputy Secretary for Public Health Services.

It appears that both Drs. Serpi and Demeter work within approved structures to influence policy-makers and their staff at the state level.

Through the development of the Partnership for a Safer Maryland, the IPED managers have access to a diverse group of existing and potential policy-makers, and to others who have access to policy-makers. The Partnership includes most of the key stakeholders involved in unintentional injury prevention in Maryland. However, currently the Partnership does not include many members who focus on primary prevention of violent injuries.

The IPED also provides injury data to a number of individuals and organizations throughout the state, including local health departments. These data are sometimes used to influence policy decisions at the state and local levels. Some injury prevention partners expressed a desire to see more leadership from the IPED on policy related issues.

Employees in DHMH (and other Maryland state agencies) have limited opportunities to communicate with legislators on proposed bills. It appears that this access has varied with different Governors' administrations. Under the previous Governor, there were more opportunities for legislative input than under the current administration.

Within DHMH, there is a good process for identifying bills of interest to various programs. This process was described by Christi Megna, Family Health Administration Legislative Liaison. In cooperation with the DHMH Government Affairs Office, Christi identifies bills of interest to FHA and forwards copies to interested program managers for review and comment. Copies of legislative position papers by the IPED were provided in the STAT briefing book. These position statements were well researched and provided clear, concise reasons to recommend support or opposition to the proposed bills.

However, Ms. Megna told the STAT team that all of the IPED position statements submitted during the 2006 legislative session resulted in “no position” by DHMH.

Despite the limited legislative input by IPED staff, a number of important injury prevention related bills have passed the Maryland Legislature in recent years, including the following:

- Child passenger safety technicians immune from civil liability (2001);
- Provisional driver’s license regarding mandatory safety belt use (2001);
- Blood alcohol concentration for motor vehicle drivers reduced to “0.08” (2001);
- Young driver alcohol restriction (2001);
- In-line skates/scooters require helmets for children (2001);
- Bicycle and pedestrian safety advisory committee (2001);
- Child booster seat requirement (2002);
- Water safety personal flotation devices for children (2004);
- Driving while impaired by dangerous controlled substances (2004);
- Guns-Searches of students on school sponsored trips (2004); and
- Visual smoke and evacuation alarms for blind and hearing impaired persons task force (2005).

To date, injury prevention partners in Maryland also have prevented repeal of the state’s motorcycle helmet legislation. These and other previously passed injury prevention laws, such as child passenger safety and primary safety belt enforcement legislation, provide the citizens of Maryland levels of protection not yet provided in some other states.

There does not appear to have been much effort so far to use the injury data to evaluate the effectiveness of injury prevention related laws and policies at the state and local levels. Although significant progress has been made, the IPED has not yet achieved its full potential to participate in the process of policy development to support injury and violence prevention in Maryland.

Strengths

- The IPED has a strong injury surveillance and epidemiology capacity, which can be used to help guide development of effective injury and violence prevention policies.
- With funds from the CDC, the IPED has developed a potentially effective Partnership for a Safer Maryland (Partnership), which can become a strong advocate for injury and violence prevention policies.
- The Partnership has worked with the IPED to develop an excellent Strategic Plan, which can guide future injury and violence prevention program policy development.
- The IPED staff members are well qualified to research and write position statements on injury and violence prevention legislation.

Challenges

- The current state administration appears to be very cautious about taking positions on important injury and violence prevention legislation.
- There is no evidence of commitment to evaluate injury and violence prevention laws and regulations.

- Current IPED staff members have little experience in strong leadership for injury and violence prevention policy development.

Recommendations

The Secretary of the Maryland Department of Health and Mental Hygiene should:

- Authorize the Injury Prevention and Epidemiology Division managers to provide information and testimony on important injury and violence prevention related legislation at the state and local levels, even if no position is taken on specific legislation.

The Maryland Injury Prevention and Epidemiology Division (IPED) staff should:

- Continue to work within approved structures to influence policy-makers and their staffs, and they should take advantage of any additional opportunities to do so.
- Work with partners, such as the Johns Hopkins Bloomberg School of Public Health to evaluate the effectiveness of injury and violence prevention legislation and policies that have been implemented.
- Share injury and violence data and information with diverse groups, such as city, suburban, and rural health departments, and assist them in developing injury and violence prevention laws and policies.
- Work with the Government Affairs Committee of the Partnership for a Safer Maryland to compile and disseminate a list of model statutes, regulations, and policies on a wide range of injury and violence prevention issues.

THE STATE TECHNICAL ASSESSMENT TEAM

BIOGRAPHICAL SKETCHES

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Barak Wolff retired from New Mexico state government in May, 2004. Since then he has been providing consulting services to various national and state public health and health system efforts on a part-time basis. For the last two years in January through March, Mr. Wolff has served as the Health Analyst to the Senate Public Affairs Committee of the NM Legislature.

In Mr. Wolff's last position with the state he served as the quality improvement coordinator for the Immunization Program of the NM Department of Health. Until a new Governor took office in January of 2003, Mr. Wolff was the Director of the Public Health Division within the NM Department of Health. In that role he provided leadership and supervision to a statewide public health agency that is comprised of 54 district and local public health offices, is staffed by over 1,000 public health workers, and has a budget of about \$150 million annually. Previously, Mr. Wolff was the Chief of the Department's Injury Prevention and EMS Bureau during which time Injury efforts in NM were elevated and enhanced. He was the State EMS Director in NM since 1981 and was nationally recognized for involving the EMS community in Injury Prevention activities. Prior to that, Mr. Wolff was a federal staffer working throughout rural New Mexico with primary care and health manpower programs.

Mr. Wolff is a Past-President of the National Association of State EMS Directors and is actively involved with the American Public Health Association and the National Rural Health Association. Mr. Wolff participates on many national committees and is a frequent guest speaker at local, state and national conferences. Mr. Wolff served on the Advisory Committee for Injury Prevention and Control at CDC from 2002-2005. Mr. Wolff received a Masters in Public Health from the University of Michigan in 1970. For 12 years beginning in 1984 he was a licensed EMT and an active volunteer with his local fire and rescue squad in Tesuque, NM. In the mid-1990s Mr. Wolff shifted his volunteer activity to providing HIV/AIDS support services in the Santa Fe area. Mr. Wolff continues to be an advocate for Injury issues in NM and nationally and has been working in New Mexico on clean indoor air laws and to repeal their death penalty.

Infrastructure

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For nearly 3 years, Erin Lyons has worked with the Children's Safety Network (CSN), an injury and violence prevention resource center funded by the federal Maternal and Child Health Bureau and housed at

the Education Development Center, Inc. She currently serves as the State Outreach Team Manager with CSN, where she manages technical assistance (TA) and outreach to maternal and child health and other public health professionals in 15 state and territorial health departments; in addition, she manages and coordinates the work of CSN's four-person state outreach team, which provides TA, training and outreach to staff in all 59 state and territorial health departments. Prior to her role as State Outreach Team Manager, Ms. Lyons was a member of the state outreach team, where she was responsible for providing TA to state health department staff interested in child maltreatment, teen dating violence and youth violence prevention. Specific to her topic-specific work, Ms. Lyons developed a series of practical fact sheets on state health department efforts to prevent child maltreatment, and she also coordinated with staff at the Centers for Disease Control and Prevention (CDC) to determine how CSN could support their youth violence and rape prevention work. In addition, Ms. Lyons also worked with a team of CSN staff to provide technical assistance around broader issues of injury prevention capacity and infrastructure, including state injury prevention plan development. Ms. Lyons is former chair of the Southeastern Regional Injury Control Network, and she helped to organize and facilitate a regional network of injury prevention and maternal and child health professionals in the mid-Atlantic region.

Ms. Lyons previously worked at the National Mental Health Association in their Children's Mental Health Services and Health Care Reform departments. She also served as a graduate student intern with the Adolescent Health Section of the Oregon Department of Human Services and with a non-profit children's advocacy organization in Connecticut.

Ms. Lyons holds a Master's degree in Public Health with a concentration in health policy from Yale University, and a Bachelor of Arts in Sociology from Vanderbilt University.

Data

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Diane Pilkey RN MPH is a Research Investigator at the Washington State Department of Health (DOH) in Maternal and Child Health Assessment. For the past six years she has been the Assessment Coordinator for the state's Child Death Review surveillance system and currently coordinates the data activities of Washington State's Healthy Youth Survey (HYS), a school based survey on adolescent health status and behaviors of youth in grades 6,8,10, and 12. In her work at the DOH, Ms. Pilkey analyzes and interprets health status and health care data; manages databases; presents data at the national, state, and local level; provides technical assistance and trainings to local health and other partners on understanding and using data; writes reports; and evaluates programs and surveillance systems. She has performed epidemiologic analysis on many datasets including birth and death certificate data, survey data (PRAMS, HYS, BRFSS), hospitalization data, and Child Death Review data. Ms Pilkey recently co-authored the Washington State Childhood Injury Report, the Maternal and Child Health Data Report, the Adolescent Needs Assessment Report, as well as multiple Child Death Review publications.

Ms. Pilkey also has ten years of clinical nursing experience in emergency nursing and has public health experience at the local, state and federal level. In 1996-1997, Ms. Pilkey was a nursing consultant at the Grays Harbor County Health Department in Aberdeen, Washington, evaluating immunization rates and designing, implementing, and evaluating immunization programs. From 1997-2000, Ms. Pilkey was a Public

Health Prevention Services fellow at the Centers for Disease Control and Prevention where she was detailed to the National Center for Injury Prevention and Control, the National Center for Infectious Disease, and the Wyoming State Department of Health.

Ms. Pilkey holds a Master's degree in Public Health with a concentration in Maternal and Child health from the University of Washington, a Bachelor of Nursing from the University of North Carolina, and a Bachelor of Arts in Anthropology from Duke University.

Interventions

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Lou-Ann Carter is the Director for the Division of Injury and Violence Prevention at SC Department of Health and Environmental Control. She currently serves as PI on the following grants: SC Residential Fire Injury Prevention Program; SC Violent Death Reporting System; Public Health Injury Surveillance and Prevention Program and Families Riding Safely and Securely. She is Co- PI on Disabilities and Health grant. Her roles involve the management of grant processes and supervision of program coordinators and other staff within the division. She serves as a Board member of SC Safe Kids, represents DHEC Health Services on the Agency Strategic Planning Council, member of SCVDRS Advisory Council. She is involved in the development of a data tool, Injury Cube, that links hospital discharge data and vital record data with other health service agency databases.

Ms. Carter previously worked in a DHEC district as Community Systems Developer. Her strengths and skills in the development and maintenance of partnerships led to several public health initiatives. She is Past-President of the South Carolina Public Health Association. She is a member of the Southeastern Regional Injury Control Network and is assuming the office of Vice President.

Lou-Ann has a Master's degree in Nutritional Sciences from South Carolina State University and a Bachelor's degree in Interdisciplinary Studies from the University of South Carolina.

Policy

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Mark Johnson has had over 30 years experience in Emergency Medical Services (EMS) and Trauma Systems development at statewide and regional levels, including over 25 years as Chief of EMS for the State of Alaska. He also supervised development of Injury Surveillance and Prevention programs in Alaska (20+ years) and served as President of the State and Territorial Injury Prevention Directors Association in 2000 and 2001. Mark has served on numerous state and national committees related to EMS, Trauma Systems multiple casualty incident response, and injury prevention, and he has published numerous articles on these issues.

Other public health management experience has included supervision of Alaska's: Primary Care and Rural Health program (8 years); Health Promotion program (7 years); Tobacco Prevention and Control program (7 years); and the Behavioral Risk Factor Surveillance System (7 years).

Mark retired from state service in August 2004. Since then, he has done part time consulting and volunteer work with a variety of national EMS and Injury Prevention organizations.

Floater

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Beverly Miller is the Director of Injury Programs at the Center for Applied Research and Evaluation within the Department of Pediatrics at the University of Arkansas for Medical Sciences (UAMS) and Arkansas Children's Hospital. In addition to the day-to-day coordination and management of injury prevention programs and grant writing, she assists faculty in the development of innovative interventions for vulnerable populations with an emphasis on tailored communication for rural populations. Current areas of interventions include child and "tween" restraint use, all-terrain vehicle injury, and youth violence. Academic activities include developing a problem-based learning lecture for junior medical students on anticipatory injury prevention guidance and an elective on advocacy for senior medical students. Ms. Miller is also a preceptor for pre-med summer internships in injury prevention research and undergraduate health education students.

Ms. Miller asked to be a part of the STAT team for exposure to comprehensive state-level injury prevention planning. Despite being among states with the highest injury rates in the nation, Arkansas historically has not had strong leadership and support for injury at the state level. Without an infrastructure for injury, population-based, translational research can not occur. For that reason, she and the principal investigators for whom she works are working to improve the state's systems for injury. They are working closely with the Arkansas Department of Health and Human Services, Division of Health, to implement a project to increase coordination of services to persons with TBI and their families. The investigators and staff are frequently asked to educate lawmakers on injury-related legislation. Successful past legislation include home visitation for the prevention of child abuse, mandatory booster seat use, and the formation of a child fatality review board. Current activities include primary seat belt law and the formation of a TBI Commission. Improving injury surveillance continues to be a challenge. All involved in the process know that it will be long and slow but are committed to change.

A native Arkansan, Ms. Miller holds a Masters in Education from the University of Arkansas at Fayetteville. Educational experiences include teaching severely emotionally disturbed adolescents and administrator of an alternative educational setting. Non-profit experiences include community-based substance abuse and violence work. She came to UAMS as the evaluator on the national replication of a breast and cervical cancer outreach project for older African-American women and was the Associate Director of Cancer Education before joining the Department of Pediatrics in 2001. Ms. Miller has previously conduct site visits for the Office of Research and Administration for US Department of Education, Safe and Drug Free Schools, and was a grant reviewer for the department and the Office of Juvenile Justice Prevention and Delinquency for several years.

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Roderick Richardson currently serves as Director of Injury/Violence Prevention within the Mississippi Department of Health. He completed a Bachelor of Arts in Political Science/Business in May 2000 from Delta State University. Roderick furthered his education by obtaining a Master of Science in Community Development in 2001 and a Master of Education from Delta State University in 2005. In addition to his secular training, Mr. Richardson obtained a Bachelor of Biblical Studies from Exodus School of the Bible. His career path includes directing multiple programs at the Center for Community and Economic Development at Delta State University. Furthermore, he served as Director of Education, Recreation, and Faith in Action at the Salvation Army in Greenville, Mississippi. Mr. Richardson has conducted major research and publications to include *A study on the political, social, and economic infrastructure of demonstration communities in the Mississippi Delta*; *Is Cleveland Mississippi Technology Ready: A Study of Technology usage in the Mississippi Delta*; *The Social Impact Assessment of Mississippi Casinos: A Comparative Analysis*; and *The Truth about Tithing: Tithing New and Old Testament*.

Roderick is a youth motivational speaker. Roderick's civic service caught the attention of Mahogany Magazine where in an article he was named as one of fifty young male role models in the state of Mississippi. In 2003, he appeared on national television with fifty-five inner-city youth at Howard University's School of Divinity discussing sexuality in religion. Mr. Richardson has received honors such as the Robert M. Hearin Award, Community Development Honor Award, and Pi Gamma Mu Honor Award. Roderick Richardson currently serves as an Assistant Director of Young Men of Valor mentorship program at Word of Faith Christian Center.