



The **SAFE** States Alliance



Annual Report 2014

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Welcome from Safe States



Carol C. Thornton

Carol Thornton
2014 President



Amber N. Williams

Amber N. Williams
Executive Director

As we look back over the last year, we are proud to share the 2014 Safe States Alliance Annual Report. The work our members have done to continue to advance the practice of injury and violence prevention is a testament to the power of determination in the face of continual change and challenges. We thank our Executive Committee, members, staff, partners, and friends for all they do to advance our shared mission to strengthen the practice of injury and violence prevention.

In the words of Henry Ford, “Coming together is a beginning. Keeping together is progress. Working together is success.” The power of any association, and surely the power that drives the Safe States Alliance, is all of us working together toward a shared goal. We hope you see not only our coming and keeping together, but the fruits of our working together throughout this report on our 2014 accomplishments. We also hope you see this as an invitation to come with us as we continue our work together in 2015 and beyond.

Impact of Injuries

More than 187,000 people in the United States die each year from unintentional and violence-related injuries. Injuries are the leading cause of death in people under the age of 45, and the third leading cause of death for Americans overall.¹

Fortunately, most people who sustain injuries survive. However, the impact is significant. In 2013, almost 31 million non-fatal injuries occurred.¹ Injury was the primary diagnosis for almost 30 million emergency department visits in 2010, representing nearly a quarter of all visits.²

Injury and violence cost the United States **\$406 billion** each year, including:

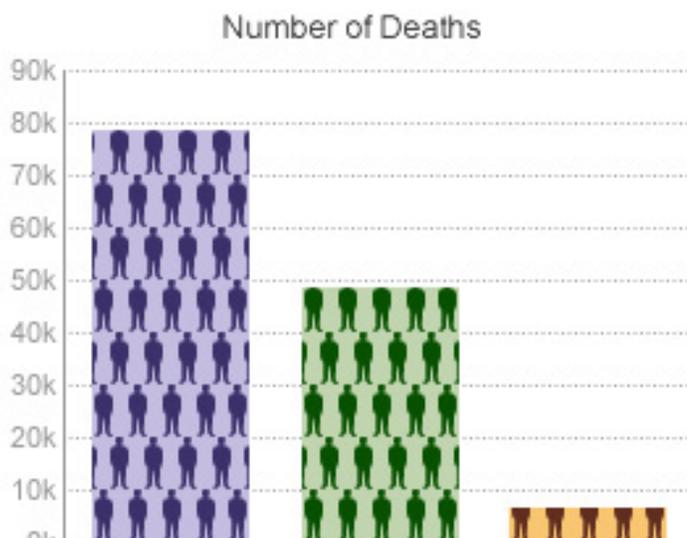
- \$80.2 billion in medical costs (6% of total health expenditures); and
- \$326 billion in lost productivity.³

Despite these alarming statistics, the outlook is not bleak. When a public health approach is applied to the problems of injury and violence, in most cases ***these events can be prevented.***

New threats to public safety, limited resources, and increased restructuring have created challenges in recent years for injury and violence prevention programs. However, these programs continue to both save lives and improve the quality of life for millions of Americans.

With adequate support, injury and violence prevention programs can implement evidence-based prevention strategies to save lives and reduce the economic burden of injuries throughout the country.

Injury Deaths Compared to Other Leading Causes of Death for Persons Aged 1-44, United States, 2011



Note: Injury includes unintentional injury, homicide, suicide, legal intervention, and those of undetermined intent. Non-communicable diseases include cancer, cardiovascular, kidney, respiratory, liver, diabetes, and other diseases. Infectious diseases include HIV, influenza, pneumonia, tuberculosis, and other infectious diseases. **Image Source:** Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Leading Causes of Death (http://www.cdc.gov/injury/overview/leading_cod.html). **Data Source:** Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (<http://www.cdc.gov/injury/wisqars/>).

“When we succeed, we change expectations about what is possible.”

-Building Safer States (2013)

“If we’re going to lower the number of injuries in America, we need to redouble efforts. We need to adopt, implement, and enforce evidence-based approaches, and increase public awareness of ways we can all keep ourselves and our families safe.” -Jeffrey Levi, Trust for America’s Health

1. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (NCIPC): Web-based Injury Statistics Query and Reporting System (WISQARS). <http://www.cdc.gov/injury/wisqars>.
2. Centers for Disease Control and Prevention, National Center for Health Statistics: Health, United States, 2012: With Special Feature on Emergency Care. [http://www.cdc.gov/nchs/data/12.pdf#087](http://www.cdc.gov/nchs/data/hus/12.pdf#087).
3. Corso P, Finkelstein E, Miller T, et al. Incidence and lifetime costs of injuries in the United States. *Injury Prevention*. 2006;12(4):212-218.

Programs & Services

STAT

Launched in 1999, the goal of the STAT program is to enhance the organizational capacity of state health department injury and violence prevention (IVP) programs. This is accomplished by having peers and experts conduct an on-site, point-in-time assessment of a state IVP program to provide recommendations for improvement. In 2013/2014, the standards and indicators for STAT were updated to reflect changes in the field and process improvements identified by teams and visited states. In 2014, Safe States conducted a STAT (State Technical Assessment Team) visit in the state of Washington. The 2014 STAT team included IVP professionals from state and local IVP programs, as well as representatives from national agencies. Thirty six states have received a STAT visit since 1999, for an overall total of 37 visits (including the first repeat visit in 2013).

The STAT assessment focuses on three core components as well as three cross cutting components, representing what is currently known and understood about creating and sustaining effective state health department IVP programs.



CORE COMPONENTS

- Data & Surveillance;
- Infrastructure; and
- Policy & Program Strategies.

CROSS CUTTING COMPONENTS

- Communications;
- Partnerships; and
- Technical Assistance and Training.

STAT, Cont.

Washington received a report on its injury and violence prevention program that included a point-in-time assessment of each area, as well as recommendations for future program improvement.

Innovative Initiatives

This national award honors an innovative and creative program with the potential to substantially decrease injuries and violence throughout a state or local community.

In 2014, the prestigious “Innovative Initiative of the Year” Award was presented to the Comprehensive Concussion Program of Bucks County for their development of a

comprehensive approach to concussion education and management for middle and high school

students. The program mandates education for all student athletes and coaches; baseline ImPACT testing for all contact sport athletes; recommended concussion education for all teachers and staff and parents; and for all participating schools to develop a school policy and procedure for the recognition and treatment of concussion. The program grew quickly to include 21 high schools and middle school with over 6,000 students participating.



The 2014 finalists included:

- *It's Everybody's Business: Prevent Domestic and Sexual Violence*, from the Rape and Abuse Crisis Center in Fargo, North Dakota
- *Bullying and Suicide Prevention with Students Who Are (or Perceived to Be) GLTBQ*, from the Family Violence Prevention Project for the YWCA of Greater Cincinnati, Ohio
- *Keep Them STEAD! Implementation of a Hospital-Based Fall Prevention Program*, from Parkland Health & Hospital Systems in Dallas, Texas
- *Responding to the Epidemic: The Nation's First Elder Abuse Forensics Center*, from the University of California at Irvine School of Medicine in Irvine, California

Programs & Services

Core VIPP Evaluation

The Safe States Alliance, in partnership with the Society for the Advancement of Violence and Injury Research (SAVIR), has a five-year cooperative agreement with CDC to evaluate its Core Violence and Injury Prevention Program (Core VIPP). Core VIPP funds 20 state IVP programs to build and maintain their capacity to disseminate, implement, and evaluate evidence-based/best practice programs and policies. Safe States and SAVIR are conducting outcome evaluations of four Core VIPP programs: the Base Integration Component (BIC) and three of the four Expanded Component programs – Motor Vehicle Child Injury Prevention Policy (MVP), Regional Network Leaders (RNLs), and Surveillance Quality Improvement (SQI). The primary purpose of the evaluation is to assess the merit, value, and worth of Core VIPP and any process improvements that can be made to the program during the project period.

During Year 3 of this five-year cooperative agreement, the Safe States Evaluation Team worked with CDC to develop and publish a major report titled, *Core VIPP: Base Integration Component Capacity Indicator Report, Program Year 2*. This report summarizes evaluation findings from the second year of the BIC program using data from states' annual progress reports, an annual survey designed to measure states' organizational capacity for BIC, and key informant interviews with state program staff. The Safe States Evaluation Team also developed individual BIC evaluation reports for each of the 20 state grantees and evaluation status reports that summarized Program Year 1-2 findings for each of the three expanded components. In the upcoming year, the Evaluation Team will produce a BIC "midpoint" report, which will summarize and trend evaluation findings across the first three years of the BIC program.

ISWs

Since 1998, the Safe States Alliance convened experts in a variety of disciplines through Injury Surveillance Workgroups (ISWs). ISWs are regularly convened to examine important injury surveillance issues and challenges facing state IVP programs and to develop consensus-based recommendations to address these issues. The Safe States Alliance serves as the lead organization and convenes the ISW, with funding support through cooperative agreements with the CDC Injury Center and the National Highway Traffic Safety Administration (NHTSA).

In April 2014, the Safe States Alliance convened experts in Washington, DC to kick-off the eighth ISW, which will identify consensus recommendations for improving state-based surveillance of pedestrian injury. The ISW

ISW Cont.

includes several task groups that will each provide information related to the compilation and focus of the final recommendations report. Each task group, as well as the full ISW, will meet monthly throughout 2015 to develop the content for the report. The completed recommendations report – scheduled to be released in early 2016 – will be developed for state health department epidemiologists and other data professionals to enhance their surveillance of pedestrian injury and to advance pedestrian injury prevention efforts.

NVDRS

In 2002, CDC received funding to create National Violent Death Reporting System (NVDRS). The NVDRS is a state-based surveillance system collecting facts from different sources about the same incident. Information from death certificates, police reports, coroner or medical examiner reports, and other sources is linked into a usable, anonymous database. As NVDRS data become available, state and local violence prevention practitioners use it to guide their prevention programs, policies and practices. The Safe States Alliance supports the NVDRS program through:

- Planning and convening NVDRS Reverse Site Visits with CDC;
- Facilitating the NVDRS Special Interest Group (SIG);
- Supporting NVDRS-specific webinars and sessions at the Safe States annual meeting; and
- Other additional or special projects as needed.

In FY 2014, Safe States lead and/or supported the following NVDRS activities:

- Disseminating a special storytelling report in January 2014 titled *NVDRS: Stories from the Frontlines of Violent Death Surveillance*. The report provides a unique way to communicate how the NVDRS works and how it benefits the states participating in it.
- Supporting a survey and sharing results regarding challenges among states not currently funded for NVDRS.
- Conducting a webinar, *What It Takes to Be a Successful NVDRS State: Practical Tips for States Interested in Applying for NVDRS Funding*.
- Supporting events at the 2014 Safe States Annual Meeting, including a capacity building session, an in-person SIG meeting, and a poster session on the new storytelling project, *NVDRS: Stories from the Frontlines of Violent Death Surveillance*.

Education & Events

Web-Based Trainings

Throughout the year, Safe States offered webinars to enhance member proficiency in all Core Competencies for Injury and Violence Prevention as described by the National Training Initiative (NTI). During FY 2014, we offered nine webinars including such topics as disaster epidemiology, NVDRS, Core Funding, WISQARS, policy, and social media for IVP. Four of our webinars were conducted in partnership with the CDC Injury Center, two were facilitated by Safe States Special Interest Groups (SIGs), and three were offered directly by the Safe States Alliance.

“I rely on the Safe States Alliance to keep me informed about the national trends in injury and violence prevention. They do this by providing the field of injury prevention with quality webinars, educational opportunities at the national conference and important advocacy and funding alerts. Safe States Alliance advocates for increased funding and improved policies that support the advancement of injury and violence prevention.” -Jason Kerkman, Nebraska Department of Health and Human Services

2014 Annual Meeting

From May 20-22, 2014, injury and violence prevention experts from across the country convened in Atlanta, GA, to attend the 2014 Annual Meeting of the Safe States Alliance. The theme of this year's meeting was “*Safer Communities, a Healthier Nation*,” and it featured general sessions, panels, workshops, concurrent sessions, poster presentations, and a dynamic plenary address. The meeting sessions focused on how injury and violence prevention professionals from communities across the nation are diligently working to create a safer nation for us all.



member Susan LaFlash from the state of Wisconsin, and Dr. Melissa Merrick from the National Center for Injury Prevention and Control named “*Looking at Adverse Childhood Experiences through an IVP Lens*,” another exciting Q&A session featuring Dr. Daniel M. Sosin (then Acting Director, CDC Injury Center); and the Closing Plenary Panel Session, “*National and Federal Responses to the Rx Drug Abuse Epidemic*,” featuring Dr. CeCe Spitznas from the Office of National Drug Control Policy, Dr. Grant Baldwin from the National Center for Injury Prevention and Control, Robert Lubran from the Center for Substance Abuse Treatment, and Dr. Terry Cline from the Oklahoma State Board of Health.



Meeting highlights included: an opening plenary and keynote address from Dr. Camara Jones entitled “*Broadening the Context for Injury and Violence Prevention: A Cliff Analogy and a Gardener’s Tale*,” a dynamic panel session featuring

Safe States paid tribute and honored the memory of Lynn Jenkins, an NCIPC staff member, who worked tirelessly in the field of IVP. Lynn passed away in 2014, and will be dearly missed by the field.

Membership

By the end of the 2013 fiscal year, the Safe States had a total of **511** members. While the majority of Safe States members were from state health departments, members also came from a variety of other organizations including local health departments, hospitals, universities, and other non-profit organizations.

Special Interest Groups (SIGs)

SIGs are forums for Safe States Alliance members sharing similar interests or specialties in the field of injury and violence prevention. They provide members with an opportunity to exchange ideas and stay informed about current developments in the field. SIGs are semi-autonomous networks created and maintained by members. 2014 SIGs Included:

- Disaster Epidemiology
- Hospital Injury Prevention SIG - **New in 2014!**
- Local Injury Prevention
- National Violent Death Reporting System (NVDRS)
- Partner and Sexual Violence Prevention
- Safe States Alliance State Designated Representatives



Safe States Exchange

The *Safe States Exchange* is an online community designed to facilitate networking, relationship-building, and information exchange between Safe States members. Through the *Exchange*, members can share resources, articles, ask questions, and interact with one another for peer-to-peer networking. In 2014, the *Exchange* was migrated to our new membership database. Training was offered, and tips were regularly sent to members to assist in utilizing the new system effectively.

“The new Exchange provides such an exciting opportunity to expand how the Hospital Injury Prevention SIG communicates. It helps keep us connected without adding additional meetings to our busy schedules.” - Becky Turpin, University of Wisconsin Hospital and Clinics

2014 Safe States Awards

Alex Kelter Vision Award

This award was introduced in 2003 as Safe States Alliance's highest honor and recognizes individuals who have brought leadership and vision to the field of injury and violence prevention.

2014 Award Winner: Trisha Keller with the Utah Department of Health



Innovative Initiative Award

The only award selected exclusively by the Safe States membership, the Innovative Initiative of the Year Award is presented to a Safe States member who has implemented a unique and creative program, activity, or project that has the potential to substantially decrease injuries and violence in the communities that they serve.

2014 Award Winner: Kimberly Everett with St. Mary Medical Center, for the "Comprehensive Concussion Program of Bucks County"



Partner of the Year Award

This award acknowledges the contributions of an organization or sponsor for furthering the mission of the Safe States Alliance. Such contributions would include, but not be limited to, providing financial support for Safe States Alliance activities or by providing states with injury prevention funding or equipment (e.g., bicycle helmets, child safety seats, etc.), or through significant partnership and collaboration throughout the past year.

2014 Award Winner: Association of State and Territorial Health Officials (ASTHO)



Rising Star Award

It is of vital importance to recognize new professionals making strides in the discipline of injury and violence prevention. The Rising Star Award recognizes individuals who have been working in the field for less than five years.

2014 Award Winner: Julie Alonso with the Washington State Injury and Violence Prevention Program

(Kathy Williams accepted the award on Julie's behalf)



2014 Safe States Awards

President's Award

This award is presented to a member who has been instrumental in assisting the Safe States President in achieving the organizational priorities of Safe States.

2014 Award Winner: Brian Wyant with the Pennsylvania Department of Health



Local/Community Prevention Program Achievement Award

This award recognizes a local health department or community-based injury and violence prevention program that has implemented an innovative approach to maintain or grow their program's infrastructure. Nominees must meet at least a few of the core components such as a program infrastructure, evidence of coalition building, surveillance, strategic plan and stable funding.

2014 Award Winner: Stewart Williams with the Dell Children's Medical Center of Central Texas



IVP Champion Award

The IVP Champion Award is given to a person or organization who makes significant strides in the advancement of IVP priorities.

2014 Award Winner: Paul Bonta with the American College of Preventative Medicine (ACPM)



Each year, the Safe States Alliance recognizes and honors members for their contributions to Safe States and their commitment to the field of injury and violence prevention.

Advocacy & Policy

2014 Policy Agenda

The Safe States Alliance developed and released updates to the policy agenda, identifying key advocacy priorities, as well as issues to monitor and support the efforts of partner organizations. Throughout the past year, Safe States has prepared issue briefs and fact sheets; submitted testimony to Congressional committees; and created more than 20 advocacy alert messages for Safe States members to encourage grassroots outreach. Additionally, Safe States staff and members conducted more than 100 visits to Congressional and Administration staff, a 58 percent increase over visits in 2013.

Hill Day

Safe States hosted its annual Hill Day on April 2, 2014 in Washington D.C. Thirteen state members and two Safe States staff members conducted educational visits to share information about the work of injury and violence prevention programs and Safe States policy priorities. Visits were conducted with more than 80 House and Senate offices.



IVPN

Safe States Alliance continues to convene and facilitate a national group of organizations that care about injury and violence prevention. This coalition, known as the Injury and Violence Prevention Network (IVPN), includes more than 50 organizations nationwide and meets at least monthly to share information, coordinate and collaborate on joint policy and advocacy strategies. Together, members of the IVPN:



- Met with CDC Director, Dr. Tom Frieden, to discuss critical IVP issues including the prescription drug overdose epidemic;
- Held an annual meeting with CDC Injury Center leaders in Washington, D.C.;
- Co-sponsored a Hill briefing on Strategies to Address Prescription Drug Abuse; and
- Conducted joint meetings with Congressional appropriations committee staff and other administration officials.

Additionally, Safe States prepared and shared new communication tools to support education and advocacy efforts among IVPN members.

“A vital aspect to raising awareness of the burden of injury and violence in our nation is through policy and advocacy initiatives. Safe States Alliance has been at the forefront of these initiatives, whether through written communication to Congressional member, in-person Hill visits, or the development of policy/position statements. These efforts have made injury and violence prevention funding stay on the national agenda.” -Michael Bauer, Vice President, Policy Vice-Chair

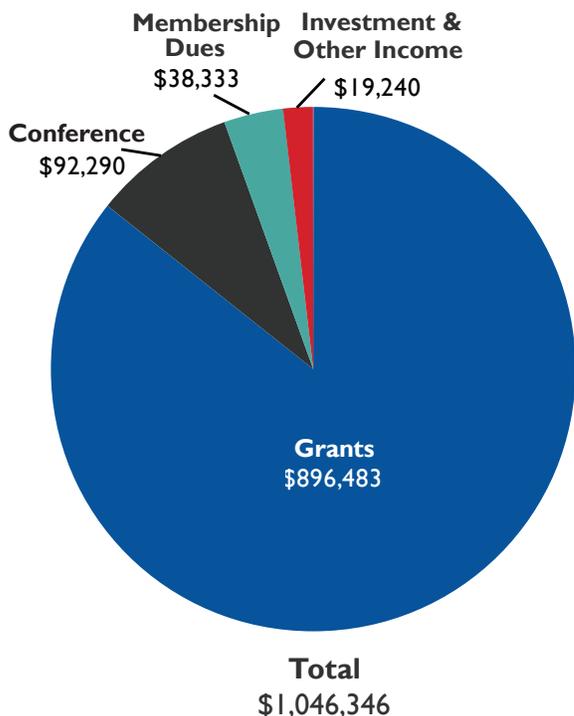
Financial Report

Safe States is committed to responsible financial management. The Safe States Executive Committee and staff work together to ensure all financial matters are addressed with care, and financial decisions are handled with integrity and are made in the best interests of the organization.

The Safe States accounting policies, adopted by the Executive Committee, focus on:

- Safeguarding Safe States' assets;
- Ensuring accurate record-keeping and maintenance of Safe States' financial activities;
- Providing a framework of operating standards and behavioral expectations; and
- Ensuring compliance with federal, state, and local legal and reporting requirements.

For 2014, revenues amounted to \$1,046,346 and net assets at year-end totaled \$264,302. Safe States received an unqualified opinion from its independent auditors, Brooks, McGinnis & Company, LLC, indicating that the organization's financial statements comply with accepted accounting procedures. Safe States continues to focus on expanding its reserves, while also balancing a commitment to membership services and funding requirements.



SAFE STATES FINANCIAL REPORT

	2014	2013	2012
Assets			
Cash & cash equivalents	131,489	135,661	173,382
Investments	110,287	96,323	82,434
Grants receivable	99,249	164,797	133,686
Accounts Receivable	0	0	0
Prepaid expenses	19,914	11,690	16,400
Property & equipment, net	7,312	9,529	966
Deposits	0	0	4,311
Total Assets	\$368,251	\$418,000	\$411,179
Liabilities			
Accounts payable	32,897	44,112	48,630
Accrued expenses	53,361	52,442	44,411
Deferred revenue	17,691	14,929	20,980
Total Liabilities	\$103,949	\$111,483	\$114,021
Unrestricted Net Assets	\$264,302	\$306,517	\$297,158
Public Support and Revenues			
Grants	896,483	977,724	850,473
Conference Registration	92,290	196,000	151,263
Membership Dues	38,333	37,354	36,437
Contributions	0	0	0
Program Service Fees	0	0	0
Investment & other income	19,240	28,668	21,814
Total Public Support & Revenues	\$1,046,346	\$1,239,746	\$1,059,987
Expenses			
Program Services	939,730	980,957	868,857
Management and general	148,831	249,430	153,224
Total Expenses	\$1,088,561	\$1,230,387	\$1,022,081
Change in Net Assets	(\$42,215)	\$9,359	\$37,906

Safe States Leadership

EXECUTIVE COMMITTEE



Carol Thornton, President
Lori Haskett, Past President
Lisa VanderWerf-Hourigan, Vice-President
Lindsey Myers, Secretary
Linda Scarpetta, Treasurer
Michael Bauer, Member-at-Large
Mary Borges, Member-at-Large
Anara Guard, Member-at-Large
Jason Kerkman, Member-at-Large
Stephania Sidberry, Member-at-Large
Becky Turpin, Member-at-Large
Stewart Williams, Member-at-Large

COMMITTEE CHAIRS

Membership Engagement Committee:

Teresa Belew, Chair
Dan Dao, Vice-Chair

Policy Committee

Alan Dellapenna, Chair
Michael Bauer, Vice-Chair

Finance/Audit Committee

Lori Haskett, Chair
Lisa VanderWerf-Hourigan, Vice-Chair

Leadership Development

Binnie LeHew, Chair
Tomi St Mars, Vice-Chair

STAFF



Amber N. Williams
Executive Director



Jamila Porter
Director



Ashley Pruett
Director



Michelle Wynn
Operations Director



Ina Allicott
Evaluation & Technical
Assistance Coordinator



LaKaya Brittian-Quander
Meetings &
Administrative Specialist



Kristen Lindemer
Program Coordinator



Stephanie Maltz
Government
Relations Consultant

Not Pictured:
Shenee Reid Bryan
Evaluation Specialist

Looking Forward

In **2015**, the Safe States Alliance looks forward to:

- Strengthening our role as a **national advocate**, convener, and voice for injury and violence prevention; including our annual Hill Day in Washington, D.C. and support for the Injury and Violence Prevention Network;
- Releasing important **new reports**, including the 2013 State of the States report;
- Increasing **member engagement** through opportunities to exchange resources, experiences, and ideas through Special Interest Groups (SIGs) and the Safe States Exchange;
- Finalizing and beginning implementation of a **workforce development strategic plan** for current and future IVP practitioners;
- Providing **year-round trainings** and professional development opportunities, both in-person and virtually;
- Continuing the multi-year **evaluation** of the Core Violence and Injury Prevention Program;
- Hosting a **dynamic Annual Meeting** in Atlanta, GA in alignment with the CDC Core Violence and Injury Prevention Program Grantees Meeting; and
- Enhancing **membership services** to improve our efforts to advance injury and violence prevention practice.





SAFE STATES

www.SAFESTATES.org



@SafeStates



Group: Safe States Alliance

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