SUMMARY OF SURVEY FINDINGS

To describe the current state of Level I and II trauma center-based IVP programs, an online survey was conducted during the summer of 2017 with trauma centers across the United States. Survey questions were designed to gather information related to the five core components described below: leadership, resources, data, interventions, and partnerships. Approximately 591 trauma centers were invited to participate in the survey and responses were received from 316 (53%).

Key findings from the survey include:

- Nearly all the IVP programs represented in the survey are located within the hospital’s trauma center; very few programs are located in departments such as marketing or public relations.
- The majority of injury prevention coordinators who responded to the survey report to someone in the trauma department; very few report to someone in the marketing or public relations department.
- Almost half of IVP programs do not have access to an epidemiologist or other data professional.
- While IVP data are often used for program planning and reporting, data (especially outcome data) are less commonly used for program monitoring and evaluation.
- IVP programs frequently use process data to assess program reach or implementation; however, IVP programs less often use outcome data to assess the impact of their interventions.
- All of the top ten topics addressed by IVP programs are related to injury prevention; none of the top ten topics are related to violence prevention.
- The main challenges related to interventions include limited resources, difficulty finding evidence-based interventions, and complexity of assessing the impact of IVP interventions.
- Although satisfaction with partnerships is generally high and IVP programs report fairly strong relationships with state and local health departments, IVP programs tend to be less satisfied with their partnerships with state and local health department partners as compared to other types of external and internal partners.
- Challenges to expanding and strengthening partnerships between trauma center IVP programs and public health agencies include limited resources, data sharing issues, competing priorities, staff turnover, and difficulties in locating the most appropriate contact within the health department.
• The vast majority of respondents are **fully or partially satisfied with the support they receive from hospital leadership**. However, fewer than half of IVP programs feel that they have **sufficient** staff or funding for the programs to carry out their activities.

• Approximately **three out of four trauma center IVP programs operate with a total annual budget of $100,000 or less** (inclusive of salaries).

• Although trauma center-based injury prevention coordinators tend to have significant experience in the field, nearly **one-third reported that they did not participate in any IVP training** during the past five years.

These findings provide insights into the current state of trauma center-based IVP programs, describe the challenges faced by these programs, and highlight opportunities to expand, leverage, and build upon the work already being done in trauma center IVP programs. In addition to providing a comprehensive picture of the current state of trauma center IVP programs, the findings from the survey can inform future activities, including the dissemination and implementation of standards and indicators for model trauma center IVP programs.