

Integrated Strategies for Preventing Injury and Violence

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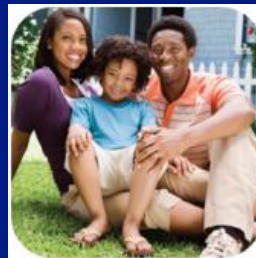
Keynote Address



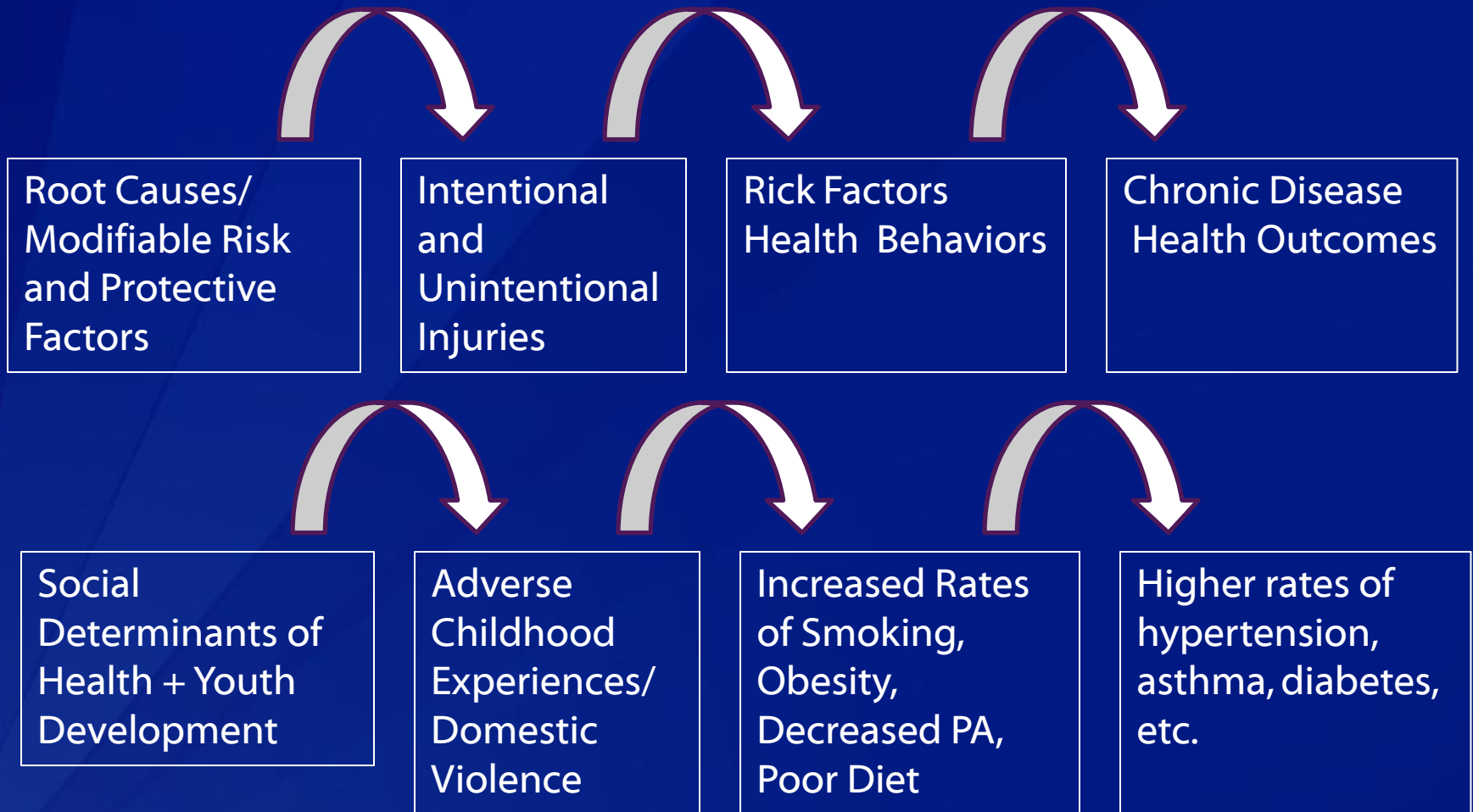
Program Integration

Why should we be interested?

Injury & Violence Prevention AND Chronic Disease



Injury & Violence Prevention and Chronic Disease Relationship



Shared Risk & Protective Factors: Social Ecological Framework

Based on S. Thoreson: Bridging the Gap between UI & VP

- Individual
- Interpersonal/Relationships
- Community
- Society

Risk & Protective Factors: Overweight in Adolescents

- **Risk Factors**

- Poor body image
- Teasing by parents and peers due to weight
- Poor nutritional knowledge
- Fast Food
- Physical inactivity

- **Protective Factors**

- Self-esteem
- Self-efficacy
- Family meal environment
- Regular meals
- Healthy food available
- Physical activity

Neumark-Sztainer DR, Wall, MW, Haines JE, et. al. (2007). Shared Risk and Protective Factors for Overweight and Disordered Eating in Adolescents. *Am J Prev Med*,33(5),359-1369.

Based on S. Thoreson: Bridging the Gap between UI & VP

Risk & Protective Factors: Older Adult Fall Prevention

- **Risk Factors**

- Home hazards
- Co-morbidities
- Fear of falling
- Polypharmacy
- Perceptions of aging
- Social isolation
- Physical inactivity

- **Protective Factors**

- Home modifications
- Drug/vision review
- Hip protectors
- Self-efficacy
- Social programs
- Balance retraining
- Active community environments
- Healthy aging

Program Integration

What do we need to consider?

The NCIPC Example



NCIPC's Strategy

Drivers	Intention	Strategic Targets
<i>Workforce</i>	Recruit, develop and retain a capable, motivated and diverse workforce.	
<i>Science</i>	Grow the science base and its use for injury and violence prevention and control.	Increase evidence-based interventions being used in the field.
<i>Priorities</i>	Focus resources on evidenced-based strategies ready for dissemination.	Increase the number of tools supporting the implementation of evidence-based interventions.
<i>Partnership</i>	Develop and strengthen partnerships to address injury and violence prevention and control.	Increase partners' dissemination and integration of tools supporting the implementation of evidence-based interventions.

Objectives for Program Development and Integration

- Increase program/activity sustainability
- Increase evidence base through evaluation
- Increase support for state/local public health departments for injury and violence prevention and control

NCIPC Example

Center	Constituent Groups	Strategies for Execution	Strategy Planning
Divisions			Implementation Support
			Public Health Practice
			Communication
			Partnerships
National Injury & Violence Prevention Programs	Evaluation/ Monitoring		
External Injury & Violence Prevention Organizations			

Strategies for Execution

What does it look like?

	Strategy Planning	Implement Support	Public Health Practice	Communicat'	Partnerships	Evaluation/ Monitoring
Center	Develop Program Development & Integration Strategies for B4, C2, D2	Integrate NCIPC priorities w/ other CDC programs	Develop frameworks to support sustainable implementation	Assess and represent programmatic needs to extend the reach of injury prevention	Assess and represent programmatic needs to extend the reach of injury prevention	Integrate with other National Public Health program evaluation efforts (e.g.PHHS Block Grant)
Divisions	Align and support Program Development & Integration Strategies for B4, C2, D2	Use existing public health frameworks to initiate and sustain integration	Develop community of practice (CoP) models for NCIPC program staff	Develop Prevention support system(s) that integrates injury prevention science into action	Represent Division program priorities to other initiatives and subject areas to integrate the work of NCIPC	Use Knowledge to Action (K2A) structure to develop specific markers for priority progress milestones and ultimate public health impact
National Injury Program	Develop and implement a model to fulfill the Center and Agency mission including asking partners, ASTHO , to champion	Use the NCIPC niche, action able science, to adopt and integrate tools for implementation and resources	Maintain and sustain public health CoP by increasing capacity of state and local ph agencies	Support NCIPC communication team priorities & develop new technology communication interface to lead injury CoP efforts	Integrate with other National Public Health program initiatives (MAAPP)	Align and Integrate <i>NCIPC Priority Progress Logic Model</i> to include ultimate public health impact
External Injury and violence prevention organizations	Develop a logic model to identify additional key organizations	Use the NCIPC niche, action able science, to promote tools for implementation and resources	Extend the reach of NCIPC's public health CoP by increasing capacity of advocates and partners such as SafeKids	Assess and ensure evaluation of the needs of external partners using new technologies	Integrate NCIPC priorities with other National organization program initiatives	Integrate with other National program evaluation efforts

Program Integration

How do we get there?



Levels of Program Integration

- **Cooperation**
 - Exchanging info, altering activities and sharing resources for mutual benefit
- **Coordination**
 - Joint work of *separate parts* to achieve the most effective results possible (intentional efforts to enhance capacity)
- **Integration**
 - Act of combining into an *effective and efficient whole* structural, theoretical and logistical frameworks)

How Does Integration Happen?

A. Collaboration

Recognition that working on our own isn't as valuable as an integrated program

B. Partnerships

- Internal – within our own organizations (often harder than external)
- External – other stakeholders

C. Consensus

Giving up control

What Does Integration Look Like?

A. Strong internal & external communication

- Interpersonal & collegial
- Messaging & framing

B. Purposeful planning

C. Intentional funding for integration

- Seven Convergence Partnership grantee for VP and HEAL

Seven Convergence Partnership VP & HEAL Grantees

Requirements

- Organizations engaged in HEAL
- Organization focused on VP
- Public Health Department
- One youth or young professional

Seven Convergence Partnership VP & HEAL Grantees (cont.)

Project Description

- January 2010
- \$80K for 18 months
- Pilot test 1 – 2 complementary and/or joint strategies
- Evaluation support from CDC/NCIPC/ DVP

Seven Convergence Partnership VP & HEAL Grantees (cont.)

1. Chula Vista, CA
2. Denver, CO
3. Detroit, MI
4. Louisville, KY *
5. Oakland, CA
6. Philadelphia, PA
7. San Diego, CA (Kaiser Permanente)

* CDC UNITY site

Program Integration

Opportunities to Consider



Opportunities from *Chronic Disease & Community Development*

- A. American Recovery and Reinvestment Act 2009 (ARRA)**
 - putting prevention to work in communities
- B. Departments of Housing and Urban Development (HUD) and Transportation (HDOT)**
 - building sustainable communities
- C. President Obama's Promise Neighborhoods**
 - breaking the cycle of generational poverty
- D. Patient Protection and Affordable Care Act (PPACA)**
 - transforming communities (healthy aging and home visits)
- E. President Obama's Healthy Food Financing Initiative**
 - bringing food retailers to underserved communities



**Helping people live life
to their full potential**



Thank You!

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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