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ABSTRACT

AN EVALUATION PLAN FOR GEORGIA'S INJURY PREVENTION PROGRAM

By

JOY N. NGENE

JULY 26, 2021

Abstract: Georgia's injury prevention program (GalPP) exists within the Georgia Department of Public Health's protection division. It is an overarching program that focuses on providing the necessary resources for various injury prevention efforts around Georgia. GalPP's vision is to find a way for "injuries and their burdens to be fully minimized by empowering state and local coalitions through the provision of data, training, coordination, and leadership. This capstone will focus on evaluating GalPP's data management and their need to provide a publicly available system that presents all the current, activity-related programs of GalPP. Recommendations for improving data management for GalPP include (1) a designated group to create and maintain a full-text database, (2) Affiliating the database with the Georgia Department of Health, and (3) focusing specific efforts on the maintenance of the database.

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by

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A Capstone Submitted to the Graduate Faculty
of Georgia State University in Partial Fulfillment
of the
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MASTER OF PUBLIC HEALTH

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APPROVAL PAGE

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Author's Statement Page

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____Joy N Ngene_____
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Introduction

Georgia's injury prevention program (GaIPP) exists within the Georgia Department of Public Health's health protection division. It is an overarching program that focuses on providing the necessary resources for various injury prevention efforts around Georgia. Georgia's IPP vision is to find a way for "injuries and their burdens to be fully minimized by empowering state and local coalitions through the provision of data, training, coordination, leadership. They also leverage resources for programs to achieve a solid foundation for safety culture (Georgia Department of Public Health, n.d.)." The program aims to find comprehensive approaches to prevention that combine existing knowledge of risk factors, policy, and environmental modifications to reduce pain and suffering. It is also the goal of GaIPP to save dollars *and* lives. With the utilization of various technologies and the spread of practical information, IPP has been an essential source of knowledge on the protective value of what are considered "everyday safety measures." Some examples would be the use of safety equipment such as smoke detectors, car seats, and handrails in stairways, etc. Intentional and unintentional injuries combined are the leading cause of premature death in Georgia (CDC, 2021). Therefore, the GaIPP also strives to provide safe and positive environments for at-risk and able-bodied individuals who to live their lives as sustainably and comfortably as can be achieved through simple means. This paper will propose an evaluation plan for IPP to assist GaIPP in better synchronizing their efforts to their goals. For this evaluation, qualitative and quantitative methods are to be used to assess the quality implementation of GaIPP.

Literature review

Injuries pose a considerable threat to public health because they have a significant impact on all individuals *regardless* of age, race, or location. The World Health Organization's VIP works to prevent injuries and violence worldwide. Their overarching goal is to mitigate the

consequences that result from violence and injury. It also aims to enhance the quality of life for people with disabilities, regardless of the cause of their disability. According to VIP, greater than 1,500,000 people lose their lives to violence every year (WHO, 2021). VIP's programs and information center collects many valuable materials on global injury data and works hard to achieve its objectives of raising awareness, analyzing and disseminating data, fostering multisectoral networks and partnerships, and more (WHO, 2021).

In addition to VIP, Health People 2020 is another great resource surrounding public health impacts and outcomes, especially as they pertain to violence and injury prevention. Healthy People 2020 is a national 10-year agenda aimed at improving health across the country (Healthy People, 2020). It provides objectives, establishes benchmarks, and monitors the progress of prevention programs. One of the "Leading Health Indicators" defined by Health People 2020 (LHI) is Injury and Violence. In the United States, motor vehicle crashes, domestic violence, homicide, and child neglect and abuse are just a few of the U.S.'s most dire public health concerns. In fact, unintentional and violent injuries are among the top 15 causes of injury and violence and affect Americans of all backgrounds and ages (Healthy People, 2020). In order to educate the public and mitigate these outcomes, Healthy People provides data, resources, and program materials to prevent injury and violence in the United States.

The Centers for Disease Control and Prevention's Injury Center is another important entity that works more to prevent injuries and violence in the United States (CDC, 2021). Through leadership, federally funded projects and programs, data studies, and more, they are at the forefront of injury and violence prevention strategies (CDC, 2021). The CDC's approach to injury prevention is similar to their approach for disease prevention: they utilize scientific

methods to prevent injuries and solve possible large-scale public health risk identification, and they provide suggestions and findings through recommendations and protective factors (2021).

Here in Georgia, the IPP started as a single project with a grant from the Governor's Office of Highway Safety (GOHS) in 1988 and the support of Safe Kids Georgia at Egleston Children's Hospital (Injury Prevention Strategic Plan, n.d.). In 1991, with the addition of more grants, GaIPP's scope grew. More staff were hired, and best practices and recommendations were developed in order to support more partners and coalitions (Injury Prevention Strategic Plan, n.d.). Now, these community partners (**listed under program stakeholders**) work closely in various ways to fulfill the greater mission of IPP: **reducing injuries to Georgia's citizens**.

GaIPP's mission is essential to the public health and safety of Georgians for several reasons. The economic burden of traumatic injury includes both direct health care costs from hospital and emergency rooms visits, and indirect lost productivity costs from resulting disability. These costs are estimated to be over \$200 billion per year (Newcomb, 2020). The CDC's exemplary Traumatic Injury Prevention Program (TIPP) aims to reduce and prevent work-related injury and death across all industries due to acute trauma or violence. It cites that an important goal of injury prevention work is to work closely with partners across industries, trade associations, professional organizations, other government agencies, and academia. CDC's TIPP has selected research priorities based on the burden, need, and impact of injury prevention objectives and collaborated with other National Institute of Occupational Safety and Health (NIOSH) research programs to write research goals. The priority areas of traumatic injury research based on their findings include: preventing fatal and nonfatal injuries among high-risk workers in the agriculture, forestry, and fishing sector including falls, machine-related incidents,

and falling overboard fishing vessels, preventing motor vehicle crashes among oil and gas extraction workers, reducing falls among services workers, and much more (CDC, 2019).

Link to Program

Unlike the CDC, Georgia's IPP focuses on non-traumatic and extensive injury. The various partners involved in Georgia's IPP are working together to prevent more common situational injuries among Georgians. In partnership with Emory's School of Public Health Injury Prevention Center, Emory School of Medicine, Bright from the Start, the Georgia Department of Education, and many more Georgia affiliates, GaIPP is working towards addressing the necessary aspects of injury prevention. GaIPP aims to function as a state provider of technical assistance and a builder of community groups and measures that keep the population safe. Additionally, GaIPP is a provider of injury data for communities across the state. GaIPP aims to provide knowledge on using safety equipment and provide general support to local and state coalitions working towards reducing injury through prevention and educational efforts. Because injury prevention is such a broad and varied discipline, IPP's goal is also comprehensive. Its mission is to "reduce the risk of injury and prevent injuries through changes in the environment, individual behavior, products, or policy (Georgia Department of Public Health n.d.)."

Program Description and Objective

The Injury Prevention Program (IPP) resides within the Georgia Department of Public Health, Division of Health Protection. The main functions of the GaIPP include multiple aspects. The program addresses (Georgia Department of Health, n.d.):

- "The provision of technical assistance in program evaluation and coalition building to local community groups;
- "The provision of injury data to community groups and the public at large;

- "The distribution of safety equipment such as bassinets and child safety seats;
- "The dissemination of knowledge on the proper use of safety equipment;
- "The provision of general support to local and state coalitions in helping promote safe and injury-free lifestyles and behaviors."

GaIPP is funded primarily by grants from the Centers for Disease Control and Prevention (CDC), the state's GOHS, and the Maternal and Child Health Section (DPH MCH). GaIPP also works closely with its partners to fulfill its mission of reducing injuries among Georgians. These partners culminate in the Georgia Injury Prevention Planning group, where they provide the necessary direction, input, and work to guide injury prevention efforts in Georgia (Injury Prevention Strategic plan, n.d.). They aim to create a safer state, where injuries and their burdens are minimized via the empowerment of state and local coalitions. The data housed by and assistance of GaIPP and its various partners programs works toward realizing five goals.

The first goal is to "continue building a sound and sustainable infrastructure for Injury Prevention, including leadership, funding, data, policy, and program evaluation." A measure of success for this goal includes developing a statewide network that is electronic and capable of being maintained across GaIPP's various projects. Currently, there are multiple *separate* databases for data collected for workplace falls, highway accidents, etc. However, this is not amenable to GaIPP's goal of providing easily accessible information on GaIPP's involvement and resources for injury prevention efforts across the state. (Georgia Department of Health, n.d.).

The second goal is to "integrate injury and violence prevention supports and efforts into other relevant institutions and programs." To properly achieve this goal, there will need to be a review of external program initiatives. Additionally, potential intersections between GaIPP and other potential partners should be identified to promote cross-sectoral collaboration. Of course, the

process would have to be measured by the number of collaborative opportunities initiated by GaIPP (Georgia Department of Health, n.d.). The third goal is to "establish a collaborative effort to provide statewide direction and focus for fall-related injury prevention across the lifespan."

The Georgia Injury Prevention Advisory Council (GIPAC) is looking for improvement. There is a need to convene monthly Georgia Fall Prevention Coalition meetings, expand the scope of fall prevention activities, and implement a fall prevention plan for all of Georgia. This goal and its expectations will remain unfulfilled without these efforts (Georgia Department of Health, n.d.).

The fourth goal is to establish a collaborative effort to provide statewide direction and focus on injury prevention among children and women of child-bearing years. There are plans to work with programs like the "Keeping Kids Safe" hospital training program and Georgia's Child Passenger Seat Program in order to accomplish collaborative objectives. These are mother-centered programs providing training and support for individuals working closely with Georgia's mothers and children. The goal is to provide the support they need whether it be economic, social, or health-related (Georgia Department of Health, n.d.). The fifth goal is to "enhance the skills, knowledge, and resources of Georgia's injury prevention workforce by providing technical support and training." GaIPP wants to achieve this goal by incorporating specific announcements into leadership meetings, building a library of injury prevention resources to be loaned out, continue to connect research to practice, and much more (Georgia Department of Health, n.d.)

Program Stakeholders

Stakeholders are groups with a vested interest in the proposed change of a program and can influence or impact the success of that change. Stakeholders provide a significant amount of knowledge about current best-practices, historical information, and industry insight. The more you engage and involve stakeholders, the more likely a program is to reduce your project's risks.

Also, the more regularly you engage and involve stakeholders from the start, the more likely you will have a positive project conclusion.

GaIPP's current stakeholders

- **Division of Public Health:** Using information gathered in our research, CDC develops strategies to prevent injuries and their consequences. These strategies are then implemented in communities that are experiencing the issue, and effects of these strategies are studied to determine their efficacy. This data is used to identify elements that may need to change or existing gaps in existing strategies.
 - **Georgia Health Policy Center:** GHPC provides evidence-based research, program development, and policy guidance on local, state, and national levels to improve health status at the community level. The center conducts, analyzes, and disseminates qualitative and quantitative findings to connect decision-makers with the objective research and guidance needed to make informed decisions about health policy and programs. Today, GHPC is at work in more than 220 communities in all 50 states, helping our nation improve its health status.
- **Emory University Rollins School of Public Health**
 - **Injury Prevention Research Center at Emory & Emory University School of Medicine.** This institute mobilizes partners, utilizes its resources, and disseminates research findings to promote drug safety, transportation safety, violence prevention, falls prevention, and traumatic brain injuries.
 - **Georgia Brain and Spinal Injury Trust Fund Commission:** The Brain and Spinal Injury Trust Fund Commission provides grants to Georgians for post-acute care and rehabilitation for traumatic brain and spinal cord injury. The Trust Fund

awards grants in many categories of assistance such as transportation, assistive technology, medical and rehabilitative care, home access modifications, personal support services, and durable medical equipment.

- **Division of Aging Services:** The Department of Human Services (DHS) Division of Aging Services (DAS) is the federally designated unit on aging for Georgia. DAS is committed to assisting older individuals, at-risk adults, persons with disabilities, their families, and caregivers so that they may achieve safe, healthy, and independent lives (aging.georgia.gov).
- **Department of Behavioral Health and Developmental Disabilities:**
- **Georgia Commission on Family Violence:** A leading organization exemplifying the best ways to prevent and respond to family violence. They believe that a coordinated community response is the best way to address family violence. Certified Family Violence Intervention Programs (FVIPs) are 24-week programs designed to rehabilitate family violence offenders by holding them accountable and prioritizing victim safety.
- **Georgia Coalition Against Domestic Violence:** GCADV envisions a Georgia free of domestic violence. The goal of GCADV is to empower survivors and the programs that serve them, educate the public, and advocate for responsive public policy. GCADV fosters quality services for victims by increasing the capacity of members and service providers and by mobilizing a statewide voice to improve public policy development that helps victims and prevents DV. GCADV also holds seminars and classes that educate the public on how to prevent domestic violence.

- **Bright From the Start: Georgia Department of Early Care and Learning:**

The Georgia Department of Early Care and Learning enhances children's early education experience to promote their academic, social-emotional, and physical development in partnership with families, communities, the early care and education industry, and various stakeholders. It is the vision of Bright From the Start to give every child in Georgia access to high-quality early care and education regardless of family income or location.

- **Georgia Firefighters Burn Foundation:** The mission of the Georgia Firefighter burn foundation is to partner with the fire service and burn care community to provide fire safety and prevention education, support medical facilities, and assist burn survivors in the road to recovery.

- **Georgia Office of Insurance and Safety Fire Commissioner's Office:** The mission of the Office of the Insurance and Safety Fire Commissioner (OCI) is to protect Georgia families by providing access to vital insurance products and safe buildings through fair regulation that creates economic opportunities for all Georgians.

- **Georgia Network of Children's Advocacy Centers:** the mission of CAC Georgia is to provide a rich assortment of technical assistance and state-of-the-art training opportunities for local CACs, their board members, and their multidisciplinary team members. They hold trainings such as the Medical and Mental Health Summits and World Day for the Prevention of Child Abuse Conference, held annually in November. All the while, CACGA staff and member center professionals successfully take a national leadership role with other state

networks, with the National Children's Advocacy Center, the National Children's Alliance, and other like-minded organizations. It also provides additional professional opportunities for all of its member Centers (cacga.org, n.d.).

- **SAFE KIDS of Georgia:** the mission of SAFE KIDS is leading an innovative statewide network of health educators that provide injury prevention education, enforcement, and safety equipment for Georgia's children from birth to 19 years old. Their goal is to have Georgia's children have a safe place to grow up and enjoy life without worrying about unintentional injuries. In addition, through the National Association of Insurance Commissioners (NAIC), U.S. insurance regulators establish national standards and best practices, conduct peer reviews, and coordinate their regulatory oversight to protect the interests of consumers while ensuring a robust and viable marketplace. U.S. insurance regulators also participate in the International Association of Insurance Supervisors (IAIS) for major standard-setting initiatives, including working with fellow regulators from around the world. An effort to better supervise cross-border insurers, identify systemic risk in the insurance sector, and creating international best practices.
- **Centers for Disease Control and Prevention, Injury and Violence Prevention and Control:** The CDC's Injury Center has helped protect Americans from injury and violence. They work to understand how injury and violence impact us and what we can do to prevent it. Their focus is on addressing urgent threats like adverse childhood experiences, drug overdose, and suicide prevention. The CDC is also working to address other severe issues like elder abuse, firearm violence, youth violence, and older adult fall prevention.

- **Children's Safety Network:** The mission of CSN is to work with state and jurisdiction Maternal & Child Health and Injury & Violence prevention programs to create an environment in which all infants, children, and youth are safe and healthy. Their goal is to equip states and jurisdictions to strengthen their capacity, utilize data and implement effective strategies to reduce injury-related deaths, hospitalizations, and emergency department visits.
- **Federal Emergency Management Agency:** FEMA has made its objective to support our citizens and first responders, ensuring that as a nation, we work together to build, sustain, and improve our capability to prepare for, protect against, respond to, recover from, and mitigate all hazards through various promotions, management, and support systems.
- **National Highway Traffic Safety Administration:** NHTSA is committed to providing premier service, internally and externally, through mutual respect, collaboration, and accessibility. NHTSA encourages an environment of mutual respect among employees. They promote cooperation with motor vehicles and highway safety partners, and communities. They also provide various resources critical to motor vehicle and highway safety through staff, products, and technical information.
- **National Safety Council:** The National Safety Council is America's leading nonprofit safety advocate – and has been for over 100 years. As a mission-based organization, they focus on eliminating the leading causes of preventable death in various aspects of life so people can live their lives.

- **Safe States:** The Safe States Alliance is a nonprofit organization and professional association with a mission to strengthen the practice of injury and violence prevention.

Evaluation Methods for Data Collection: Data Management Plan (DMP)

Organizations and entities use a data management plan (DMP) to manage data, meet shareholder requirements, and help others navigate the data. Currently, the program monitors data for evidence of additional injuries that pose a growing healthcare burden. According to IPP's strategic plan:

- They aim to "monitor surveillance data and work to improve the use of data by state and local health professionals; improve the competencies of injury prevention professionals; build relationships and partnerships among injury professionals and organizations, and provide general technical assistance in the area of injury (2016)."

However, they also state that there are a lot of gaps in not only the data that is being collected but also in the way the data is displayed and made accessible. GaIPP is an extensive entity with several programs underneath its larger umbrella. These programs have different specific objectives and goals, but are all collectively aiming to prevent injury among Georgians. One example of the type of data presented by GaIPP is its "Violent Deaths in Georgia, 2008-2012" data set. This data is presented by The Georgia Violent Death Reporting system and is utilized by various GaIPP stakeholders. This is only one example of the many available data sets. Each individual program under the broader GaIPP umbrella collects their own necessary and proprietary data. Yet, a quick overview of the all the programs' data available on the DPH

website shows the data presents a number of categories including types of violence, such as suicide, homicide, etc.; population-based demographics like sex, age, and residential status; and more related to injury and prevention. While data among varying programs datasets may have some similarities in the type of data collected (i.e. demographics, etc.), they will differ in the type and purpose of data collected. It is important to acknowledge that the datasets are mostly a displayed mix of numerical, categorical, and correlational data. It is also important to note that whether quantitative or qualitative, all the data sets are usually collected, formatted, and made into reports that suit a related program's needs under the larger GaIPP. All related programs have different timelines for how long and how often the data is collected and changed. However, it seems that they all maintain a precedence of collecting data every five years.

Dataset Descriptions

Violent Deaths in Georgia, 2008-2012: Georgia Violent Death Reporting System

The Georgia Violent Death Reporting System (GA-VDRS) is a statewide surveillance system that collects data on all homicides, suicides, deaths of undetermined intent, deaths resulting from legal intervention, and deaths resulting from unintentional firearm injuries in Georgia. The goal of GA-VDRS is to create public health information on violent deaths and to provide evidence-based information with the purpose of helping the development of programs, policies, and strategies that aim to prevent violent deaths in Georgia. Data from this report also utilizes information from the National violent death report which is a much larger reporting system with a coding manual. This most recent report shows relevant data that from 2008 to 2012 stating that 9,549 violent deaths were reported in Georgia, on average 1,900 violent deaths per year. It also showed that the age adjusted violent death rate was three times high for males than females, and

black men had the highest age adjusted violent death rates. The data sources used by the GA-VDRS include:

- Death certificates
- Medical examiner and/or coroner reports
- Police reports (Supplemental Homicide Reports)
- Crime laboratory records
- Emergency Medical Services trip reports
- Child Fatality Review

2010 Georgia Trauma Data Summary

The Trauma Registry in Georgia collects information on individuals who are considered seriously injured patients by medical professionals, and who must be treated at designated trauma centers in the state of Georgia. The Georgia Department of Public Health Central Trauma Registry adopted this definition of trauma from the American College of Surgeons' (ACS). According to ACS, "a case of trauma is defined as any patient who was discharged with ICD-9-CM diagnosis codes between 800.00 – 959.9 after being admitted for at least 48 hours, or who: was transferred to or from another facility; died, regardless of length of stay; was admitted to the ICU, regardless of length of stay; was dead on arrival (DOA); had unscheduled readmissions associated with the trauma and re-admitted within 72 hours of discharge from the first visit." The outcomes of the data summary include data that states that of the 11,927 patients admitted to the Emergency department, 39 % were discharged, 34% were admitted to the Intensive care unit, and 14% was given to the operating room, 5% were discharged home, 4% were transferred to another hospital, and 2% were given to telemetry

A short description of a few of the exemplified data was provided for context. A major theme of this evaluation plan is to create a suggestion for a publicly available database that presents all the current, activity-related programs of GaIPP, and is able to comfortably display their most recent findings. This evaluation plan is not a proposal to dictate or comment on the type of data to be collected, the way the data is collected, interpreted, or presented. Therefore, additional commentary on types of data collected by the various program groups will not be mentioned.

A full-text database is a system used to house complete sets of various data types in one setting (usg.edu). The proposal for the GaIPP full-text database will have related program information hyperlinked with a short description and the affiliated data sets and their current status and updates related to the goals and expectations of GaIPP. A full-text database is a system used to house complete bundles of various data types in one setting (usg.edu). They also provide the full text of a publication. For example, Research Library in GALILEO offers not only the citation to a journal article but often the entire text of the article as well. "CollegeSource Online" offers full text of 20,000 college catalogs, so rather than having to request a catalog from several programs to make comparisons, you can gather information from all programs you're interested in at one time. This database will provide a cohesive, systematic collection of qualitative data and numeric data, such as statistics or demographic information. More similar examples are Census Bureau databases and databases containing stock market information where the link will open in a pop-up window. Multiple types of data will be present at once.

Regarding archiving data: currently, the DPH keeps all of their archived data readily accessible on the DPH webpage. Their current archiving format will not change for this data

management program. However, the numerous PDF links added to the bottom of a webpage makes the page bloated and harder to follow. To make sure that the GaIPP's database is always easily navigable, data will be "archived" every five years. The archived data will be saved on a subpage in the same format as the central GaIPP database. However, the subpage will be entitled "GaIPP Achieved" and list the data sets and updates chronologically.

Recommendations

As previously stated, the necessary data sets are already being collected by related entities and compiled into specialized reports that are made available for display on government affiliate links. GaIPP needs to address their ongoing issues, including the inability to address gaps in data collection, analysis, and its lack of cohesion between corresponding prevention programs and their strategies for data collection and dissemination.

Recommendation 1- A designated group of individuals tasked with the responsibility of creating and maintaining the database.

- Their initial job will include be going through all the related programs of the GaIPP and determining which programs are currently addressing the main goals of GaIPP according to the Georgia Injury Prevention Advisory Council (GAIPAC). After the initial creation of the database, the division would have to be responsible for regularly maintaining and updating the links from all related programs.

Recommended 2- The database should be affiliate with the Georgia Department of Public Health (DPH) website.

- The affiliation will allow for a more streamlined experience for researchers and stakeholders to obtain data while also viewing and evaluating more detailed information on their subject matter in a more streamlined format.

Recommendation 3- The group analyst responsible for this project should be entirely on this project and not a committee that meets on a more frequent basis than the GAIPAC

- Though the databases will not need constant updates because data needs time to be collected, each of these programs have various subprograms and data sets collected. These programs also do not publish their data at the same frequency, so it is crucial for the analyst to have the range and ability to attend to the necessary information while also joining other committees to fill in any working "gaps" they may experience.

The data management plan and the listed recommendations are meant to work as an outline to give GaIPP more localized ideals of what needs to be done. A more detailed explanation of web design and government clearance will fully describe how the databases will be made into a DPH affiliate link and how published data is presented. There will also need to be a utilization of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represents, and potential limitations for use. However, with the foundations of the plan already made, it is just a case of what details to add to make it viable. This data management plan would mean more transparent, accessible, timely, and reliable. It would address the lack of cohesion from having a system that does not link the many existing data sets. It will also provide better and more definite data sets to pursue formalized inter-and intra-agency data-sharing agreements and protocols.

Barriers

Resources for public health programs can sometimes be hard to come by and adding more personal to a program when the need for them is not a direct concern of stakeholders and government funders can be hard to justify. Therefore, it will be important to bring up to future funders and current stakeholders that improvements on public health strategies may not always be cost saving, but they can be cost effective. Determining the most cost-effective ways to

improve population health requires many types of health intervention, including having more hands-on analytical and organizational assistance. GaIPP is a program that is running under a well understood assumption that prevention, in the long run, will cost less than injury and treatment. This data management plan and its recommendation has been created as a means of increasing the availability and accessibility of necessary data for various preventative programs.

Therefore, the creation of this data management team will be instrumental in both maintaining the objective of the GaIPP and in justifying its own cost. By increasing the use of research evidence in public health policy, strategies are required to encourage two-way communication between researchers and decision makers. It is noted in the recommendations that the individuals recruited to manage this database will need to regularly check-in with GaIPP's many programs and make sure they are addressing the main goals of GaIPP. This will create an environment within which decision makers will be working with a group that has more internal understandings and expectations of what is expected and what resources are being funded, in terms of structure and rewards. This will encourage decision makers to be more consistent and intentional about resource utilization and data gathering, decreasing the misuse of funding. In future funding requests this should be a recommendation and a consideration when requesting and allocating funds.

EVALUATION PLAN DESIGN AND QUESTIONS

To assess the implementation of this evaluation plan on GaIPP, quarterly meetings by the GAIPAC and input from the analyst ground in chart of the database would need to be put in place. Their recommendations and input will be the basis with which the evaluation plan will be assessed, and where the implementation of the database has increased efficiency and efficacy.

These evaluation questions are the guide by which to create and update the database, and to ensure its continued efficacy.

Process/outcome evaluation questions:

- 1) Is the data being used clearly indicated?
- 2) Is the data being utilized in a format that is clear to follow?
- 3) How often is the data being accessed?
- 4) Is the information consistent and regularly updated?
- 5) Is the data accessible?
- 6) Are the program's communicating program goals and content of the program (individual program survey data)?
- 7) Was the plan implemented in a way that would be considered "streamline"?
- 8) Are there any external factors observed to be impacted by the IPP program data management update? Did these factors have a positive or negative impact? In what ways?

GaIPP aims to prevent injuries by empowering state and local communities to utilize resources (data, training, and leadership) to prevent and mitigate nonfatal and fatal injuries. The objectives of the evaluation are to assess the impact of GaIPP's cohesiveness and its effective implementation on a more regular and short-term basis.

After extended use of the new data management programs, the GaIPP will have adequate, related, and synchronized data to help answer the following GaIPP goal-oriented questions:

1. Is the provided data and funding for injury prevention research continuing to build a sound and sustainable infrastructure for injury prevention, including leadership, funding, data, policy, and program evaluation?

Specific Process Objectives				25
SO1: Upon the completion of the database, DPH will have a complete internal and external collection of GaIPP data				
SO2: A more effective process for developing plans for GIPAC to enhance implementation efforts of GaIPP and partners				
SO3: Access to GaIPP data in public and streamlined formats				
	Activities	Measurements	Assumptions	
SO1	Obtaining data	A GaIPP database will be completed and live with all related program information links	Completion of activities in their entirety Engagement and participation in council discussions	
SO2	Data analysis discussion	Number of members participating in implementation efforts	New programs are developing in communities and populations in need of direction	
SO3	GaIPP database creation along with affiliate link	Webpage informatics and statistics	The researcher will be more aware of necessary tools to implement initiatives	

2. How can the program Integrating injury and violence prevention support into multiple aspects of the relevant institutions/programs?

3. Is it possible to establish a collaborative effort to provide statewide direction and focus for injury prevention?

This data will better provide future program implementers affiliated with GaIPP with how to provide related data effectively.

See Appendix A: Logic Model

Indicators:

- A. Output: effective and informative programs in line with GaIPP's goals
- B. Initial outcome: Increase access to GaIPP data and expectations
- C. Intermediate outcome: up to date data and information on related programs
- D. Long-term impact: Enhance the skills, knowledge, and resources of GaIPP workforce, leadership, and involvement

Contribution to Public Health

Access and utilization of quality health related data has the ability helps prevent many things like injury and disease as well as improve quality of life. A focus on improving the management and accessibility of data is a necessary step towards creating a safer and healthier population. Health related data is not something that should be seen as inaccessible to public or to the researchers and analysts who utilize the data to improve population health outcomes. It is the expectation that gathered data is effectively utilized so that decision makers can allocate resources effectively. However, it is not uncommon to find instances where data is siloed and locked within institutions or simply not made easily accessible, creating large gaps of information from those who need to utilize it.

By creating the system mapped out in this data management plan there will be a possibility to create a system that communicates more effectively the needs of the population. Therefore, improving the health outcomes of the population. To make sure that the strategies and interventions that are being created for the various programs of GaIPP are effective, accessibility and regular utilization must be prioritized.

Georgia's injury prevention program contributes to public health because injury prevention, though not insurance, is a strategy for mitigating risk. Unintentional injuries and violence-related injuries can cause several events, such as motor vehicle crashes and physical

assault, and they can occur anywhere and at any time. No matter the circumstances of the event, injuries can have severe, painful, and debilitating physical and emotional health consequences (Healthy People, 2020). Injury prevention can be hard to advocate for because it ultimately does not mean that there will never be any injury. However, it does not mean that it is a futile exercise but instead means reducing needless pain, misfortune, and death in our communities. By ensuring that there are quality programs that make sure that the target populations are identified and assisted, we can help people live happier, healthier, and longer lives.

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Appendix A:

Program: Georgia Injury prevention program (GAIPP) Logic Model

Program Purpose Statement:

GAIPP works to prevent injuries by empowering state and local coalitions through the provision of data, training, leadership, and the leveraging of resources for prevention programs.

Logic model introduction:

GAIPP has a vision that depicts a state where injuries and their burdens are fully minimized by providing and empowering state and local communities with quality data, training, and understanding. This logic model describes the ideal progression of GAIPP and its many programs. Specifically, this Logic Model mentions Traumatic injury prevention and violent deaths in Georgia. The model depicts and evaluates the possible future outcomes of a two GAIPP program and how those outcomes came to be.

Inputs			Outcomes -- Impact		
	Activities	Outputs	Short	Medium	Long
Partnerships with academic partners: Emory University Rollins Public Health Injury Prevention Research Center at Emory Emory School of Medicine Georgia Health policy Center Funding projects, data studies, and more to injury and violence prevention studies Communication with community coordinators/ partners Program managers Georgia's injury prevention council	<ul style="list-style-type: none"> Database creators will Catalog programs and program affiliates Data analyst will work closely with partners from industry, labor, and trade associations etc. Compile and analyze injury related data Create and Promote streamline injury prevention data 	<ul style="list-style-type: none"> Increased centralization of program data information More consistent meetings and discussions with decision-makers regarding how, when, and how often data is gathered in relation to low to high-risk injury related working populations Reformation or creation of injury prevention programs that align with GaIPP's goals Increased utilization on of injury prevention data 	Increase in knowledge on the immediate danger of incidents. Increase in local directives on related injury prevention. Increased awareness on Statewide direction related injury prevention Increased collaboration between community service providers	Reduced incident of accidental injury Increase in Consistent adherence to safe practices Increased readiness for when presented with an incident Increase in Safer work environment ratings	Increased collaboration between community service providers Safer work environments Safer roads Improvement in health outcomes for children and women of child baring age Increase in instances of Improvement in health outcomes for children and women of child baring age

