

Determinants of implementation effectiveness of state-based injury and violence prevention programs in resource-constrained environments

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Abstract: Injuries are the leading cause of death for individuals aged 1-44 years in the United States (National Center for Injury Prevention and Control, 2012). State health agencies have been recognized as critical to addressing the burden of injury and violence through the Public Health Approach. Guidance documents for state health agencies describe the critical activities and components of an effective injury prevention program, yet the factors that affect the successful implementation of these programs are not well understood. Research is needed to determine how state health agencies initiate and implement injury prevention programs with limited resources and within the complex social contexts that state health policy.

This project was a mixed-method study aimed at exploring and describing the organizational and environmental factors influencing the implementation of state injury and violence prevention programs. The study incorporated two separate phases: a series of holistic case studies examining implementation effectiveness in states health agencies that have received no Centers for Disease Control core funding among state health agencies in U.S. Department of Health & Human Services regions 7 and 8, and the development of policy recommendations for the implementation of an injury prevention program within the Wyoming Department of Health based on the findings from the series of case studies.

Differences in implementation effectiveness among participating state injury and violence prevention programs could be described by meaningful differences in the support for programs among upper-level state health agency administrators, in the availability of resources designated for comprehensive program implementation, and in relevant policies and practices that foster program implementation. Shared decision-making and partnerships with external stakeholders were important in all participating state health agencies but did not explain the differences in the outcome variable. External climate was a limiting factor in all participating states--particularly in regard to funding--but may be overcome when certain organizational factors are present and fostered.

These findings can be used by state health agency leadership to improve implementation of injury and violence prevention programs at the state-level and may have policy implications for improving implementation of other types of state-based public health programs in resource-constrained environments.

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