

1. Application Cover Page

Name of the Community: Anchorage, Alaska

Primary Contact Person:

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Figure 1: Anchorage in the Winter

2. Community Description

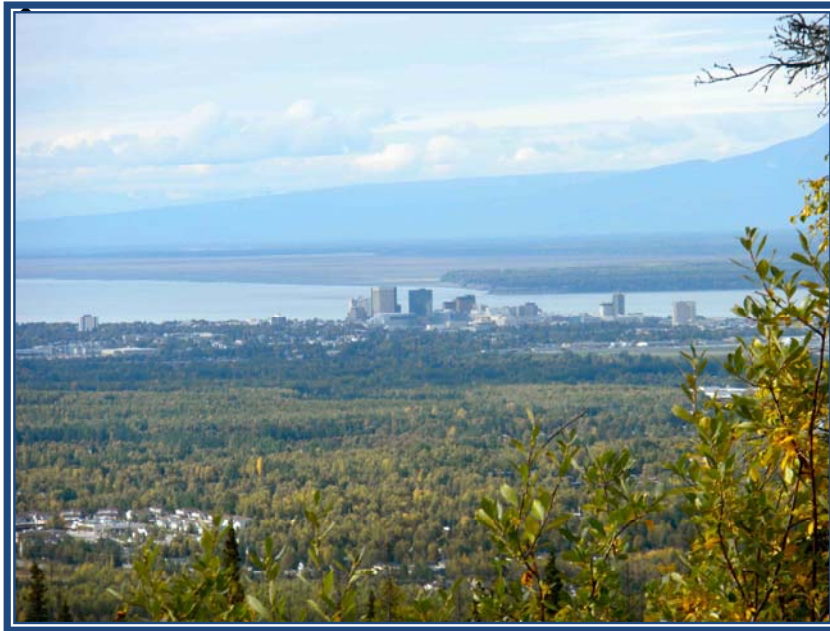


Figure 2: Anchorage in the Summer

- ◆ Geographic location: Anchorage is located in Southcentral Alaska, USA
- ◆ Population: 291,826 (2010)
- ◆ Size: 1697 sq miles
- ◆ Type of government: 11 Member elected Borough Assembly and Elected Mayor
- ◆ Economic situation: (2005)
 - Unemployment Rate: 6.3%
 - Job Growth Rate (2000-2008) 13.4%
- Population by gender:
 - Female – 49.2%
 - Male – 50.8%
- Age group:
 - Median Age 33 (2007)
 - Under 18 years old – 29.1% (2000)
 - 18-24 9.6%
 - 25-44 33.9%
 - 45-64 21.9%
 - 65 + 5.5%

- Race/ethnicity: (2009)
 - White – 71.7%
 - African American – 6.9%
 - American Indian/Alaska Native – 8.1%
 - Asian American – 7.3%
 - Pacific Islander – 1.3%
 - 2 or more Races – 4.7%
 - Hispanic Origin – 8.5%
- Education of labor force:
 - 90.3% High School Diploma or higher
 - 28.9% Bachelor’s Degree or Higher
- Economic status: (2005-2007)
 - Median Home Value - \$268,700 (2005-2007)
 - Median Household Income - \$74,396 (2008)
 - Average Household Expenditures - \$65,254
 - Median Income for Males – \$41,267 (2000)
 - Media Income Females - \$31,747 (2000)
 - Disability status – 43,280.

▪ **Issues and attributes unique to Anchorage.**

- The City of Anchorage was formed in the early part of this century, as a port and railroad terminal to transport goods to the rest of the state. In the 1970s, the city and surrounding areas were incorporated into a Municipality, under unified local governance. The Municipality of Anchorage encompasses a land area of 1,958 square miles, and includes the communities of Anchorage, Eagle River, Chugiak, and Girdwood. The municipality also contains two military installations, and 1,634 square miles of unpopulated land. This unpopulated area comprises about 86% of the total area within the Municipality. Anchorage is located in a geographic bowl, nestled between the Chugach Mountains and Cook Inlet. The average monthly temperatures range from -12 °C in January, to 14 °C in July. In June, the mean hours of daylight are 19.3 hours, compared to a mean of 5.5 hours of daylight in December. We have a young population - the median age in Anchorage is 33 years. Anchorage has 153 people per square miles.

- **Description of the most prevalent injuries and injury risks for Anchorage.**

	Hospitalized Injuries Alaska 2004-2008		Fatal Injuries Alaska 2004-2008
Falls	8240	Suicide	729
Suicide	3272	Poisoning	418
Motor vehicle	2078	Motor vehicle	393
Assault	1392	Assault	193
ATV	804	Drowning	175
Snow machine	611	Falls	102
Bicycle	437	Snow machine	55
Poisoning	388	Burn	42
Burn	70	ATV	28
Drowning		Bicycle	(included in MV)

- At the end of this document are two statewide injury “quilts.” They describe the top 10 fatal and hospitalized injury causes in Alaska.
- Given the young population in Anchorage, chronic diseases take less of a toll than do other causes of morbidity and mortality. Acute and congenital diseases are in keeping with national averages. However, injuries occur more frequently in Alaska than in many other areas of the United States. Risk factors affecting the population include a high prevalence of alcohol abuse/overuse.
- In the Behavioral Risk Factor Surveillance Survey in 2004, Anchorage residents responded as follows:
 - A majority of the people surveyed in Anchorage fall into the light to moderate drinking category. One quarter, (25.6%) of the population binge drinks (consuming at least 5 alcoholic beverages in a short period of time) at least once during the past month. Binge drinking is strongly associated with black outs (memory loss), severe injury, civil and domestic violence, and automobile accidents.
- In the 2009 Youth Risk Behavior Survey of Alaska students reported that:
 - 33% reported drinking alcohol in the last month
 - 21% had ridden in a car with a driver who had been drinking at least once in the past month
 - 25% felt significantly hopeless for at least 2 weeks in a row (for females this number was 35%.
 - 14% had seriously considered attempting suicide in the past year
 - 8% had attempted suicide in the past year
 - 73% of teens who rode a bike rarely or never wear a helmet

- **Local stakeholders work together on community safety promotion and injury prevention projects.**

*Media Awareness Training/Underage Drinking Prevention
Partners: Alaska Injury Prevention Center, Volunteers of America
McLaughlin Youth Center, Boys and Girls Clubs, and The Anchorage School District
Report and analysis by Marcia Howell (AIPC)*

Four media awareness trainings were held with youth. Evaluations were collected at three of the trainings. The events took place at a Boys and Girls Club, and McLaughlin Youth Center. The trainings are designed to help youth become more aware media consumers. By learning to deconstruct advertisements, the expectation is that they will learn to decipher unhealthy subtextual social norms shown in ads, especially those selling alcohol. By beginning to understand the techniques used in the sales pitch, youth become better able to define their world in their own terms without the pro alcohol influences.

For example, several beer ads included in the presentation depict plain looking men with gorgeous women. When the men get the beer for them, something goes wrong and the woman is no longer gorgeous. In one, a horse farts, lighting a candle and the woman's hair fries. In another the man dances behind the scenes with a beer and then it sprays in the woman's face. Youth participating in the training were able to identify that the humor used appeals to a young audience, and that the scenes appeared to be designed to appeal to plain men. In another beer ad, a coach yells at his players while they are "nursing their injuries." After the coach leaves, the players pull out the beer they were hiding in their ice buckets. Youth were quick to realize that this ad normalizes hiding alcohol, and that people who are old enough to drink do not need to hide.

In the pre and post evaluation survey youth were asked whether some of their perceptions changed after the presentation. Their answers to the questions are analyzed below. Most of the youth (66%) were ages 17-18. There was a fairly even split between genders with 58% female and 42% male.

Before this training, how much did you think alcohol advertisements influenced your own alcohol behaviors

	Frequency	Percent
lots	8	22.2
some	11	30.6
not much	11	30.6
none	6	16.7
Total	36	100.0

After this training, how much did you think alcohol advertisements influenced your own alcohol behaviors

	Frequency	Percent
lots	17	47.2
some	7	19.4
not much	6	16.7
none	6	16.7
Total	36	100.0

Seventy-two percent of the participating youth had either "not much" or "no" media literacy training prior to the event.

Have you had any media literacy training before?

	Frequency	Percent
lots	3	8.3
some	7	19.4
not much	9	25.0
none	17	47.2
Total	36	100.0

One aspect of the training is the concept that unaware consumption of alcohol advertising results in subconsciously accepting subtextual messages: it is ok to hide and drink, alcohol will make you more successful with the opposite sex, etc. By learning to deconstruct the ads, and engaging the neocortex in critical thinking, the unhealthy messages will have less power. The evaluation results support this theory. Prior to the training, 52% of the participants thought that alcohol ads influenced their own drinking behaviors. After the training, that number increased to 66%, a 27% increase. Youths' perceptions changed in that they began to believe that alcohol ads really do have an impact on them.

YouTube Search | Bro

Brevig Mission School: Choose Your Own Ending

marciahowell 47 videos

choose your own ending

0:26 / 0:30 360p

Like Add to Share **868** views

Total Views: 868

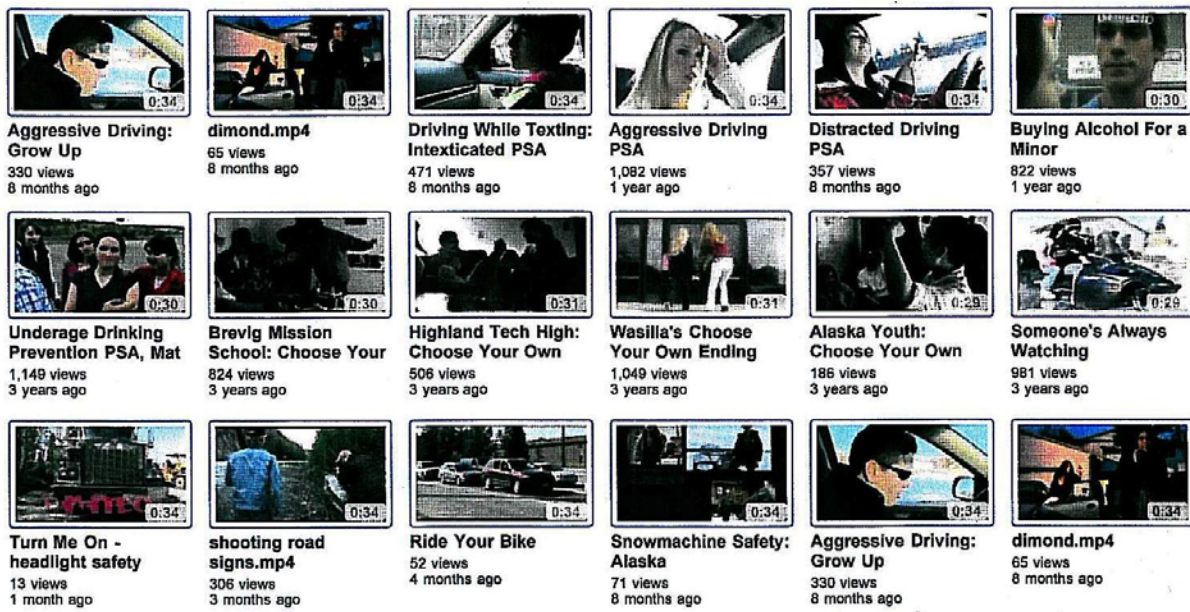


Figure 3: Using YouTube to Reach Youth

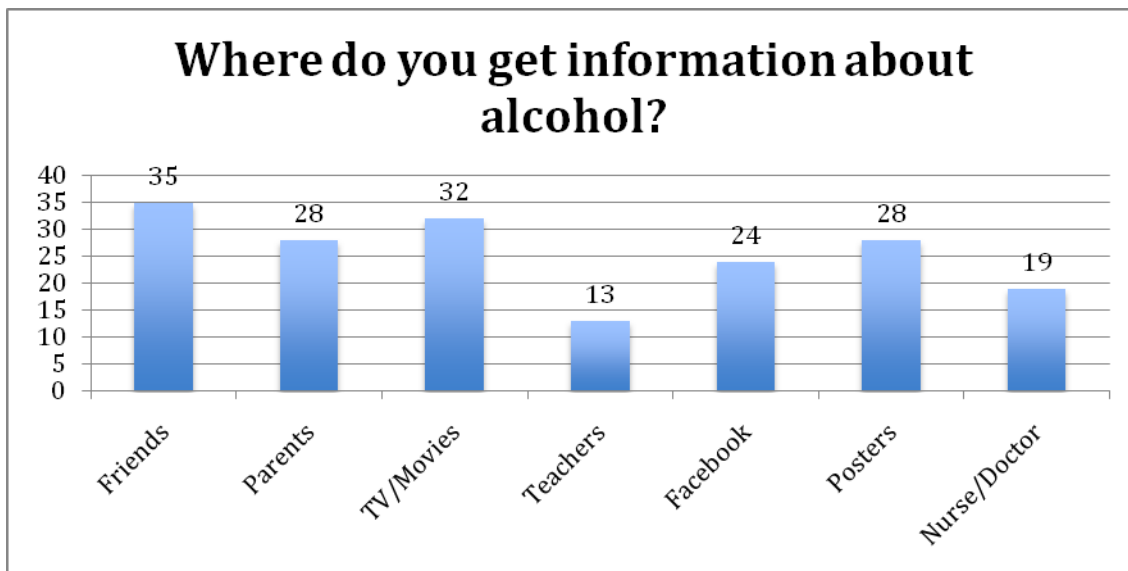
The next goal in the training is to reduce intent to engage in underage drinking. One step towards this is helping youth figure out whom they believe the alcohol ads target as their audience. Prior to the training 25% of youth thought that alcohol ads target youth either "not much" or none." After the training no one choose either of those answers. In the "post training" question, 100% of the youth answered that alcohol ads target youth "lots" or "some." ¹ To this end, youth were asked if they thought that what they learned, would result in their making healthier choices. A full 86% said that it will help "a lot" or "some." Only 3% said that it will not help.

How much do you think what you learned today will result in your making healthier decisions

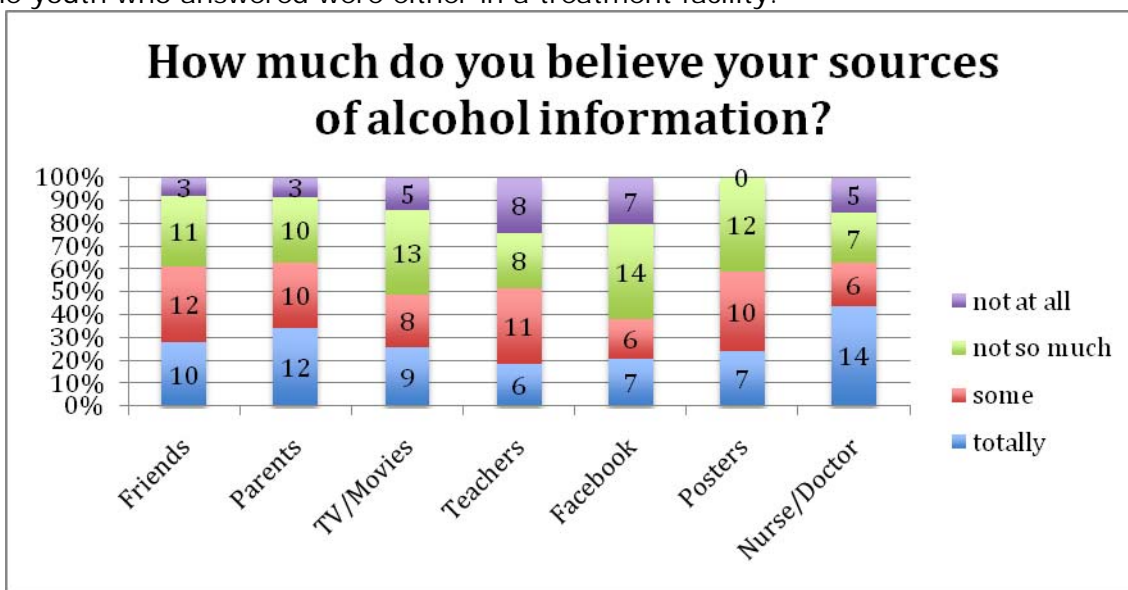
	Frequency	Percent	Cumulative Percent
lots	14	38.9	38.9
some	17	47.2	86.1
not much	4	11.1	97.2
none	1	2.8	100.0
Total	36	100.0	

One final series of questions was asked to measure where youth get information about alcohol and how much they believe those sources. The most frequently cited sources for information were friends, TV and Movies, parents and posters.

¹ The evaluation asks a control question about tobacco ads target youth. Tobacco ads are not addressed in the presentation. There was less change in the answers concerning whether tobacco ads target youth.



However, the most believable sources of information were nurses and doctors, parents then friends. This poses an interesting question for social norms marketing. Should more effort be made to request that doctors and nurses engage youth in conversations about alcohol. This question is ripe for additional qualitative research to determine what this answer means to youth. Additionally, it should be noted 1. That girls were the most likely to answer that they get information from nurses and doctors and 2. That most of the youth who answered were either in a treatment facility.



3. Description of our Programs

Indicator 1: Anchorage utilizes partnerships and collaborations with all community sectors to promote safety.

- The Alaska Injury Prevention Center’s Board of Directors makes up the leadership group for the Anchorage Safe Communities efforts. They come from a variety of organizations including: the Alaska Native Health Consortium, the State of Alaska’s Health and Social Services Department,

Holland America, a statewide tourism corporation, The University of Alaska, Emergency Medical Services, Providence Hospital and the Alaska Native Medical Center, National Institute for Occupational Safety and Health and the Municipality of Anchorage's Health Commission.

o Municipal Government:

- Bike Safety: Planning partners for Bike to Work Day/Month,
- Pedestrian Safety: Collaborative marketing between AIPC and Municipality of Anchorage People Mover Bus effort to promote and provide reflective tape to city bus riders.
- Drunk Driving: Participated on the Mayor's Drunk Driving Task force.
- Shared data access and analysis of injury in Anchorage, especially focusing on motor vehicle issues. Joint efforts include working on planning and zoning with safety concerns, collaborations with Anchorage Police Department and municipal codes for seatbelts and bike helmets as well as child passenger safety efforts with the Anchorage Fire Department.
- Cold Weather Safety for Homeless Population

o Anchorage School District

- Bike Safety: provide best practices assistance to elementary schools on bike safety, including helping with fitting helmets for children.
- Pedestrian Safety: Provide reflective tape and safety presentations to schools in Anchorage.

- Underage Drinking and Bullying and Violence Prevention: Working with Safe and Drug Free Schools on media education, countering the impact of alcohol advertising with the realities of under age drinking.



Figure 4: Mandi, Beth and Marcia Distributing Reflective Tape

Designed and implementing curriculum for middle and high schools that goes beyond media literacy and provides venue for teen peer-to-peer media messages promoting healthy social norms.

- Teen Driving and Seatbelts: Work with Anchorage high schools promoting seatbelt use among teens. Provide school groups with marketing tools and incentives to promote seatbelt use. We also provide pre and post observations to evaluate success of the project at each school.

- Our coalition is multi-tiered and meets on differing schedules, from as needed to bi-monthly.
 - The board of directors of the Alaska Injury Prevention Center meets every other month to review progress of projects and the coalition as a whole.
 - The many different partnerships, coalitions and collaborating groups meet as needed. For example, we meet with schools and the municipality of Anchorage in the spring for bike safety projects, the Child Passenger Safety coalition meets year round, with more committee meetings as events come up. We meet with the school district on peer to peer social norms efforts throughout the school year with several training and celebratory events held throughout the year.
- We have a variety of strategies for sustainability.
 - Financial stability is ensured through multiple funding sources, which are spread out through multiple partnering organizations. For example,
 - The Municipality of Anchorage provided funding to AIPC for bike and pedestrian efforts,
 - AIPC provides funding to the school district events,
 - The Anchorage School District provides funding to AIPC to allow us to partner on projects,
 - Providence Alaska Medical Center purchased 200,000 worth of children's bike helmets which AIPC and the Anchorage fire departments helped to distribute,



Figure 5: Safety Seal Promotes Bike Helmets

Indicator 2: Anchorage has developed long-term, sustainable programs covering both genders, and all ages, environments, situations, and includes preparing our citizens for emergencies and disasters.

- **We have a rich history of the safety promotion and injury prevention activities in Anchorage.**
 - The group that sponsored the original version of this application, the Health and Safety Working Group of the Anchorage Healthy Future Project, was part of a community collaboration to improve the quality of life throughout the municipality. Members of the group included injury prevention specialists, epidemiologists, public health officials, public safety officers, and residents. Our original application for International Safe Communities affiliation grew out of shared commitment to work together to improve the quality of life in Anchorage. The application demonstrated the working group's interest in

addressing Anchorage's injury problems and our willingness to work in collaboration with other community members and interested community organizations. As the Anchorage Healthy Futures Project wound down, the Steering Committee of Anchorage Safe Communities voted in 1997 to endorse, and sponsor, subsequent applications, and to provide ongoing oversight of the International Safe Communities application. The Anchorage Safe Communities Coalition prepared the final draft of the initial application.

- After Anchorage's initial designation as an International Safe Community, the Anchorage Safe Communities Coalition changed its name to the Alaska Injury Prevention Center (AIPC) and became a nonprofit corporation, (501(c) 3). The key coalition members became the founding board members. Several of the founding coalition members are still involved on the board. AIPC now employees 3 fulltime staff members, 2 permanent part time employees, and seasonal part time employees. Partners vary depending on the issue sought to be addressed. Injury Prevention in Anchorage has evolved and expanded. There are now multiple coalitions actively pursuing prevention of different injury types, for different populations and age groups. AIPC staff, board members and partners are actively engage in prevention efforts across age groups, ethnicities and injury issues.

- *The safety promoters in Anchorage have identified injury risks and patterns for our community.*
 - In Anchorage and throughout Alaska, the highest numbers of injury death and hospitalizations are by suicide, motor vehicle (including pedestrian and bicycle) falls, assaults and poisoning (including alcohol poisoning.) Statewide data charts are included at the end of this document. Males are more at risk for motor vehicle injuries and completed suicides. Females suffer from a greater number of attempted suicides. Suicide is the number one cause of fatal injuries for ages 15-64. Poisoning and motor vehicle crashes alternate between second and third in the same age group.

- *We use a variety of methods of data analysis to guide your decisions?*
 - The decision of which injury causes to prioritize is made with a variety of factors considered. There are not citywide decisions that apply to all programs. Instead, various agencies and government departments already have specialty areas that their programs address. The Alaska Injury Prevention Center works with many different groups on different issues. AIPC's board gives the staff wide latitude when it determines which injury causes to address. AIPC's current focuses, after reviewing the data are on motor vehicle deaths and injuries (including bicycle and pedestrian) and suicide. We have a small program that works with children who set fires. AIPC and multiple partners also work on preventing underage drinking, as it is associated with multiple injury causes.

- *We utilize epidemiological methodologies to select programs and initiatives to be developed and implemented.*
 - The Alaska Injury Prevention Center and our community partners select programs, interventions and initiatives based first upon the needs as described by the data and second based on an analysis of those that are likely to result in the changes we seek. We utilize epidemiological analysis to find patterns associated with high volume injury hospitalizations and fatalities. This includes looking at

demographic patterns, environmental risks, seasonal and other calendar similarities, etc.

- *We are careful to implement either research-based or promising practices for safety interventions.*
 - Some of the programs that we implement are research-based. However, given our unique geography and populations, most of our programs either begin with a research-based design and then are adapted to our needs, or start out as promising practices, in which we include a strong evaluation component.
- *Most of our programs focus on primary prevention.*
 - Most of our programs focus on primary prevention: booster and car seat promotion, promoting seatbelt use, providing ice grippers to seniors in exchange for them knitting hats with reflective tarn to distribute to homeless folk. However, a portion of what we do is designed to change social norms, re-defining what is considered normal, such as seatbelt use, that most teens don't drink alcohol, etc.
- **Our community uses a variety of methods to determine and prioritize the injury issues to be addressed by us.**
 - AIPC and our partners periodically review multiple data sources on a statewide and local level to determine how to prioritize our efforts. Considerations include numbers and rates of injury hospitalization and fatalities, years of potential life lost (YPLLs) likelihood of making a change, clarity and validity of baseline data, cost of implementing interventions and expected outcomes, as well as funding available for potential efforts.

The chart below outlines the projects described more fully in Indicator 3.

Program	Genders	Environment and Situation	Age Groups
Pedestrian Safety: Be Safe Be Seen Reflector distribution, Walk to School	Both	Many hours of Darkness, icy roads, snowy sidewalks	0-12
	Both		13-19
	Both		20-55+
Bike Safety: Promoting cycling to increase visibility of riders, bike safety presentations at schools, distribute reflective material to winter riders,.	Both	Few bike lanes, many hours of darkness, icy roads, snowy sidewalks, inattentive drivers	19+
	Both		13-19
	Both/ primarily males with a dui		20-55+
	Both		18+
Underage Drinking Prevention: Teen Media Training, Peer to Peer Media Campaign	Both	Schools and community-based locations	12yrs to 20

Occupant Protection in Motor Vehicles: Seatbelt promotion in high schools, Child Passenger Safety fitting station and Media campaigns	Both	Icy roads, low income parents	0-8 and parents
Suicide Prevention: Follow up letter project, and Suicide Follow-back study	Both	Hospital psychiatric emergency department	13-55+

- [Injury Prevention PSA's](#)

Indicator 3: The Anchorage community prioritizes programs that target high-risk groups and environments, and programs that promote safety for vulnerable groups.

This chart outlines programs that are more fully described below.

Program	High risk group	High risk environment	Vulnerable population
Pedestrian Safety	Pedestrians	Many hours of Darkness	Children
	Be Safe Be Seen Reflector Distribution	Icy roads	Teens
		Snowy sidewalks	Public inebriates
Bike Safety	Bicyclists	Few bike lanes	Bike commuters
	Promoting cycling to increase visibility of riders, bike safety presentations at schools, distribute reflective material to winter riders	Dark	Teens
		Icy roads	Public inebriates
		Snowy sidewalks	DUI felons
		Inattentive drivers	
Underage drinking prevention	Teens 13-20 Teen Media Training, Peer to Peer Media Campaign		Alcohol is involved in a significant number of teen injuries.
Occupant Protection in Motor Vehicles	Children: Seatbelt promotion in high schools, Child Passenger Safety fitting station and Media campaigns	Icy roads	Low income parents
Suicide Prevention	Patient presenting in Psychiatric Emergency Department without follow-up care plans are sent "We Care" letters periodically.		Suicidal Alaskans

- Anchorage has unique high-risk groups, high-risk environments and vulnerable populations.

- Anchorage has limited daylight hours from October – March. This creates a high-risk environment for a variety of injury issues including motor vehicle crashes, especially involving bicyclists and pedestrians.
- We have a large number of homeless people, many with alcohol dependency problems. This vulnerable group is at risk for a variety of injuries, especially as bicyclists and pedestrians.
- We have a large population of recent immigrants and rural residents moving into urban areas. Often these folks do not understand the need for car and booster seats.
- Anchorage also has a high level of alcohol consumption. This raises the risk for a broad variety of injuries.
- Alaska traditionally has one of the highest rates of suicide in the nation.
- **Safety promotion and injury prevention programs developed for high-risk groups, high-risk environments or vulnerable populations in our community.**
 - Reflectors (on hats, gloves, and adhesives tape) for homeless pedestrians and cyclists
 - Media Literacy and Social Marketing training for teens and teachers, to prevent underage drinking with peer-to-peer messages.
 - Booster and car seat distribution for low-income parents of 0-7 year olds.
 - Bike lights and Helmets for those whose driver's licenses are suspended due to DUI and who ride bikes instead.
 - TV and Radio media messages for high risk people (males 19-45) who ride 4-wheelers and snow machines.
 - [Snow Machine Safety Tips from Aniak](#)
 - [Snow Machine Safety with Beautiful Fairy Girl](#)
 - TV and Radio media messages for teens, especially risk taking males (ages 16-35) who engage in aggressive and distracted driving.
 - [Aggressive Driving: Grow Up](#)
 - [Driving and Texting](#)
 - Hip-hop music video designed for 14-19 year old males and females considering whether to drink alcohol.
 - Created documentary with interviews of youth in juvenile justice center for teachers and counselors to share with youth as well as for parents to watch. [Voices from McLaughlin](#)
- **Our coalition engages high-risk and vulnerable groups in our prevention and safety promotion planning and activities.**
 - Focus groups with homeless consumers at shelters
 - Focus groups and key-informant interviews with teens.
 - Include teens in planning interventions as well as training them to design and implement prevention programs

Indicator 4: We place great emphasis on collecting data on the number and causes of injuries.

- Quantitative Data is collected from a variety of sources through partnerships with the owners of data systems. AIPC secures coded data without identifiers from sources, we also work with coalition partners and share analysis of data
 - Alaska Trauma Registry (ATR) The Alaska Trauma Registry is an information system of the most seriously injured patients in Alaska, and the treatment that they have received. Since 1991, the trauma registry has collected data from all 24 of Alaska's acute care hospitals. The purpose of the registry is to evaluate the quality of trauma patient care and to plan and evaluate injury prevention programs. The criteria for inclusion in the trauma registry are patients with injuries who are admitted to an Alaska hospital, held for observation, transferred to another acute care hospital, or declared dead in the emergency department, and for whom contact occurred within 30 days of the injury. Injuries include trauma, poisoning, suffocation, and the effects of reduced temperature.
 - Traffic Crash Data. There are multiple sources for this data. The Alaska Traffic Records Resource Guide (TRRG) combines the efforts of the Alaska Traffic Records Coordinating Committee (ATRCC) along with Traffic Data System Managers from around the state to illustrate Alaska's Traffic Records system component databases. The TRRG is a resource for Traffic Safety data collectors, system managers, and data users to utilize in the effort to reduce fatal and major injuries on Alaska's traffic ways.
 - Vital Statistics. The Alaska Bureau of Vital Statistics is responsible for managing vital records in the State of Alaska, which include birth, death, fetal death, divorce and marriage certificate data, along with reports of adoption.
 - Alaska Violent Death Reporting System: The AKVDRS is an active surveillance system that collects risk factor data concerning all violent deaths as follows:
 - Homicide
 - Suicide
 - Accidental Firearm related
 - Legal Intervention (Police-related shootings)
 - Acts of Terrorism
 - Undetermined and pending
- Qualitative data is collected through focus groups and string questions in phone surveys and key-informant interviews.
- **The data is then used in community planning, safety promotion and injury prevention.**
 - Different partner groups use the data differently. For example, for motor vehicle crash prevention planning, we meet every 4 years to create a "strategic highway safety plan." This involves reviewing quite a bit of data from multiple resources to determine priority issues for preventing motor vehicle crash related injuries and death. Analysis of the data continues in the between years to measure performance and to monitor for changes in trends.
 - Violent death data is reviewed annually with a panel of experts, including representation from AIPC. There is analysis of trends, and discussion about interventions and best practices that might be implemented with expected of positive results.

- Multiple organizations mobilized to protect youth meet regularly to consider and youth injury data. This frequently revolves around under age alcohol consumption. Best Practices and evidence-based interventions are also considered prior to implementing new programs.
- There are a variety of methods used for discerning priorities including town hall meetings to solicit public opinion, frequency and rates of types of injuries as well as common causation elements, analysis of cost of injury types, years of potential lives lost, and finally also financial feasibility of moving forward to prevent types of injuries.

Indicator 5: Anchorage believes in evaluating programs, processes, and the effects of change.

- **We have identified changes in pattern of injuries, attitudes, behaviors and knowledge of injury risks as a result of our community's safety promotion and injury prevention activities.**
 - Booster seat use up 54% since 2009, due to AIPC and coalition partners' efforts which included promoting the new booster seat law, providing seats to low income families and distributing information to multiple partners statewide. For more in depth information see Booster Seat Report at: [Anchorage Booster Seat Report](#)
 - Seatbelt use up 40% since 1999: Due to multi-agency approach including increased enforcement, media campaign, high school peer to peer buckle up efforts, and enactment of a primary seatbelt law. [Alaska Seatbelt Study](#)
 - Alcohol related traffic fatalities have decreased from 37 in 2005 to 16 in 2010. This is the result of a multi-pronged and multi-partnered effort, including media messages, Off the Road project ([Off the Road](#))
- **Our community evaluates to determine whether our safety promotion and injury prevention programs are effective.**
 - Pre and post observations of behaviors
 - Analyze injury related hospitalization and death data
 - Phone surveys to measure self reported behavior
 - Traffic crash report data
- **We use program evaluation results to continually improve our safety promotion and injury prevention activities.**
 - With each evaluative effort, we learn about our successes and also take time to analyze our challenges. For example, we used to promote reflective tape for pedestrians on TV. After analyzing the number of calls the ads prompted, we revamped our social marketing campaign and included posters on buses and on a TV channel's website. From the bus ads alone, we have distributed reflective tape to over 1000 people.
- **Below are examples of some changes that have occurred as a result of our safety promotion and injury prevention programs.**
 - High School Buckle Up Campaign 2010
 - Motor vehicle crashes are the number one cause of death for youth 16-20 years old. Seat belt use is the number one preventative measure to protect occupants from injury and death in event of a crash. The Alaska Injury Prevention Center has coordinated the High School Buckle Campaign since 2003. Each year of this peer-to-peer program the student seat belt usage rates increase.

- All ASD high schools conducted excellent peer-to-peer safety messaging and succeeded in increasing seat belt use. A minimum of two parking lot incentives and two additional activities were implemented at each school. In addition, many schools conducted pledges for safe driving, “potty press”, multi lingual safety signs, school announcements, assembly skits, safe driving rap music, videos, banners, signs, and locker flyers.



Figure 6: High School Buckle Up

SCHOOL	Pre	Post	Increase	Bonus Winners!!!
Bartlett	71%	90%	27%	Biggest Increase
Chugiak	84%	90%	7%	
Dimond	82%	89%	9%	
Eagle River	82%	92%	12%	Highest overall use
East	82%	85%	4%	
Service	83%	86%	4%	
South	81%	88%	9%	
West	78%	86%	10%	

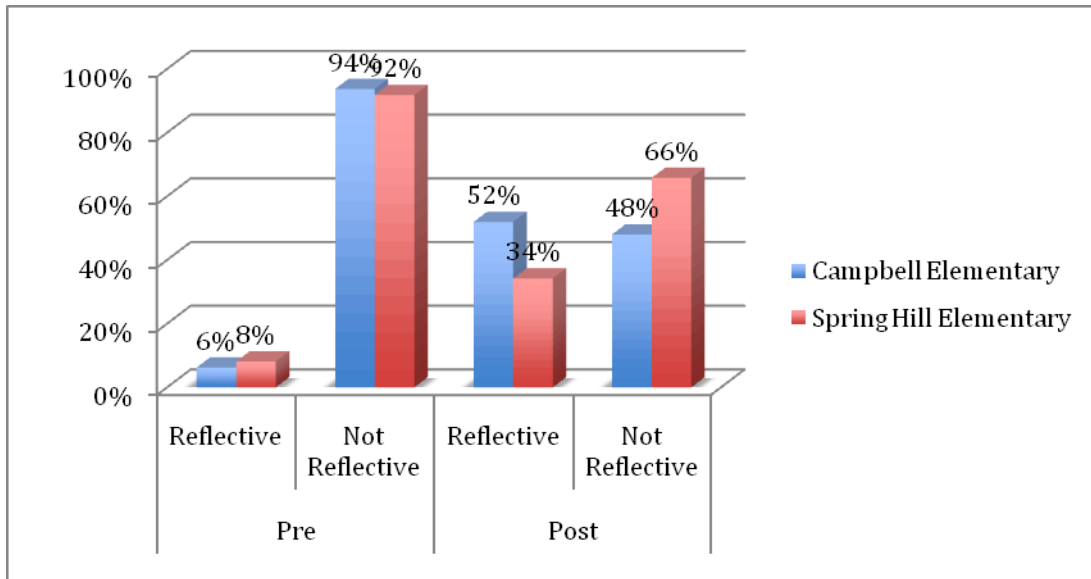
- **Reflectors in the Schools:**



- Walk to School and Reflective Kids:
 Provided reflective tape to 51 elementary schools, and 2 middle schools, serving approximately 10,000 students. Also provided reflector tape and hats to folks at several youth and adult homeless shelters, the Salvation Army, and the Community Safety Patrol. Participated in the Annual Walk to School, with multiple agency and community partners. Two participating schools were chosen to be evaluated to determine whether reflector use increased

after the intervention. Pre and post observations of children arriving at school were conducted. Prior to the intervention, only 6 and 8% of the youth had reflective

material on their outwear or backpack. After the intervention, that number increased to 34 and 52% with reflective gear.



- o [Alaska Injury Prevention Center Annual Report](#)
- o [Suicide Follow-back Study](#)
- o [Seatbelt Observation Study](#)
- o [Anchorage Booster Seat Use Study](#)

Indicator 6: Members of the Anchorage Safe Community group participate in national and international safe communities networks.

- o AIPC is involved in multiple injury prevention taskforces, and networks in Anchorage and Alaska. A list of a few are attached below:
 - Alaska Traffic Records Coordinating Committee
 - Alaska National Violent Death Reporting System
 - Advisory Board Substance Abuse Prevention- State Incentive Grant (SPF SIG) Evidence Based Initiatives Work Group
 - ANTHC Scientific Advisory Committee
 - Alaska Coalition on Child Passenger Safety
 - Leadership Team for Strategic Highway Safety Plan
- o International
 - Chair and Founder of International Safety Media Awards
 - Pan Pacific Safe Communities Network Coordinating Committee
 - Keynote and breakout sessions at International Injury Prevention Conferences in Anchorage, International Falls, Prague, Vienna, South Africa, Mexico, New Zealand, Amsterdam.
 - Attended PhD level classes at Karolinska Institutet, Johns Hopkins, University of South Florida, University of Washington, and University of Alaska.

- **Our involvement in the Safe Communities America network and the International Safe Communities network will benefit and improve our community in the following ways:**

- All of these activities result in new ideas coming back to Anchorage and Alaska. Ideas about evaluation, best practices, coalition building, etc. In the end it results in a Safer Community.

4. Supporting Documentation :

- There are multiple coalitions responsible for community safety. The key group is the Board of Directors of the Alaska Injury Prevention Center.

Anita Shell	Crime Prevention Spec. Anchorage Police Dept.	ashell@ci.anchorage.ak.us
Hilary Strayer	Injury Prevention Program Mgr. ANTHC	hstrayer@anthc.org
Gordon Glaser	Health Program Manager, Div. of Public Health	gordon.glaser@alaska.gov
Herb Everett	Director, Safety & Worker's Comp., Westmark Hotels	safetyherb@aol.com
Philip Somervell	NIOSH Epidemiologist	gjx7@cdc.gov
Mary Thompson	Trauma Coord., Providence Alaska Medical Center	mthomps@provak.org
Brian Saylor	Retired Director, Institute for Circumpolar Health Studies	Bsaylor@gci.net
Ronni Sullivan	Retired Director, Southern Region EMS	ronni@gci.net
Susan Soule	Consultant	susoule@gmail.com
Corlis Taylor	Mngr., Hosp. Educ.& Media Fairbanks Memorial Hospital	corlis.taylor@bannerhealth.com
Mary Leemhuis	ANMC Trauma Program Mgr.	mleemhuis@anthc.org
Soren Orley	UAA, Assoc. Vice Chancellor Financial Services	anseo@uaa.alaska.edu

- Minutes of most recent coalition meeting

Alaska Injury Prevention Center



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Alaska Injury Prevention Center Annual Board of Directors Meeting at AIPC March 8, 2011

Present:

Anita Shell
Brian Saylor
Ronni Sullivan
Mary Leemhuis
Soren Orley
Herb Everett

Gordon Glaser
Soren Orley
Philip Somervell
Mary Thompson
Marcia Howell
Mandi Seethaler

Call to order: Meeting called to order at 12:15 pm by Brian Saylor, President.

Introductions were made around the table.

Approval of previous meeting minutes:

Minutes from January 11, 2011 board meeting were up for approval. Herb Everett asked that we correct the date from January 1, 2011 to January 11, 2011. There were no other objections and approved as amended.

Financial Report:

The financial committee met just prior to this meeting. That group included Brian, Soren, Gordon, Ronni, Marcia and Mandi.

Soren quickly gave a short overview of the financial statements that were presented during the committee meeting. The organization is doing OK overall. Gordon made a motion to approved and Mary L. seconded the motion.

An amendment to the leave policy was reviewed by the financial committee and brought to the board for approval. Brian moved that we accept the recommendation from the finance committee to approve the amendment to

the leave policy retroactive to October 1, 2010 and to include current employee's total accumulated accrued leave. It was approved by unanimous consent.

A new capitalization policy was reviewed by the financial committee and it is recommended that the board of directors approve the policy. Brian moved that we approve as submitted, Herb seconded the motion.

Grant Spending Report – a copy of the report was distributed to all members, and reviewed. Marcia asked that Mandi correct the Focus Group to a contract. Gordon would like for an update about Firestoppers to be presented at the next board meeting. There are currently no funds for this project, but Niki Pereira is expecting to be funded soon.

*Herb had to leave at this point, but asked how many board members could attend the Governor's Safety Conference luncheon on March 24. He believes that AIPC will be receiving and award. He will know for sure later this week.

Program Report: Marcia highlighted some of the projects that are going on.

Current Projects: In addition to our regular projects we have been working on the following:

- The East High School PSA was just completed and will be shown on TV soon.
- The Thinkfast Program just wrapped up and was a HUGE hit.
- Marcia just traveled to Juneau and met with Cindy Cashen and several member of AHSO.

New projects, appointments and recognition

- U.S. Representative on the Pan Pacific Safe Communities Network Coordinating Committee
- Member of the SHSP Leadership Group
- Booster Seat Study to be presented at Lifesavers Conference and the Social Marketing Conference, Beth- TV interview on Channel 11
- Article on Phone Condom Project
- Beth- Sledding safety interview Channel 2
- We will also be receiving \$5000 when Marcia conducts a training this May, Marketing Norms thru Social Marketing.

Old Business

Date of Annual Meeting

We will have the annual meeting during the September 13th meeting which will be moved to October 4th, 2011.

New Business and Other Business

Election of Officers

During our last meeting we decided that the current board members would agree to extend their current terms until the annual meeting when all appointment dates would be made uniform.

Future Meetings (1st Tuesday, every odd month)

May 10, 2011

July 12, 2011

Update October 4, 2011 Annual Meeting (previously scheduled for Sept 13, 2011)

November 8, 2011

Meeting adjourned: Approximately 1:10 p.m.

A. Below is a list of safety promotion and injury prevention programs for indicators 2 and 3

- a. Bike Safety:
 - i. Promoting ridership
 - ii. Fitting bike helmets
 - iii. Providing bike helmets to felony DUIs
 - iv. Partnering in development of safe biking curriculum for children
 - v. Media Campaign for cyclists and drivers
- b. Pedestrian Safety
 - i. Providing reflective hats and gloves to homeless folks
 - ii. Provide reflective tape to schools
 - iii. Promote and provide reflective tape to bus riders
 - iv. Media Campaign for pedestrians and drivers
- c. Occupant Protection/Safe Driving
 - i. Provide in-house car and booster seat checks
 - ii. Provide car and booster seats to low income families
 - iii. Host annual Child Passenger Safety conference
 - iv. Provide trainings for new CPS technicians
 - v. Work with Safe Kids Alaska and Fire Department for increased reach in CPS education and assistance
 - vi. Participate on statewide CPS Coalition
 - vii. Conduct Statewide National Occupant Protection Use Survey
 - viii. Promote seatbelt Use and Safe Driving in High Schools
 - ix. Media Campaign on multiple driving issues, DUI, watch for moose, aggressive driving, inattentive driving (including texting) safety zones, right turn on red, red light running, etc
- d. Underage Drinking Prevention
 - i. Provide Trainings in Social Norms Social Marketing Strategies to:
 - 1. Teachers
 - 2. Prevention Professionals
 - 3. Students
 - ii. Collaborate with Anchorage School District training youth to create healthy peer to peer messages
 - iii. Purchasing TV and Radio time so that teen messages are aired at appropriate times.

B. Community Injury Data

Hospitalized Injuries Alaska 2004-2008		Fatal Injuries Alaska 2004- 2008	
falls	8240	suicide	729
suicide	3272	poisoning	418
motor vehicle	2078	motor vehicle	393
assault	1392	assault	193
atv	804	drowning	175
snowmachine	611	falls	102
bicycle	437	snowmachine	55
poisoning	388	burn	42
burn	70	atv	28
drowning		bicycle	(included in MV)

C. Evaluation Results: These documents are available online:

- a. [Alaska Injury Prevention Center Annual Report](#)
- b. [Suicide Follow-back Study](#)
- c. [Seatbelt Observation Study](#)
- d. [Anchorage Booster Seat Use Study](#)
- e. [Reflective Gear Reveals a Bright Future for Safe Routes to School: Anchorage Alaska](#)