

CAREERS IN INJURY AND VIOLENCE INTERVIEW



Our next installment of the “Careers in Injury and Violence” project features **Shelli Stephens-Stidham**. SAVIR Student Member, **Kalen Flynn**, sat down with Shelli Stephens-Stidham at the American Public Health Association’s 2015 annual meeting. Ms. Stephens-Stidham is the Director of the Injury Prevention Center of Greater Dallas. She has been a force in the public health field for 30 years, including 24 years of experience in injury prevention. Ms. Stephens-Stidham has served as the President of the Safe States Alliance, Chair of the American Public Health Injury Control and Emergency Health Services Section, co-chair of the National Training Initiative for Injury and Violence Prevention, and served on the committee that developed the core competencies for injury and violence prevention professionals. She is an active member of the SAVIR Training and Infrastructure Committee.

Q: I understand you are the Director of the Injury Prevention Center of Greater Dallas. Could you tell me what that position entails?

Stephens-Stidham: I have been in this role in Dallas for eight years, but I spent the majority of my career in the state injury program at the Oklahoma Department of Health. Ironically, neither my undergraduate nor my graduate degree is Public Health. When I was in Oklahoma, I was fortunate to work with really talented epidemiologists who valued evaluation and knew how to design appropriate evaluations. When I got to Dallas, we shifted a lot of the things the Center was doing away from looking at the individual-level through behavior change to getting involved at the policy-level. This meant getting involved at different levels; from education around legislative changes, to talking with policymakers about making change, and even working with the city on environmental changes that could improve safety.

Part of what I do as Director is ensure that our work fits within our guiding principles. One example of this is our longstanding smoke detector installation project. We replicated a project that the Oklahoma Department of Health created. This was very heavily evaluated and became a best practice model. To replicate this in Dallas, we used data to determine which neighborhoods were at greatest risk. We’ve partnered with Dallas Fire Rescue and have installed close to 35,000 smoke detectors since 1999. The great thing about this project is that we have really good evaluation data; in fact, we’ve published two articles since 2013. Our work shows that by using data to focus on the neighborhoods that were most at risk, we’ve been able to reduce fire deaths in those neighborhoods by 74% which has translated to a 43% overall decrease within the city of Dallas.

Our Center also facilitates several coalitions in Dallas. We have tried to be strategic in bringing not only traditional partners to the coalitions, but non-traditional partners, as well. The coalitions have allowed us to know what is going on in the community so that we are not duplicating services and are planning things collaboratively. Many people in the nonprofit world do not have backgrounds in public health and may not have an appreciation of evidence-based strategies. We’re trying to influence some of our partners to use evidence-informed strategies more. You cannot operate in a vacuum; you need to have interdisciplinary folks coming together. We’ve also gotten more creative with funding. For example, we approached the United Way when they were applying for child maltreatment funding and suggested an evidence-based project which they included in their funding proposal. They’ve agreed that if they are funded, our Center will receive some

funding to implement that particular project. One of the reasons for this partnership is to be more innovative with funding streams since they are becoming more limited, and to showcase our value to nontraditional partners.

One of the things I will take credit for is that I have provided good training opportunities for my staff. When I got to Dallas, only one of my staff members had been to the John Hopkins Summer Institute Practices and Principles of Injury Prevention. I have made it a priority to value training and development. As a consequence some of our staff have left and accepted other positions, so that decision may have backfired on me. (laughs)! Seriously, one of our former staff members is now the state child fatality review coordinator. Because of her training with us, she is now in the position to redirect money into injury prevention. And because of her work at the Center, she really values evaluation, so we are excited for the upcoming grant cycles through the Texas State Department of State Health Services.

Q: You mentioned that neither of your degrees are in Public Health, how did you choose the field of injury and violence prevention?

Stephens-Stidham: Well, my undergraduate degree is in journalism and public relations. My first job at the Oklahoma Department of Health was as a public information officer. I worked there for seven years and became ensconced in public health. In 1985, the Oklahoma State Health Department received one of the first CDC injury grants. With that grant, they established the Injury Epidemiology Division, which established an injury surveillance system. The director of the division asked me to help her prepare a capacity-building grant. She told me that if Oklahoma received the funding, that she would hire me. They received the funding, and the director was true to her word – she hired me, and that’s how injury prevention became my career! Because I was working in a public health center and was surrounded by public health professionals, when I went back to get my professional degree, I decided to diversify my skillset and got a Masters in Public Administration.

Q: It sounds like being hired off of the capacity building grant was a stepping stone for your career. Were there other stepping stones that led to your position now?

Stephens-Stidham: My former boss was also one of the founders of the Safe States Alliance (formerly the State and Territorial Injury Prevention Directors Association or STIPDA) and she encouraged me to get out of my comfort zone and get involved. As a result, I was exposed to national leaders in the field early in my career. So I think that knowing those people and having that experience also was a facilitator in opening doors.

Q: What do you consider to be your greatest accomplishment in your career?

Stephens-Stidham: I’ve been lucky enough to be a past president of Safe States, and I’ve had some other leadership roles, but I don’t think you get there as an individual. There are many people ahead of you pulling you up, like my former boss, and many people supporting you, like my excellent staff. My former boss would say, “The spotlight shines on me, but it’s all of you that have allowed me to be in the spotlight.” So, I can’t name an individual accomplishment. I am proud of the fact that when I was president of Safe States, we were successful in changing the name from STIPDA to Safe States. At the time, there was some resistance to the name change but there were also people who felt the old name was not reflective of our membership. So I was very pleased to be a part of the Safe States leadership team at that time where we were able to create change. I’m so excited to see the growth of the Safe States Alliance and the contributions they make to our field.

Q: How did you get involved in SAVIR?

Stephens-Stidham: Early in my career, I would hear a lot of practitioners say that they did not feel respected in conversations with researchers. We felt that practitioners needed to be involved in more of the conversations. It helped that there were people like Carol Runyan, Andrea Gielen, and Carolyn Cumpsty Fowler, who were respected academics, and were saying that practitioners were important and added value. In September of 2001, Safe States and SAVIR held a meeting to establish the National Training Initiative (NTI). There were a group of us that were invited to the meeting, which was held on September 10th in Chapel Hill, North Carolina. Obviously, you know what happened on September 11. Many of us couldn't get home, so we stayed in Chapel Hill and continued the work we started on September 10. The development of the Core Competencies for Injury and Violence Prevention was a result of the NTI work. Being involved in that work made me feel like the practitioner and research worlds were coming closer together. When I became Director of the IPC, I joined SAVIR. My involvement with SAVIR has broadened my scope and the people with whom I have influence. I have encouraged people to join SAVIR as well.

Q: What do you think is the future of injury and violence research?

Stephens-Stidham: I think we I think we need to be ever vigilant of emerging issues. We need to be looking at the big picture. To make an impact with prevention, to educate policymakers and legislators, we need to do more practitioner-based research and more qualitative research. I'd like to see injury research move into figuring out how to capture the qualitative return on investment.

Q: What other tips can you share with the next generation of injury and violence prevention professionals?

Stephens-Stidham: People who get into public health are very passionate. I love passion, but I don't think passion alone will get us where we need to be. When I give a talk about workforce development, I often say that passion is not enough; you need to have appropriate training. Your bosses or supervisors need to recognize that need, because passion alone can only take you so far. There's always been a shortage of funding for injury prevention, so we need to be good stewards of the limited resources we have. And, never quit learning and never quit listening.