

2011 Annual Symposia Report A Policy Approach to Injury Prevention

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A Policy Approach to Injury Prevention
Report on the 2011 Annual Symposia
Pennsylvania Department of Health, Violence and Injury Prevention Program
Report compiled by Mariana Garrettson, MPH

Executive Summary

The Pennsylvania Department of Health's Violence and Injury Prevention Program (VIPP) conducts annual statewide injury symposia. The theme for the 2011 symposia, "A Policy Approach to Injury Prevention", was selected to encourage injury prevention stakeholders to explore moving beyond individual and community efforts. Generating momentum for state and local level injury prevention efforts to shift towards a legislative or an organizational policy approach has great potential to affect health in magnitude. This shift aligns with the National Center for Injury Prevention and Control in its attempt to broaden the scope of injury and violence control by emphasizing policy change. In 2011, 70 participants contributed to five symposia held throughout Pennsylvania.

Each symposium, identically structured, began with a presentation regarding a public health approach to injury and violence prevention and using policy change to prevent injury and violence. The presentation proposed a socio-ecological framework for conceptualizing injury and violence prevention based upon a model known as the *Spectrum of Prevention*.¹ Policy was defined to include both legislative policies and organizational policies, at the federal, state and local levels.

Participants shared their current policy efforts, which included work on every category of policy described in the presentation. Participants described policy change efforts in many settings, such as hospitals or health plans, schools, and youth-serving organizations. Efforts described at the federal and state level included education and advocacy with legislators, participation in national strategy development groups, authoring or developing various components of specific legislation, and working to create or share data that supports policy-making efforts. County and local efforts included coordinating efforts across multiple organizations to develop specific regulations, ordinances or programs for the community.

In addition, participants identified areas in which expanded policy change efforts might occur:

- Expanding data collection and surveillance to support policy making (e.g., expanding trauma registry and establishing an emergency department injury surveillance system)
- Enhancing specific legislation at the state level (e.g., supporting a primary seatbelt law and re-instating the motorcycle helmet law)
- Developing organizational policies (especially health care provider professional organizations and hospital-based policies)
- Overcoming barriers to increase policy efforts, including collaboration (e.g., support from organizational leaders and inter-organizational coordination), resources (e.g., time and money), data, and specific skills (e.g., communicating with legislators).

Symposia participants identified a number of policy change efforts that the VIPP should prioritize in the coming five years. The following list includes issues or efforts that participants recommended in two or more of the symposia:

- *Motor Vehicle Crashes*: primary seatbelt laws, motorcycle helmet law, strengthening the Graduated Driver Licensing law, distracted driving laws and bicycle safety laws
- *Prescription Drug Poisonings*: improved surveillance and data collection, promoting promising practices (drug take back programs, education on overdose, use of Naloxone)
- *Youth Violence*: bullying prevention (especially cyber-bullying) through school level policies, assault and homicide prevention at the community level, and suicide prevention through provider education
- *Senior Falls*: community planning and design policies to protect senior pedestrians, assisted living protocols and guidelines for falls prevention
- *VIPP Infrastructure Development*: building support within the division for the Injury and Violence Section and developing stronger collaborations with other issues across the Department of Health

Introduction

Purpose of Symposia

The PA Department of Health's (DOH) Violence and Injury Prevention Program (VIPP) is engaged in a strategic planning process to become a more efficient and effective agent for reducing the burden of injury on Pennsylvanians. The VIPP has received a grant from the Centers for Disease Control and Prevention (CDC) to facilitate this strategic planning process. A multi-agency group of injury stakeholders from around the state has been meeting over the past six years as the Injury Community Planning Group (ICPG). The ICPG mission is "to develop a comprehensive and coordinated injury prevention effort, which will guide Pennsylvanians to prevent injuries and violence across the lifespan by empowering state and local partners through the collection and analysis of data, as well as leveraging resources for violence and injury prevention programs to recapture lost human potential."

Each year, the ICPG selects a theme for its annual injury prevention symposia. In keeping with the current emphasis at the National Center for Injury Prevention and Control on increasing the use of policy as a tool for injury prevention, this year's symposia theme was, "A Policy Approach to Injury Prevention."

The goals of each symposium were:

1. Support PA injury and violence prevention stakeholders in identifying different policy approaches that can be utilized; and
2. Provide the opportunity for stakeholders to give input to the VIPP on policy priorities that should be considered in the coming five years.

In 2011 Pennsylvania held five symposia, attended by a total of 70 participants:

June 22 Southeast District: Langhorne—10 participants
June 23 South Central District: Camp Hill—17 participants
June 24 North Central District: Williamsport—14 participants
June 28 Northwest District: Erie—20 participants
June 29 Southwest District: Pittsburgh—nine participants

Each symposium was conducted with an identical format. To begin, the symposia opened with general introductions, followed by a presentation defining public health, injury and violence, including a description of the social ecological framework approach used in public health, and a context for how the term "policy" is referred to during the symposia. This presentation concluded with participant discussion of three major injury issues (child maltreatment, teen drivers and prescription drug poisoning) and different policy approaches that have been utilized, or are being utilized, to address each of these issues. Each symposium included a facilitated opportunity to share any policy approach being utilized by the participants, or their respective organizations, for injury and violence. Directly after this open session, participants brainstormed additional policy efforts they would like to engage in and what identifiable needs must be addressed in order to do so. Next, participants were informed about the policy work which is permitted by programs in the Department of Health and the current work VIPP is engaged in. The symposia concluded with participants discussing what the VIPP policy priorities should be for the next five years.

The participants represented the following types of organizations:

State health department	Drug and alcohol programs
Local municipal health departments	Health insurance providers
Hospitals, trauma centers, medical centers	Schools & universities
Emergency medical services	Private industry
Non-profit organizations	General public
Coroner offices	

Current Policy Efforts by Symposia Participants

Federal and State Policy Change

Multiple policy activities are being utilized by participating organizations at the state and federal level to address a variety of injury and violence prevention issues. These activities can be categorized into four groups:

- Education and advocacy
- National workgroups
- Developing legislation
- Collecting supporting data

Education and Advocacy

The activity description most commonly shared was education and advocacy directed towards legislators*. Examples included working with legislators on distracted driving legislation or educating medical residents to write letters to legislators about the graduated driver licensing legislation. There were examples of more general efforts, such as maintaining connection and a flow of information to policy makers such as a coroner sending a weekly email to legislative representatives or Safe Kids Pennsylvania being available on an ongoing basis to work with legislators on childhood safety issues. The PA Department of Health VIPP recently was asked to conduct policy analysis on the proposed traumatic brain injury state legislation -- another way to provide information and education to policy makers.

National Workgroups

Other types of reported activities include participation on national workgroups to develop strategies on emerging injury issues, such as prescription drug overdose. Participants commonly participate with workgroups such as the Children's Safety Networks' community of practice, Safe States Alliance workgroups, Safe Kids USA, National Child Death Review, and others.

Developing Legislation

Some of these workgroups provide larger policy strategies, and some of them will then work to develop legislation that supports the strategy. For example, one symposium participant serves on a workgroup with state and federal agencies that have worked to introduce a federal bill to protect 911 callers when the caller is with someone who is overdosing on a drug. This promotes calling 911 in an overdose emergency, since fear of arrest for illegal use of drugs keeps some from calling when a friend or family member starts to overdose. Another policy development example at the state level is an effort to create a gun buy-back day.

Collecting Supporting Data

The fourth activity type at the state and federal level is to collect or create data to support policy making efforts. Again, examples included efforts on specific and immediate issues and those that are building the base for future policy work. For example, one participant has worked on the motorcycle helmet law by collecting data and providing a report on those findings. Another participant talked about doing research on mature drivers and the various policy efforts that have been tried (mandates for physician reporting on seniors' capacities, vision testing, frequency of re-licensing, etc.) to build the evidence to promote more comprehensive policies on senior drivers.

County and Local Policy Change

The county and local level policy efforts were more varied. Given the complexity of local jurisdictions (city, county, township, etc.), these efforts appear more challenging in some ways, and there were fewer examples.

* Many of the participating organizations hold 501.c3 status and are explicitly prohibited from lobbying for specific legislation. In every symposium, the difference between educating legislators on an issue and lobbying for a specific bill or program was discussed. Anyone can provide information and education to policy makers. Each organization needs to carefully define the nature of any educational efforts they engage in, if they have restrictions on lobbying.

Still, organizations are looking at this level to promote policy approaches to injury prevention. Some effort involved coordination across county level organizations. Child Death Review (CDR) teams are a county level structure whose organization and relationship with other agencies in the county is established team by team. One county's CDR has established specific subgroups on important issues (such as home visitation, safe sleep and suicide) and has coordinated with the Student Assistance Programs in the schools. Another county has created a consolidated police force to better coordinate the many law enforcement jurisdictions throughout a single county. A county coroner's office is working to coordinate with physicians' offices to establish a practice of providing feedback on autopsy and death reports to the decedent's physician. Other efforts were specific to developing a policy, ordinance or program. In one county, a participant is working on a local pool fencing ordinance. In several counties, there is work to establish drug take-back programs, which involve developing policies to create drop off points. This can also be an effort that involves inter-organizational work, if both injury prevention and environmental organizations are included.

Organizational Policy Change

The majority of current policy change efforts discussed was at the organizational level. Broadly, these efforts can be grouped as hospital or health plan-based efforts, school and youth serving organization-based efforts, and other employer-based efforts.

Hospitals and Health Care Facilities

Many of the hospital-based injury prevention policies relate to infants. Several hospitals have policies mandating that babies cannot be discharged from their facility without verification that they will leave in an infant safety seat. Some hospitals have child safety seat loaner or gifting programs to support this policy. Fewer still have policies mandating booster seats for discharged children and/or have loaner programs with booster seats. There are also many hospitals that have policies relating to abusive head trauma (AHT--also known as shaken baby syndrome) and sudden infant death syndrome (SIDS). Many hospitals require new parents to view education on AHT. Some have policies mandating that providers in the neonatal intensive care unit (NICU) and pediatric intensive care unit (PICU) receive special education on AHT. Some also require these providers to be educated specifically on SIDS and safe sleep; the Cribs for Kids program is in many locations and provides approved cribs for families that couldn't otherwise afford them. Finally, there are efforts in some hospitals to expand the "Safe Haven" program from the emergency department to the whole hospital.

Other hospital-based policies include those dealing with screening patients for intimate partner violence and those establishing the use of a sexual assault nurse examiner (SANE) in the emergency department for victims of sexual assault. Another emergency room-based policy provides helmets and helmet-use education to injured patients who have sustained ATV or bicycle-related injuries. Selected hospitals are working on policies to reduce stress and violence by establishing a hospital as a "No Hit" zone or by designing clinics' waiting rooms to reduce stress, especially for families with children.

Schools (K-12 and University) and Other Youth-serving Organizations

Every school district has a student assistance program (SAP) for managing student crises. These programs often have specific prevention and response protocols for suicide and attempted suicides. There are also many school level policies that relate to bullying. One example was from a school that established a policy which would allow the school authorities to become involved in cyber-bullying incidents if they became a disruption at school, regardless of where the acts were committed. Some schools also have policies addressing helmet safety; in one district, every child that rides to school on a bike must wear a helmet. University policies regarding sexual violence have been highly considered, and many universities are reviewing or creating new policies on how they respond to these incidents, some with the assistance of non-profit organizations with expertise specific to this area.

Finally, organizations serving youth may create their own policies relating to injury. These organizations can also serve as a venue for engaging youth in organizational policy making, which is argued to be beneficial for both the youth and the organization.

Employer-based Strategies

Employer-based injury prevention policies included incorporating intimate partner violence into the activities of a workplace violence committee, prohibiting cell phone use in company vehicles, encouraging worker's compensation-based workplace injury prevention (based on the specific nature of the business), and using employee handbooks and new employee orientation for safety education. Additionally, broader efforts exist to create a safety culture in an organization through information sharing about near misses and injuries and developing campaigns that incorporate safety to promote health generally.

Policy Efforts Participants Would Like to Develop

Participants identified various policy efforts they would like to engage in that can be summarized into three broad categories: expansion of data collection and surveillance, state or county level policy efforts and organizational level efforts. This discussion had significant overlap with the later discussion of what policy efforts the DOH VIPP should prioritize; however, this section was broader and included issues that would not be in the purview of the DOH.

Data and Surveillance

There are several surveillance issues that participants believe need to be addressed. One area highlighted is trauma and emergency department data: participants believe the trauma registry should be expanded to include released patients (it currently only includes patients who are admitted to the hospital after treatment in the trauma center). In addition, participants see a need for a statewide emergency department surveillance system being established. Participants expressed interest in efforts to improve data sharing. Particularly related to the Department of Public Welfare (DPW), both within DPW (e.g. between physical and behavioral health) and between DPW and providers (specifically letting providers have easier access to data).

State/County Level Policy

Participants mentioned two state laws more frequently than any other: reinstating the motorcycle helmet law and upgrading the state seatbelt law from secondary to primary.[†] It was suggested that widespread education on the financial impact of these two laws could build public support for their passage. Another suggestion involved making booster seat use and seat belt use primary for children up to 18 years as a starting point for seatbelt legislation. Additionally, legislation regarding helmet use (increasing enforcement of the existing law for bikes and skateboards) and all terrain vehicles (ATV) use was discussed. In Pennsylvania, ATVs are currently regulated only on public roads; however, most of the injuries occur on private land. Increased regulation on private lands would be desirable, but the challenge of enforcing this type of legislation was noted. A suggestion was raised to establish a precedent for using laws on endangerment of children to address dangerous ATV use by children on private lands.

Additional suggestions included mandating sprinklers for new home construction and promoting funding to support the legislation that establishes CDR teams. Participants also suggested legislation to control bath salts and synthetic marijuana.[‡] Furthermore, suggestions to develop "Complete Street" policies including safe routes to school, bike friendly roads, and timing crosswalk signals to accommodate the elderly were noted. Participants expressed concern about how various coordinated law enforcement systems which span over many small jurisdictions can generate many adverse political issues in smaller communities. An example was provided that explained briefly a model of a regional police force system in Union County that has attempted to negate these

[†] With a secondary seatbelt law, a law enforcement officer can only cite you for not wearing a seatbelt if you are stopped for some other violation. With a primary seatbelt law, not wearing a seatbelt is cause for being stopped by law enforcement. Upgrading from a secondary to a primary law has been shown to increase usage by at least 10 percent, with a direct correlation to a decrease in injuries and deaths.

[‡] A law was recently passed in Pennsylvania limiting access to these substances.

concerns in their communities. Participants believe duplicated systems may be helpful for participants and suggest pursuing this system model in other counties.

Organizational

In discussing organizational policy change, participants emphasized work of professional organizations, especially those that oversee health care providers. Safe sleep education requirements during post-natal care in doctors' offices and safe sleep education incorporated into the CEU/CME requirements for all health care professionals would be beneficial. A suggestion was made to expand the scope of practice for Emergency Medical Service (EMS) providers so Emergency Medical Technicians (EMT) and paramedics can provide home visits inclusive of injury prevention work. Prescription drug overdoses, an epidemic with an obvious connection to health care providers, is an area that professional organizations might address. Participants stated that there is a need to increase education to providers regarding prescription drug overdose and the use of Naloxone, a drug used to immediately counter the life-threatening effects of an opioid overdose. Additionally, there is a need to increase the use of Naloxone in methadone clinics and develop protocols and best practices for its use in these settings. Participants suggested developing dosing guidelines for opioid narcotics.

Participants also emphasized organizational efforts that include establishing better referral systems between the injury prevention coordinator in trauma centers and other parts of the hospital, including their associated emergency departments and the car seat/booster seat program. Participants expressed desires to establish relationships between hospitals and assisted living organizations to establish collaborative safety procedures to prevent falls and other injuries common in senior care. Outside of the health care system, participants suggested increasing education on child restraint laws and enforcement at child care facilities, with the goal of improving facility policies on these issues.

Barriers to Participant Policy Work

Participants identified what is necessary in order to engage in policy work within already existing injury prevention efforts. These needs are grouped into four categories: resources, collaboration, data and skills. Not surprisingly, time and money *resources* are the most commonly noted need. Staffing resources necessary to perform injury prevention policy work was regularly mentioned as well. Other than these resource needs, *collaboration* is the most frequently general need mentioned. A policy approach requires buy-in and collaboration from many levels, perhaps more than any other injury prevention approach. Participants generally discussed support from their organizations' leadership as a requirement. Participants specifically mentioned engaging trauma centers and hospitals more by emphasizing the prevention aspect of hospital mission statements and increasing collaboration between trauma center injury prevention coordinators. Involving pre-hospital providers in this work was also suggested along with getting professional organizations like the Society of Trauma Nursing to collaborate more on policy work. The discussion also raised the need to develop a statewide system to organize injury prevention legislative "asks."

There are several kinds of *data* that participants need to further policy work. A resource for evidenced-based programs and policies (both effectiveness and cost effectiveness or return on investment) would, of course, be useful. Participants need better emergency room data, fire department data and general injury surveillance. Finally, participants mentioned several specific *skills* that would help policy efforts. Confronting policy opposition was discussed in several symposia. The other main skill needed involved to marketing and public relation skills, with training in how to communicate specifically with legislators highlighted.

Policy Priorities for the PA Violence and Injury Prevention Program

Every symposium concluded with a discussion regarding the priority items for the DOH VIPP policy efforts over the next five years. As mentioned above, there is some overlap with the previous discussion of what individual

organizations would like to emphasize. Table 1 identifies priority issues specific to Pennsylvania. These priorities are ranked according to the number of symposiums that separately mentioned them:

Table 1. Issues ranked by the number of symposiums that separately mentioned them.

Ranked	# of Symposia	Priority Issue
1	≥ 4 Symposia	Motor vehicle crashes (5) and prescription drug poisoning (4)
2	= 3 Symposia	Youth violence (bullying, suicide, homicide)
3	= 2 Symposia	Senior falls and DOH VIPP infrastructure
4	= 1 Symposia	All other general issues

Priorities Mentioned in Multiple Symposia

Motor Vehicle Crash (5)

The top two priorities in this area are a primary seatbelt law and reinstating the motorcycle helmet law. Again, it was suggested that it would make sense to start with strengthening the Graduated Driver Licensing (GDL) law to make seatbelts a primary law for teen drivers and passengers. Distracted driving as part of GDL, as well as more broadly, is considered an important priority. Bicycle helmets and general bicycle safety (especially as it relates to complete streets policy) was emphasized by some. Finally, an increased focus on senior driving policies was suggested, although it was pointed out that there is still work to be done in building the evidence base for what is most effective.

Prescription Drug Poisoning (4)

Participants recommended prioritizing a variety of issues related to prescription drug poisoning. Surveillance and data collection are a high priority. Both enhancement of the Prescription Drug Monitoring Program and identifying other surveillance systems to develop or improve were recommended. The need to identify data to support stronger laws regarding driving while under the influence of prescription drugs was specifically discussed. Other priorities should be developing direct responses to the problem. Drug take-back programs have been implemented in many communities; the state could work on policies to support pharmacies being able to accept returned medications or policies to establish prescription drug collection as a standard role for police, fire or emergency medical services. The state VIPP could also work with the PA medical and pharmacy boards to develop guidelines for dosing and prescribing opioid narcotics. Finally, there is a role for the state in encouraging dissemination of information (e.g., risk factors) on the prevention of overdose and suggestions for specific responses. Naloxone is a medication that can be used to reverse an active overdose. The state can identify steps for encouraging the prescription of Naloxone, as well as policy efforts and education of pharmacists.

Youth Violence and Bullying (3)

Youth violence includes both self-directed violence (e.g., suicide) and other-directed violence (e.g., assault). Bullying can be a precursor to both assault and suicide. Participants wanted the VIPP to prioritize several policy approaches to these issues. Work to facilitate interaction between primary care providers and the schools' SAP could help reduce multiple kinds of youth violence and bullying. In regards to bullying, participants want the state to work on promoting school-based policies to both consistently educate staff and teachers about it and to establish specific policies allowing for schools to intervene in cyber-bullying cases. Participants also suggested identifying successful policies in addressing teen assault and homicide; early intervention with high-risk parents and follow-up with teen victims of violence who are seen in the emergency department were both specifically noted. Finally, participants wanted continuing emphasis on teen suicide. Participants suggested working with the state medical board to develop clear protocols or guidelines on treating teens with mental health issues. Participants also thought prioritizing education for providers on teen mental health and suicide should be promoted, perhaps by working with the PA Association of Family Physicians to create more opportunities for providers to earn CMEs or CEUs on this issue.

Falls (2)

Senior falls continue to be a major cause of injury and death, while creating a heavy cost burden on the health care system. Participants had three main areas for the VIPP to take a policy approach on this issue. The first is to incorporate seniors' needs into community design and planning efforts, especially thinking about dangers of senior pedestrians crossing roads. This should be part of all complete street efforts. Secondly, participants want the state to work to improve mandates that senior living centers and assisted living centers have strong fall prevention policies and guidelines. Third, participants want the VIPP to align efforts with the Pennsylvania Pharmacist Association regarding falls and the role of medication management has in reducing senior falls.

Infrastructure of VIPP (2)

The VIPP needs to build its own infrastructure to accomplish a structured policy effort. Policy approaches to this include working to establish more state support for the program internally and integrating the work of the section with other parts of the DOH, like the work being done on nutrition and physical activity.

Priorities Mentioned in Only One Symposium

The following issues were only suggested in a single symposium:

- Address drowning, including policies regarding four-sided fencing and support of the Virginia Graham Baker legislation regulating pool drain covers;
- Promote Health Impact Assessments on policies affecting children, with a particular focus on policies regulating the built environment;
- Work with workers' compensation to incorporate sleep history in clinics;
- Support community policing, with programs connected to HUD being emphasized;
- Create a safety certification for Pennsylvania youth athletic coaches, perhaps focusing on enforcement and promotion of coaching standards;
- Fund for evidence-based home visiting programs;
- Create a standardized definition for SIDS;
- Initiate research into injuries related to Marcellus Shale gas drilling—for both employees and community members; and
- Support EMS and assist the expansion of their role in prevention.

Works Cited

ⁱ Cohen L, Swift S. The spectrum of prevention: developing a comprehensive approach to injury prevention. *Injury Prevention*. 1999;5:203-207.