



## Spotting Injury and Violence Prevention on Your Radar Screen

Creating a Legacy in Public Health – A Guide for State and Territorial Health Officials

“History has shown us that injury is very amenable to change. The data tells us that it must be done and that it can be done, and yet injury usually is not the number one public health issue in most state offices.”

-Paul Halverson  
2009-2010 ASTHO President and  
Director Arkansas Department of Health



# To Our Members

In a given day, 475 Americans die from injuries – more than twice as many as from diabetes, and more than four times as many as from breast cancer. However, as a state health official you can influence the number of injuries and create a legacy of better health for generations to come. How? By pursuing and promoting proven strategies and policies.

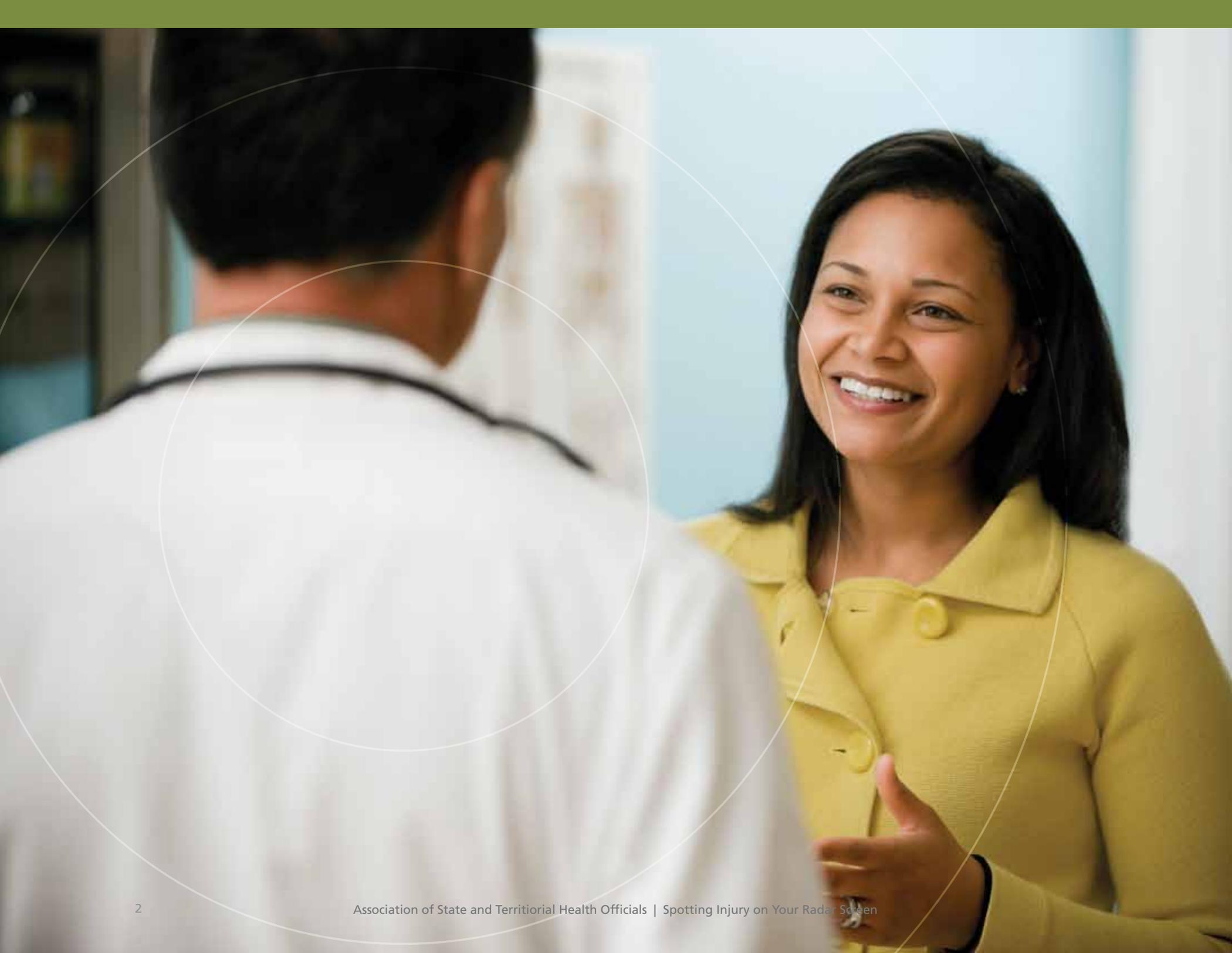
Prevention is a centerpiece of our public health system, and research indicates that preventing injuries can have tremendous benefits. The societal burden of injuries is a heavy one, and injury prevention policies based on evidence-based research can successfully reduce that burden and create positive, measurable outcomes. As a positive public investment, these policies don't only save lives, but create numerous benefits that outweigh implementation costs. Point is, this "living return on investment (ROI)" is worth the effort.

Further, there has never been a better time for injury prevention policies. The recently enacted Patient Protection and Affordable Care Act of 2010 established a "Prevention and Public Health

Fund" specifically to provide for an expanded and sustained national investment in prevention and public health programs. The Fund supports programs authorized by the Public Health Service Act for prevention, wellness and public health activities. So, policymakers and public health officials in every state will be looking to implement proven prevention programs to take advantage of the new funding. Simply put, injury prevention presents little risk and a huge opportunity for success.

The need is obvious. And, the benefits are measurable. On the following pages we'll discuss how to better understand what you can do to vigorously pursue injury prevention policies in your state that will help people of all ages live to their full potential. The following areas are explored in this guide among others:

- The burden of injury in the United States
- Why focusing on injury prevention policy change is a smart idea
- Examples of the various injury reduction policy changes some states are making that could be models for replication in your state



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“Prevention is a national priority. Working to prevent injury and death through evidence based interventions is a valuable investment of time and resources for a worthy cause.”

– Paul Jarris, MD, MBA,  
Executive Director, ASTHO





# Preventing Injuries Through Policy Change

**Injuries – including injuries resulting from car crashes, falls, fires, drownings and poisonings – are the leading cause of death among Americans aged 1 to 44 years, and the fifth leading cause of death for everyone overall.**

Injuries and deaths resulting from “accidents” have become so commonplace that we as a nation seem to have forgotten that they are preventable. We can use policy change to arrest the number of injuries and injury-related deaths.

## **We All Pay: Lessening the Burden**

A 2006 study in *Injury Prevention* estimated the lifetime costs associated with medical expenses and lost productivity as a result of injuries to exceed \$400 billion, with 40% of those costs attributed solely to motor vehicle crashes and falls. With so many Americans negatively affected by injuries every year, it’s easy to make a case for injury prevention.

## **Now’s the Time: An Opportunity to Improve Health**

Injury prevention is a priority for CDC. They provide significant resources for researching, translating, disseminating, and evaluating interventions that work. Additional funding sources worth pursuing include the U.S. Department of Housing and Urban Development (HUD), The Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), Department of Transportation, foundations and private funders.

## Getting Set: A Framework for Policy Change

From consumer protection and child safety laws to traffic safety laws and more, we're all familiar with injury prevention policies. But how do you determine the best policy approach for your jurisdiction?

Perhaps the most important first step is to conduct a review that identifies the impact of injuries on your state. Some common review questions include:

- What is the specific burden of injury?
- Are certain injuries of particular concern because they represent the largest burden overall or because they disproportionately impact a particularly vulnerable segment of the population?
- Are there outlier injuries – perhaps that affect a small proportion of the population but result in high costs to the state?

To identify a thorough and accurate understanding of the burden of injury in your state, you can utilize the web based injury statistics query and reporting system (WISQARS) provided on the Centers for Disease Control and Prevention website. Once the burden is defined you can then identify evidence based interventions by using the CDC's Guide to Community Preventative Services. The Guide provides recommendations to the public health community highlighting systematic reviews of relevant studies and summarizing evidence in support of the policy options described.

To assist public health leaders to identify policy levers and craft effective strategies for action Dr. Thomas Frieden, Director of The Centers for Disease Control and Prevention has provided a paradigm for public health action. This framework for change is called the health impact pyramid and contains five tiers:

- socioeconomic factors
- changing context
- protective interventions
- clinical interventions
- counseling and education

Implementing policies at all levels of the pyramid can achieve the maximum possible sustained public health benefit. A similar framework called The Spectrum of Prevention can help to identify strategies for focusing injury prevention efforts. Health officials are uniquely positioned to work across all aspects of both models which can help to identify gaps that might be filled or existing efforts that can be strengthened. Armed with a comprehensive understanding of both the burden of injuries in the state and where the opportunities for positive change lie, efforts can be focused on pursuing the most-needed, evidence based injury prevention policies.



## The Spectrum of Prevention

### Levels of the Spectrum

Influencing Policy and legislation

Changing organizational practices

Fostering coalitions and networks

Educating providers

Promoting community education

Strengthening individual knowledge and skills

### Description

Changing laws and policies to influence outcomes in health, education, and justice

Adopting regulations and norms to improve health and safety; creating new models

Bringing together groups and individuals for broader goals and greater impact

Informing providers who will transmit skills and knowledge to others

Reaching groups of people with information and resources to promote health and safety

Enhancing an individual's ability to prevent injury or illness

(Source: L. Cohen, *Traffic Injury Prevention: A 21 Century Approach* –Ch. 8)

## Making the Case: Anticipating Challenges and Messaging for Success

Injury prevention efforts will encounter challenges ranging from simple apathy or resource issues to active opposition to policy changes. Motorcycle helmet laws, for example, are extremely unpopular with some motorcyclists who have actively worked to repeal helmet laws as encroachments on their personal liberty. But the fact remains that every public policy – even those centered on seemingly popular, relatively well-funded issues – encounter challenges and must be championed. However, the likelihood of challenges doesn't make a public health problem any less worthy of becoming a top priority.

When surveying the current injury prevention landscape in your state, include assessments of potential champions and potential barriers. What

injury prevention efforts would the governor support? What groups may be in opposition? What have been the experiences in other states? Ask and answer as many tough questions as you can ahead of time, before determining your course and taking action. Your personal investment in injury prevention and your leadership in promoting it will determine its success.

That being said, there's a particular investment you can make to ensure the success of your injury prevention effort: developing and using clear, concise, consistent messages that convey the most important points you want your stakeholder audiences to absorb and that counter any opposing messages.

The following pages provide examples of successful injury prevention policy efforts across the nation, and include stories about how some of your colleagues are taking the lead in improving the health and safety of their communities by preventing injuries.

Working with the state health department injury and violence prevention program/unit and/or an Injury Prevention coalition or network (i.e. most states have an Injury Community Planning Group) is an excellent place to start planning a policy strategy for injury and violence prevention. ASTHO is currently partnering with its affiliate Safe States Alliance the only national non-profit organization representing state-level injury and violence prevention professionals.

## Messaging: "We're In This Together."

One opposing message you may encounter – and that injury prevention professionals have been struggling against for decades – is the same one that motorcyclists opposed to helmet laws use: "Your legislation infringes on my personal liberty." We hear this from smokers, we hear it from drivers who don't want to wear seat belts, and we hear it from mothers who fear the risks associated with childhood vaccines.

It is an argument that needs to be anticipated and deflated. In a 2005 commentary in the *American Journal of Public Health*, Lawrence Wallack argued that the dominant American language values the freedom of individuals over the rights of communities and described the need for a "second language" focused instead on shared responsibility and egalitarianism. Such a concept is behind several successful public health movements of

the past, including the very successful "Friends Don't Let Friends Drive Drunk" campaign. Similar messaging strategies were used by anti-smoking proponents to boost the rights of the majority of us who don't smoke over the rights of the minority who do.

The development of positive, consistent messages that reiterate "we're in this together" must be a focal point of injury prevention policy efforts. The CDC's National Center for Injury Prevention and Control (NCIPC) published a useful messaging guide around injury: *Adding Power to Our Voices: A Framing Guide for Communicating About Injury*. The guide can help you and your staff develop coordinated, meaningful messages around injury prevention that, when used consistently and across multiple outreach activities, will act as a counterweight against any opposing messages.

# ASTHO'S PRESIDENTIAL CHALLENGE 2009-2010

## Spotting the Entry Point for Policy Change in Your State



Prescription Drug Overdose



Substance Abuse and Suicide



Home and Recreation Safety



Falls Prevention



Teen Dating Violence

# INJURY AND VIOLENCE PREVENTION AND CONTROL



Elder Maltreatment



Child Safety



Traumatic Brain Injury



Child Maltreatment



Motor Vehicle Safety

Discover more starting points that include a list of interventions, state and federal legislation, fact sheets, data and more at [astho.org](https://www.astho.org).

# Success Stories in Injury Prevention Policy

From emotional tolls, lives damaged or lost and skyrocketing health care costs, we all share the burden of injury and violence. The CDC's Injury Prevention Center has identified three types of injuries as top priorities on their national prevention agenda:

- Motor vehicle crashes
- Falls among older adults
- Child maltreatment

Injuries within these three areas take a significant toll on both individuals and society and are responsive to policy changes based on evidence-based interventions. After interventions, add the following: Unintentional drug poisonings are another issue that is emerging as a significant health problem that requires action. Both the NCIPC and ASTHO believe that these areas present immediate opportunities for state health officials to begin to reduce the burden of injuries in your state.

Within each topic/issue, we'll examine what works as well as identify steps you can take to enhance safety and well-being of your constituents.

## A "Winnable Battle:" Preventing Injuries from Motor Vehicle Crashes

Motor vehicle crashes take an enormous toll in the United States. More than 37,000 Americans were killed in motor vehicle crashes in 2008, the latest year for which data is available. This represents an average of 102 deaths every day – or one every 14 minutes. An additional 2.3 million Americans are injured in motor vehicle crashes every year.<sup>1</sup> The human and emotional toll due to these tragedies includes billions of dollars in health care costs, lost wages, property damages, travel delays and legal and administrative fees.

Clearly, the societal burden of motor vehicle crashes is tremendous – but it doesn't have to be. The last 20 years have shown that injuries and deaths due to motor vehicle crashes can be dramatically reduced through proven policy changes.

### What Works

There are numerous opportunities to prevent injuries before, during, and after an "event" – such as a motor vehicle crash – that has the potential to result in injury or death. Many of these opportunities come in the form of policy changes that focus on specific driving-related issues:

- Use of seat belts
- Teen drivers and graduated driver licensing
- Impaired driving
- Use of mobile devices while driving

Other policies such as child safety seats, use of helmets on motorcycles, access to trauma care, enhancing emergency medical services, collaborative road and highway safety planning approaches and vehicle safety improvements – while not discussed in this document, remain very important. Every policy option available to decision makers requires a collaborative approach that includes local, state and federal entities.

Primary seat belt laws, graduated driver licensing and laws to reduce impaired driving have been identified as priority areas because they have a huge potential for dramatic reductions in injuries and fatalities.



### Motor Vehicle Injury Prevention:

- 4,000 lives could be saved each year if everyone used seat belts
- 8,000 lives could be saved each year through attainable reductions in impaired driving
- 175 lives could be saved and 350,000 non-fatal injuries prevented every year with enhanced graduated drivers license policies

According to CDC Director Tom Frieden, preventing injuries related to motor vehicle crashes is one of six “winnable battles” for public health officials, measured by the following criteria:

- A public health strategy that can be applied to the problem that is evidence-based and feasible
- A strategy that has a significant impact on health
- A strategy that is scalable (that is, it can reach a high proportion of those at risk)

## Making it Click: Restraint Laws

When used, seat belts are one of the most effective interventions for preventing injuries and deaths resulting from motor vehicle crashes. And mandatory seat belt laws are an effective way to ensure that seat belts serve their purpose and keep passengers safe in the event of a crash. Seat belt laws are divided into two categories: *primary* and *secondary*. Primary seat belt laws allow law enforcement officers to ticket a driver for not wearing a seat belt, without any other traffic offense taking place. Secondary seat belt laws state that law enforcement officers may issue a ticket for not wearing a seat belt only when there is another citable traffic infraction.

Recent statistics are as follows.

- Thirty-one states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the Virgin Islands have primary seat belt laws
- Eighteen states have secondary laws
- New Hampshire has enacted neither a primary nor a secondary seat belt law for adults, although the state has a primary child passenger safety law for children under the age of 18 years

## Importance of Taking the Right Steps: Graduated Driver's Licensing (GDL)

Twelve percent (7,460) of drivers involved in fatal crashes are between the ages of 15 and 20 years. The elevated crash risk for beginning drivers is universal, and graduated drivers licensing laws

have consistently proven effective in reducing such risk. Peer-reviewed evaluations of GDL's effectiveness in New Zealand, Canada and the United States show that crashes involving new drivers have been reduced by 9% to 43%.

While all states have implemented some form of a GDL law, they vary greatly, with some not meeting the standards for "good" GDL laws set forth by the Insurance Institute for Highway Safety. Three jurisdictions with effective GDL laws are California, the District of Columbia, and Washington, each of which mandates a "learner" stage with a mandatory holding period and minimum amount of supervised driving, as well as an intermediate stage with a nighttime driving restriction and passenger restrictions.

## Maintaining Focus: Reducing Impaired Driving

Alcohol-related crashes cost the American public an estimated \$114 billion in 2000, including over \$51 billion in monetary costs and an estimated \$63 billion in quality of life losses. **People other than the drinking drivers paid nearly \$72 billion of the alcohol-related crash bill – that is, 63 percent of the total cost of these crashes.** An estimated 8,000-9,000 lives could be saved each year by enacting laws (such as those listed below) that seek to reduce the incidence of impaired driving. Every state should consider enacting enhanced versions of these laws shown in the table below.

## Number of States that have Enacted Impaired Driving Laws

Name of law	No. of States
.08 alcohol per se law	50
Administrative License Revocation	46
Child Endangerment	41
Dram Shop	41
Hospital Blood Alcohol Reporting	6
Ignition Interlock	47
Mandatory Assessments	42
Mandatory Education	40
Mandatory Blood Alcohol Content test	37
Penalties for test refusal	36
Sobriety Check Points	40
Social Host Liability	34
Vehicular Homicide	45

*Source: Impaired Driving in the United States Cost Fact Sheet. (2002). National Highway Traffic Safety Association. Retrieved August 26, 2010 from <http://www.nhtsa.dot.gov>.*

Twelve states (Alaska, Arizona, Arkansas, Colorado, Hawaii, Illinois, Louisiana, Nebraska, New Mexico, New York, Utah and Washington) have made ignition interlocks mandatory or highly incentivized for all convicted drunk drivers, even first-time offenders. Forty-two states, the District of Columbia and Guam have increased

penalties for drivers discovered with high blood alcohol levels. Underage drinking laws such as .02 or less blood alcohol levels for drivers under twenty-one years of age supported by zero tolerance enforcement, youth programs and school education programs are very effective.

### **Making it Happen: Additional Steps**

While policy changes are fundamental to reducing fatalities and injuries due to motor vehicle crashes, they are only part of the answer. According to the American Association of State Highway and Transportation Officials and The Federal Highway Administration, **policy changes are most effective when they take place within a culture of motor vehicle safety** – which states can help create locally, as well as across the nation. This means looking to best practices and advocating for a collaborative approach that includes local, state and federal entities.

The first step is developing a broad-based coalition focused on improving traffic safety, including the creation of traffic safety commissions. Common partners (in addition to the state health department) often include: state highway planning offices, state motor vehicle administration, state department of transportation, state department of education, state police, emergency medical services, as well as grassroots groups, such as Mothers Against Drunk Driving. They also may include representatives from federal transportation-related agencies.

In addition to advocating for enhanced policies such as those discussed in this section and improved data collection and analysis, these state transportation safety coalitions are actively engaged in the federal Strategic Highway Planning process, which is focused on improving safety on the nation's roads. According to the Association of State Highway and Transportation Officials, 80% of states participate in the process, but 100% should be participating if we are to create a national culture of traffic safety.

According to the Governor's Highway Safety Association, four states – Minnesota, Michigan, Iowa and Washington – have achieved a culture of traffic safety. In 2006, Minnesota's traffic

fatality rate was the lowest in the country and Washington's seat belt usage rate was the highest.

Additional information on creating a culture of traffic safety in your state can be found in the "Resources" section at the conclusion of this document.

### **Standing Smart: Preventing Injuries Related to Falls Among Older Adults**

Falling is the leading cause of injury deaths among older adults, and fall-related injuries place an enormous burden on society – to the tune of \$19 billion in total direct costs in 2000 for adults 65 years and older, according to the CDC. **One in three adults aged 65 and older fall every year,**

In Minnesota, a wide variety of partners – including state agencies, hospitals, health plans and other organizations – have come together to find innovative ways to prevent falls in our state. We are proud of the collaborative nature of our work, especially with our state hospital association. With our most recent adverse events report, we saw a 20 percent decrease in hospital falls that led to serious injury or death. But there is still much more work to be done.

– Dr. Sanne Magnan, Commissioner of Health, Minnesota



**with 20-30% of them suffering moderate to severe injuries**, such as hip fractures and head trauma. And, two-thirds of older adults who have fallen once will fall again within six months.

**Among adults over age 64, falls account for approximately 10% of emergency department visits and 6% of hospital admissions.** Further, according to the CDC, that \$19 billion figure mentioned above is estimated to increase to \$55 billion by 2020.

Preventing falls among older adults would save lives, reduce healthcare costs and result in significant improvements in quality-of-life for older adults. What's more: research has taught us that it is possible to prevent falls and dramatically improve outcomes. A Connecticut-based pilot program, "Older Adults Stand Tall," for example, that focused on educating providers about relatively simple clinical interventions that help prevent falls resulted in an 11% reduction in the use of fall-related medical services, or approximately 1,800 fewer emergency department visits and hospital admissions.

**Falls among older adults are a consequence of aging.** Falls prevention is another opportunity to help tip an issue toward success in your state and across the nation. Policy efforts that encourage proven prevention activities can help achieve measurable reductions in falls and fall-related injuries and deaths among older adults in your state.

### Where it's Working: Massachusetts

In Massachusetts, an active falls prevention coalition has been operating and a new Falls Prevention Commission was just legislated within the state department of public health. The recent legislation delegates responsibility to the department of health for forging a public-private partnership with providers, legislators, governmental agencies and others. A commission will identify epidemiological trends, potential interventions and programs for implementation. This will be done for all settings - hospitals, nursing homes, home health clinic and hospice.

Massachusetts has well over 100 organizations represented on a falls coalition and has measured a significant reduction in injurious nursing home falls over the past five years. A combination of regulations for hospitals and nursing homes around falls prevention policies and serious event reporting appears to be a winning combination of patient safety and injury prevention in Massachusetts.

## Programs and Policies: Working Hand in Hand

Older adults can take several steps to protect their independence and reduce their risk of falling, including:

- Exercise regularly, focusing on increasing strength and improving balance
- Have their medications reviewed regularly to reduce side effects and drug interactions
- Have their eyes checked by an eye doctor at least once a year and update their eyeglasses to maximize their vision
- Make home modifications, such as improved lighting and removal of trip hazards

States can help prevent falls by developing policies that encourage or require providers who regularly interact with elderly adults – such as primary care physicians, nurses, and adult daycare workers – to educate themselves and their patients about these steps and integrate them into their daily practice. **The CDC has identified, evaluated, and replicated a variety of successful falls prevention activities in communities across the country**, including programs that help older adults increase strength and coordination through exercise and programs that promote the use of home safety visits to identify and recommend corrections for fall risks.

Many evidence-based falls prevention programs – as well as the local, state and federal policies to support them – are the focus of the national Falls Free™ Coalition, created by the National Council on Aging in 2004. Since that time, Congress has passed the

2007 “Safety of Seniors Act” and 31 states have joined the national coalition and created – often through legislation – their own statewide coalitions. Coalition members include public health and social service agencies, health care and community service providers, local and state leaders, and older adults and their families. The state coalitions are focused on creating and implementing their own action plans to raise awareness and promote falls prevention at the state level.

And in Connecticut, whose state coalition also celebrates an Awareness Day, the Department of Public Health’s Injury Prevention Program works with local health departments to decrease home hazards, improve strength and balance training, reduce adverse medication reactions and increase awareness of fall risks and prevention among older adults and their families.

Connecticut’s outcomes over the past four years include:

- Over 550 home safety visits conducted and at least 77% of identified fall hazards corrected
- A reduction in falls among home safety visit recipients from 50% prior to the visits, to only 3% at the four-month follow-up visit
- A 92% continuation of exercise among 370 older adults who completed an exercise class
- Improved identification of falls risks among 87% of 900 older adults who participated in fall prevention seminars and medication review programs

There are many states that legislate a coalition and celebrate a “Falls Prevention and Awareness Day” each year by supporting programs that help older adults develop their own, personal “falls free plan”, focus on strength and balance training, aerobic exercise and home safety tips.

## Additional Steps

Another focus of the Falls Free™ National Action Plan is to encourage changes in the falls-related reimbursement policies of Medicare and other relevant providers, such as Medicaid and private insurers. Despite the annual medical costs that result from falls, Medicare does not yet reimburse for falls prevention activities, maintenance of function, or medically necessary equipment and home modifications related to falls. If funded, The Affordable Care Act of 2010, however, does create a new Medicare preventive benefit that authorizes not only a preventive visit but also requires a personal prevention plan and increases access to health risk screenings and other prevention services.

## For the Future: Preventing Child Maltreatment

Child maltreatment – including all types of abuse or neglect of children by a care-giving adult – is a difficult issue just to think about or talk about, let alone take action to prevent. Historically, child maltreatment has been investigated and addressed after it has already begun, through state child welfare and foster care systems. However, research shows that **child maltreatment can be**

**successfully prevented before it begins through positive and supportive interventions that promote safe, stable, nurturing relationships.**

And there is no doubt or argument that child maltreatment must be prevented:

- In 2008, child protection agencies identified more than 770,000 children (up to age 17) who had been abused or neglected – most often by their parents
- That same year, 1,740 children died – 80% of them under age 4 – as a result of maltreatment
- An estimated 1 in 5 American children experience some form of maltreatment

These figures are generally considered to be conservative estimates of what is really happening to children. And the total direct cost of child maltreatment – including costs of hospitalization, mental health care, and law enforcement – has been estimated at \$33 billion.

But preventing child maltreatment is about more than preventing immediate harm to children, it's also about preventing a lifetime of adverse effects that result from such traumatic childhood experiences. Research shows that persistent stress can impair child development. Maltreated children are more likely to suffer a broad range of problems throughout their lives, including chronic health problems like diabetes, heart disease and obesity as well as emotional health problems like depression, substance abuse and suicide. They also are more likely to enter the child welfare system as well as engage in high-risk and criminal activities.

### **What Works**

Research shows that **rates of child maltreatment can be reduced through educational interventions**, such as home visiting programs, that seek to strengthen families by sending specially trained providers into homes to help parents improve their parenting knowledge and skills and provide them with resources and support to help them cope during times of stress.

The gold standard for this type of program is the **Nurse-Family Partnership**, which was launched in 1977 and currently serves 20,000 families in 25 states. The program, which sends specially trained nurses to the homes of young, low-income, first-time mothers and their babies, has been shown to decrease abuse and neglect among children of low-income mothers by 79%. It also found that, **by age two, children were 35% less likely to visit the emergency room and 40% less likely to require treatment for injuries and accidents.**

The documented success of some home visiting programs in addressing a range of early childhood issues and strengthening families led to the creation of a new federal grant program – the Maternal, Infant, and Early Childhood Home Visiting Program – under the Patient Protection and Affordable Care Act. Led by the Health Resources and Services Administration and the Administration on Children and Families, the program will provide grants to states to deliver evidence-based home visitation services to at-risk families.

Another noteworthy and internationally acclaimed educational intervention is Triple P America (Positive Parenting Program) funded by the CDC. This program is supported by a strong evidence base and is flexible in its application. Training is available to governmental agencies, communities, counties and states to serve families by boosting the confidence of and providing support for parents.

“Sometimes the critical role that prevention and public health agencies play in protecting children is not fully recognized in communities or at the state and national levels. The Public Health Leadership Initiative will advance child maltreatment prevention as a higher priority for public health and our partners through increased collaboration on behalf of all families.”

– Leah Devlin, DDS, MPH, ASTHO Past President

## Additional Steps

Supported by the Doris Duke Charitable Foundation, in partnership with the CDC Foundation and the Centers for Disease Control and Prevention, the Public Health Leadership Initiative is a three-year project to identify best practice models of state public health leadership in the prevention of child maltreatment. Public health agencies commonly come in contact with children through various prevention programs and services which provide opportunities for preventing child maltreatment before it occurs. The purpose of the PHL Initiative is to assist and support state agencies as they work to better the lives of children and adults.

In 2009, the PHL Initiative conducted an environmental scan of state public health agencies' efforts to prevent child maltreatment. The scan revealed that the majority (82%) of state public health agencies indicated that child maltreatment is considered to be a very important or important issue to their agency and more than two thirds (69%) considered child maltreatment as a public health issue. However, the level of commitment and the extent of the state agencies' role in relation to child maltreatment prevention varied significantly. This discrepancy between the recognition of the problem and the state agency efforts to address the problem represents an important opportunity for you, as a state public health director, to provide leadership on this important issue. Regardless of how a state structures its response to child maltreatment, the commitment of the state public health director is critical to widespread adoption of the public health approach to the prevention of child maltreatment and to the long-term success of state agency efforts.



## Where it Works: New York and South Carolina

Today, other successful models for home visiting programs are underway in several states. Healthy Families New York, for example, has been recognized as a "proven program" by RAND Corporation's Promising Practices Network. Research on this intensive home visitation program for families at risk found that, compared to a control group, participating mothers reported engaging in fewer neglectful, aggressive, and abusive behaviors toward their children.

And, in South Carolina, the Positive Parenting Program (referred to as Triple P) has been extensively evaluated and consistently shown to have positive effects on preventing child maltreatment. The program consists of five levels that range in intensity from broad, media-based public education campaigns to much more targeted individual interventions and supports, including home visits. In 2009, a CDC-funded evaluation of Triple P in 18 South Carolina counties found that, after more than two years, the intervention counties had fewer new cases of child maltreatment, lower incidence of abuse, and fewer injuries requiring hospital visits.



There is substantial documentation in the scientific literature demonstrating that children who are maltreated are at increased risks for illness, injury, and death. With its emphasis on primary prevention, public health is uniquely suited to make important contributions to reducing child maltreatment and its consequences. As a state public health director, you can play a critical role in helping children start on the right path so that they can reach their full potential.

### **A Public Health Crisis: Preventing Prescription Drug Overdoses**

The rate of poisonings in the United States – primarily in the form of prescription drug overdoses – has increased dramatically since 1990, according to the CDC. **In 2007 drug overdoses were second only to motor vehicle crashes as the leading cause of death; and, the leading cause of death among Americans age 35 to 44.**

Drug overdose deaths involving powerful, addictive opioid analgesics – usually prescribed to treat pain – now exceed the number of unintentional drug overdose deaths.

**Between 2004 and 2008, the U.S. experienced an increase of more than 110% in emergency department visits involving non-medical use of opioid painkillers.**

According to a 2008 report by ASTHO and the CDC, rates of use and misuse of opioid analgesics are highest among adults in the lowest income brackets – those who have no health insurance or are enrolled in Medicaid – making the social costs

### **Where it Works: Kentucky**

The Kentucky All Schedules Prescription Electronic Reporting (KASPER) system, for example, helps physicians and pharmacists quickly identify, via phone or the internet, patients who may be exhibiting drug-seeking behavior. It also ensures that patients who truly need prescription drugs are able to obtain them and collects the data necessary to guide drug overdose prevention efforts. Following this example, the federal NASPER (National All Schedules Prescription Electronic Reporting) Act of 2005 authorized a grant program within the Department of Health and Human Services to help states create prescription drug monitoring programs. A similar federal grant program is operated by the Bureau of Justice Assistance within the Department of Justice.

of the problem significant. One national study estimated that opioid abusers had mean annual direct health care costs eight times higher than non-abusers.

As with the other injury prevention topics included in this guide, state health officers have an opportunity today to provide leadership on this critical public health problem.

### What the States Are Trying

Prescription drug monitoring programs are statewide electronic databases that enable states to monitor prescriptions, track physician prescribing patterns, and identify patients who might be “doctor shopping” or otherwise attempting to obtain large amounts of prescription drugs. In recent years, the number of states with these programs has grown rapidly: 43 states and Guam currently have a prescription monitoring program in place or have passed legislation to implement one.

To the extent permitted by applicable state laws, these programs routinely send reports to providers identifying patients who are under age 65 and being treated by more than one provider and who have been taking opioids for longer than six weeks.

Prescription drug monitoring programs are designed to:

- Facilitate the legitimate medical use of controlled substances
- Deter or prevent drug abuse and diversion

- Identify addicted patients and speed their access to appropriate treatment options
- Provide valuable information about patterns and trends in drug use and abuse

States also are finding other types of drug laws useful in addressing the epidemic of prescription drug overdoses. Maine’s Unused Pharmaceuticals Return Program, for example, places pre-addressed, stamped mailers in convenient locations to facilitate the return of controlled substances to a central processing location for tracking and safe disposal. Several resources are available to help states plan, implement, or enhance existing drug laws, including prescription drug monitoring programs. These include the Alliance of States with Prescription Drug Monitoring Programs, PMP Center of Excellence at Brandeis University and the National Association of Model State Drug Laws.

### Additional Steps

Beyond proactive reporting of selected patients to their providers, **the CDC also recommends that governmental benefit programs consider monitoring prescription claims information for signs of inappropriate drug use by enrolled patients.** State Medicaid programs, workers’ compensation programs, Veterans Affairs programs and others provide low-cost opioid prescriptions to their clients who, national data suggests, may be more likely than privately insured populations to prescribe controlled prescription drugs.

In addition, some Medicaid programs report success in reducing inappropriate use by using “lock-in” programs, which restrict payment to only one doctor who can prescribe opioids and one pharmacy that can dispense them. **Washington, for example, has reported savings of \$1.5 million per month** with its lock-in program. Most states, however, could benefit from strengthening their “lock-in” programs. With potential savings in the millions of dollars, private insurers might also be induced to adopt similar programs.

Drug overdoses are now the second leading cause of injury death in the United States, exceeded only by motor vehicle fatalities. The magnitude of this public health problem deserves immediate attention.

– Len Paulozzi, MD, MPH



## Conclusion

The fact that prevention is a cornerstone of the Patient Protection and Affordable Care Act of 2010 is a sign of its importance, and an opportunity to fund the implementation of promising practices related to prevention. According to Howard K. Koh, MD, MPH and Kathleen G. Sebelius, MPA, “The Act elevates prevention as a national priority providing unprecedented opportunities for promoting health through all policies.”

In fact, research shows that preventing injuries in particular can result in significant savings in both lives and dollars. The human toll and financial burden of injuries is up to nearly 500 Americans every day and harming more than 50 million every year, at costs of more than \$400 billion in medical expenses and lost productivity.

A wide variety of injury prevention strategies have also proven quite effective. In early 2010, the CDC identified “winnable battles” in public health – those in which measurable impacts in reducing deaths and disabilities can be made over a relatively short period of time. The criteria for identifying these battles as defined by Dr. Tom

Frieden within his public health paradigm called The Health Impact Pyramid include the following:

- a public health strategy that can be applied to the problem that is evidence-based and feasible,
- a strategy that has a significant impact on health,
- a strategy that is scalable (that is, it can reach a high proportion of those at risk), and

As a state health official you are in the right place at the right time to identify and “win” an injury prevention battle in your state. This publication identifies four areas that are ripe for immediate attention: motor vehicle crashes, falls among older adults, child maltreatment, and prescription drug overdose. The Resources section that follows provides helpful information to get started on any one or all of these topics.

This primer is intended to be a guide to assist health officials in making injury and violence prevention and control a priority for their state. Combined with creativity and passion you can positively impact the health and safety of all persons residing within your state.

# Resources

Children's Safety Network  
[www.childrensafetynetwork.org](http://www.childrensafetynetwork.org)

Council of State and Territorial  
Epidemiologists [www.cste.org](http://www.cste.org)

Guide to Community  
Preventive Services  
[www.thecommunityguide.org](http://www.thecommunityguide.org)

National Association of County and City  
Health Officials [www.naccho.org](http://www.naccho.org)

National Center for Injury Prevention  
and Control CDC  
[www.cdc.gov/injury](http://www.cdc.gov/injury)

NCIPC/WISQARS Database [www.cdc.gov/injury/wisqars/dataandstats.html](http://www.cdc.gov/injury/wisqars/dataandstats.html)

National Council of State Legislatures  
[www.ncsl.org](http://www.ncsl.org)

Pacific Institute for Research and  
Evaluation [www.PIRE.org](http://www.PIRE.org)

Prevention Institute  
[www.preventioninstitute.org](http://www.preventioninstitute.org)

Public Health Leadership Initiative (CDC)  
[www.cdc.gov/violenceprevention/phl](http://www.cdc.gov/violenceprevention/phl)

Safe States Alliance  
[www.safestates.org](http://www.safestates.org)

## Motor Vehicle

AAA [www.aaapublicaffairs.com](http://www.aaapublicaffairs.com)

AAA Foundation for Traffic Safety  
[www.aaafoundation.org](http://www.aaafoundation.org)

Association of State Highway and  
Transportation Officials  
[www.transportation.org](http://www.transportation.org)

Governors Highway Safety Association  
[www.ghsa.org](http://www.ghsa.org)

Guide to Community Preventive  
Services [www.thecommunityguide.org](http://www.thecommunityguide.org)

Make Roads Safe  
[www.makeroadssafe.org](http://www.makeroadssafe.org)

National Association of State EMS  
Officials [www.nasemsd.org](http://www.nasemsd.org)

National Highway Traffic Safety  
Administration [www.nhtsa.gov](http://www.nhtsa.gov)

National Transportation Safety Board  
[www.nts.gov](http://www.nts.gov)

## Child Maltreatment

Association of Maternal and Child  
Health Programs [www.amchp.org](http://www.amchp.org)

Administration for Children and  
Families U.S. Department of Health and  
Human Services [www.acf.hhs.gov](http://www.acf.hhs.gov)

The Future of Children Princeton  
Brookings [www.futureofchildren.org](http://www.futureofchildren.org)

The Pew Center on the States  
[www.pewcenteronthestates.org](http://www.pewcenteronthestates.org)

Promising Practices Network  
[www.promisingpractices.net](http://www.promisingpractices.net)

Zero to Three [www.zerotothree.org](http://www.zerotothree.org)

## Older Adults: Falls Prevention

Administration on Aging  
[www.aoa.gov](http://www.aoa.gov)

Agency for Healthcare Research and  
Quality [www.ahrq.gov](http://www.ahrq.gov)

Center for Healthy Aging  
[www.healthyagingprograms.org](http://www.healthyagingprograms.org)

Connecticut Department of Public  
Health [www.ct.gov](http://www.ct.gov)

Massachusetts Dept. of Health &  
Human Services [www.mass.gov](http://www.mass.gov)

Minnesota Dept. of Health  
[www.health.state.mn.us](http://www.health.state.mn.us)

National Council on Aging  
[www.ncoa.org](http://www.ncoa.org)

VA National Center for Patient Safety  
[www.patientsafety.gov](http://www.patientsafety.gov)

Self-Reported Falls and Fall-Related  
Injuries Among Persons  
[www.cdc.gov/mmwr/preview/mmwrhtml/mm5709a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5709a1.htm)

## Prescription Drug Overdose

Alliance of States with Prescription  
Monitoring Programs  
[www.pmpalliance.org](http://www.pmpalliance.org)

National Association of Model State  
Drug Laws [www.namsdl.org](http://www.namsdl.org)

National Association of Model State  
Drug Laws [www.namdsd.org](http://www.namdsd.org)

National Association of State/  
Alcohol Drug Abuse Directors  
[www.nasdad.org](http://www.nasdad.org)

Substance Abuse and Mental Health  
Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)



(202) 371-9090 tel  
(202) 371-9797 fax  
2231 Crystal Drive, Suite 450  
Arlington, VA 22202  
[www.astho.org](http://www.astho.org)

Spotting Injury and Violence  
Prevention on Your Radar Screen  
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The Association of State and Territorial Health Officials is the national non-profit organization representing the state and territorial public health agencies of the United States, the U.S. territories, and the District of Columbia. ASTHO's members, the chief health officials in these jurisdictions, are dedicated to formulating and influencing sound public health policy, and assuring excellence in state-based public health practice.