

A significant imbalance was identified between the critical need for policies aimed at reducing injury and violence and the discomfort many individuals feel when using policy-related skills.

To address this gap and gain further insights, Safe States Alliance hosted its first-ever Policy Forum in Columbia, South Carolina. Participating states included: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, and Texas.

*While each region and state across the country has varying policies impacting the prevalence of injuries and violence, lessons can be learned by evaluating these differences and how changes were achieved.*

### **SE/SW Perspective**

Recent legislative activity across U.S. states reflects an array of commitment to IVP with notable trends emerging in child safety, substance use prevention, violence reduction, and targeted risk mitigation.

- **Child Safety and Education:** States are integrating safety education into school curricula. Examples include Alabama's HB280 (fentanyl and overdose education), Arkansas's HB1157 (water and swimming safety education), Georgia's HB402 (parental water safety outreach), and Florida's WaterSmartFL program, which addresses its top ranking in drowning deaths for ages 0-4. Alabama also piloted a car seat voucher program for parents in select counties.
- **Substance Use and Overdose Prevention:** Policies range from harm reduction to punitive measures. Arkansas (HB1514) and Georgia (SB395) require opioid antagonists in schools, while South Carolina (S0407) expands access to over-the-counter naloxone. Conversely, Louisiana's HB9 emphasizes stricter penalties, and Oklahoma's HB2686 mandates drug testing.
- **Violence Prevention:** Approaches vary by state. Kentucky and Tennessee increased penalties for violent crimes (e.g., HB5, HB2692), while North Carolina and New Mexico prioritized firearm safety through storage initiatives and waiting periods. Mississippi's HB903 introduced a rare bipartisan-supported firearm regulation criminalizing gun modification devices.
- **Targeted Safety Initiatives:** States also addressed specific risks: Florida (S838) on motorcycle safety, Texas (SB240) on workplace violence in healthcare, South Carolina (S0096) on boating safety, and Alabama (HB315) on roadside responder protection.

### **Key themes identified by participants:**

Participants identified several key themes related to legislation in their states and neighboring regions. **Injury and violence prevention professionals commonly observed a trend toward reactive policymaking, with limited emphasis on preventive strategies.**

A recurring concern was the disconnect between public perceptions and policymakers' views on effective interventions compared to strategies supported by empirical evidence. For instance, participants cited anecdotal evidence regarding the implementation of metal detectors in schools as a response to school-based violence and firearm-related incidents. They noted that such measures lack a strong evidence base and have not proven effective in reducing violence.

Similarly, participants recognized the WaterSmartFL initiative, a swimming and water safety program, as a valuable effort in principle; however, they raised concerns about the absence of enforcement mechanisms, which ultimately diminishes the policy's effectiveness. A similar gap between stated policy goals and actual practice was highlighted regarding motorcycle safety in Florida. Despite public statements by the governor emphasizing the importance of motorcycle safety, the lack of mandatory helmet laws undermined these commitments.

Participants referenced studies showing that helmet usage declined sharply after Florida amended its helmet law in 2000, allowing riders over 21 to forgo helmets if they had at least \$10,000 in medical insurance. This policy change was followed by a 48.6% increase in motorcycle occupant fatalities within a year.<sup>10,11</sup>

Overall, participants agreed that although safety was often verbally prioritized in these jurisdictions, the tangible actions and resource allocation necessary to support and enforce such policies were insufficient.

### ***Challenges of Governmental Public Health Employees Interested in Policy Engagement***

Although IVP and policy are closely connected, many IVP professionals, especially those employed by state and local health departments, feel restricted when it comes to engaging in policy work and advocating for issues they believe are crucial for reducing injuries and violence. Governmental staff frequently face legal or organizational limits on advocacy, with many unable to distinguish the difference between policy work and advocacy either individually or within their organization. Finally, many individuals lack the time, resources, or confidence needed for policy work.

“Some states, particularly in the southeastern and southwestern regions of the United States, do not encourage federally funded staff to engage in any form of advocacy work, even during their personal time after hours. Although such participation is not prohibited, it is not supported. This creates an environment where individuals can feel uneasy about advocating for injury and violence prevention initiatives.”

“In some states, there is a culture that makes any advocacy effort, even during our free time, a potential risk to our position.”

There is a clear lack of understanding between advocacy and policy work. While some governmental systems place restrictions on advocacy work, subject matter experts are legally allowed to participate in policy discussions by providing key data, sharing best practices, or analyzing proposed legislation for impacts on constituents. The difference between advocacy and policy work is often lost, and many governmental staff refrain from participating in either activity out of caution.

While many participants felt constrained, a professional from another state indicated the need to overcome the obstacles.

“We each have personal lives outside of our official capacity at our respective departments, and it is important that we use the after-hours to influence change. You can build sustainable relationships with changemakers in your community or advocate by participating in rallies, signing petitions, and staying present in spaces that welcome input towards your concern. We individually hold more power than we like to think.”

While most participants were hindered by advocacy constraints, the participant below regularly engages in policy work but continues to face persistent barriers.

“For me, one of the most challenging things about working in policy is how much is beyond your control. You may have all the evidence about an issue and engaged partners, but if the political climate or your agency leadership isn’t supportive, there is only so much you can accomplish. Sometimes you have to focus on the smaller wins.”

Factors influencing the acceptability of engaging in policy or advocacy efforts during personal time were multifaceted. A primary concern among participants was the requirement to disclose personal and professional information when participating in advocacy efforts. This often included sharing one’s full name, official job title, organizational affiliation, and, in some cases, contact information. Such disclosures raised apprehensions about being perceived as representing their employer or professional institution, even when advocacy was conducted outside of work hours and in a personal capacity. This blurred boundary between personal and professional identities contributed to hesitancy among some individuals to engage with policymakers.

Even if individuals felt that they could participate, additional factors discouraging practitioners from getting involved were present. Many expressed that the pressures of engaging in policy had increased in the post-COVID-19 environment, as public health has become a target for criticism. COVID-19 serves as a clear example of public health leadership being challenged, often in a negative way, by policymakers.

Participants noted seeing experts being overruled and the public health discourse turning political, undermining evidence-based decision-making. This situation contributed to a lack of confidence and concerns about safety as additional barriers to policy engagement.

An additional point of contention, particularly in the Southeast and Southwest regions, was the political landscape of many of the included states. Participants noted that current lawmakers often do not prioritize policies related to public health or injury and violence prevention, creating challenges for advancing such initiatives.

*Participants acknowledged the existence of challenges and recognized the power of change through collaboration with partners. Specific examples for the region are provided on the following pages.*

## SE/SW Policy In Action

Participants emphasized several effective partnerships that significantly advanced policy initiatives within their states.

### LOUISIANA



- **Domestic Abuse Fatality Review:** In 2021, the Louisiana Department of Health collaborated with the Louisiana Coalition Against Domestic Violence to draft a bill to formally establish a Domestic Abuse Fatality Review Panel. With leadership support, they included language that protects the IVP program by ensuring that activities would not be mandated if funding were unavailable. The bill passed, demonstrating the importance of strategic language and partnerships in achieving policy success.
- **Child Access Prevention Study Resolution:** In the 2025 Legislative session, a study resolution passed that asks the Louisiana Department of Health to summarize child firearm-related mortality data, evidence around child access prevention laws, and recommendations for Louisiana. Due to an ongoing partnership with the New Orleans Health Department, who worked directly with legislators on a proposed bill and then the final study resolution, the Louisiana Department of Health's injury and violence prevention team was consulted beforehand on the language and feasibility of leading the study resolution.
- **Child Passenger Safety:** Changes to child passenger safety laws in 2019 were introduced following recommendations from the Louisiana Child Death Review panel, which included highway safety and law enforcement partners. Because the proposal came from a multidisciplinary group, rather than solely the health department, it gained stronger traction and support. The legislation successfully passed as one of the strongest (at the time) CPS laws in the US.

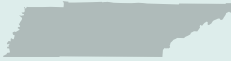
### NORTH CAROLINA



- **NC Safe Campaign:** Following grassroots support and broad stakeholder alignment, the NC CFTF's dedication to protecting children ages 0-17 from injuries and deaths caused by unsecured firearms ultimately led to the statewide NC Safe campaign housed at the NC Department of Public Safety (NCDPS) in 2023. Beginning in 2017, the NCDHHS IVPB provided subject matter expertise and staffing support to the NC CFTF's series of meetings focused on safe firearm storage in 2017. Despite multiple years of bipartisan legislative support, the state budget did not include the task force's funding recommendation for a coordinator to work with communities on safe firearm storage education and events. With the financial support of the Division of Juvenile Justice and Delinquency Prevention, part of NCDPS, the statewide campaign provides education with specific messaging for gun owners, parents, healthcare providers, and schools along with information on obtaining free or reduced cost gun locks.
- **Longstanding Participation in the NC Child Fatality Task Force:** Recognizing the limitations on direct advocacy, staff from the NC Department of Health and Human Services (NCDHHS) Injury and Violence Prevention Branch (IVPB) have served as expert, non-voting members of the state's Child Fatality Task Force, a legislative study commission. IVPB's ongoing involvement has informed policy discussions around topics such as child passenger safety, impaired driving, overdose prevention, suicide prevention, and youth mental health by providing valuable data and evidence-based prevention insights over time.

- **Local Capacity Building:** Recognizing their limited role in state-level advocacy, NCDHHS IVPB partnered with the University of North Carolina Injury Prevention Research Center to build community capacity through training academies and policy workshops. For example, a 2020 Academy educated community teams about family-friendly workplace policies (FFWPs) like paid leave and their role in violence prevention. Participants also learned how to communicate about these policies' importance and benefits to families, communities, and businesses. The Academy empowered participants to engage with local businesses, community leaders, and elected officials, and to advocate for establishing FFWPs.

### TENNESSEE



- **Youth Sports Safety (Safe Stars Initiative):** In partnership with Vanderbilt University and led by Dr. Alex Diamond, an evidence-based youth sports safety program was adopted by 82 schools and eventually passed into law without direct involvement from the Tennessee Department of Health. This illustrates how partners can lead policy changes that are later integrated into state responsibilities.

Public health professionals can effectively contribute to policy development- even within organizational constraints- by working through coalitions, empowering partners, and strategically sharing expertise and data. These examples illustrate that setting up for success requires good timing, trust, persistence, and the right partnerships.