Making the Case for Injury and Violence Prevention

Presented by the Southeastern & Southwestern Injury Prevention Network and
Safe States Alliance
IVP Core Competency 1

Ability to describe and explain injury and/or violence as a major social and health problem.
Competency 1 has 10 component competencies.

All are important.

We decided to focus this webinar on components that we believe are critical for achieving IVP success.

Explain injury & violence as a major social & health problem
The first case we all have to be able to make effectively:

IVP is not an optional extra we address only after other pressing health and community concerns. Without safety there is no health or wellbeing.
The second case we all have to be able to make effectively:

Injury prevention has an often unrecognized legacy of success.

We must make the case for IVP strategies and successes as often and as intentionally as we describe the problems.
What to expect in the webinar

We will pause between speakers for brief clarification questions.
Perspective Taking on “Making the Case” for IVP

1. Who are “we”? 
2. Avoiding role confusion 
3. Multi-sectoral humility
Who are “we”?
Avoiding role confusion

How do we tell the story of our role?

Strategic convener?
Subject matter expert?
Facilitator?
Coordinator?
Partner?
Student?
Collaborative Leader?
Leader?
Owner?
Whose language are we speaking?

“If you talk to a man in a language he understands, that goes to his head. If you talk to him in his language, that goes to his heart.”

--Nelson Mandela
Multisectoral Humility

Multisectoral humility is a commitment to others-focused inquiry and learning. It requires willingness to: accept that multiple sectors and stakeholders influence any situation we hope to change, question assumptions, discover our cognitive and emotional blind spots, ask the right questions of the right people, and listen with humility to what we learn.

Definition: Carolyn Cumpsty-Fowler (2016)
Our presenters “walk-the walk” of multi-sectoral humility in their IVP work

Alan Dellapenna

Larry Cohen
Alan,
How have you made the case for injury and violence prevention programs in North Carolina?

North Carolina Injury & Violence Prevention Branch
Injury Event

Prevention
- Create a Safe Environment
  - Community Design
  - Roadway Design
  - Employment
  - Alternate Transport

Planning
- Traffic Laws and $?
- ETOH Policy
- Police Force

Safety Laws
- Seat Belt

Trauma System
- EMS
- ED
- Care Flight
- First Aid
- Flight
- ICU
- CCU

Clinical
- 97% Health Workforce and Funding
- Workers Comp

Education & Deterrence
- Prevention
- 3% Health Workforce and Funding

Work with non-Health Entities
Making the Case for an Injury Prevention Program

We have relevant issues & effective solutions

- Seatbelts, Car seats, Smoke Alarms, Naloxone
1960 – North Carolina Accident Prevention Branch

Actively promoted the installation and use of seat belts.

There was a time when no US automaker would sell a car with seatbelts installed.

Campaign sold over 60,000 belts in 1960.

• About 80% of at the State Board of Health installed and use seat belts in their personal cars.
• Worked with NC Junior Chambers of Commerce to promote seat belts as a state-wide project.
April 24, 1963

“The Highway Safety revolution in North Carolina
Making the Case for IVP

Legislation requires seatbelts in all new cars in North Carolina after Jan 1.”

- Governor Sanford makes a state-wide TV address calling for a **5 point plan**
- Chemical Test for Alcohol program instituted
- Highway Safety Engineers hired
- Highway Safety Research Center Established
- Billy Graham calls on pastors to include highway safety in their sermons.
We live in a world where the legacy of injury prevention protects us from harm.
Dellapenna’s thoughts on *Making the Case* for an injury program

**We have relevant issues & effective solutions**
- Seatbelts, Car seats, Smoke Alarms, Naloxone

**Know your strengths and play to them**
- Epidemiology, policy, evidence-based strategies

**Get in the game**
- Contribute to shared goals of others.

**Find Kindred Spirits**
- Partner well

**Align shared priorities & Don’t lose focus of your core work.**

**Make sure you’re doing your job**
- Success breeds further success.
- Accomplish something - What 3-5 things are you going to get done this year?

**Embrace the Leadership role**
- Recognize we have an implied leadership role
- Provide leadership in an honest, open, sharing way; you will be followed
Pause for clarifying questions
Larry,

How have you made the case for injury and violence prevention being essential to community well-being?
Making the Case for Injury and Violence Prevention

Larry Cohen, MSW
Executive Director
Prevention Institute
In the health world, injury prevention is INVISIBLE.
“Further progress in reducing the burden of injuries not only depends on concerted research and treatment efforts but also requires... a strengthened focus on prevention

Institute of Medicine
❖ History of Success
❖ Emphasize the Community Environment
❖ Importance of Collaboration
Alameda County Safe Medication Disposal Ordinance
Making the Case for IVP
Violence Prevention in Public Transportation

Making the Case for IVP
The Spectrum of Prevention

1. Influencing Policy & Legislation
2. Changing Organizational Practices
3. Fostering Coalitions & Networks
4. Educating Providers
5. Promoting Community Education
6. Strengthening Individual Knowledge & Skills

Making the Case for IVP
Community Environment
Making the Case for IVP
Life in the killing zone

By Anastasia Hendrix
Chronicle Staff Writer

This is a place where roommates were found last year within walking distance of an 11-year-old’s doorstop. This is a place where eighth-graders learn about murder and averages by studying homicide statistics from the streets around their classroom — numbers that represent gunned-down neighbors, teachers and even their classmates.

Violence is the most pervasive part of growing up in East Oakland.

Rigoberto Mendoza, sixth-grader at the E.C. Reems Academy of Technology and Art in Oakland

By hanging police tape blocking off a fresh murder scene, there is sorrow and outrage, and politicians promise to solve the problem — but the deadly pattern always continues.

This is East Oakland — where unrelent- ing violence affects even the smallest matters. A recent bullet — one that barely missed his father, who was relaxing on the couch at the time. Though the bullet did not hurt Mr. Mendoza, it gravely wounded his son’s already fragile sense of security.

The small boys sit in the corner of the room watching their favorite show “Worst Case,” which details how to survive life- ing situations such as how to use the trunk of a car by breaking a window and pulling out wiring so you can fit through and attract other attention.

“It makes me feel better to look at it like this,” Rigo says. “I’m always thinking of ways to save myself, so I’ll just do if anything bad happens to me in his bedroom, located just a block from the kitchen. Rigo has this
It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change.

Institute of Medicine

Your zip code should not determine the length of your life. This year, California legislators and Governor Jerry Brown recognized that health happens in neighborhoods. The California Endowment would like to thank California’s leaders for taking steps to make our communities and our state stronger.

**AB 581 (Perez):** Brings grocery stores to neighborhoods where they are needed.

**AB 6 (Fuentes):** Eliminates bureaucratic red tape for families who need access to healthy food.

**SB 20 (Padilla):** Gives Californians the facts about restaurant food.

**SB 244 (Wolk):** Requires local land use planning to include improvement of disadvantaged communities.

To learn more visit [www.calendow.org](http://www.calendow.org)
Take 2 Steps to Prevention

Environment

Exposures & Behaviors

Medical Care
Source: Actual Causes of Deaths in the US, 2000, Centers for Disease Control and Prevention, 2004
Let’s take a step ...
Medical Care Alone Cannot Reduce Injuries and Inequities

- Not the primary determinant of health
- Treats one person at a time
- Often comes late; can’t always restore health
Let’s take a step...
MAKING THE CASE FOR IVP
What’s Sold and How It’s Promoted
Importance of Collaboration

- Partnering with healthcare
- Multiple forms of violence/violence and unintentional injury
- Partnering with chronic disease: Collaboration Multiplier
Integrated Approach

Prevention

Health Services

Making the Case for IVP
Asian Health Services

Image credit: https://oaklandnorth.net/2013/08/15/asian-health-services-opens-new-clinic/
Pedestrian Population Density

Photo courtesy of: Asian Health Services, http://www.ahschc.org/safety.htm
Behavior

Photo courtesy of: Asian Health Services, http://www.ahschc.org/safety.htm
Key Partners

- City Officials
- Business Owners
- Law Enforcement
- Community Groups
- Transportation
- Asian Health Services

Making the Case for IVP
Photo Credit: http://metes.wordpress.com/2009/01/25/diagonal-crosswalks/
Collaborate to Prevent Violence
“Violence is not the problem of one neighborhood or group... Coming together and owning this problem and its solutions are central.”

- Deborah Prothrow-Stith, MD
  Dean, College of Medicine at Charles R. Drew University
  (former Houston resident)
Collaborating to Prevent Violence

Cities with the greatest coordination across sectors had the lowest rates of youth violence (UNITY Assessment, 2008)

- Mayor
- Schools Superintendent
- Public Health Commissioner
- Police Chief
A Coordinated Approach

Image Credit: City of Minneapolis, Summer 612

Making the Case for IVP
Coordinated Approach

Minneapolis, MN

- Adopted the Blueprint for Action: a Multi-Sector Plan for Prevention.
- 64 percent decrease in homicides of young people aged 15 to 24 years.
- Number of youth suspects in violent crimes dropped by 62 percent.

Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence
Intentional and Unintentional Injury Overlap

Comprehensive Injury Approaches

Making the Case for IVP
Bridging the Gap: Bringing together violence and unintentional injury prevention efforts

Violence and unintentional injury prevention efforts have traditionally been independent and non-integrated. Fostering collaboration between these subfields, while noting and preserving the unique approaches necessary for success in the respective areas, can advance injury prevention as a whole.
Common Risk Factors:

- Alcohol and substance abuse
- Economic disparity
- Discrimination and oppression
- Built environment
- Product design
- Risk taking behavior
- Mental health
- Media
Common Resiliency Factors:

- Financial capital
- Community facilities (parks, art, etc.)
- Community partnership and support
- Parenting/role models
- Access to decision makers
Why Focus on Shared Risk and Resiliency Factors?

- Prevent multiple forms of injury
- Develop new partnerships
- Leverage resources/funding streams
- Consider a larger pool of strategies
- Greater Success

Collaboration with Chronic Disease
Addressing the Intersection:

Preventing Violence and Promoting Healthy Eating and Active Living

Making the Case for IVP
1. Information Gathering

2. Collaboration Multiplier Analysis

Making the Case for IVP
Improving Safety and Increasing Access to Healthy Food

Denver, CO
Public Health

Expertise:

Desired Outcomes:

Key Strategies:
# Phase I: Information Gathering

<table>
<thead>
<tr>
<th>Expertise</th>
<th>Assets</th>
<th>Desired Outcomes</th>
<th>Strategies</th>
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<tbody>
<tr>
<td><strong>Public Health</strong></td>
<td>■ Experience in population-based interventions and collection of data on chronic disease and injury rates</td>
<td>■ Established and trusted partner within the community that can provide data and staff resources.</td>
<td>■ Facilitate system and policy changes that link healthy eating active living with violence prevention efforts</td>
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<td><strong>Violence Prev.</strong></td>
<td>■ Expertise in youth violence prevention and intervention</td>
<td>■ Experienced in street (community) organizing</td>
<td>■ Build youth leadership and connect youth to training and employment opportunities</td>
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<td><strong>Urban Ag.</strong></td>
<td>■ Knowledge on urban food system infrastructure and implementation</td>
<td>■ Strong community infrastructure for communication, involvement, outreach and education.</td>
<td>■ Create mechanisms for residents to access fresh, affordable healthy foods</td>
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<td><strong>City Council</strong></td>
<td>■ Knowledge and ability to influence local policy decisions</td>
<td>■ Ability to influence the allocation of City resources for programs and services.</td>
<td>■ Help leverage funds for long-term sustainability</td>
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- **Public Health**
  - Expertise: Experience in population-based interventions and collection of data on chronic disease and injury rates
  - Assets: Established and trusted partner within the community that can provide data and staff resources.
  - Desired Outcomes: Unification of collaborative efforts to address violence and chronic disease
  - Strategies: Facilitate system and policy changes that link healthy eating active living with violence prevention efforts

- **Violence Prev.**
  - Expertise: Expertise in youth violence prevention and intervention
  - Assets: Experienced in street (community) organizing
  - Desired Outcomes: Decreased gang violence and increased positive opportunities for at-risk youth
  - Strategies: Build youth leadership and connect youth to training and employment opportunities

- **Urban Ag.**
  - Expertise: Knowledge on urban food system infrastructure and implementation
  - Assets: Strong community infrastructure for communication, involvement, outreach and education.
  - Desired Outcomes: Long-term partnerships to achieve sustainable food systems
  - Strategies: Create mechanisms for residents to access fresh, affordable healthy foods

- **City Council**
  - Expertise: Knowledge and ability to influence local policy decisions
  - Assets: Ability to influence the allocation of City resources for programs and services.
  - Desired Outcomes: Policies that promote health and safety in the district
  - Strategies: Help leverage funds for long-term sustainability
Public Health

**Expertise:**
- Provide credibility, data and in-kind staff support

**Desired Outcomes:**
- Unification of collaborative efforts by partners to address VP/HEAL

**Key Strategies:**
- Facilitate system and policy changes that link healthy eating active living with violence prevention efforts
2 Analysis

Shared Outcomes

Partner Strengths

Joint Strategies

Public Health

Property Owners and Managers

Public Works

Youth Groups

Making the Case for IVP
**Phase II: Collaboration Multiplier Analysis**

### Public Health (PH)
**Expertise:**
- Experience in population-based interventions and collection of data on chronic disease and injury rates

**Desired Outcomes:**
- Unification of collaborative efforts to address violence and chronic disease

**Key Strategies:**
- Facilitate system and policy changes that link healthy eating, active living with violence prevention efforts

### Violence Prevention (VP)
**Expertise:**
- Expertise in youth violence prevention and intervention

**Desired Outcomes:**
- Decreased gang violence and increased positive opportunities for at-risk youth

**Key Strategies:**
- Build youth leadership and connect youth to training and employment opportunities

### Urban Agriculture (UA)
**Expertise:**
- Knowledge on urban food system infrastructure and implementation

**Desired Outcomes:**
- Long-term partnerships to achieve sustainable food systems

**Key Strategies:**
- Create mechanisms for residents to access fresh, affordable healthy foods

### City Council (CC)
**Expertise:**
- Knowledge and ability to influence local policy decisions

**Desired Outcomes:**
- Policies that promote health and safety in the district

**Key Strategies:**
- Help leverage funds for long-term sustainability

### Shared Outcomes
- Strong partnerships among partner organizations and community members
- Safe community gathering space: Urban farm
- Employment for youth and adults
- Increased access to healthy foods
- Institutional systems and local policies to promote health and safety

### Partner Strengths
- Established trust and respect in community
- Local policy maker involvement and support
- Experience in community engagement and training
- Content expertise
- In-kind support
- Linked to broader city-wide initiatives

### Joint Strategies
- Establish urban farm and farmer’s market
- Build youth capacity to understand goal and advocate for environmental and policy changes
- Build capacity of leaders
- Cultivate relationships and partnerships
- Connect youth and community residents to training and employment opportunities

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Improving Safety and Increasing Access to Healthy Food

Denver, CO
A good solution solves multiple problems.

Prevention Institute
Pause for clarifying questions
How can we leverage a legacy of IVP success to address new challenges?

Alan,

In North Carolina, how have you applied IVP lessons learned over several decades to an emerging crisis: the opioid epidemic.
Naloxone for overdose is like AED Defibrillators for heart attacks.

AED Defibrillators are widely available in public spaces, saving lives every day.

Our Goal with Naloxone Access

If you have someone in your life at risk for an overdose, you will have no barriers to Naloxone access.
Since August 1, 2013

41,000 overdose rescue kits distributed
7,408 confirmed overdose reversals

www.nchrc.org/programs-and-services
Number of Opioid Overdose Reversals with Naloxone Reported to the North Carolina Harm Reduction Coalition by Date 8/1/2013 - 5/31/2017

Reached a Tipping Point in 2015
More overdose reversals than overdose deaths.

Source: North Carolina Harm Reduction Coalition, June 2017
Analysis: Injury Epidemiology and Surveillance Unit
June 20, 2016 – Law authorizes state health director to issue statewide standing order for naloxone

1,393 (69%) Retail pharmacies in North Carolina are dispensing Naloxone under a standing order

www.NaloxoneSaves.org
Counties with Law Enforcement Carrying Naloxone
as of February 28, 2017

169 Law Enforcement Agencies in 63+ Counties Carry Naloxone
403+ overdose reversals reported by Law Enforcement Agencies

Source: North Carolina Harm Reduction Coalition, March 2017
Analysis: Injury Epidemiology and Surveillance Unit
Unintentional opioid deaths have increased more than 10 fold*
Heroin or other synthetic narcotics are now involved in over 50% of deaths*

The overdose epidemic in NC is in transition from prescription to illicit drugs.

Unintentional Opioid Deaths

*2016 data are provisional

Unintentional medication/drug (X40-X44) with specific T-codes by drug type.
•Commonly Prescribed Opioid Medications=T40.2 or T40.3; Heroin and/or Other Synthetic Narcotics=T40.1 or T40.4.
Analysis by Injury Epidemiology and Surveillance Unit

MAKING THE CASE FOR IVP
Medicaid Gross Drug Expenditure for Hep C
North Carolina, SFY 2011–16

Medicaid treatment expenditures for Hep C increased from $3.8M in 2011 to $85.6M in 2016

Increases attributed to new medications on the market & increased cases from the opioid epidemic.

*Does not account for drug rebates
2016
Syringe Exchanges Legalized in NC

Any governmental or nongovernmental organization

“that promotes scientifically proven ways of mitigating health risks associated with drug use and other high risk behaviors”

can start an exchange.

Injury and Violence Prevention Branch given monitoring responsibility for Public Health under the law.
Counts with Syringe Exchange Programs as of June 20, 2017

22 active SEPs covering 20 counties

Source: North Carolina Division of Public Health, April 2017
Analysis: Injury Epidemiology and Surveillance Unit
Pause for clarifying questions
After decades working to make the case for injury and violence prevention, what do you consider the most important wisdom you could offer our colleagues?
Thank you!