Leveraging the Public Health Model to Increase Injury Prevention Impact

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Purpose: Injury prevention historically used the healthcare model of individual-based interventions, leading to resource-heavy programming with a limited impact. By shifting to the public health model of maximizing impact, then injury prevention can coordinate existing resources and programming to impact a broader population.

Leveraging the Public Health Model to Increase Injury Prevention Impact Resources: Given the functional realities of finite resources, the goal of this Public Health Approach to injury prevention is to maximize impact with minimal resources. The shift the approach from program based to coalition based was budget neutral but qualitatively demanding. The largest resource necessary to execute on this approach effectively is the time of the Injury Prevention Coordinator (IPC). In order to secure the time and buy-in necessary, approval of the approach and departure from traditional programmatic growth had to be secured from the TPM and Director.

Description: As a tenured Level I trauma center, the growth of traditional programmatic injury prevention was reaching the capacity of budget and time. When faced with limited resources to execute on increasingly complex goals, it became necessary to work with and leverage existing community resources to work towards a common goal. To do this we shifted to a Public Health Approach and leveraged community health work through the coalition approach for effective injury prevention. Previous injury prevention coalitions or groups had proven ineffective or nominal at best, so we took an active leadership approach for one year to test what would be required to be effective. We leveraged the IPC's expertise and access to data, program planning, and facilitation to take leadership roles in two key coalitions: statewide fall prevention, and county youth violence prevention.

Effectiveness: There are three key elements to successful coalition building: data, people and benefits. A third party coalition needs to offer benefit without creating an undue amount of additional work. Both coalitions focus on leveraging the work of the member organizations to produce results. The coalitions needed to determine the purpose of the group, then define measurable goals for a defined period of time (1 year). Once agreed upon, these goals provided focus for strategic recruitment in order to be effective as a coalition. For both coalitions, recruitment of key stakeholders was a measurable goal in itself. By leveraging effective data already captured by members, most stakeholders find benefit in participation through data-sharing alone. A key element of success for this approach is the ability to leverage expertise of specific organizations. As a Level I trauma center, we can shift our focus from struggling for individual contacts to enabling service providers to increase their impact.

Lessons Learned: The key to success of this approach is treating meetings and preparation times as protected injury prevention time. Effective group facilitation takes time, effort, and preparation. Groups will quickly lose meaningful buy-in if there is ineffective leadership, busy work, or wasted time. Taking the time to educate members to the Public Health Approach can have a large benefit in ensuring everyone is sharing common goals and expectations. In any community serving coalition, one should expect to bring competing stakeholders to the table. Even if every organization is working towards a shared goal, respecting the competitive nature of limited-resource work and ensuring benefit to those who join the collective approach can help alleviate that issue. A thorough needs assessment of participating organizations can highlight easy successes and potential pitfalls.

Conclusions: In an effort to increase the impact of injury prevention, one must shift the paradigm from resource-heavy educational programming to broader impact collective action. In the initial year of this approach, we became steering members of two key coalitions. In those efforts, we ensured each has goals and metrics that align and meet the evidence-based thresholds of our injury prevention efforts. Becoming a visible and influential voice in the fields of fall prevention and violence prevention has enabled us to become partners in existing evidence-based programming. This saves us the time and resources necessary to build new programs. The coalitions also became more informed with regards to data sources. By collaborating with non-medical partners to connect with a wide array of health-centric resources, we have furthered community-based efforts in lock-step with large scale public health initiatives. We hope to continue throughout the coming years and to drive down the larger injury rates.