Injury Prevention & Public Policy: Strategies and Opportunities for Action

Sponsored by

Society for Public Health Education
and
State and Territorial Injury Prevention Directors Association

June 10, 2009
Technical Support

- E-mail: support@webex.com
- Phone: Call 1-866-229-3239 (U.S. and Canada toll-free)
- Both WebEx and Teleconference are in use
Continuing Education

- Approved for 1.5 Category I continuing education contact hours (CECHs) for Certified Health Education Specialists (CHES). SOPHE, including its chapters, is a designated multiple event provider of CECHs by the National Commission for Health Education Credentialing (NCHEC).

- Fees:
  - $10.50 for SOPHE members
  - $21.00 for non-members

- Forms will be emailed following today’s presentation

- Completed applications, evaluations, and fees should be sent to:

  Society for Public Health Education
  10 G Street NE; Suite # 605
  Washington, DC  20002
  Ph: 202.408.9804
  Fax: 202.408.9815
  www.sophe.org
Questions?

- All participants, except the host and presenters, are muted.

- Questions may be submitted any time during the event by clicking on the ? button on your toolbar and typing in your question.

- There will be a Q&A session after the three presentations.
**Webinar Sponsors**

- **STIPDA** - committed to strengthening the ability of state, territorial and local health departments to reduce death and disability associated with injury and violence.
  
  www.stipda.org

- **SOPHE** - provides leadership to the profession of health education and the elimination of disparities through advances in health education theory and research, excellence in professional preparation and practice, and advocacy for public policies conducive to health.

  www.sophe.org
Webinar Objectives

At the end of this webinar, participants will be able to:

- Discuss effective communications with policymakers, including specific policy change strategies included as part of the injury prevention competencies.
- Describe at least two examples of how policy changes were accomplished to support successful injury prevention programs at the state level.
- Summarize significant federal legislative initiatives in the 111th Congress related to injury prevention and control.
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:00 pm</td>
<td>Welcome &amp; Overview</td>
<td>Sarah Leonard, BS, CHES</td>
</tr>
<tr>
<td>3:10 pm</td>
<td>Program Introduction</td>
<td>Elaine Auld, MPH, CHES SOPHE</td>
</tr>
<tr>
<td>3:20 pm</td>
<td>Core Competencies for Being an Effective Injury Prevention Advocate</td>
<td>Sue Lachenmayr, MPH, CHES NJ Dept of Health</td>
</tr>
<tr>
<td>3:35 pm</td>
<td>The Kids Plates: Public Policy in Action</td>
<td>Barb Alberson, MPH CA Dept of Health</td>
</tr>
<tr>
<td>3:50 pm</td>
<td>Federal Legislation Related to Injury: Opportunities for Action</td>
<td>Susan Polan, PhD American Public Health Association</td>
</tr>
<tr>
<td>4:05 pm</td>
<td>Q &amp; A</td>
<td>Elaine Auld, MPH, CHES</td>
</tr>
<tr>
<td>4:28 pm</td>
<td>Wrap Up/Adjourn</td>
<td>Elaine Auld, MPH, CHES</td>
</tr>
</tbody>
</table>
Today’s Speakers

Moderator
- Elaine Auld, MPH, CHES
  - Society for Public Health Education

Presenters
- Sue Lachenmayr, MPH, CHES
  - New Jersey Department of Health & Senior Services
- Barb Alberson, MPH
  - California Department of Health
- Susan Polan, PhD
  - American Public Health Association
Questions?

- Questions may be submitted any time during the event by clicking on the ? button on your toolbar and typing in your question.
Core Competencies for Being an Effective Injury Prevention Advocate

Sue Lachenmayr, MPH, CHES

Phone/fax (908)236-0572

E-mail bslach@earthlink.net
Why Advocate?

- Are you already an advocate?
- Advocacy Definition: “Speak for those who cannot speak for themselves”
- Core competencies – health education and injury prevention practitioners
Core Competencies for Injury and Violence Prevention

1. Describe injury/violence as a major social & health problem
2. Use and present injury/violence data
6. Disseminate injury/violence prevention information to policy makers and leaders
Core Competencies for Injury and Violence Prevention

7. **Stimulate change related to injury/violence prevention through policy, enforcement, advocacy, and education**
Core Competencies for Health Education

I. Assess individual and community needs for health education; identify gaps in services

VII. Communicate and advocate for health and health education
   A. Respond to current and future needs
Core Competencies for Health Education

VII. Communicate and advocate for health and health education

C. Use effective communication strategies

D. Influence health policy to promote health
Why Don’t You Advocate?

- I’m not much of an activist
- I don’t have time
- It’s difficult to ‘sell’ prevention
- I don’t know enough about it
- It won’t make a difference
- Fear of employment-related repercussions
- I don’t know where to begin or what to do
How to impact public policy

- Lobbying
- Advocacy
- Grassroots
- Media Advocacy
- Practice
Advocacy/Lobbying Roles

- Non profit
- Government employee
- Private citizen
Advocacy vs. Lobbying

- Advocacy: contact a policy maker to discuss injury/violence as a social or health problem with no mention of a specific bill

- Grassroots lobbying: asking general public asking them to call or write their Congressman to support a bill

- Lobbying: asking a policy maker to support (or oppose specific legislation)
Grassroots Strategies

- Advocacy or Education?
  - What you say makes a difference
- Alerts
- Testimony
- Letters/phone calls/e-mail
- Visits
What Do You Want to Do?

- Legislation/Regulation
- Local - Board of Health, Township Committee
- State - Assembly/Senate, key legislative committees, Department of Health, Governor
- Federal - House of Representatives, Senate, key committees, President
Meeting with your Legislator

- Know the facts
- Make an appointment
  - by letter, fax, or telephone
- Arrive on time and keep it simple
- Follow up with a thank you letter
- Ask the legislator for a response
Communicating Your Message

- What is the Problem?
- Why is it important?
- What action will help?
## Know Your Audience

<table>
<thead>
<tr>
<th>Group</th>
<th>Impact</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young adults</td>
<td>Care more about their friends than themselves</td>
<td>“Friends don’t let friends drink and drive”</td>
</tr>
<tr>
<td>Adults</td>
<td>Impact on themselves and things that they care about</td>
<td>“Did you know the medicine you take could cause a fall?”</td>
</tr>
<tr>
<td>Parents</td>
<td>Same as above, esp. impact on family, children</td>
<td>“Wearing a bicycle helmet can save your life and theirs.”</td>
</tr>
</tbody>
</table>
Know Your Audience

<table>
<thead>
<tr>
<th>Group</th>
<th>Impact</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business</td>
<td>Economic Impact</td>
<td>Supervisors: “you are responsible for safety at site.”</td>
</tr>
<tr>
<td></td>
<td>Lost productivity due to absenteeism</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Insurance cost</td>
<td></td>
</tr>
<tr>
<td>Media</td>
<td>News ‘worthiness’</td>
<td>Unintentional injuries are the leading cause of death in people age 1 to 44</td>
</tr>
<tr>
<td></td>
<td>Impact on people</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Explain quickly</td>
<td></td>
</tr>
<tr>
<td>Elected Officials</td>
<td>Social/economic impact</td>
<td>Injury prevention strategies reduce police and fire services costs</td>
</tr>
<tr>
<td></td>
<td>Accountability to public</td>
<td></td>
</tr>
</tbody>
</table>
Where Do You Go From Here?

- Link to SOPHE for up-to-the-minute advocacy actions and for annual advocacy training for professionals: [www.SOPHE.org](http://www.sophe.org) - go to Advocacy

- Link to STIPDA: [http://www.stipda.org/](http://www.stipda.org/) - go to Advocacy
The Kids' Plates
Story:
Public Policy in Action

Barb Alberson, MPH
Chief, State & Local Injury Control Section
CA Department of Public Health
Citizen Advocate vs. Professional Health Educator

Within our professional lives, we must often "advocate" for policy by creating and facilitating opportunities for change.
From the Perspective of Governmental Agencies

- Help build constituency (e.g., build relationships; fund coalition-building).
  - Educate Administration through formal legislative analyses (e.g., what other states are doing, national best practices).
  - Provide "technical education" to help advocates educate policy makers (e.g., provide data to make the case).
Example:
California’s Kids Plates Program

The best policy-wonking ingredients:
- compelling data,
- diverse passionate constituency base,
- everyone lent different skills to mix,
  - legislative support,
  - unique revenue source,
  - easy to visualize solution
- collaboration to create a movement
Once upon a time, there was a bill to reform childcare licensing.

Author: Assemblymember Jackie Speier
Sponsor: Children’s Advocacy Institute (CAI)
Time out for a word from our sponsor:

Children's Advocacy Institute

Academic, research, and advocacy center sponsored by University of San Diego School of Law to promote health and well-being of children.

- Advocates in the legislature, in the courts, before administrative agencies and the public.

Passionate (Influential) Lead Agency from the Get-go!
Now, back to our story.

Once upon a time, there was a bill to reform childcare licensing.

Author: Assemblymember Jackie Speier
Sponsor: Children’s Advocacy Institute (CAI)
...which was expanded to provide resources to protect children from abuse...
and since CAI also injury prevention advocate (e.g., safe playgrounds & bike helmets) . . .
worked with Jackie Speier to amend her bill again to establish childhood injury prevention grants program.

(She was already an injury champion, e.g., car seats)
Collaborate = Share the Pot

The Children’s Health and Safety Fund was crafted to allocate Kids’ Plates funds as follows:

• 1/2 to support childcare licensing

• 1/4 to support child abuse prevention

• 1/4 to support injury prevention programs (Motor Vehicles, Bikes, Pedestrian, Drowning, Poisoning, Fire/Burns, Falls, Firearms, and SIDS)
Great Idea, but

How the heck are you going to fund these programs???
CAI Created Alternative Funding Stream

Children’s Health & Safety Fund with proceeds generated from Kids’ Plates Vanity License Plates
Soooo, What Was Concept for Kids’ Plates?

- ONLY DMV specialty license plate that protects California’s children
- Unique message on every plate
- ONLY plate with embossed symbols: heart, star, hand, plus sign
Happy ending?  Yep.

AB 3087 enacted: January 1, 1993
NOT SO FAST.  

Behind the scenes efforts critical to moving AB 3087 forward.
Injury Prevention colleagues across California join together to “work the bill” (letters to legislators, testimony at hearings, articles and op/ed pieces, etc.)
Advocates for other prevention programs “got wind” of our bill.
These Other Programs Wanted “In”

We had no choice. Had to include or lose support for the bill:

- Lead poisoning (later got manufacturers’ surcharge and $$$$$)
- SIDS
Other governmental agencies key to success of AB 3087 were less than enthusiastic.
CA Highway Patrol Says “Not so much”

- Nuisance - difficult to computerize embossed symbols
- Will lead to proliferation of specialty plates (if hard 2 read)
- Nat'l Crime Info Center data base at FBI can't incorporate symbols
DMV Says “Me neither”

- Nuisance – difficulty programming computer data set

- Wanted share of funds from KP to environmental fund (i.e., generic pot)

- Wanted share ($) of every plate, every renewal
Legislator to the rescue!

Difficulty in programming computer data set?

Leave space blank!

Share with environmental fund?
Piece of every plate, every renewal?
  Nope! $800K start-up; then $10 for new, nothing for renewal. That's it!
Prison Industries Says
"Us more neither"

Sorry, but we can't create embossed symbols.
Legislator to the rescue again!

Trips to Folsom State Prison

Visit to Nevada to meet with metal die cast sub-contractor (it’s very doable!)

Negotiations with Prison Industries to gain their approval
AB 3087 enacted: January 1, 1993

(Hold on, my injury prevention zealots! Another challenge presents itself.)
New Challenge: Need 5,000 Applications before Plates Printed

- Injury-ites across CA work up and down the state to sell plates
- Insurance partners provide $ to buy plates (Allstate, State Farm, Pacific Life, Aetna, ACLHIC)
- Hopcraft Comm. marketing firm adopts us pro bono
Legislator rescues us still again!

Convinced Target and Mervyn’s to do fleet sales and in-house counter displays at cash registers
In Spring 1997, (seven years into our saga), program implemented.
Permanent Childhood Injury Prevention Program

- Mini-grants - interventions
- Mini-grants - coalition-building
- Larger, multi-year program grants
- Professional development stipends
- Equipment purchase grants
- Technical Assistance & Training
- Networking
- Planning and Evaluation
- Marketing
Today: Kids’ Plates are Fantab-u-los-y-ous

- Our ¼ of Fund = $1.34 million every year
- Continuing to gain ~ 2,000 plates each mo.
- #1 selling plate in the State!
- Approx. 150,000 plates on the road (advertise themselves)
And California kids can live safely ever after. . .

Alberson.barbara@cdph.ca.gov
CA Kids Plates!

California

BA★4 KDZ
Federal Legislation
Related to Injury:
Opportunities for Action

Susan L. Polan, PhD
Associate Executive Director, Public Affairs and Advocacy
American Public Health Association
Why should we take Federal Action?

- Injuries and violence are the most common cause of premature deaths before age 65.
- Injuries cause one third of all emergency department visits.
- The 50 million injuries that require medical treatment in a single year ultimately cost $406 billion in medical expenses and lost productivity.
- These deaths and injuries are preventable, and many of the associated medical and societal costs are avoidable.
# Injury Prevention and Control

## Cost Savings

<table>
<thead>
<tr>
<th>Prevention/Control Method</th>
<th>Cost</th>
<th>Benefit to Society</th>
</tr>
</thead>
<tbody>
<tr>
<td>Booster Seats</td>
<td>$31</td>
<td>$2,200</td>
</tr>
<tr>
<td>Child Bicycle Helmet</td>
<td>$10</td>
<td>$570</td>
</tr>
<tr>
<td>Community-based Fall Prevention Program</td>
<td>$1,250 per person</td>
<td>$10,800</td>
</tr>
<tr>
<td>Residential Home Smoke Alarm</td>
<td>$33</td>
<td>$940</td>
</tr>
<tr>
<td>Adherence to treatment guidelines for severely injured TBI patients</td>
<td>$2,618 per person</td>
<td>$11,280 in direct medical costs</td>
</tr>
<tr>
<td>Teen Driving Safety Program</td>
<td>$74 per child</td>
<td>$600</td>
</tr>
</tbody>
</table>
Potential Areas for Advocacy

- Medicare
- TBI
- Childhood Injury Prevention
- Transportation
- Injury Prevention funding
Decreasing Medicare Costs: Preventing Falls Among Older Adults

Public Health Burden:
- One in three older Americans fall each year.

Recommended Advocacy
- Falls screening especially aimed at people over 65
- Provider education
- Reimburse participation in strength and balance programs and home modification assessments and corrections
Improving Healthcare Quality: Traumatic Brain Injury (TBI) Screening

Public Health Burden:
- At least 1.4 million TBIs occur annually.
- One of every 1,000 adults aged 75 years or older is hospitalized with a TBI each year, and 2% of the population is living with TBI-related disabilities.
- Direct and indirect costs of TBI totaled an estimated $60 billion in the U.S. in 2000.

Recommended Advocacy
- Reimburse screening assessments if at risk for a TBI.
Protecting the Future of Our Nation: Preventing Childhood Injuries

Public Health Burden:
- Unintentional injuries are the leading cause of morbidity and mortality among children in the United States.

Recommended Advocacy
- Provider reimbursement through Medicaid and private insurance
- Reimbursement or vouchers for child safety and booster seats.
- Reimburse for home visitation programs
Prevention and Wellness: Reducing Transportation-related Injuries

Public Health Burden

- Motor vehicle–related injuries are the leading cause of death for people ages 1–34

Recommended Advocacy

- Provide incentive grants to states
- Improve access to trauma care for victims of motor vehicle crashes
- Increase support for new and existing technologies to improve the safety of motor vehicles
Starting on the Ground: Supporting Injury Prevention at the State and Local Levels

Public Health Burden

- CDC leading our nation’s efforts to reduce deaths, disability, human suffering, and the medical costs caused by injuries and violence.
- Interventions are known but resources are not available

Recommended Advocacy

- Support firearms surveillance to identify gaps
- Support programs from child maltreatment and intimate partner violence to research and surveillance to coordinated and comprehensive injury prevention and control in every state
Susan L. Polan, PhD
Associate Executive Director,
Public Affairs and Advocacy
Susan.polan@apha.org
www.apha.org

“Protect, Prevent, Live Well”
Speaker Contact

- Sue Lachenmayr, MPH, CHES
  - Phone/fax (908)236-0572
  - E-mail bslach@earthlink.net

- Barb Alberson, M.P.H., Chief
  - Email: barbara.alberson@cdph.ca.gov

- Susan L. Polan, PhD
  - Susan.polan@apha.org
Thank You!

- Please complete an evaluation form
- CHES credits
  - 1.5 category I
  - Fees: $10.50 SOPHE members; $21 non-members
- Completed applications, evaluations, and fees to:

**SOPHE**

10 G St. NE; Suite 605

Washington, DC 20002