



Childhood Injury Prevention by Managed Care Organizations: Rationale

Each year, one in five American children receives medical care because of an injury. Injuries are the leading cause of medical spending for children aged 5 to 21 years and the greatest contributor to child hospitalization and death.

Most childhood injuries, however, are preventable by proven methods. In fact, because effective prevention decreases health care utilization, injury prevention often costs less than treating injuries. For example, on average a child safety seat saves \$97 over 4 years in medical care costs and a bicycle helmet for kids aged 5 to 14 saves \$34 over 5 years. The average call to a poison control center costs \$30 and saves \$195. Injury prevention counseling by pediatricians costs \$6.80 per visit, while saving \$6.30 in medical costs; thus, it creates good health inexpensively.

Despite these documented cost savings, injury prevention is rarely a focus of health care services provided by managed care organizations (MCOs) and other health insurers. Yet, MCOs, their enrollees, and employers that purchase these health plans can all benefit when injury prevention is integrated into the total system of health care.

There are two basic ways that MCOs can participate in injury prevention. First, they can include a wide array of injury prevention activities among the health care services provided to their enrollees (see three fact sheets entitled “Childhood Injury Prevention by Managed Care Organizations: Activities With Members” for examples). They can directly provide safety devices (e.g., smoke detectors, bicycle helmets, child safety seats) or monetary incentives for purchasing safety devices to families for their use. In addition to encouraging the use of safety devices, MCOs can help enrollees avoid injuries by providing education, screening, and other services during visits to physicians’ offices.

Second, MCOs can undertake injury prevention activities that extend beyond their enrolled populations and are focused on the broader community (see three fact sheets entitled “Childhood Injury Prevention by Managed Care Organizations: Activities With the Community” for examples). Some activities that benefit the community can be conducted by MCOs alone such as using their injury and cost data to support the funding of emergency medical services (e.g., poison control centers) that serve the entire community. MCOs can also provide important community benefits by participating in safety coalitions that allow members with diverse resources and expertise to collaborate to reduce injuries. Potential coalition partners for MCOs include health and safety groups, community organizations such as a domestic violence prevention program, the media, and neighborhood and homeowners groups.

From an MCO’s viewpoint, participation in injury prevention can have three kinds of benefits: policyholder service, cost control, and marketing. Investing in prevention allows MCOs to show that they care about their enrollees and their safety. As discussed above, numerous injury prevention strategies have demonstrated medical care cost savings.

Together, the offer of effective prevention services and low claims and insurance premiums can be important to marketing, making MCOs more attractive to the purchasers of health plans. Additionally, when MCOs invest or participate in effective community-level prevention programs, they help create a healthier environment for all persons. Promoting effective and innovative prevention programs is good marketing that adds benefits to the community while selling the health plan.

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Childhood Injury Prevention by Managed Care Organizations: Activities With Members

Providing Incentives and Subsidies

One way in which MCOs can encourage safe and healthy practices among members is to provide them with incentives for buying and using safety devices and for remaining injury-free.

- **PROVIDING SAFETY DEVICES**—Some families do not use safety devices because they are unaffordable. One way to deal with this issue is to provide safety equipment to enrollees.

For example:

Omni Healthcare, a California MediCal MCO, offered new parents a choice of three awards, which included a child safety seat or a cash award. Ninety percent of the new mothers chose the child safety seat.

U-Care Minnesota, the fourth largest HMO in Minnesota, has provided health coverage to Medicaid recipients since 1989. Its program has provided 1300 child safety seats and an educational component since 1997.

A Buffalo, New York, HMO offered a bicycle helmet to children as an incentive for making well-care visits.

- **SUBSIDIZING SAFETY DEVICES**—Another way to deal with lack of affordability is for MCOs to help subsidize safety devices for low-income families.

For example:

In Hamilton County, Ohio, ChoiceCare/Humana has worked to reduce bicycle-related head injuries and increase the number of children using bicycle helmets through “Use Your Head, Use a Helmet,” a program of awareness, education, distribution, and evaluation. In partnership with the Children’s Hospital Medical Center, the Greater Cincinnati Health Council, and other community groups, ChoiceCare/Humana makes available high-quality helmets for \$10. For a limited period, helmets were offered to the plan’s Medicaid members free of charge. During the first 3 years of the program, approximately 57,500 helmets were distributed. Extensive media campaigns, educational programs, and a public information line are used to get the safety message out to the community. Observational surveys of helmet use among 5- to 15-year-old bicycle riders suggest that helmet use increased from 8.1% before the program to 10.9% two years after its implementation.

Group Health of Puget Sound made bike helmets more affordable and accessible to members by displaying them in their medical centers and selling them to members at cost.

HealthPartners of Minnesota makes discounted safety devices such as bike helmets and gun trigger locks available to members through its line of health and safety products. Information about available products and how to obtain them is distributed to members through a product brochure, the HMO's website, and safety-related displays located in clinics and worksites.

- **PROVIDING COMPENSATION FOR USING SAFETY DEVICES**—In addition to reducing the price of safety equipment through subsidies and giveaways, MCOs can take steps that increase the perceived value of using safety devices.

For example:

Pierce County Medical, a Blue Shield provider in Tacoma, Washington, waives the co-pay if an enrollee is injured while using a safety belt or bicycle helmet.

- **OFFERING WELLNESS POINTS**—Wellness points are given to health plan members for participating in health promotion and prevention activities and remaining injury- and illness-free. Incentives include an extra vacation day through the employer, another type of gift, or a reduction in premium for enrollees. MCOs can provide safety incentives directly to their members, and they can cooperate with the purchasers of their health plans to provide safety incentives to their employees.

For example:

A major oil company, in conjunction with its managed care provider, offered wellness points to its employees.

Group Health of Puget Sound offers the HealthPays program to some enrollees. The program provides monthly dues discounts of 10% to 15% for enrollees who use safety belts, don't smoke, and don't drink and drive.



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Childhood Injury Prevention by Managed Care Organizations: Activities With Members

Facilitating Provider Education

Physicians and other health care providers receive relatively little education about injury prevention in their formal training. MCOs can enhance providers' knowledge in this area by distributing information directly to them and by making injury prevention a part of the health care providers' continuing education.

For example:

Blue Cross of Connecticut mailed injury prevention materials to its 2000 participating pediatricians. These materials promoted The Injury Prevention Program (TIPP) protocols distributed by the American Academy of Pediatrics, which offer detailed sets of guidelines and materials to help physicians conduct injury prevention counseling.

Aetna/U.S. Healthcare and Medical Education Collaborative, a nonprofit medical education organization, jointly developed a monograph to educate primary care physicians about recognizing domestic violence and responding appropriately. In addition to information about domestic violence (e.g., how to reduce barriers to identifying victims of domestic violence, how to screen for and diagnose partner violence, and issues involved in intervention and treatment), the monograph includes common questions asked by physicians, assessment guidelines, guidelines for patients in abusive situations, and domestic violence resources. Physicians who read the monograph and complete the self-assessment examination can earn up to five credits in Continuing Medical Education.

Harvard Pilgrim Health Care created the Abuse and Trauma Intervention Program (ATIP) to train clinical and nonclinical staff to recognize the signs of violence and the needs of survivors of violence. A manual outlining protocols, policies, and referral information for health care providers was distributed to practice sites and ATIP team leaders.

To help clinicians better understand and respond to domestic violence, several Minnesota managed care providers—HealthPartners and Allina Health System—and their partners in the Health Care Coalition on Violence are working to identify, recommend, and seek implementation of best practices for health care providers in identifying and intervening in cases of child abuse, domestic violence, and violence against vulnerable adults. An extensive caregiver-training program is in place that teaches health professionals how to offer validation, support, and information to patients for finding solutions. Brochures, posters, and a training video support the program.

The Allina Foundation, formed by Allina Health System to promote its vision to be “the recognized innovator in improving the health of the communities it serves,” recently announced the creation of a Violence Prevention Institute to advance peace and safety. The Institute was launched with a lead grant from the Foundation of nearly \$400,000. The

Violence Prevention Institute's focus is on supporting and developing clinical interventions, research and evaluation, information and resources, and abuse-free worksites. Under clinical interventions, health care providers receive education on domestic violence, screening techniques, documentation, and referral to services for identified or suspected victims including women and children.



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Childhood Injury Prevention by Managed Care Organizations: Activities With Members

Promoting Provider Interventions

MCOs can also promote injury prevention through interventions such as education and counseling delivered to members by providers and by screening for members who may be at high risk for injury due to psychological and emotional conditions.

- **PROMOTING DELIVERY OF COUNSELING/ANTICIPATORY GUIDANCE TO ENROLLEES BY PROVIDERS**—MCOs can facilitate patient education and counseling in injury prevention by requiring delivery of such information by physicians during office visits and by providing enrollees with informational and educational resources.

For example:

HealthPartners of Minnesota provides its members with injury prevention information in several ways:

- Tip sheets are available on how to choose safety products (e.g., smoke detectors, carbon monoxide detectors, bike helmets, car seats and safety gates) available in retail stores.
- The HealthPartners web site provides an interactive child safety quiz, which includes suggestions to keep their child safer, for parents.
- Visiting nurses conduct a 46-item home safety check with families whose children are considered high risk due to medical or social reasons.
- A free monthly car seat class is offered to members and the public that covers the common mistakes in buckling a child into a child safety seat. At the end of the class, there is a check of the car seats installed in participants' cars.
- Age-specific patient education is provided at well child exams to make parents aware of common causes of injury and how to prevent them.
- A staff member keeps abreast of the current research, sets internal injury prevention priorities, and improves patient education resources.

CareAmerica, a California-based HMO, encourages primary care physicians to provide anticipatory injury prevention guidance to parents of children from birth to 4 years of age. Counseling provides developmentally appropriate information to parents about dangers including suffocation and strangulation, electrical shock, poisoning, drowning, burns, choking, and firearms. A checklist guides parents in childproofing their homes.

The Health Education Center (HEC), a nonprofit affiliate of Highmark Blue Cross Blue Shield, has developed the Home Safe Home project to reduce the number of injuries among children aged 6 and younger of low-income families by improving the physical safety of the home. HEC collaborates with agencies that use in-home visitors, called Family Advocates, to deliver services to low-income families. Together with parents, Family Advocates tour the home and assess potential dangers according to a 50-item home safety checklist. Family Advocates then educate parents about safety hazards, provide options for their prevention, and assist in making adjustments to the home or installing safety devices. Safety devices that are provided and installed in the home include smoke detectors, fire extinguishers, carbon monoxide detectors, outlet protectors, nonskid bathtub mats, window guards, safety gates, cabinet latches, and syrup of ipecac. Family Advocates also provide education on the major injury risks and distribute a folder of safety information for future reference. Family Advocates return to the residence for a 3-month follow-up home safety inspection to ensure that safety devices and practices remain operational and to assess the incidence of injuries incurred by the children residing in the household. As an incentive, those parents who agree to have the follow-up visit receive a \$10 voucher for a local grocery store. Program evaluation shows that participants' homes become safer by an average of nine new safety practices.

In South Carolina, Medicaid reimburses providers to train new parents in the correct installation and usage of child safety seats. This child passenger safety education component is essential to ensure proper usage.

The Alameda Alliance for Health, a Medicaid managed care health plan in California, has developed the Helmet Safe program to prevent bicycle-related head injuries. The program promotes bicycle safety and helmet use, targeting children aged 6 to 10 years old. The curriculum is designed with age-appropriate materials. The MCO works with community-based organizations to publicize the workshops. As an incentive to attend the educational workshops, participants receive a fitted helmet.

Harvard Pilgrim Health Plan, in response to research indicating that more than half of intentional injuries among children are inflicted by people they know, developed a Violence Prevention Kit. The kit contains printed materials and a videotape of vignettes depicting eight common situations that can lead to violence and prevention strategies for dealing with them. The video, produced in cooperation with a local TV station, features a popular Boston news anchor as host of the show. The kit includes a discussion guide, a brochure on "Bully Proofing Your Child," a "Time-Out" card for parents, and a bumper sticker.

- **SCREENING FOR SUBSTANCE ABUSE PROBLEMS**—Because substance abuse is a risk factor for intentional and unintentional injury, MCOs can establish guidelines for the screening of children and adolescents to prevent injury.

For example:

The Oregon Health Plan provides managed health care services for the state's Medicaid-eligible population that includes chemical dependency treatment coverage. As part of this coverage, substance abuse screening for adolescents is provided. Because substance abuse is related to both injury and violence, screening and other early intervention services should help reduce injury among young people.

- **SCREENING FOR POSTPARTUM DEPRESSION**—Postpartum depression (PPD) among women who have recently given birth is a risk factor for child abuse and infanticide as

well as decreased family functioning. When PPD extends beyond 6 months, children (especially boys) may experience cognitive deficits and behavioral problems compared to children whose mothers did not experience post-partum depression. Thus, screening for PPD offers MCOs another way to identify enrollees who may be at risk for violence and injuries in the home.

For example:

The Postpartum Depression Prevention Program at Magellan Behavioral Health uses educational materials and a depression screening scale mailed to new mothers by their health plans. The new moms complete the screening instrument at home and return it to Magellan for scoring. Women identified with depression symptoms receive direct outreach, triage, and referral from Magellan clinical staff.



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Childhood Injury Prevention by Managed Care Organizations: Activities With the Community

Conducting Research and Surveillance

MCOs and other health plans have a vast amount of member data on injuries and the costs of treating them. Often, these data can be used to inform injury prevention efforts in the community.

- **CONDUCTING RESEARCH ON INJURY PREVENTION**—MCOs collect data on the incidence and severity of injuries and the costs of treatment. This information can be used to evaluate the need for community services, guide internal prevention priorities and policies, and contribute to injury prevention research.

For example:

In Grand Rapids, Michigan, Blue Cross and Blue Shield used its own data to evaluate the impact of terminating the local poison control center (PCC). The low-cost evaluation, consisting of a two-page report based on a database query, led to restoration of this cost-saving injury intervention service in Grand Rapids. It also influenced national views on the importance of PCCs when cited in legislative testimony.

Group Health of Puget Sound has conducted several research projects designed to provide important information to improve health care services to enrollees and has contributed valuable findings to the research literature.

- The Harborview Injury Prevention and Research Center of the University of Washington and Group Health engaged in research to model the effects of bike helmet usage rates at various levels of subsidy to determine their cost-effectiveness. The research showed that a usage rate of 40% to 50% was the breakeven point associated with a \$10 helmet subsidy (i.e., where the costs of head injuries averted were equal to the costs of the helmet subsidy).
- Group Health used its data on members to conduct a case-control study to determine whether purchase of a handgun from a licensed dealer was associated with the risk of homicide or suicide.
- With several collaborators, Group Health used data on injuries among child members to assess the risk of injury to children younger than aged 5 years in daycare versus home-care settings.
- Group Health and its research partners have conducted several studies to examine the attitudes, practices, and beliefs about domestic violence among primary care health providers and evaluate the effectiveness of a training program to improve domestic violence identification and management in primary care settings.

- **IMPROVING SURVEILLANCE**—Critical to the development of prevention efforts are community injury data. These data are needed to assess the magnitude of the injury problem, to identify high-risk groups, identify the causes of injuries, and plan preventive services. Health plans' data can be used to inform the community and focus resources.

For example:

Allina Health System, HealthPartners of Minnesota, and other collaborators in the Health Care Coalition on Violence have sought to implement a specific plan to ensure the universal use and reporting of external cause (E) coding of injury and poisoning data in both outpatient emergency rooms and inpatient settings in Minnesota. The purpose is to establish a database on violence-related health service delivery. The use of E codes to accompany nature of injury codes provides important information to distinguish events or activities associated with particular types of injuries (e.g., the number of head injuries due to being hit by a car, being assaulted, or falling from playground equipment).



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Childhood Injury Prevention by Managed Care Organizations: Activities with the Community

Funding Injury Prevention Activities

A number of states including California and Massachusetts have community benefit mandates that require or encourage health maintenance organizations to undertake activities to improve health care in their communities. The community benefit guidelines developed in Massachusetts are designed to promote preventive care and improve the health care of underserved populations. Providing financial support for community-based injury prevention efforts can be one way that health plans fulfill these mandates.

For example:

The Carondelet Community Trust (CCT), which operates within the Carondelet Foundation and Carondelet Health Network in Tucson, Arizona, annually contributes funds to the Tucson Fire Department and Tucson SAFE KIDS Coalition to support injury prevention education projects. Funding from CCT has supported the distribution of coloring books and cards with safety messages for youth. During the past several years, the Tucson Fire Department has distributed 8000 coloring books to children in third-grade classes throughout schools in Tucson during its presentations to children providing important safety information such as how to do a home safety check, escape from a fire, and dial 911.

Kaiser Permanente of California has supported the development and dissemination of a community program focusing on acquaintance rape and assault. Funding received from Kaiser was used by the San Fernando Valley Trauma Center to develop the DATE Project, as well as to increase the number of trained volunteers and produce bilingual outreach materials so that the program could reach a broader audience.

The Allina Foundation has provided substantial support for violence prevention and intervention initiatives in the communities it serves in Minnesota. This funding includes—

- support, in partnership with the United Way of Minneapolis Area, for the Day One Project that provides a coordinated statewide communications system between shelters to provide survivors of domestic violence with easier and quicker access to shelters and other services;
- a \$1 million grant from the United Hospital Foundation and the Allina Foundation to support the Partners for Violence Prevention (PVP) project to develop an interconnected violence response system among health and social service providers in a St. Paul neighborhood;
- support, in partnership with other private corporations and public officials, for the Phillips Partnership, which has leveraged and guided over \$27 million toward four

core strategies, including crime and injury reduction, to improve the long-term livability of the Phillips community in south Minneapolis;

- early and significant financial support and expertise given to the Governor’s Task Force on Violence as a Public Health Problem and the Health Care Coalition on Violence to implement violence prevention strategies within the health care system;
- more than \$300,000 provided to six community-based violence prevention research projects that examined how best to address violence as a public health issue and where to find opportunities for intervention within the health system; and
- co-sponsorship of four public lectures featuring national experts on violence prevention.



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Childhood Injury Prevention by Managed Care Organizations: Activities with the Community

Participating in Injury Prevention Coalitions and Partnerships

Coalitions and other collaborative efforts allow organizations to combine their diverse skills, expertise, and resources to address injury problems. There are numerous roles for MCOs in joint community and national initiatives.

For example:

Magellan Behavioral Health is participating as a corporate sponsor of a national substance abuse prevention initiative designed to encourage parents of 11 to 13 year olds to talk regularly with their children about substance abuse. The effort is being led by Kids in a Drug Free Society (K.I.D.S.) and includes the Public Relations Society of American (PRSA) and the Partnership for a Drug Free America (PDFA). The Robert Wood Johnson Foundation is providing the grant funding to implement the Preparing for the Drug Free Years (PDFY) curriculum and conduct an evaluation. In the pilot test of the program, trained facilitators will deliver the PDFY curriculum in 10 one-hour sessions to small groups of parents either in the workplace or in other community settings in five target cities. Random surveys of young teens about their attitudes and behaviors on substance use will be conducted to evaluate the effectiveness of the program. Magellan is supporting the administration and distribution of the program to members and the community.

In six geographic regions across the United States (including California, Colorado, Georgia, Hawaii, Ohio, and the greater Washington, D.C. area), Kaiser Foundation Health Plan, Inc. sponsors free, school-based Educational Theatre Programs to bring a variety of preventive health messages to youth. Educational Theatre Programs are designed by community-based committees and present real-life examples of young people using skills for problem solving, decision making, and communication to address health and social concerns. The programs also distribute advance and follow-up materials for all shows including resource manuals for teachers and guides for students and parents. Among the theatrical productions that address injury and safety issues are (1) Bodywise Traveling Menagerie, which educates elementary students about nutrition and exercise, conflict resolution, bicycle and home safety, and the dangers of smoking and drug use; (2) P.E.A.C.E. Signs, a violence prevention program for middle-school students that incorporates a theatrical performance and role-playing workshop to model ways to cope with issues of violence; (3) RAVES, Real Alternatives to Violence for Every Student, an interactive play and workshop for grade 5 or 6 on anger management and conflict resolution that incorporates drama, music, and movement with rehearsal skills for managing conflict; (4) Nightmare on Puberty Street, which uses music and drama to teach middle-school students about the skills for coping with the dangerous situations that this age group encounters (e.g., pressure to have sex); and (5) Klown Family, a comical production promoting summer safety choices developed for preschool and early elementary school children.

The Allina Foundation and the Health East Foundation of Minnesota funded an environmental health partnership in the diverse community of Frogtown in St. Paul, Minnesota. The partnership between the University of Minnesota's Schools of Medicine and Public Health and the Frogtown neighborhood has applied university and foundation resources to address community health and home safety hazards among traditionally underserved low-income residents. As a result of the initiative, five key environmental health actions are highlighted for continued neighborhood-wide work: (1) requiring periodic health and safety inspections of all rental property; (2) instituting city-sponsored or regulated garbage hauling; (3) having working smoke detectors in every home; (4) creating more parks and greenspace; and (5) continuing efforts to prevent lead poisoning.

The Carondelet Community Trust collaborates with the Tucson Fire Department and the Tucson SAFE KIDS Coalition in a child safety seat program. Through this program, 2500 child safety seats have been distributed at a substantial discount to the community at health fairs. An education component enlists Emergency Medical Technicians to teach how to properly install the safety seats.

Group Health of Puget Sound participated in a community campaign led by the Harborview Injury Prevention and Research Center of the University of Washington to increase bike helmet use in Seattle. After conducting a survey of third graders and their parents, the collaborative—which involved numerous community groups including bicycle clubs, helmet manufacturers, and other health care organizations—developed a campaign with three goals: (1) increase awareness among parents of the problem posed by bicycle head injuries, (2) make helmets available at lower cost, and (3) reduce the perceptions among youth that bike helmets were “nerdy.” As part of this effort, a media campaign was developed with TV and radio public service announcements. The collaborative succeeded in increasing the availability of helmets through sources other than bicycle specialty shops, where they had been sold exclusively. Observational surveys conducted in Seattle and in a comparison community (Portland, Oregon) indicated that bicycle helmet usage among 5 to 15 year olds in Seattle increased from about 3% to 5% before the campaign to more than 50% after several years.

HealthPartners of Minnesota collaborated with other public and private health care providers to promote bike helmet use through the East Metro Health Promotion Cooperative. The collaborative's incentive program used 22 law enforcement agencies to provide rewards (such as neon shoe laces or a sandwich coupon) to children “caught” wearing a bike helmet.

Another HMO, HealthPartners of Arizona, an affiliate of Aetna Health Plans, has worked with the Tucson SAFE KIDS Coalition to get community children to wear bike helmets by providing discounted helmets and injury prevention education. The program also worked with uninsured Arizona residents. About 35,000 helmets were distributed in the community during a 5-year period. The efforts of HealthPartners were recognized by the Tucson City Council, which passed a city ordinance requiring children younger than aged 18 to wear helmets whenever they ride their bikes.

Blue Shield of California recently created the Domestic Violence Initiative. The purpose of the program is to establish partnerships with businesses to raise awareness of domestic violence in the workplace. Blue Shield also works with health agencies to develop educational programming for network physicians.

United HealthCare of New England works directly with the Rhode Island Coalition Against Domestic Violence to sponsor events to raise community awareness. The health plan also

works with a statewide coalition of organizations called The Network to raise awareness of domestic violence among its providers and staff.

Allina Health System, HealthPartners of Minnesota, and their other health care and community partners are collaborating to implement violence prevention strategies in Minnesota through their participation in the Health Care Coalition on Violence. Allina Health System's Chief Operating Officer chairs the coalition. The five committees—Practice Guidelines, Education and Training; Health Plan Coverage and Policy; Data Collection and Research; Workplace Violence Prevention; and Primary Prevention—are chaired by community and other health care leaders. The coalition has identified several objectives, among them: assessing the effectiveness of interventions for child abuse, domestic abuse, workplace violence, vulnerable adult abuse, and community violence; assuring the inclusion of a family violence component in all prenatal education classes offered in the state; identifying health plan coverage and reimbursement policies that strengthen or serve as a barrier to effective violence prevention, intervention, and rehabilitation efforts; promoting awareness and education about violence and violence prevention through endorsement of the Lieutenant Governor's statewide multi-media public awareness campaign; and identifying and recommending an approach for all Minnesota health care organizations to ensure that they provide healthy, abuse-free work environments and actively promote the widespread adoption of practices that further the goals of the Coalition.



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