



The National Action Plan for Child Injury Prevention - Webinar III

November 18, 2013

11:00-12:15 PM ET



Audio is streaming through your computer speakers. If you cannot listen via computer, please call: 866-835-7973.



Meeting Orientation Slide

- If you are having any technical problems joining the webinar please contact the Adobe Connect hotline at 1-800-416-7640 or email btriggs@edc.org
- Type any additional questions or comments into the Q&A box on the left.



Presenter



Dr. Julie Gilchrist



Launching a Roadmap for Injury-Free Childhood – **National Action Plan**

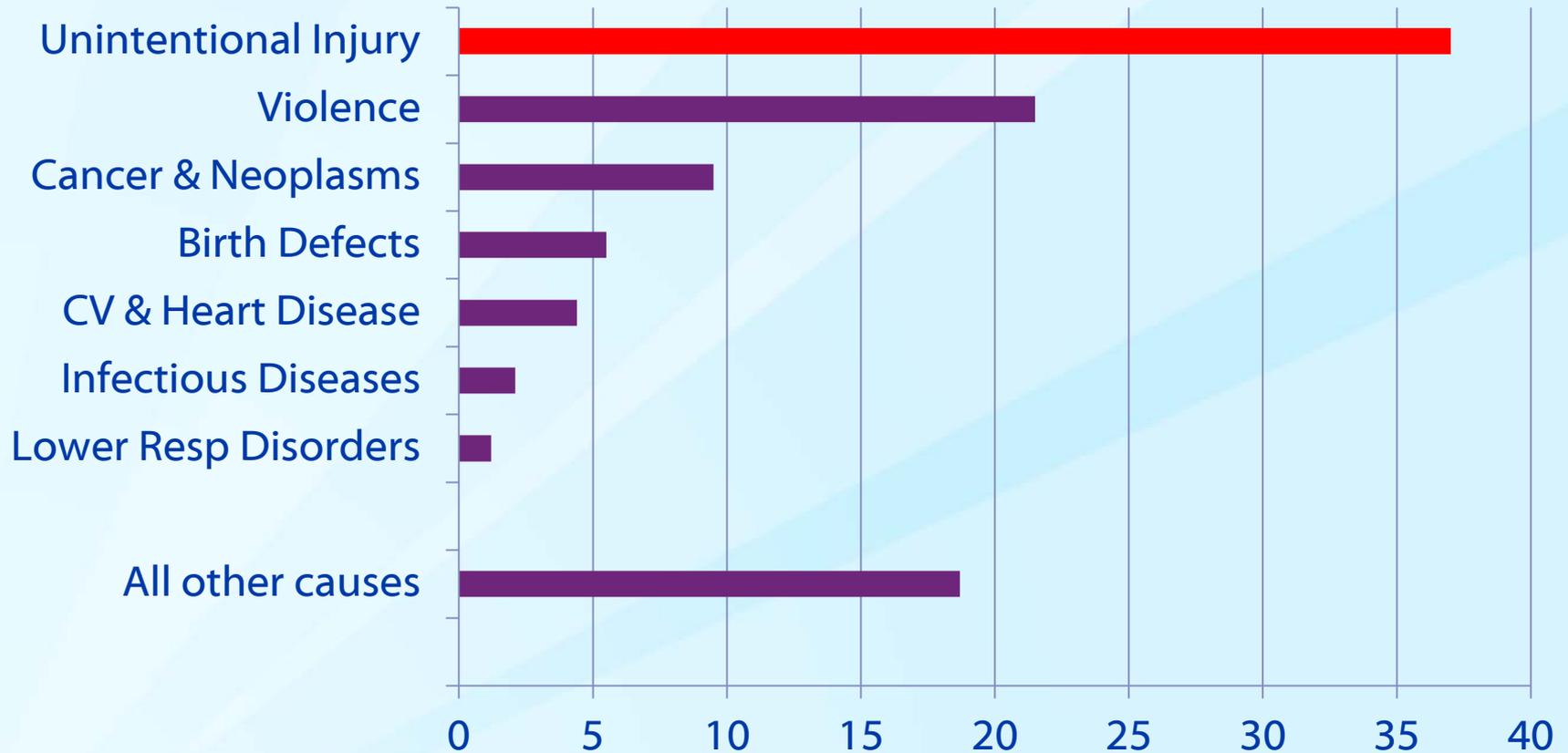
Julie Gilchrist, MD

Medical Epidemiologist

National Center for Injury Prevention & Control
Centers for Disease Control & Prevention

November 18, 2013

Percent of All Deaths Among Children 1-19 Years



From: WISQARS 2010 data. Cancer includes benign neoplasms; Birth Defects includes other perinatal mortality and pregnancy complications; Infectious Diseases includes influenza, HIV, meningitis

INJURY

The #1 killer of children in the US



For every **1** child that dies there are...



25

hospitalizations



925

treated in ER

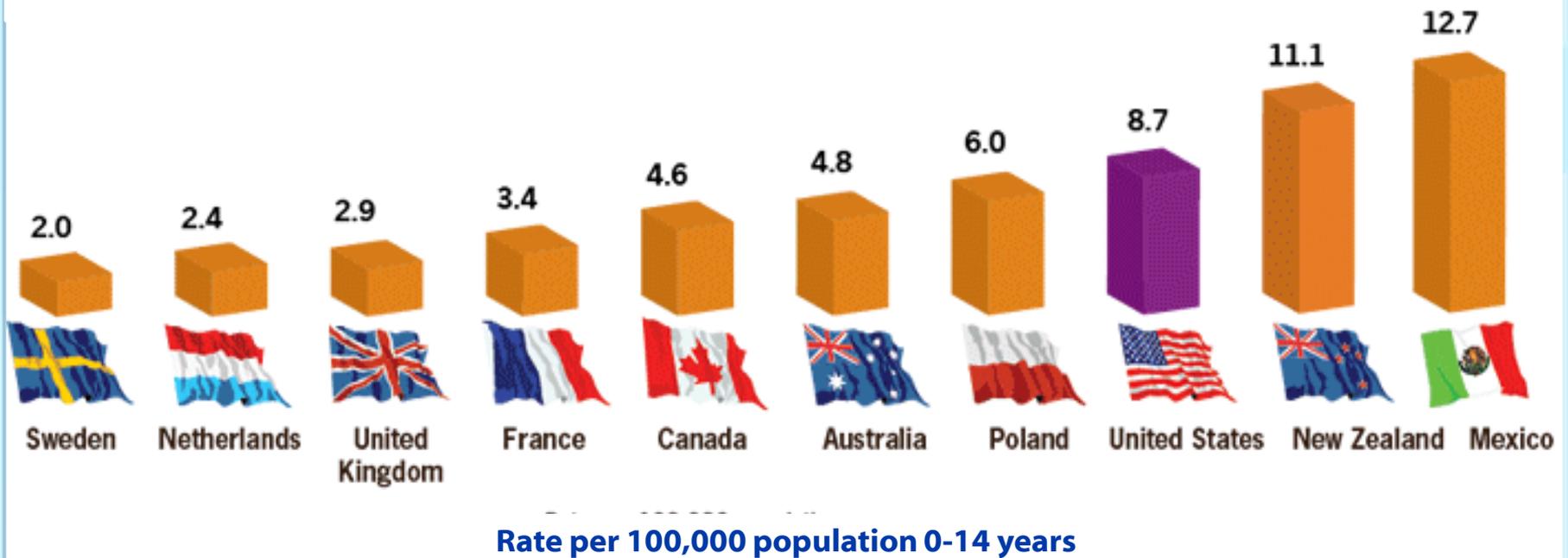


Many

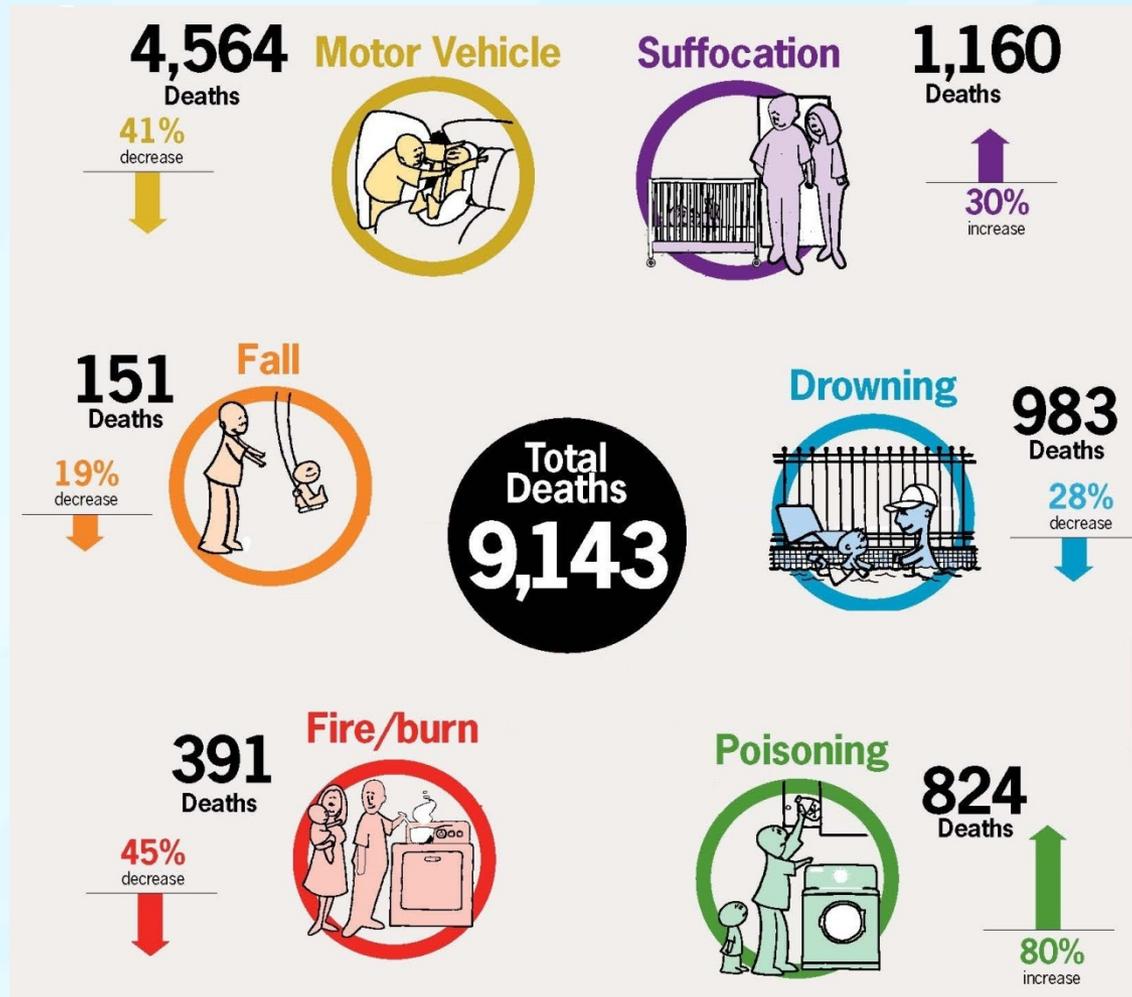
more treated in
doctors' offices



US Rates Poorly Compared with Others



Unintentional Injury Deaths and Trends among U.S. Children 0-19 Years



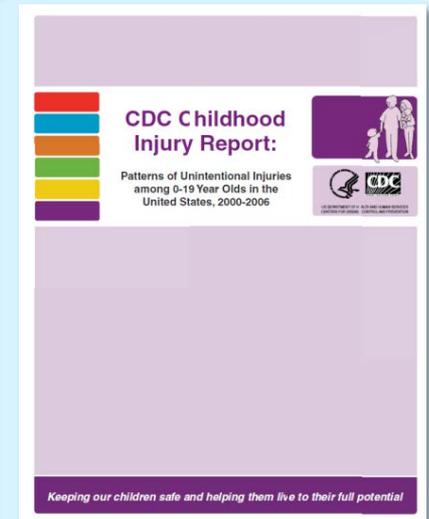
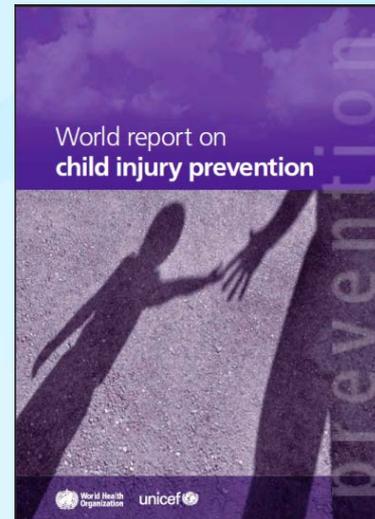
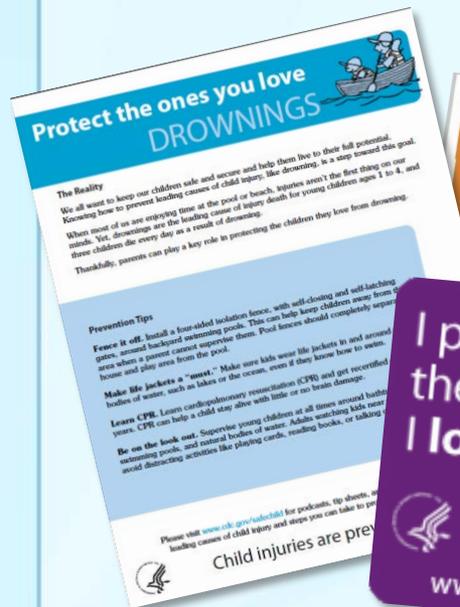
SOURCE: CDC Vital Signs, 2012; deaths – 2009, trends – 2000-2009

CDC's Role

- ❑ Identify and share data, tools and strategies
- ❑ Support organizations and individuals

Protect the Ones You Love

World Report on Child Injury Prevention & CDC Childhood Injury Report



National Action Plan for Child Injury Prevention

- ❑ **Raise awareness**
- ❑ **Highlight prevention solutions**
- ❑ **Mobilize action**



A Framework for Action

- ❑ **Data & Surveillance**
- ❑ **Research**
- ❑ **Communication**
- ❑ **Education & Training**
- ❑ **Health Systems & Health Care**
- ❑ **Policy**



POLICY



Types of Policy

- ❑ **Organizational policy: rules or practices within an agency (schools, health care settings, community or faith-based organizations, businesses)**
- ❑ **Regulatory policy: rules, guidelines, principles, or methods created by government agencies to regulate products or services.**
- ❑ **Local laws and ordinances**
- ❑ **State legislation**
- ❑ **Federal legislation**



How Policy Can Affect Child Injury

- ❑ Modify the environment or products**
- ❑ Influence systems**
- ❑ Promote organizational change**
- ❑ Influence social norms**
- ❑ Modify individual behavior**



Identify child injury prevention needs and priorities for policy decision makers

- ❑ Track/assess policies and environmental supports**
- ❑ Conduct environmental and health impact assessments to identify potential for policy-level interventions**
- ❑ Develop a set of “policy priorities” based on the data that show where children are at greatest risk**
- ❑ Conduct policy development workshops on the leading causes of child injuries for policy makers**
- ❑ Estimate the impact and cost savings from policy-oriented child injury interventions**
- ❑ Improve national leadership training for child injury policy analysis, implementation, and evaluation**



Support the adoption and implementation of evidence-based laws and policies

- ❑ Develop a clearinghouse that identifies effective federal, state, and organizational policies**
- ❑ Integrate child injury prevention into other related policy initiatives (like physical activity)**
- ❑ Support new policies that address injuries at child care settings, schools, and youth worksites**
- ❑ Expand and improve product safety, housing, and neighborhood/infrastructure policies that influence children's health, safety, and mobility**
- ❑ Increase the capacity of states, local coalitions, and formal alliances to support injury prevention policies**
- ❑ Encourage the private sector to develop and implement effective policies for their settings**



Support compliance with and enforcement of existing child injury prevention policies

- ❑ Increase employers' and adolescent workers' awareness of regulations and standards that address the prevention of workplace injuries to youth and the importance of enforcement**
- ❑ Establish training capacity to provide technical assistance to law enforcement personnel in best practices to enforce child safety policies**
- ❑ Develop and improve compliance with a standardized methodology for conducting child death reviews in accordance with a state's authorizing legislation, and encourage all states to investigate all injury-related child deaths**



IMPLEMENTATION

NAP Implementation Projects

- ❑ **Funded nine pilot projects**
- ❑ **Test the feasibility of implementing specific actions in the NAP**
- ❑ **Identify potential next steps and new avenues**



CDC Resources

Motor Vehicle Safety Policy Impact Series

Save lives, save dollars.
Prevent motor vehicle-related injuries.

Proven Policy Solutions



Improve Child Passenger Safety

Motor vehicle injuries are the leading cause of death for children—more than 1,300 children are killed in crashes every year.

Child passenger safety laws save lives and prevent injuries. Every state has a child safety seat law in place, but specific requirements vary. Many laws do not offer full protection for children as they grow and their safety needs change.

A \$30 booster seat produces cost savings greater than 9 to 1.

Policymakers can:

- Strengthen child safety seat laws so that every time children ride, they are in federally approved child restraints that are appropriate for their age and size.
- Support distribution and education programs that provide approved child safety seats to parents and caregivers who need financial assistance.
- Encourage incentive and education programs to provide children and parents with rewards and opportunities for the purchase and correct use of child safety seats.

Improve Teen Driver Safety

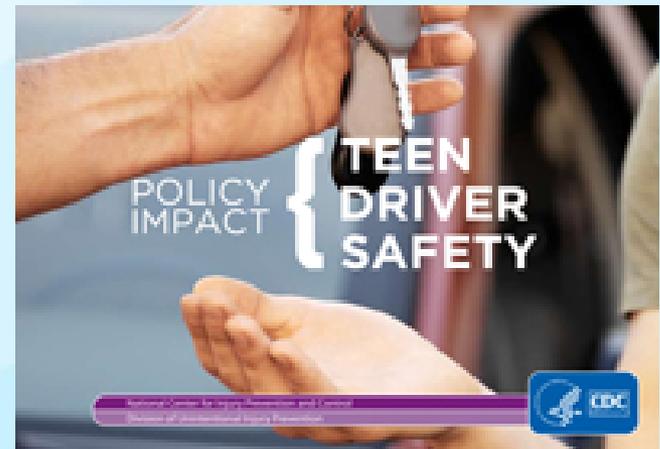
Motor vehicle crashes are the leading cause of death for U.S. teens. In 2008 alone, crashes took the lives of more than 5,800 people younger than age 20.

Every state has a graduated driver licensing (GDL) policy aimed at reducing the number of young drivers whose roadway inexperience leads to fatal and nonfatal errors, but policies vary considerably. The strongest GDL policies are associated with a 38% and 40% reduction in fatal and nonfatal injury crashes, respectively, for 16-year-old drivers.

For a cost of only \$70 per teen, graduated licensing programs generate \$500 in cost savings.

Policymakers can strengthen their state's GDL policy by:

- Limiting the number of teen passengers who may accompany a teen driver without adult supervision to no more than one (unless they are family members).
- Imposing a nighttime driving restriction from at least 10 p.m. to 5 a.m. for unsupervised drivers younger than age 18.



“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”

~Margaret Mead

Julie Gilchrist, MD (jrg7@cdc.gov)

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: <http://www.cdc.gov>

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

National Center for Injury Prevention and Control
Division of Unintentional Injury Prevention





Presenter



Dr. Kenneth D. Smith



Incorporating Child Injury Prevention in Local Efforts to Implement Health in All Policies

The National Action Plan for Child Injury Prevention
Webinar III
November 18, 2013

Kenneth D. Smith, Ph.D.
Lead Senior Analyst
Chronic Disease &
Environmental Health



Educational objectives

- Define Health in All Policies (HiAP)
- Understand the strategies, tactics and approaches associated with HiAP
- Identify ways to:
 - Utilize HiAP to develop, mobilize and implement child injury prevention action plans
 - Ensure that child injury prevention is a part of any local HiAP initiative
- Identify needed skills and resources for success

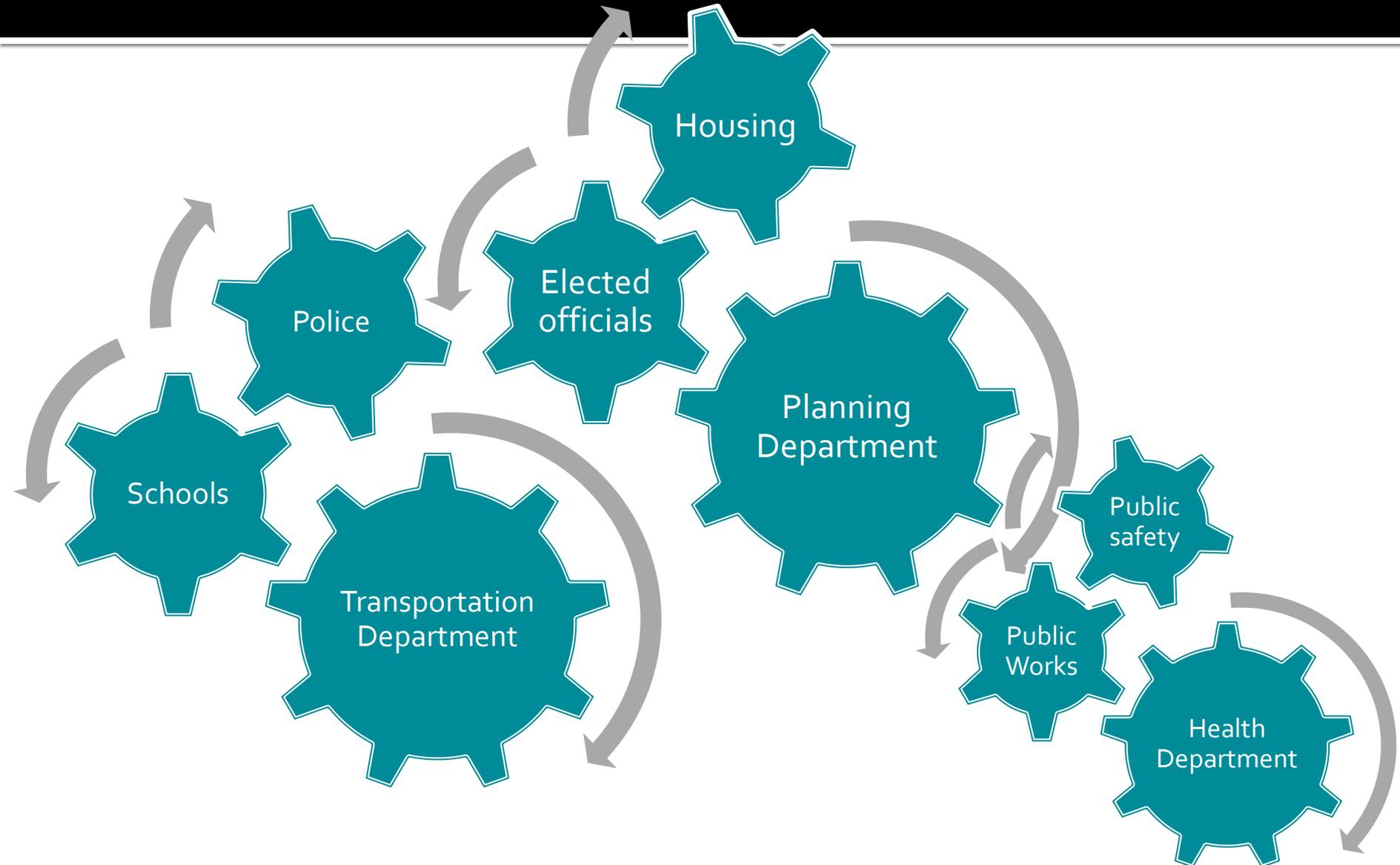
Programs and services in healthcare fail to address the determinants of health

- Health care accounts for only 10% of variability in premature deaths, but social, environmental and behavioral factors account for 60%

Table 1. Population Health Determinants

| Fixed Individual | Individual Health Behaviors | Public Service and Infrastructures | Environmental Conditions | Social, Economic, and Political |
|--|---|---|--|---|
| Genetic makeup Gender Age Existing health conditions and disabilities | Diet Physical activity Addictions Coping Transportation | Education Public transportation Health care Parks Community centers Economic development | Housing adequacy Air, soil, and water quality Community noise Disease vectors | Poverty Inequality Social cohesion and inclusion Political participation |

Multiple players shape the environments where we live, learn, work, play and travel



| | Inadequate Nutrition | Lack of Physical Activity | Alcohol and Tobacco Use | Unsafe Streets or Unsafe Neighborhoods | Polluted Air, Soil and Water | Housing Conditions or Unaffordable Housing | Social Isolation |
|-------------------------------|----------------------|---------------------------|-------------------------|--|------------------------------|--|------------------|
| Air Quality | | × | × | × | × | × | |
| Business Licensing/Permitting | × | | × | × | | | |
| Economic Development | × | × | × | × | × | × | × |
| Housing | | × | × | × | × | × | × |
| Land Use | × | × | × | × | × | × | × |
| Parks & Rec | | × | × | × | × | | × |
| Public Utilities | × | | | | × | × | |
| Public Works | | × | | × | × | | × |
| Redevelopment | × | × | × | × | × | × | × |
| Schools | × | × | × | × | × | | |
| Soil Quality | × | | | | × | × | |
| Transportation | × | × | | × | × | × | × |
| Water Quality | × | × | | | × | | |

Preventing child injury through policy involve multiple sectors

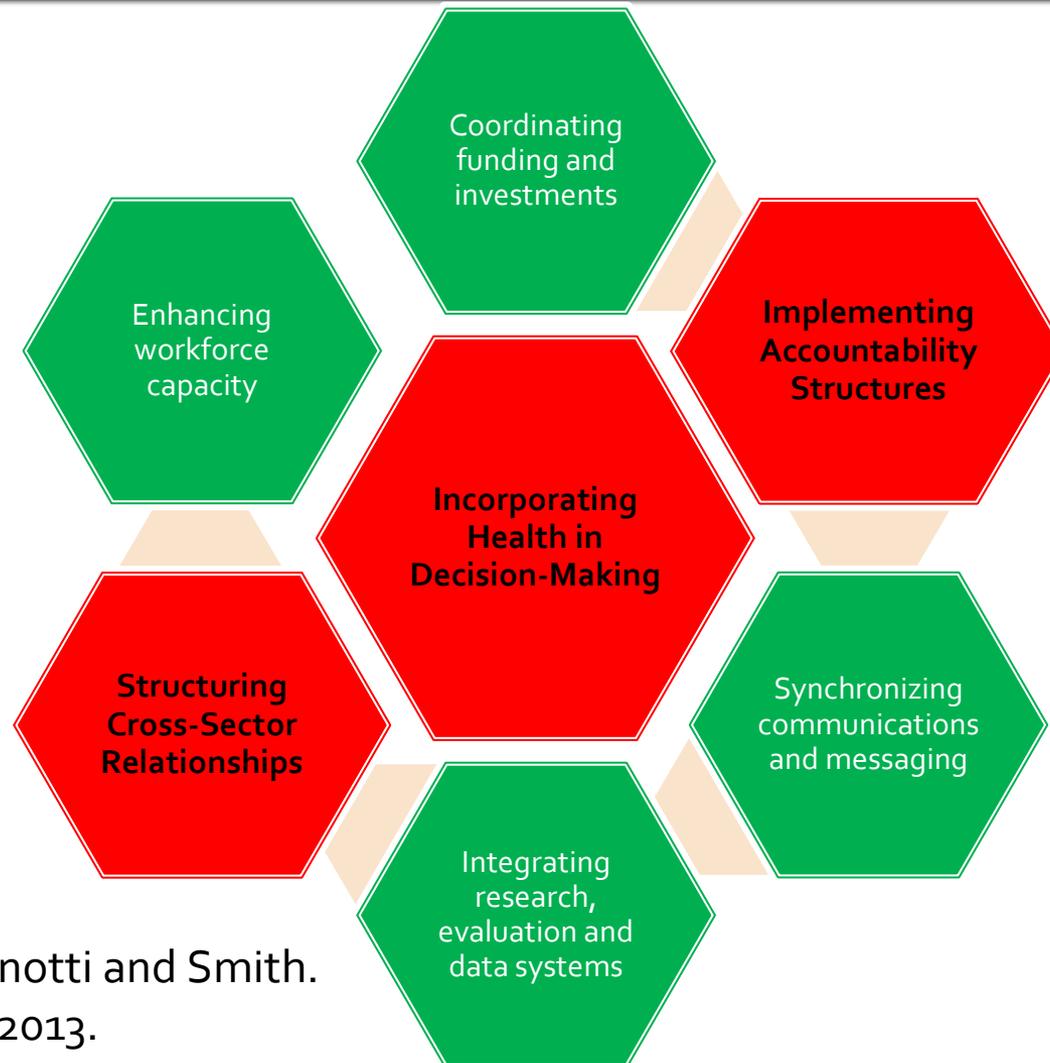
- Healthy Public Policy
 - Target whole populations rather than just introducing new programs and services
 - Example: Complete Streets Ordinance
- Health Impact Assessment
 - Uncover health impacts before a policy, plan, program or project is implemented
 - Example: HIA of 2014 Commonwealth Games
 - Recommendations about how to prevent injuries

Health in All Policies (HiAP)

HiAP is a change in the systems that determine how policy decisions are made and implemented by local, state, and federal government to ensure that policy decisions have beneficial or neutral impacts on population health and health equity



Seven Strategies Supporting Health in All Policies in All Sectors



Based on Gase, Pennotti and Smith.
JPHMP, November 2013.



Developing and Structuring Cross Sector Relationships

- **Practice:** *Identify who needs to be involved and how interaction with diverse partners will be organized*
- **Tactics:**
 - Formal committee, council, or task force
 - Temporary workgroups or teams
 - Voluntary networks
 - Informal or formal consultation mechanisms
 - Memorandums of understanding
 - Permanent structures for management
 - Know the language of the other sectors

Incorporating health and equity in decision-processes

- **Practice:** *Identify mechanisms through which health can be considered when developing and implementing policies, programs, projects, plans and services.*
- **Tactics:**
 - Cross-sector strategic planning and priority setting
 - Development of common goals or objectives across sectors
 - Health lens analysis
 - Cross-sector community needs assessments
 - Health impact assessment of changes in major social, environmental, or economic policies
 - Checklists, guidelines or protocols that integrate health criteria
 - Embedding health considerations (goals, objectives, metrics) into existing initiatives



Implementing accountability structures

- **Practice:** *Foster joint responsibility*
- **Tactics:**
 - Shared objectives or performance measures with health implications
 - Cross-sector monitoring and enforcement of existing laws
 - Oversight or management structures (e.g., cabinet level position)
 - Established roles for systematic consideration of health criteria (e.g., NEPA, HIA)
 - Cross-cutting budget spending reviews
 - Mandatory or voluntary policies (e.g., executive orders)
 - Public reporting

Four General Approaches to HiAP

1. Healthy Public Policies
2. Routine and strategic use of Health Impact Assessment (HIA)
3. Healthy comprehensive and sustainability planning
4. Integration and collaboration with a targeted sector
 - Each can include the three core strategies
 - Opportunities for child injury prevention

How can you use HiAP to develop and mobilize a child injury prevention plan? (1)

Use an HiAP approach to implement the child injury prevention plan

- Cross sector coalition of decision-makers to develop plan
- Each sector looks at own decision-processes to incorporate prevention considerations in policy and
- Sector representatives champion adoption of plan within respective agencies, sectors, businesses, etc.

How can you use HiAP to develop and mobilize a child injury prevention plan? (2)

Initiate an HIA or become involved in an HIA

- All HIAs should involve a coalition of stakeholders and include a scoping phase to identify potential health impacts
- If child injury is a key health impact, champion for its inclusion and bring data to help project potential impact of policy
- Pay attention to new programs, policies, projects and plans that have child injury implications

How can you use HiAP to develop and mobilize a child injury prevention plan? (3)

Become involved in Community Health Assessment and Improvement Planning

- Conducting a community health assessment and community health improvement plan is required for public health accreditation
- Champion child injury prevention as a priority area by bringing data and recommended actions
- Check if your local health department is involved in community action planning

How can you use HiAP to develop and mobilize a child injury prevention plan? (4)

Become involved in Comprehensive, Master, Transportation and Sustainability Planning

- These plans guide land-use and transportation decisions that impact child injury risk
- Find out when if your community has one and the next update
- Become involved early in the planning process
- Transportation plans are made at the regional level (MPO)

Conclusion

- Use HiAP approach to develop and mobilize a child injury prevention plan
- Learn about the differing HiAP opportunities to give voice to child injury preventions
- Show up with data and a plan
- Use their language before meeting with other agencies like transportation and planning

Resources

- [Taking Stock of an Emerging Practice. Gase, Pennotti and Smith, 2013](#)
- [NACCHO E-HiAP Toolkit](#)
- [HiAP: A Guide for State and Local Health Departments](#)
- For more information, email HiAP@naccho.org



Presenter



Chris Gunther



Policy Strategies to Prevent Youth Violence

The New Orleans Experience

Chris Gunther » 18 Nov 2013



Background: The New Orleans Health Department

Vision

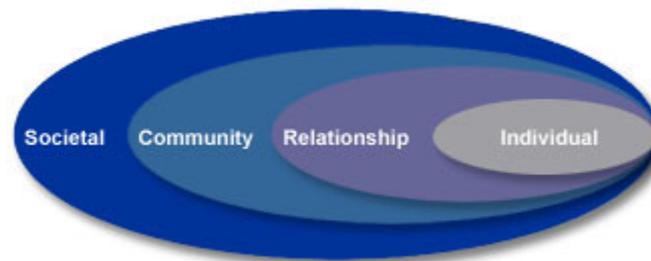
To serve New Orleanians as a 21st century health department and a model for the nation through data-driven decision-making and policy development.

- Historically: focused on **individuals** and **treatment** of disease
- Today: **population** health focus, emphasis on **prevention** strategies
- Violence is a major public health issue



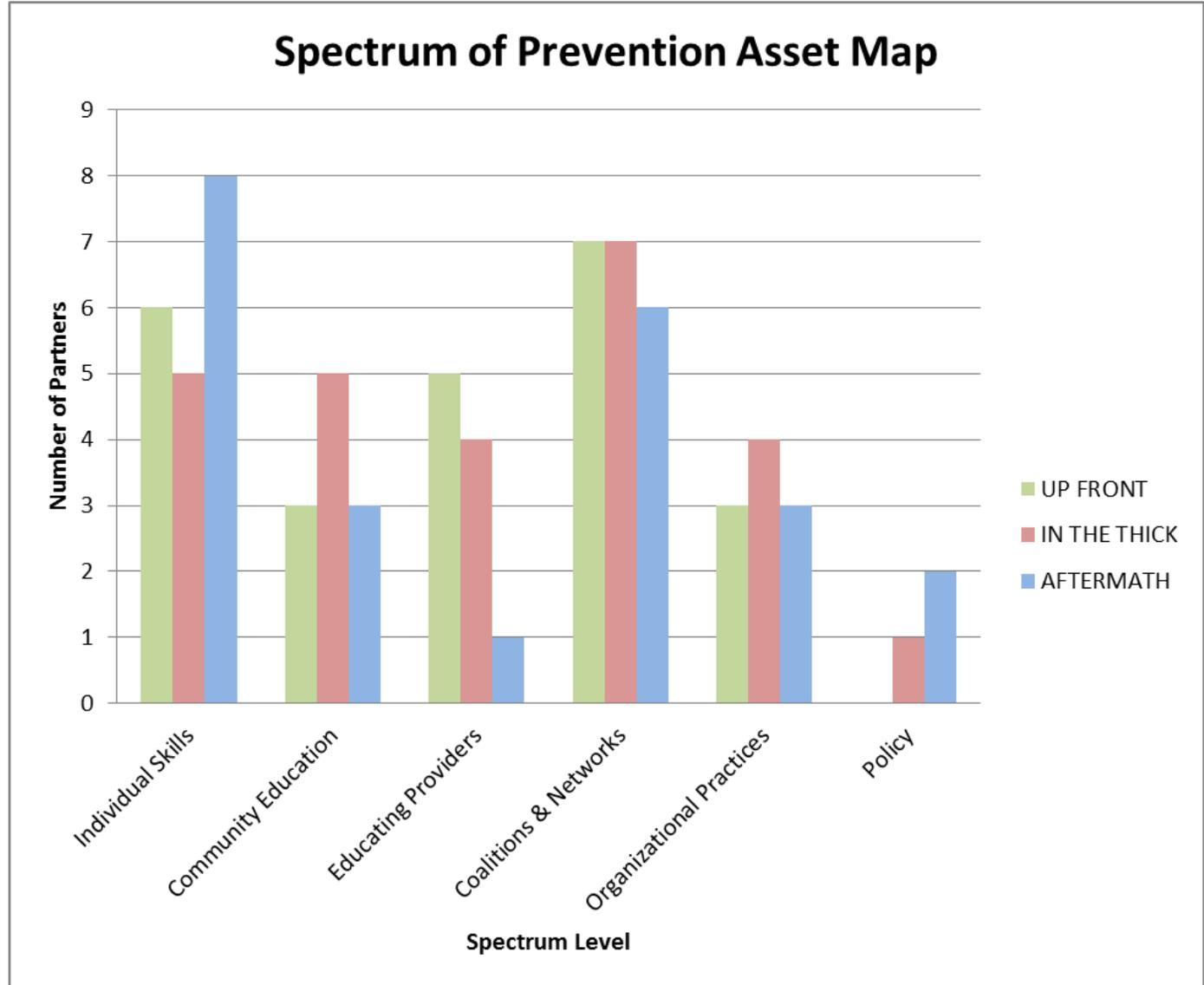
Why Health Violence Prevention in All Policies?

- Violence is a complex problem that requires comprehensive solutions
 - Prevention activities must span levels of social ecology
 - Multiple sectors must be engaged
- Policy change presents the opportunity for population-wide impact
- Sustained results require more than programs



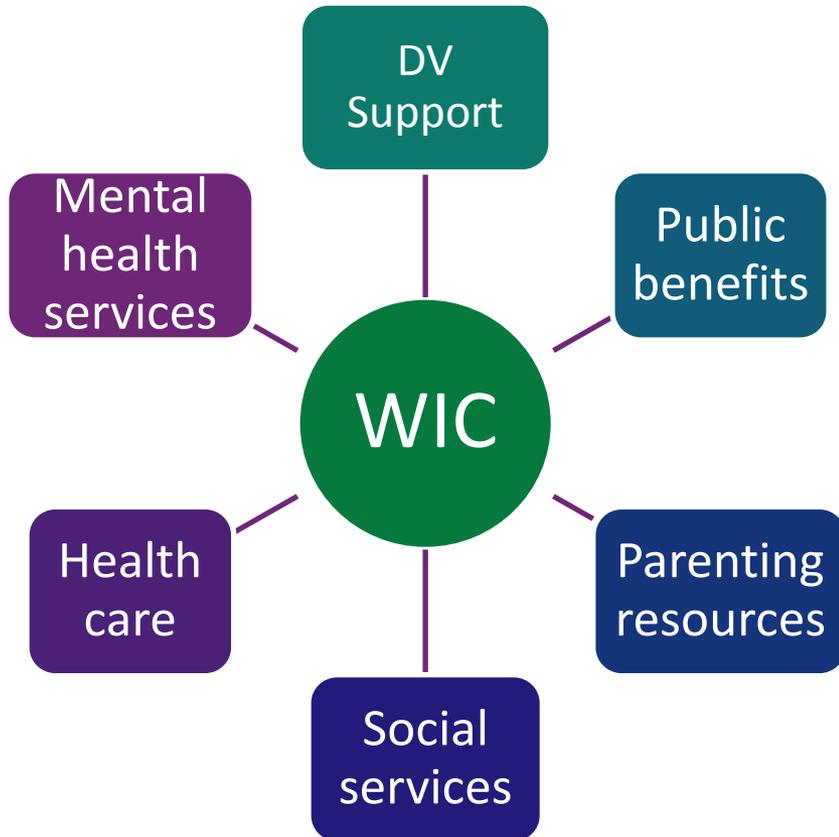


Prevention Planning





WIC as a Nexus for Family Violence Prevention



- 62% of New Orleans children 5 and under are eligible for WIC
- Domestic violence screening program
- Parenting education
 - Triple P – Positive Parenting Program
 - Play Nicely



Future Directions

- School discipline policies
- Truancy policies
- Applying the HiAP approach across programs
 - Further aligning resources for family health and violence prevention
 - Joint use agreements
 - Health impact assessment of Claiborne Corridor redevelopment





Challenges

- What change is required?
 - Policy often involves politics
 - Internal vs. external policy change
- Timing is crucial
- Anticipating and mitigating unintended consequences
- Ensuring youth voice is heard





Keys to Success

- Committed high-level **leadership**
- Clearly and consistently making the case for **prevention** – to policymakers, community members, and funders
- Opening a big tent – build **partnerships** locally and nationally
- Embrace the challenge – solutions must be **big and bold**
- Pegging success to **metrics** and tracking progress



Thank you!

Chris Gunther

cjgunther@nola.gov

(504) 658-2590

www.nola.gov/health



Thank you for your participation

Please take a moment to complete our short
evaluation

https://www.surveymonkey.com/s/nap_webinar_3_111813

Questions or Comments? Contact:

Rhunt@edc.org

617-618-2178