



## Partner Highlight: The North Carolina Injury and Violence Prevention Branch

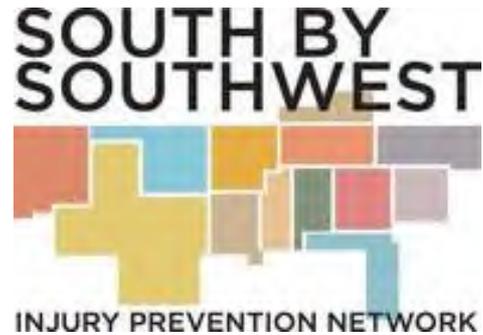
Presenter: Alan Dellapenna

*Audio will stream through your computer speakers at 2 PM. If you can't listen through your computer, please call: 866-835-7973*



# Meeting Orientation

- Ø If you are having any technical problems joining the webinar please contact the Adobe Connect at **1-800-416-7640**.
- Ø Type any additional questions into the Q&A box to the left of the slides.
- Ø This webinar will be recorded and archived and a copy of this session will be sent out to all registrants after the meeting.



## An Overview:

North Carolina Division of Public Health  
Chronic Disease and Injury Section  
Injury and Violence Prevention Branch

# Leading Causes of Chronic Disease and Injury Death and Years of Life Lost: N.C., 2011

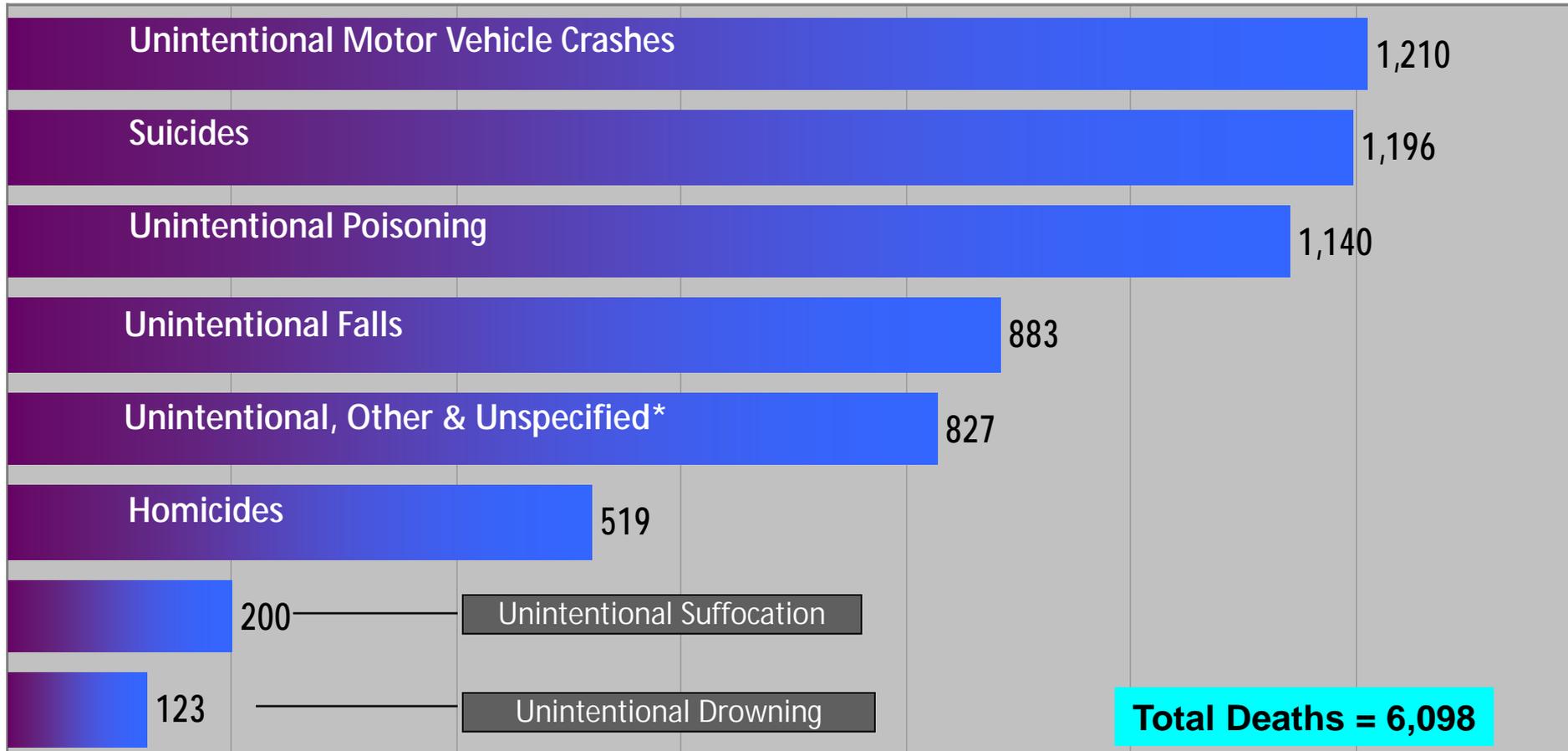
Cause of Death	Total Deaths	Average Years of Life Lost *	Total Years of Life Lost *
Cancer	18,201	3.29	59,913
Heart Disease	16,959	2.62	44,440
<b>Injury</b>	<b>6,098</b>	<b>18.78</b>	<b>114,497</b>
Chronic Lower Respiratory Diseases (Asthma, COPD)	4,705	1.33	6,456
Stroke	4,290	1.81	7,786
Alzheimer's disease	2,820	0.07	196
Diabetes Mellitus	2,276	3.58	8,139
Nephritis/Kidney Disease	1,705	2.13	3,639
Chronic Liver Disease	1,024	7.59	7,771
Hypertension	724	2.14	1,552
<b>Total Deaths (all causes)</b>	<b>79,680</b>	<b>4.65</b>	<b>370,607</b>
<b>Chronic Disease Deaths</b>	<b>52,893</b>	<b>2.65</b>	<b>140,009</b>

For **80%** of the North Carolina population (ages 1 to 59), Injury is the leading cause of death.

\* Based on deaths that occurred prior to age 65

# Leading Causes of Injury Deaths

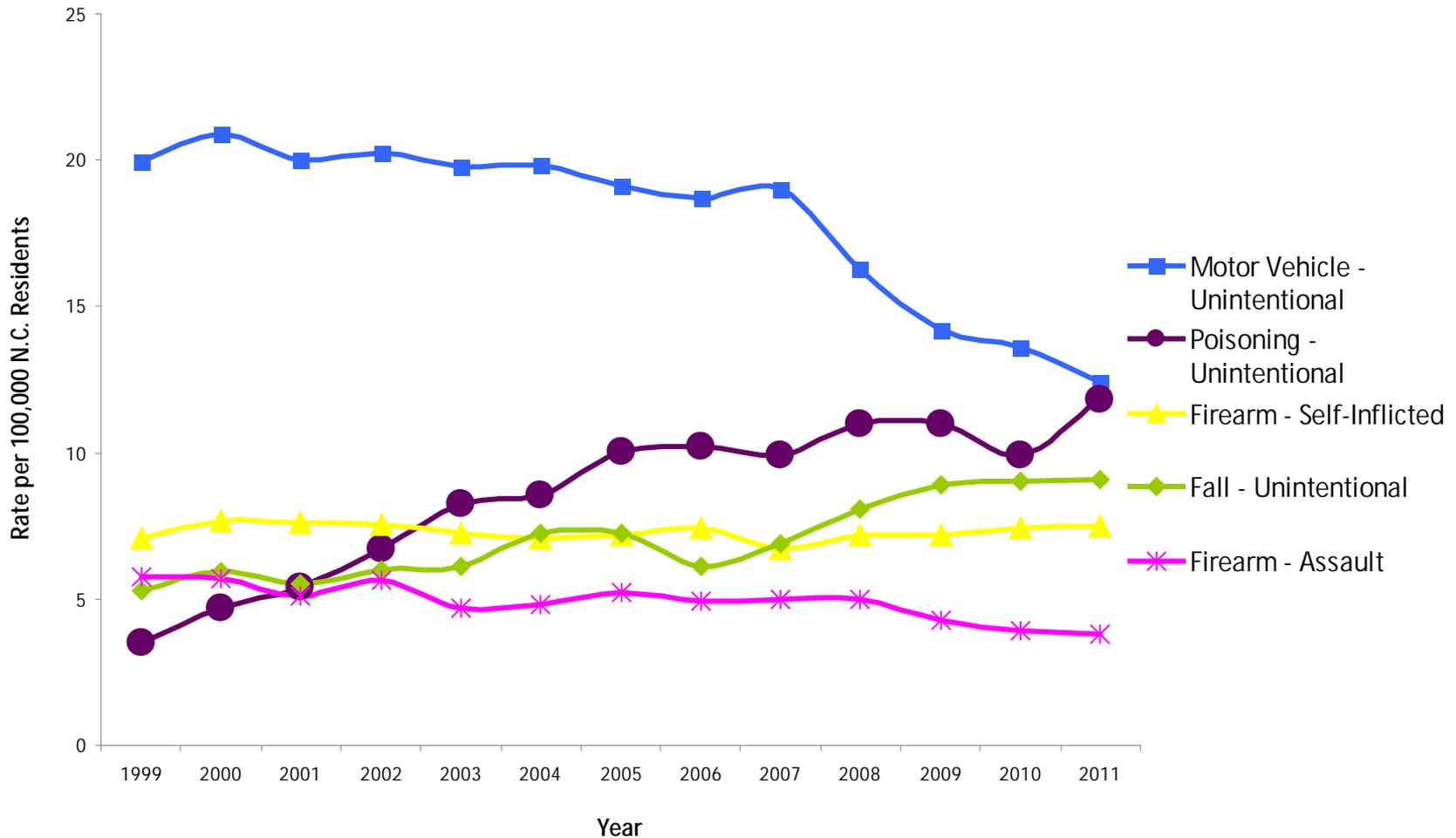
(by Number of Deaths, All Ages, North Carolina Residents: 2011)



\* *Unintentional Other* and *Unintentional Unspecified* are two separate categories. *Other* comprises several smaller defined causes of death, while *Unspecified* refers to unintentional deaths that were not categorized due to coding challenges.

# Leading Causes of Injury Death

## Rates per 100,000, N.C. 1999-2011



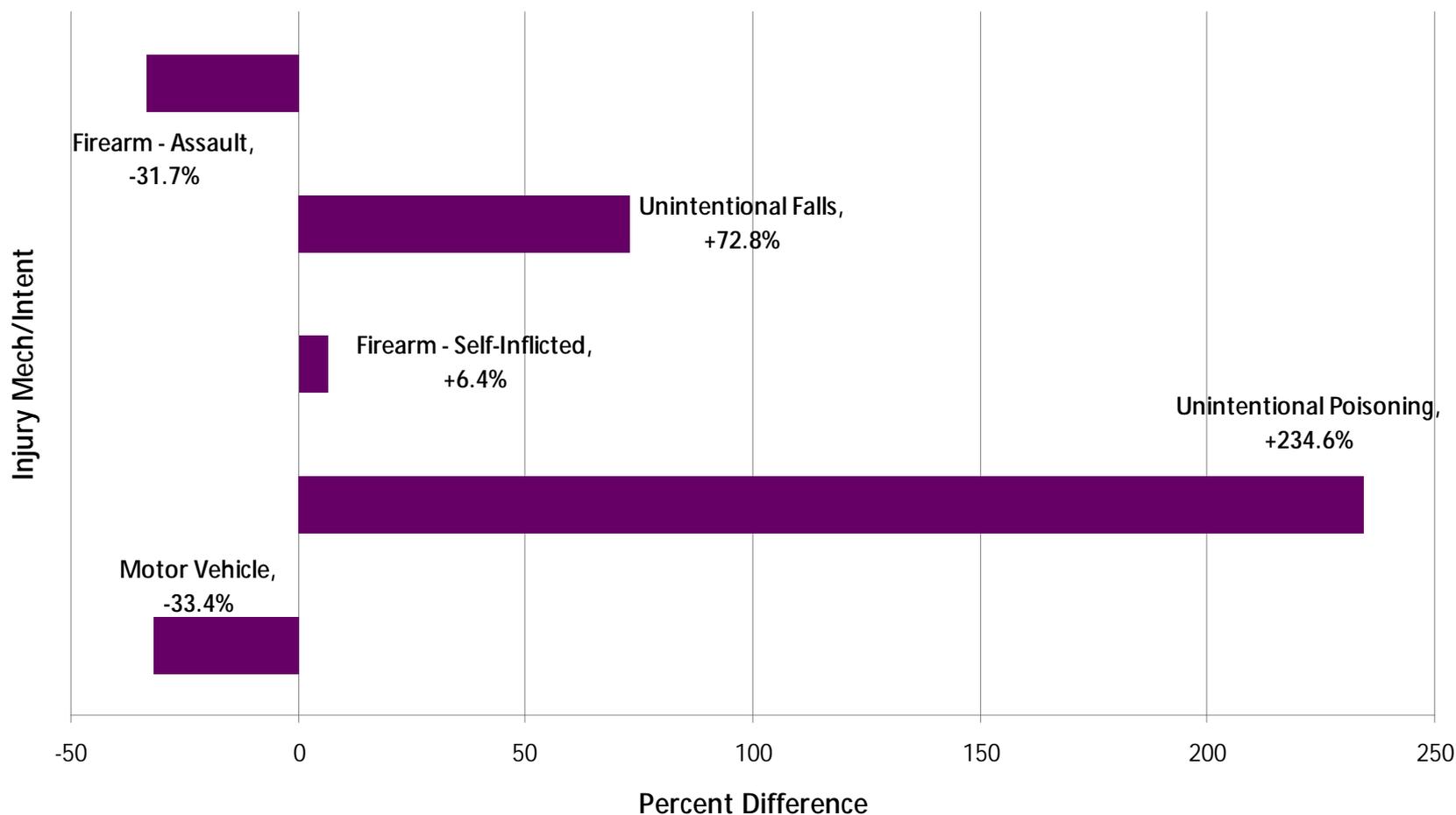
Source: N.C. State Center for Health Statistics,  
Vital Statistics-Deaths, 1999-2011

Analysis by the Injury Epidemiology and



North Carolina  
Injury & Violence  
PREVENTION Branch

# Percent Change in Rates Between 1999 and 2011 Leading Causes of Injury Deaths: N.C. 1999 to 2011



Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2011  
Analysis by Injury Epidemiology and Surveillance Unit

# An 'average' injury day in NC

- 17 deaths
- 2,383 ED visits
- 423 hospitalizations
- ??? unattended



# Who are we.

Staff: 17 permanent, temporary, Fellows, contractors

Budget: \$3.65M from 7 funding sources  
Almost all are federal grants (CDC, SAMHSA, HRSA)  
(\$6,400 from state budget + mandatory state match to MCH Block Grant)

Scope: Comprehensive; branch includes injury epidemiology and programs across the age range.

Authority: Legislatively designated lead Injury Prevention Program.

Department of Health and Human Services  
 Division of Public Health  
 Chronic Disease and Injury Section  
 Injury and Violence Prevention Branch

## Core VIPP

## Leadership

Epidemiology  
Unit

CSTE EPI  
Fellows

NVDRS

MCH Block  
Grant (AP)

**John Rex Endowment  
Child Maltreatment Grant**

PH Prog Mgr I  
Alan Dellapenna 60041092/76  
RCC/FRC 5519/99 (Allocated  
AP, EC, KC, KD, PH, RP)

PH Program Consultant II  
65016283/72  
RCC/FRC 8320/KD  
(100%KD)

Process Assist  
Brenda Brogden 60% TEMP

Margaret Vaughn PH Program  
Consultant I 100% TEMP KD

Administrative Officer II  
41138/70  
RCC/FRC 4083 (Allocated AP, EC,  
KD, PH, RP)

PH Epidemiologist II  
Scott Proescholdbell - 60041139/75T  
RCC/FRC 4652/99 (50%KD, 25%AP, 25%EC)

Process Assist IV  
Amanda Alston 60041133/59  
RCC/FRC 222X/RP (50%RP, 50%KD)

PH Prog Consult II  
Glorina Stallworth 60041134/72  
RCC/FRC 2200/RP (100% RP)

RPE

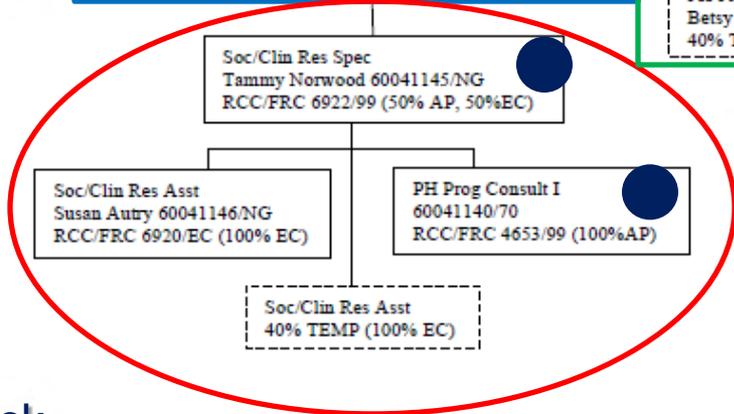
CSTE EPI Fellow  
Kathleen Creppage  
100% for 2 Years

CSTE EPI Fellow  
Annie Austin  
100% for 2 Years

PH Prog Consult I  
Jane Miller 65016780/70  
RCC/FRC 8400/KC (100% KC)

PH Prog Consult I (Evaluator)  
100% TEMP (100% RP)

PH Prog Consult I  
Betsy Randall David  
40% TEMP KC (100% KC)



Youth Suicide  
Prevention

Programs

**New Funding**  
 EC – 1 perm  
 KC – 1.5 perm, 2 - 0.5 temps  
 PDO – 3.75 positions

North Carolina  
Injury & Violence  
PREVENTION Branch



Division of Public Health (DPH) Site Navigation

Division Contacts  
DPH Employee Toolkit

Other Important  
NC Public Health Links

DHHS News Releases  
DHHS Site Map  
Health Information System (HIS)  
Local Boards of Health  
Local Health Departments  
NC Public Health Jobs  
NC Public Health Nursing

NC Public Health Partnerships

Local Health Department Accreditation  
NC Public Health Incubator Collaboratives  
PH Quality Improvement

Centers for Disease Control & Prevention (CDC) Links

CDC Home Page  
CDC Health Topics  
CDC Image Library



Click to enlarge the **Injury Iceberg** to see that injury deaths are only a small part of the overall injury problem.

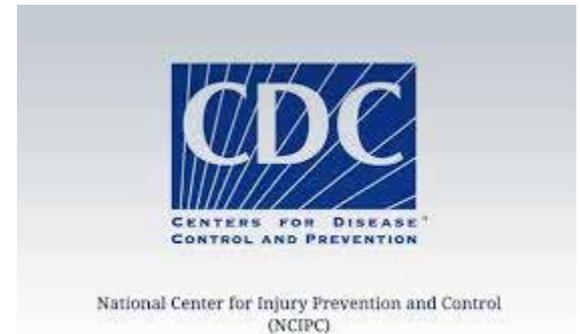
Injury and violence are significant and largely preventable public health problems. Each year, injuries and violence keep millions of adults and children from achieving their goals.

The N.C. Injury and Violence Prevention Branch envisions North Carolina free from injuries and violence where lives are lived to their full potential. The work of the branch includes:

- Collecting and analyzing **injury data** to better understand the problem.
- Implementing programs to prevent injuries and violence.
- Coordinating and assisting groups working to prevent injury and violence to address the problem comprehensively.

You can understand how big the problem of injury is in North Carolina by clicking to enlarge the "**Injury Iceberg.**"

# Key Partners





*IPRC works to implement prevention solutions that reduce the impact of injury and violence in North Carolina and worldwide.*

## PRODUCTIVITY

Education and Training  
Research  
Publications  
Executive Summary  
Annual Report

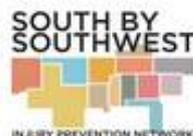
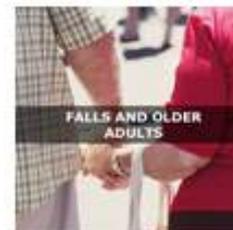
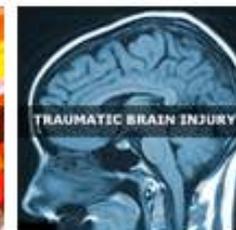
## NEWS

### North Carolina's Response to the Drug Overdose Epidemic

This poster from the NC Division of Public Health, Injury & Violence Prevention Branch, illustrates the scope and history of the overdose epidemic, including UNC IPRC's work as an evaluator of the Controlled Substances Reporting System. UNC IPRC is also an evaluator of Project Lazarus & the ... [More](#)

### July 14 Injury-Free NC Overdose Prevention Summit

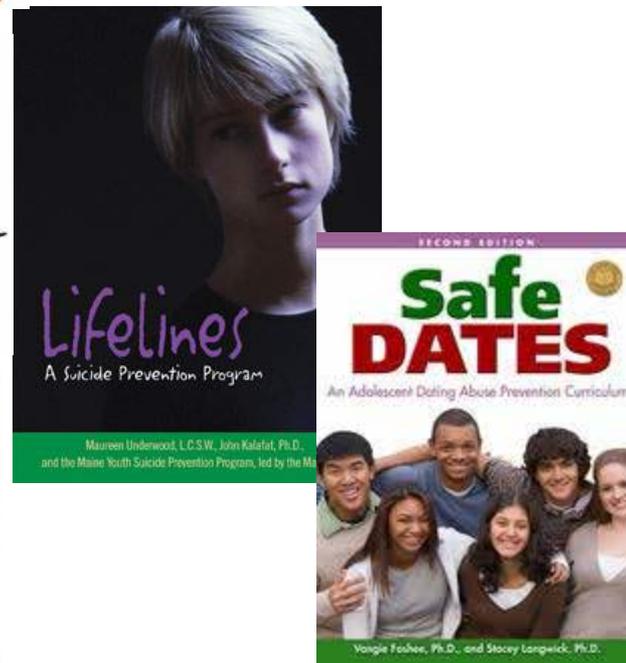
We are excited to announce the 2nd statewide Injury-Free NC Summit featuring updates, skill building, and practical tools you can bring back to your community to stop the overdose epidemic. We are pleased to share that our keynote speaker will be **North Carolina Attorney General Roy Cooper**. Plus, we have a host of other exciting speakers ... [More](#)



# Programs & Interventions



MANAGING CONCERNS ABOUT FALLS



Youth Suicide Prevention – currently ending a 3 year funding cycle in August 2014, \$480k/year

Current:

- ASIST Gatekeeper training at target schools with high risk populations
- ***Its Ok 2 Ask*** marketing campaign
- Allies Matter LGBTQ campaign in schools
- Youth Advisory Council
- Evaluation by UNC IPRC

New application: 5 year, of \$736k/year.

Current initiatives + health care screening for suicide risk.

Also, updating the **State Suicide Prevention Plan**



Get to know the  
**signs & symptoms**  
of someone at risk

[LEARN MORE](#)

UNC Suicide Prevention Video



UNC Suicide Prevention Video

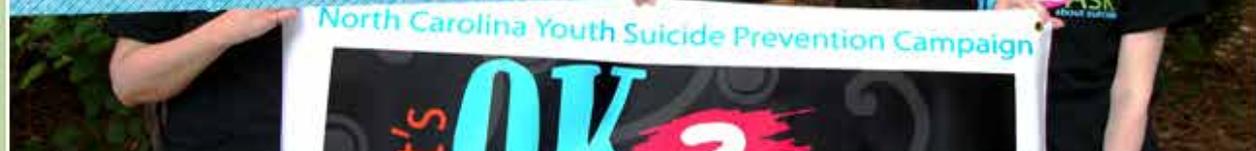
Hiwassee Dam High School Suicide Prevention Video

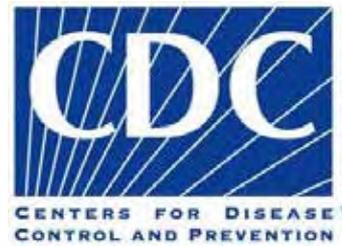
## 2014 Youth Health Summit

The It's OK 2 ASK program and [community partners](#) will hold a Youth Health Summit on March 15, 2014.

Welcome

North Carolina Youth Suicide Prevention Campaign





## National Violent Death Reporting System

Abstract 2,000 violent deaths per year(homicides, suicides, fire arm deaths).

### Data Sources

- Office of Chief Medical Examiner death files
- Supplemented with data from 350 local law enforcement agencies.
- Data Shared widely with partners and community groups.
- An original NVDRS state

# A legacy of injury prevention in North Carolina



# Children's Safety Network

National Injury and Violence Prevention Resource Center

## Overview of Injury Prevention Events in the United States\* 1912 - 2010

\*This document is not presented as a complete timeline but rather a selected summary of events that have had an impact on the growth of the field of injury prevention and control as it relates to maternal and child health.

Year	Injury Prevention Event
1912	U.S. Congress creates the Children's Bureau.
1913	U.S Congress charters the National Safety Council.
1924	Cadillac offers first car with safety windshield glass equipment as a standard feature.
1932	Maryland is the first U.S. state to introduce mandatory car inspections.
1935	Title V of the Social Security Act passes Congress and creates Federal-State partnerships to ensure health of mothers & children and promote care for "crippled children."
1937	Godfrey publishes one of the first statements in the U.S. on the need for public health involvement in accident prevention in the American Journal of Public Health.
1943	American Public Health Association (APHA) Committee on Administrative Practice appoints a subcommittee on accident prevention which reports that six states and two local health departments have accident prevention programs.
1945	Federal Children's Bureau, American Academy of Pediatrics (AAP), National Safety Council, and Metropolitan Life Insurance Company sponsor national child safety campaign. APHA Subcommittee on Accident Prevention develops program guidelines for accident prevention. Subcommittee reports accident prevention programs in 9 states and 25 local health departments.
1948	W.K. Kellogg Foundation awards first home accident prevention demonstration grant (Kalamazoo, Michigan) 6th revision of the International Classification of Diseases (ICD) includes changes to the classification of injuries to capture both the nature of the injury as well as the external causes of the injury event.
1950	American Academy of Pediatrics (AAP) forms Committee on Accident Prevention.
1951	Kellogg Foundation funds three- to six-year home accident prevention demonstration projects in CA, GA, KS, KY, MA, MI, NC, OH, and OR.



# THE HEALTH BULLETIN

The Official Publication Of The North Carolina State Board of Health

AUGUST 1966



Fred T. Foard, M.D.  
1889 - 1966

- 1952-64 - Dir of the Epidemiology Div  
NC State Board of Health
- 1916 earned MD
- World War I - assigned Field duty in US  
Army Cantonment Zones by the  
USPHS
- 1919 sent to Montana then San  
Francisco to start Public Health  
program in the Rocky Mountain states,  
Pacific Coast area, Hawaii and Alaska.
- After World War II, assigned to San  
Juan, P. R as Medical Director for  
Puerto Rico and the Virgin Islands.
- 1959 - Reynolds Award by the NC PH  
Assoc\*
- 1960 - APHA's Sedgwick Medal
- 1960 -Honorary Doctor of Laws by  
UNC
- Died at Baptist Hospital in Winston-  
Salem after injured in a **two car crash**  
near Newton

\*"For campaigning relentlessly to establish a  
state-supported accident prevention program."

# 5<sup>th</sup> PHS Medical Advisory to the Bureau of Indian Affairs (1924-1954)



## Indian Health Legacy

- Demanded Improvements to a neglected system
- Established the **Pharmacy Program**
- Initiated **Sanitation Campaign**
- Successfully argued for PHS inclusion in the **Doctor Draft Act of 1950**
- Established Partnerships with AMA, APHA, ASHTO; setting the stage for the **Transfer Act of 1954**

**Dr. Fred Foard**  
PHS Medical Advisor to  
BIA 1948 -1952



## 1950

- February 1 - State Health Department re-organizes, **Accident Prevention Section** created under the **Epidemiology Division**

## 1953

- Using Federal grant-in-aid funds, a trained public health physician/epidemiologist **Dr. Charles M. Cameron** was hired as Chief of the Communicable Disease Control Section in April 1953.
- Assumed duties as Chief of the Accident Prevention Section. The focus was farm and home accident prevention.



## 1956

- 66 public health workers, including 2 Health Directors & 32 nurses took short course in Home Accident and Prevention at UNC.

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CHAPEL HILL, N. C.

*The* **Health Bulletin**

Published by THE NORTH CAROLINA STATE BOARD OF HEALTH

*This Bulletin will be sent free to any citizen of the State upon request.*

Published monthly at the office of the Secretary of the Board, Raleigh, N. C.  
Entered as second-class matter at Postoffice at Raleigh, N. C. under Act of August 24, 1912

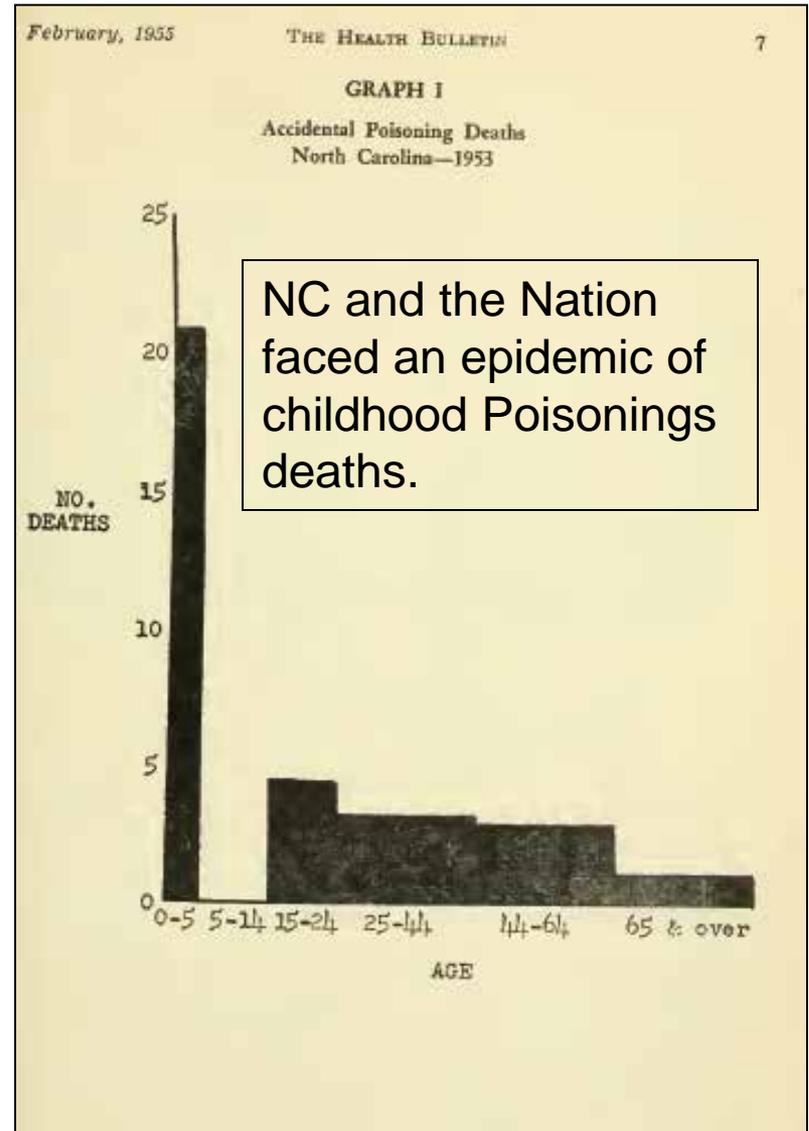
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Vol. 70                      FEBRUARY, 1955                      No. 2

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1955





# Dennis the Menace TAKES A POKE AT POISON



This page and the two following pages are reprinted from the 16-page booklet, "Dennis the Menace Takes a Poke at Poison", prepared in cooperation with the Food and Drug Administration and the Public Health Service, U. S. Department of Health, Education and Welfare. Copyright 1961 by the Hall Syndicate, Inc.



**1958**

*American Association of Poison Control Centers is created with the purpose of improving the quality of poison treatment services and developing national standards.*

**1967**

*There are approximately **550** poison control centers in the United States.*

***12** poison control centers in North Carolina.*

**1970s and early 1980s**

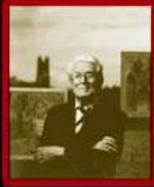
*A national movement begins to regionalize poison control centers and improve their services.*

# North Carolina was a leader in the child poisoning epidemic

Duke University opened the 2<sup>nd</sup> Poison Control Center

The child-proof cap was developed by Dr. Arena at Duke.

## The Duke Poison Control Center:



## A Retrospective Exhibit

[Return to the Archives Home Page](#)

[Arena & Lye](#)

[Safety Caps](#)

[Residency](#)

[Creation of PCC](#)

[Dr. Osterhout &  
Daily Life](#)

[Advocacy,  
Education  
& Outreach](#)

[Bibliography](#)

[Home](#)

### Dr. Jay Arena and Pediatric Lye Patients at Duke: The Beginnings of the Poison Control Movement

**DR. JAY ARENA, FOUNDER OF THE POISON CONTROL MOVEMENT**

1930

*Dr. Jay Arena begins as a medical student at the new Duke Medical School*

"The adoption of such a closure could mean a saving of many small children's lives from the accidental ingestion of drugs . . . ." --Arena, 1957, letter to fellow physicians.



## Regulation of Ambulance Services

*"Before the 1960's, ambulance transportation was often provided by volunteer rescue squads or through local funeral homes."*



Ambulance services grew in response to the epidemic of car crashes in the 1960's.

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INFORMATION—NO OBLIGATION

828-2382

FUNERAL DIRECTORS 85

**LIGHTNER FUNERAL HOME**

Licensed Embalmers and Funeral Directors and The Lightner Mutual Burial Association



AMBULANCE SERVICE FUNERAL CHAPEL

C. E. LIGHTNER II, General Manager

Res. Phone TEmple 4-6397

Office Phones TEmple 3-1676, TEmple 3-1677 and TEmple 3-1678

SERVICE SINCE 1911 312 SMITHFIELD ST.

Injuries occurred from crashes with rescue squads.

Attendants didn't have consistent training.

No standard of care.

FUNERAL DIRECTORS 87



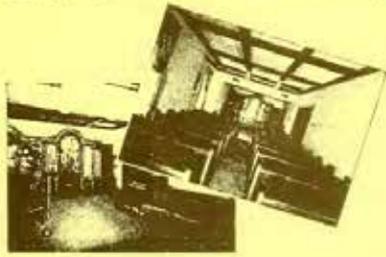
**PENNINGTON—SMITH FUNERAL HOME INC.**

D. C. PENNINGTON, Pres.—Trustee JAMES W. SMITH, V.—Pres.  
D. C. PENNINGTON, JR., Secy.

AMBULANCE SERVICE

DIAL TE 2-7743

104 S. Dawson St. Raleigh, N. C.



# 1963

Miss Nettie Day heads the program, highlights include:

- Participation in and promotion of the **N. C. Ambulance Service Study**, which is designed to reduce and eventually eliminate unnecessary accidents by ambulances due to disregard of safety precautions
- **Vigorous promotion** of the widespread use of seat belts for automobiles
- Active promotion of the **establishment of poison control centers** throughout the State

## Toward Highway Safety

by Lenox D. Baker, M.D.

On previous occasions when Dr. Norton has suggested that I deliver an address before the Conjoint Meeting on Highway Accident Control, I asked to be excused. In December when he again asked me to do so, I thought the matter would have been settled by the following letter:

Dear Roy:

Thank you for asking us to speak before the Conjoint Session in Asheville on highway accidents. As you know, we begged off this privilege last year. To be frank, I cannot generate any enthusiasm about discussions of the problem, am not convinced that such discussions are of benefit, and do not go along with an educational program idea. Therefore, I should not be the one to do the job.

For what they might be worth, my reactions to the highway accident problem are as follows:

1. Have a rigid inspection program and get the jalopies off the highways.
2. Clear the highways of all trucks loaded in excess of what they can keep moving at a steady rate on hills and otherwise.
3. Stop giving drivers' licenses to maroons.

4. Get all distracting lights well away from the highways, particularly those whose beams interfere with highway signs at night, and doubly so when the highways are wet and reflect the lights and signs.

5. Allow no highway commercial signs other than those parallel with the highway.

6. Get tough in regard to drivers' licenses.

7. Let all traffic violations carry a suspension of driver's license for a number of days equal to the dollar total of the fine levied. Let the suspension not only include the driver but the involved vehicle as well. In many instances this will mean cancelling drivers' licenses, if necessary, permanently.

8. Cut down on the number of access roads.

9. Add widening lanes to channel all turn-off traffic out of the main flow at least 100 yards before reaching a turn-off.

10. Convert many of the present STOP signs into YIELD signs, which can be done easily where lanes are provided for turn-offs. (This alone could in the main, relieve us of the overplayed, dramatized whiplash comedy of errors.)

11. Inform someone in the Traffic Department that approximately 5 percent of all males are color-blind and make it mandatory that all green

Address delivered at 1963 Conjoint Session of N. C. State Board of Health and the Medical Society of the State of North Carolina.

December, 1963

THE HEALTH BULLETIN

5

## 1965

- North Carolina Ambulance Service Study was completed;
  - A bill giving certain responsibilities concerning ambulance service to the State Board of Health was introduced in the 1965 General Assembly.
  - Although the bill did not pass, the Section and others at the State Board of Health were involved in many activities concerning it.
- The Section continued its active cooperation with **the Graduate Program in Accident Control of the Department of Public Health, UNC School of Public Health**. The Section Chief continued to serve on the Advisory Committee to the Program, conduct seminars for public health administration students, and supervise field training experiences for accident control students.

# 1967

- A bill regarding ambulance regulations passed by the General Assembly
- The **Accident Prevention Program** given responsibility for implementing the program.
  - A roster of providers was prepared.
  - Training courses conducted at 4 regional locations, very successful
  - Sanitarians were trained to inspect equipment that will be carried on the ambulances.
  - A \$104,000 grant awarded to train ambulance attendants over the next two years.
- A Press backlash occurred due to providers who couldn't meet standards and faced going out of business.
- The **Accident Prevention Program's** responsibilities under the Ambulance Law include
  - issuing permits for ambulances,
  - setting standards for equipment and supplies, and
  - training of ambulance attendants.

## 1960 – Accident Prevention Branch Highlights

- Assisted in establishment of additional Poison Information Centers (Charlotte, Mt. Airy, Hendersonville and Asheville) in addition to the three already in operation (Durham, Wilmington, Jacksonville).
- **Actively promoted the installation and use of seat belts.**
  - About 80% of the professional staff members & many non-professional staff of State Board of Health have installed and use seat belts in their personal cars.
  - Activities were expanded to local health departments. Now many county public health workers use seat belts.
  - **Worked with NC Junior Chambers of Commerce to promote seat belts as a state-wide project.**
  - **Campaign sold over 60,000 belts in the state.**

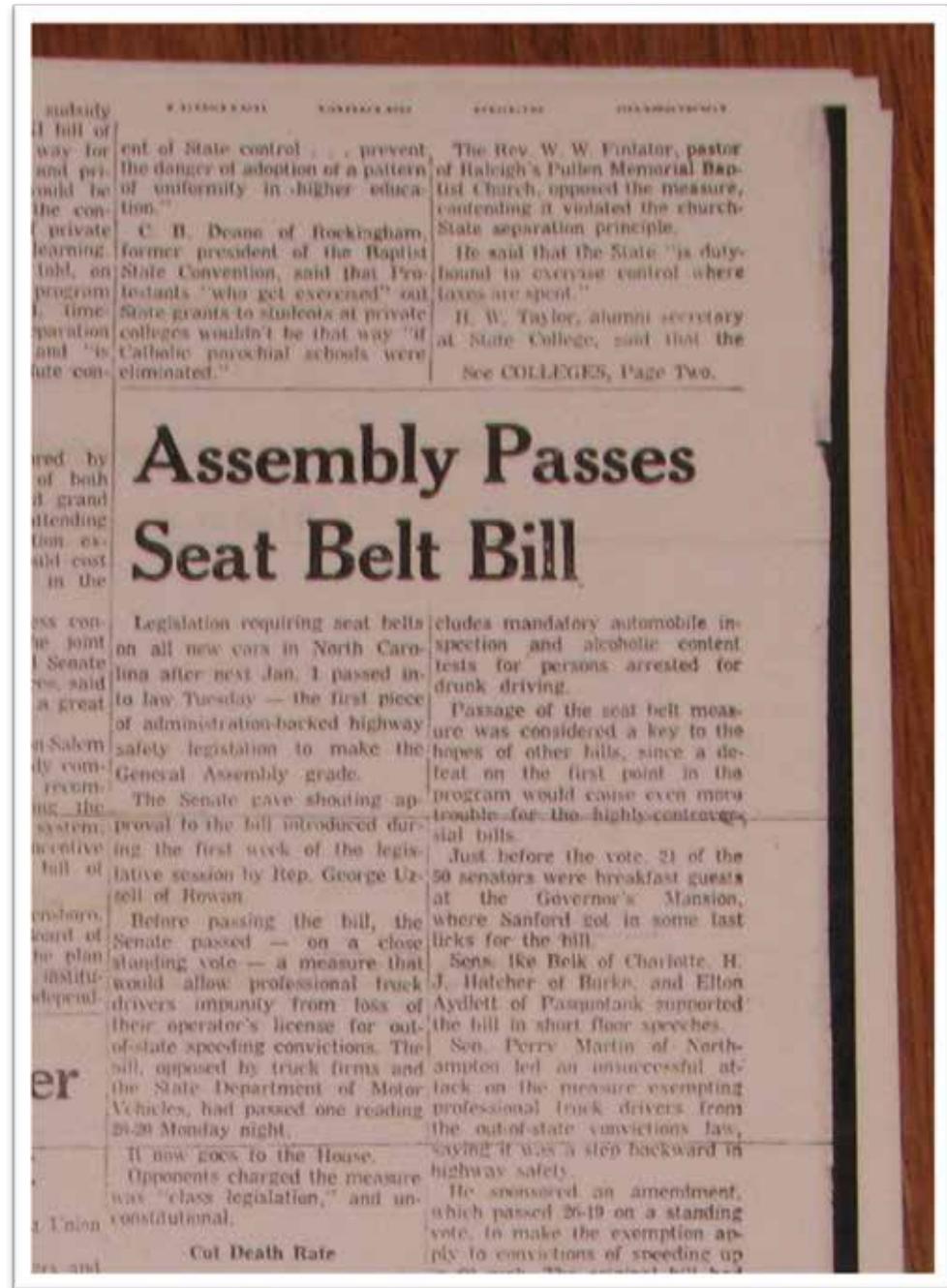


April 24, 1963

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

The Highway Safety revolution in North Carolina

- 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



**1965**

North Carolina General Assembly establishes the Highway Safety Research Center at the University of North Carolina.



1965

1968

1974

1980

1981

1987

1993

1997

1999

2001

2005

## HSRC PROJECT AREAS

For over 40 years, the University of North Carolina Highway Safety Research Center has conducted interdisciplinary research aimed at reducing deaths, injuries and related societal costs of roadway crashes.

[Alcohol Impairment](#)

[Driver Behavior](#)

[Occupant Protection](#)

[Pedestrian and Bicycle Safety](#)

[Roadway Design and Traffic Safety](#)

[Young Drivers](#)

## LATEST NEWS



### **[Loud conversations most likely distraction for teen drivers](#)**

Adolescent drivers are often distracted by technology while they're driving, but loud conversations and horseplay between passengers appear more likely to result in a dangerous incident. [Read full research announcement!](#)



October 1969

**Nettie L. Day**, Chief of the Accident Prevention Section, N C State Board of Health awarded The Carl V. Reynolds Award, the highest award made to an individual member of NC Public Health Association.

# Focus shifts from Accident Prevention to Emergency Medicine

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**The State Health Director leads the Health Department to focus on treatment over prevention.**

**1971**

- The Accident Prevention Section was reorganized
  - The Farm-Home Accident Prevention Program was transferred to the **Veterinary Public Health Section**
  - the remaining programs combined to form a new **Highway Safety and Emergency Medical Services Section**.
- The **Chemical Tests for Alcohol Program** was initiated within this section and a full-time Alcohol Breath Test Inspector employed to coordinate program activities.

*Throughout the 1970's and 1980's, Public Health's role in Injury Prevention faded.*



# THE HEALTH BULLETIN

JANUARY, 1971

0614  
N86

The Official Publication Of The North Carolina State Board of Health

## *Crisis In The Emergency Room*



... they wait . . . wait . . . wait



... a drunk driver loses  
a bout with a tree

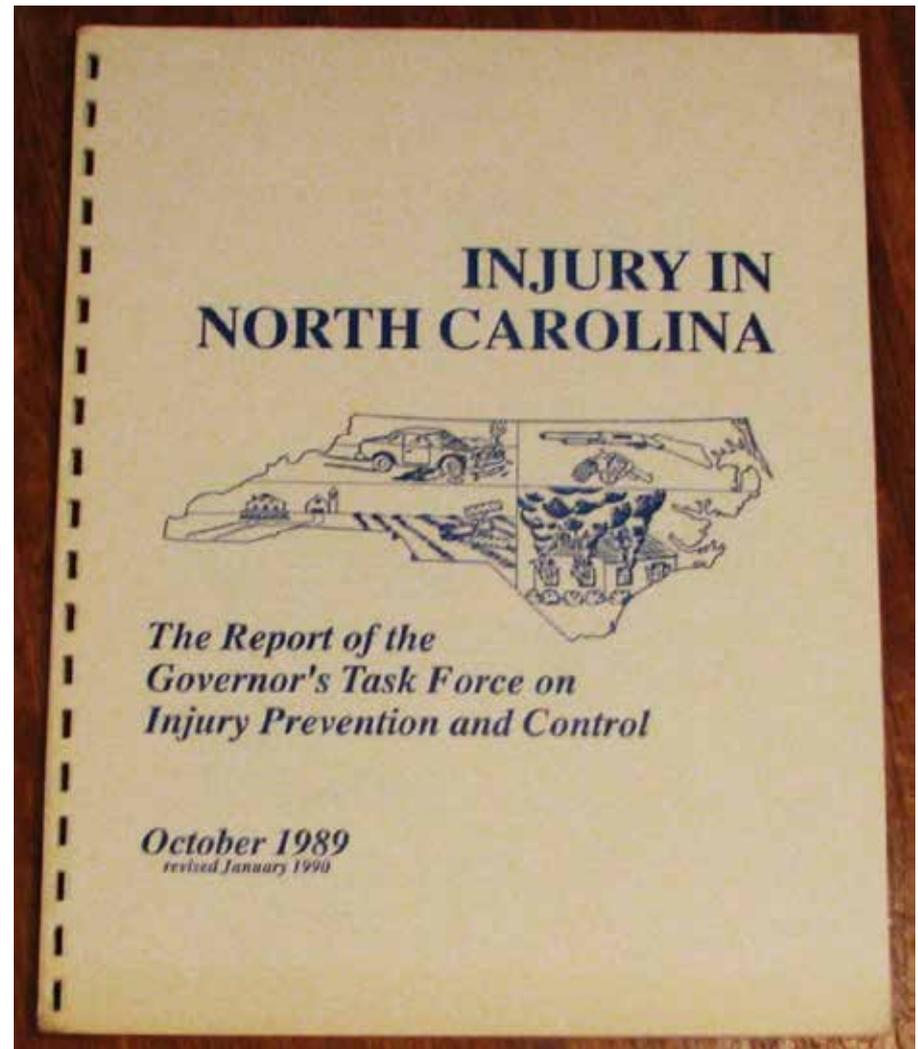
# 1989 The Public Health Role of Injury Prevention Re-emerges

Governor's Task Force recommends establishing an injury prevention program in the division of public health.

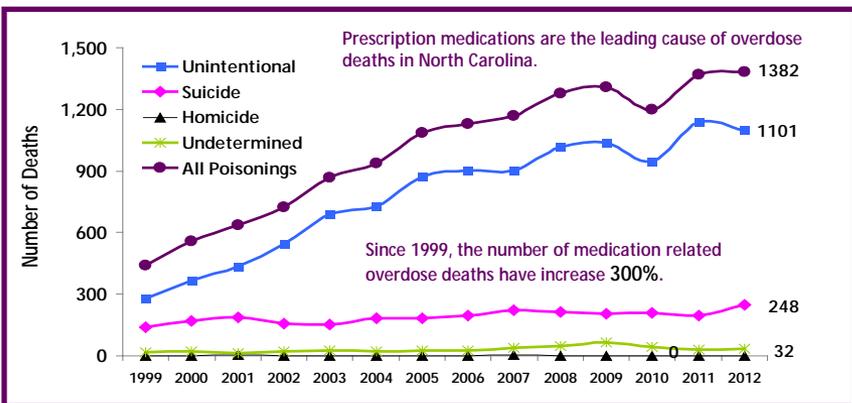
Injury Prevention was removed from Veterinary Epidemiology and established as a separate program.

A Public Health Program grows

- Injury Epidemiology
- Get Alarmed! NC
- Core Injury
- NVDRS
- UNC Injury Prevention Research Center
- South Eastern Injury Control Network



The Division of Public Health collaborates with a broad network of partners to combat the epidemic of medication overdose deaths with policy, epidemiology, and community-based strategies.



- NC Harm Reduction Coalition documents 50 overdose reversals thru legal use of Naloxone.
- NC Pharmacy Board approves changes to Naloxone rule, establish standing orders for PHN distribution of Naloxone by local Health Departments.
- State EMS Medical Director revises Naloxone policy, establishes protocol for EMS and law enforcement distribution of Naloxone.
- Program Evaluation Division of the General Assembly conducts an evaluation of the CSRS, legislation introduced to further revise CSRS.

North Carolinians have safely disposed of approximately 61 million total doses of medication at Operation Medicine Drop events since the campaign's establishment in 2009.

Enhanced surveillance of drug overdose deaths initiated by the Division of Public Health.

The State Advisory Council (SAC) on Poisoning/Overdose established. The group advises and coordinates on overdose communications, research and policy.

The Revised Controlled Substances Reporting System Act enacted. Components include: automated reporting of questionable patient and provider behavior, steps to increase utilization of CSRS by providers, and enhanced public health surveillance of CSRS.

CDC EPI Aide investigation of increased poisoning deaths conducted. Findings lead to establishment of a Governor's Task Force.

The North Carolina Controlled Substances Reporting System Act (CSRS) enacted. CSRS is a statewide reporting system to improve the state's ability to identify people who abuse and misuse prescription drugs.

2000 2002 2003 2004 2005 2007 2008 2009 2010 2011 2012 2013 2014

Surveillance identifies an increase in drug poisoning deaths

Governor's Task Force to Prevent Deaths from Unintentional Drug Overdoses convened. Recommendations include establishment of a controlled substance reporting system.

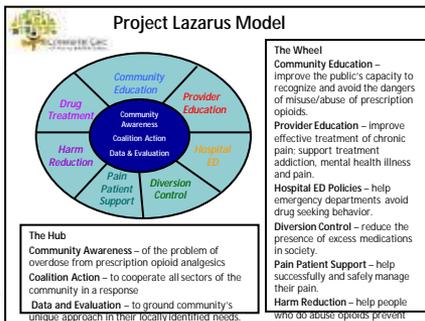
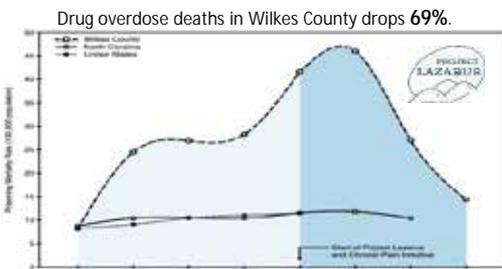
Wilkes County has the 3<sup>rd</sup> highest drug overdose death rate in the nation.

Project Lazarus established in Wilkes County combat the overdose epidemic.

Collaboration with the UNC Injury Prevention Research Center on the overdose epidemic begins.

UNC IPRC conducts a CSRS users evaluation.

The Good Samaritan Law/Naloxone Access Act enacted; establishes limited immunity from prosecution for reporting drug and alcohol overdoses, and prescribing and administering the opioid antagonist Naloxone.



Community Care of North Carolina, supported by a \$2.6 million grant from the Kate B. Reynolds Charitable Trust and matching funds from the Office of Rural Health expands Project Lazarus approach statewide



# Current Initiatives:



## Work Force Development

- Injury FreeNC Academy
- Injury FreeNC Conference
- E-Newsletter
- Local Health Department Capacity
  - UNC Capstone Team

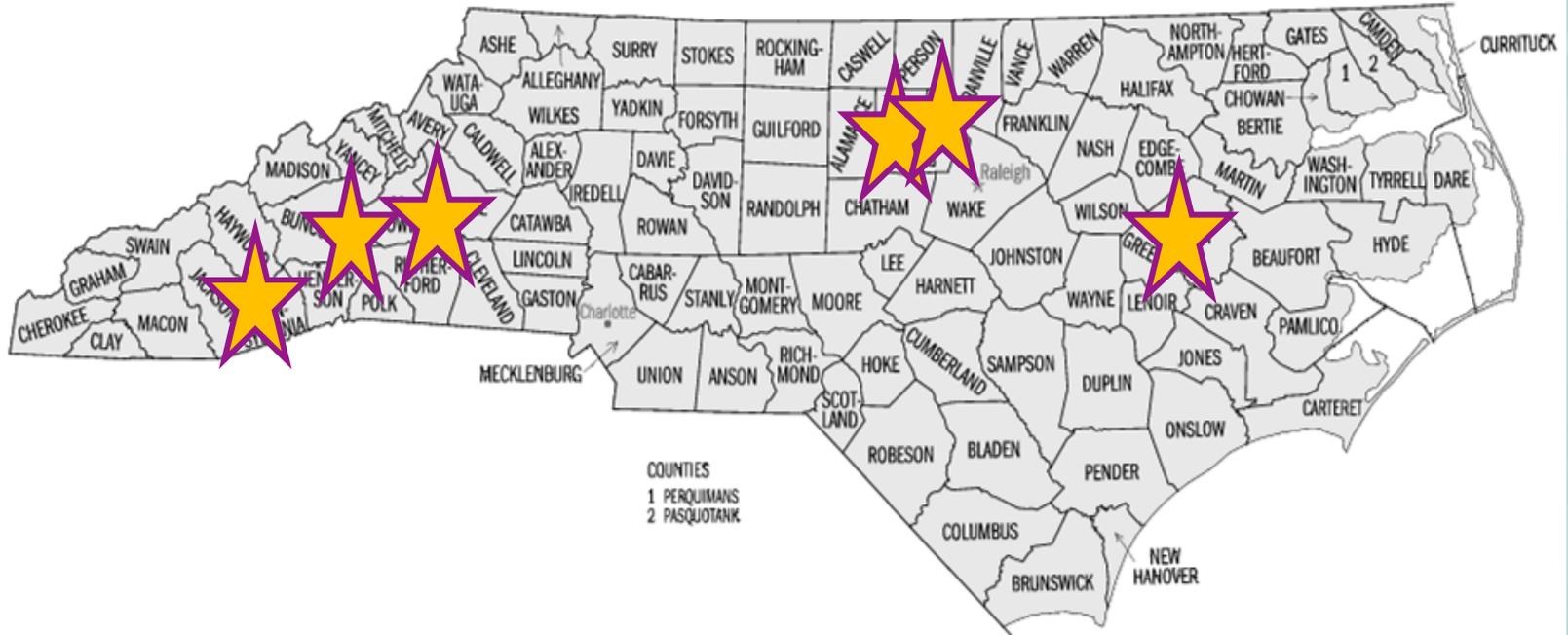


# ASSESSING NC INJURY & VIOLENCE PREVENTION



# PARTNERSHIPS

Crashes WRECK Lives  
GONE BUT NOT FORGOTTEN



Buncombe  
Health & Human  
Health Department

Community Health	Public Health
Health Services	WIC
Senior Health	Welder's Health
Social Services	
Child Care Safety	Food and Nutrition Services
Medicaid/Health Choice	Work Place Services

Save Our Kids.  
Get a FREE Gun Lock.

Contact Durham County Gun Safety Team

560-7765

Durham Regional Hospital  
DUKE UNIVERSITY HEALTH SYSTEM



## CASE STUDIES: SIX MODEL PROGRAMS

**LHD**

**Program**

**Buncombe**

Safety Initiative for Women & Children

**Durham**

Gun Safety Team

**Jackson**

Matter of Balance &  
Get Some Balance in Your Life

**Orange**

Naloxone Kits

**Pitt**

Pitt Co &  
Countdown 2 Drive

**Rutherford, Polk,  
McDowell**

Project Lazarus

# 2014 UNC Capstone Project: Case Study of Local Health Department IVP projects.

## Pitt County: Pitt Co and Countdown 2 Drive

Targeting safe teen driving through multidisciplinary collaboration

Focus Area: Motor Vehicle Crash

Pitt County Burden: 24 deaths, 121 hospitalizations, 272 ED visits (2012)

Target Population: Teens and their parents

Approach: Education



### Overview

This case study summarizes two safe teen driving programs in Pitt County:

- **Pitt Co:** Student-run "peer-to-peer" driver safety group at D.H. Conley High School
- **Countdown 2 Drive:** Teen and parent education sessions in concert with Pitt County high schools' driver education programs. The course culminates with a "Passenger Agreement" in which parents and teens sign a contract committing to safe driving.

These programs are implemented in collaboration with the Eastern Carolina Injury Prevention Center (ECIPP) at Vidant Medical Center (VMC), a non-profit hospital system serving Eastern Carolina. Pitt County Health Department has collaborated with ECIPP for over 15 years to implement programs that focus on traffic safety, bicycle and pedestrian safety and the built environment.

### Selection & Development

Crash data from county and law enforcement sources led to a strong focus on motor vehicle crash prevention in Pitt County. In particular, stakeholders aimed to address the leading causes of teen crashes: driver error and speeding. Pitt County has a long history of using multidisciplinary approaches to prevent motor vehicle crashes, which began with a grant from the National Highway Traffic Safety Administration to establish the Safe Communities Coalition of Pitt County in 1996 (part of ECIPP). Teen driver stakeholders, including ECIPP-VMC, PCHD, and police and fire department staff attended an Injury-Free NC Academy workshop in 2012 sponsored by the UNC Injury Prevention Research Center and the NC Injury and Violence Prevention Branch. This workshop provided critical training to help stakeholders develop and implement these safe teen driving programs. Pitt Co was modeled from a similar program in Johnston County, NC, and Countdown 2 Drive is part of a national education program.

Pitt County

Population: 174,263

Median Income: \$40,452

Key Program Partners: Vidant Medical Center, Police Department, Sheriff's Office, NC State Highway Patrol, NC Department of Transportation, Pitt County Schools

Funding Sources: NC Governor's Highway Safety Program, Pitt County ABC Board, State Farm Insurance

## Jackson County: Get Some Balance in Your Life

Establishing a community-academic partnership for falls prevention

Focus Area: Falls in older adults

Jackson County Burden: 3 deaths, 71 hospitalizations, 914 ED visits (2012)

Target Population: Older adults and those at risk for falls

Approach: Educational and exercise programs



### Overview

The Jackson County Department of Public Health (JCDPH), in partnership with Western Carolina University's Physical Therapy Department, implements an exercise-based falls prevention program called *Get Some Balance in Your Life*. The program also screens for preliminary risk factors, including fall history, vision, medications, gait, balance, and home safety.

### Selection & Development

JCDPH has focused on falls prevention in recent years due to an aging population in its service area and anecdotal, focus group and Community Health Assessment data demonstrating need in the community. Falls prevention programs are implemented as part of a comprehensive healthy aging initiative. When JCDPH began its focus on falls prevention, they chose to implement *Matter of Balance* due to its promotion as an evidence-based falls prevention program by the National Council on Aging. When JCDPH began working with Western Carolina University, Lori Schrodt in the Department of Physical Therapy recommended using *Get Some Balance in Your Life*, a best practice exercise program for falls prevention, as a supplemental program. JCDPH and Western Carolina University now exclusively offer *Get Some Balance in Your Life* courses because evaluation data indicated better outcomes and community fit.

### Implementation

JCDPH staff, along with physical therapy students from Western Carolina University, implement *Get Some Balance in Your Life* predominately at the Jackson County Senior Center. The course runs twice a week for twelve weeks. These partnerships with Western Carolina University and the Jackson County Senior Center are critical to program implementation. The Jackson County Senior Center plays an important role in recruiting seniors and marketing the program. Physicians in the community also refer participants, but JCDPH believes this relationship could be stronger. The busy schedules of physicians and changes in the medical system that have affected staff stability have made it difficult to establish relationships. Assistance from

Jackson County

Population: 40,919

Median Income: \$36,403

Key Program Partners: Jackson County Department of Public Health, Western Carolina University, Jackson County Senior Center, physicians

Funding Sources: Local health department funding



# Some Current Initiatives:

## Surveillance Quality Improvement

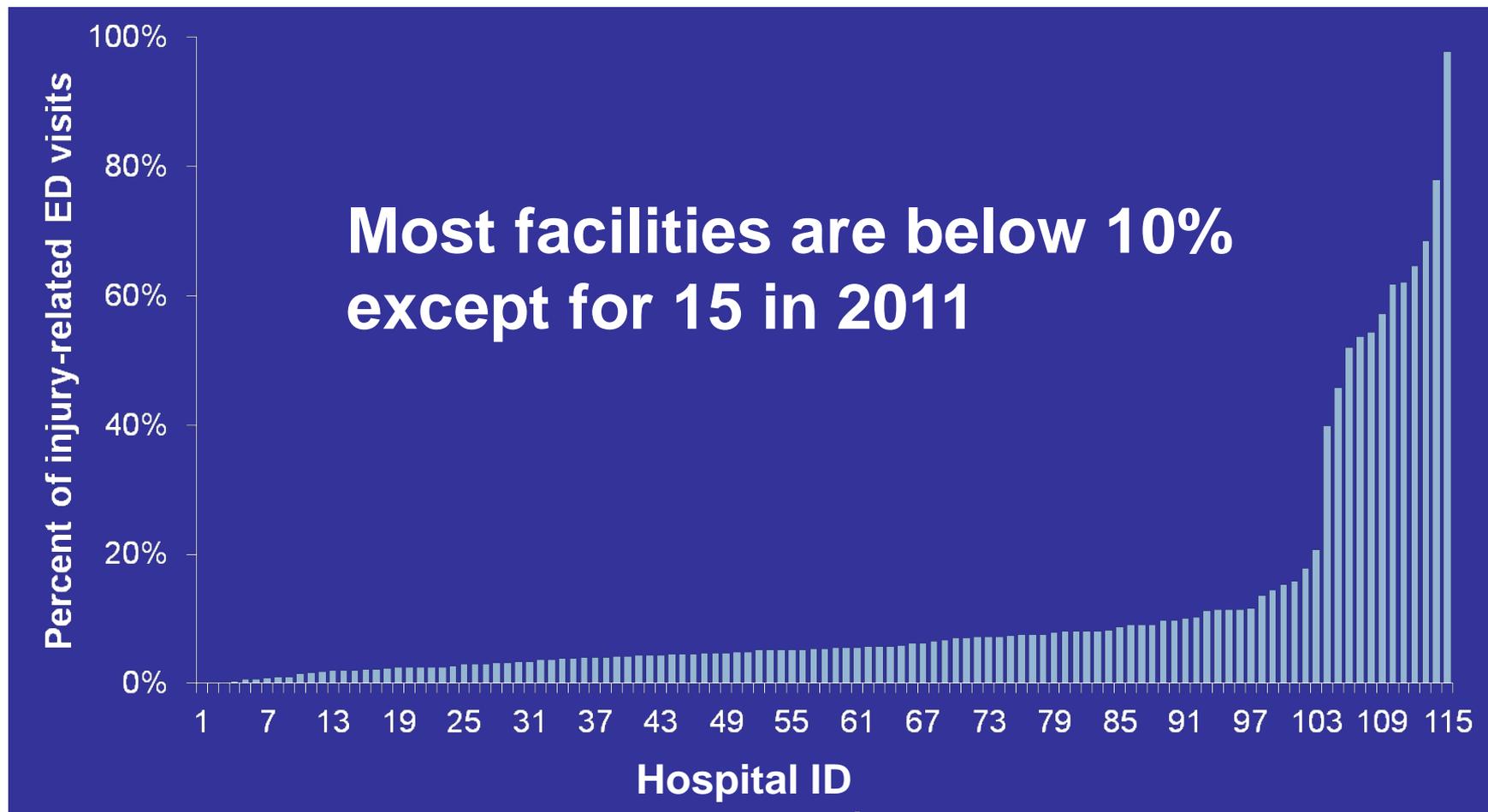
# Quality Improvement Projects

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Goal: Improve injury surveillance data

- CDC E-code completeness project
  - Vast majority facilities are doing great
- CDC Poisoning morbidity project
  - UNC/Duke, WakeMed, CMC and Vidant
- Future projects (falls, ICD10 CM)

# ED's in NC Missing Data



Percent of injury-related ED visits missing an E-code by hospital: North Carolina, 2011 (N= 1,137,092 ED visits)

# Policy Highlights



North Carolina  
Injury & Violence   
 PREVENTION Branch

# Legislative Update

## Key Bills - 2013

- S 222 Revise Controlled Substances Reporting
- S 20 Good Samaritan/Naloxone Access
- H 109 Motorcycle Helmet Law Repeal



## Key Partners

- Child Fatality Task Force
- NC Harm Reduction Coalition
- NC Brain Injury Association
- Trauma



# S.B. 222 Revise Controlled Substances Reporting

Signed into law *June 19, 2013*

- 48 Hour reporting by all physicians dispensing controlled substances
- Up to 3 day to record dispensing in CSRS
- Method of Payment recorded in CSRS
- Unsolicited Alerts to practitioners of questionable patient activity
- Reporting to the appropriate NC licensing board questionable practitioner prescription practices.
- Delegate Accounts
- Increased fines for disclosing CSRS data.
- Law enforcement access to CSRS data.



## Primary Bill Sponsors

Sen. Austin M. Allran (Rep)  
Alexander, Catawba Counties



Rep. Craig Horn (Rep)  
Union County

# S 20 Good Samaritan Law/Naloxone Access

Signed into law *April 9, 2013*

- Limited Immunity from prosecution when acting in good faith to seek medical assistance for a drug-related overdose.
  - Covers victim and reporter of overdose
- Limited Immunity from prosecution for prescribing and administering the “opioid antagonist” Naloxone.
- Limited Immunity from prosecution for underage alcohol overdose
  - Covers victim and reporter of overdose



## Primary Bill Sponsors

Sen. Stan Bingham (Rep)  
Davidson, Montgomery



Sen. Austin M. Allran (Rep)  
Alexander, Catawba

## S 20 Good Samaritan Law/Naloxone Access



- Since July 2013, NC Harm Reduction Coalition has actively distributed Naloxone rescue kits, **90** opioid reversals documented to date.
- January 2014, NC Pharmacy Board Approved a waiver to Naloxone rule authorizing wide dispensing.
- Model Standing Orders for PHN dispensing of Naloxone distributed to local Health Departments
- February 2014, NC EMS Medical Director adopts model policy to extend Naloxone distribution by EMS and Law Enforcement with approval by county EMS Medical Director.

# H 109 Motorcycle Helmet Law

Referred to the Senate Rules Committee *May 16, 2013*

## Proposed Changes of House Bill 109

A person 21 years or older may operate a motorcycle without wearing a safety helmet if the operator:

- Holds a motorcycle license more than 12 months or
- Successfully completes a Motorcycle Safety course and
- Has \$10,000 medical insurance policy for motorcycle operation.
- Passengers over 21 years or older can ride without a helmet if the operator is allowed to operate a motorcycle without a helmet and has \$10,000 medical insurance.
- Remove Court Costs (~\$130)



Rep. Torbett (Rep)  
Gaston Co.

### Primary Bill Sponsors



Rep. Speciale (Rep)  
Beaufort, Craven,  
Pamlico Co.'s.

# Coalition Opposing the passage of H 109

## Who opposes H 109

Agency Bill Review

NC Division of Public Health  
NC Division of Medical Assistance (Medicaid)

Resolutions Opposing H 109  
Engage Lobbyist  
Visit Legislator to Educate  
Editorial letters in Newspapers  
Action Alerts to Members

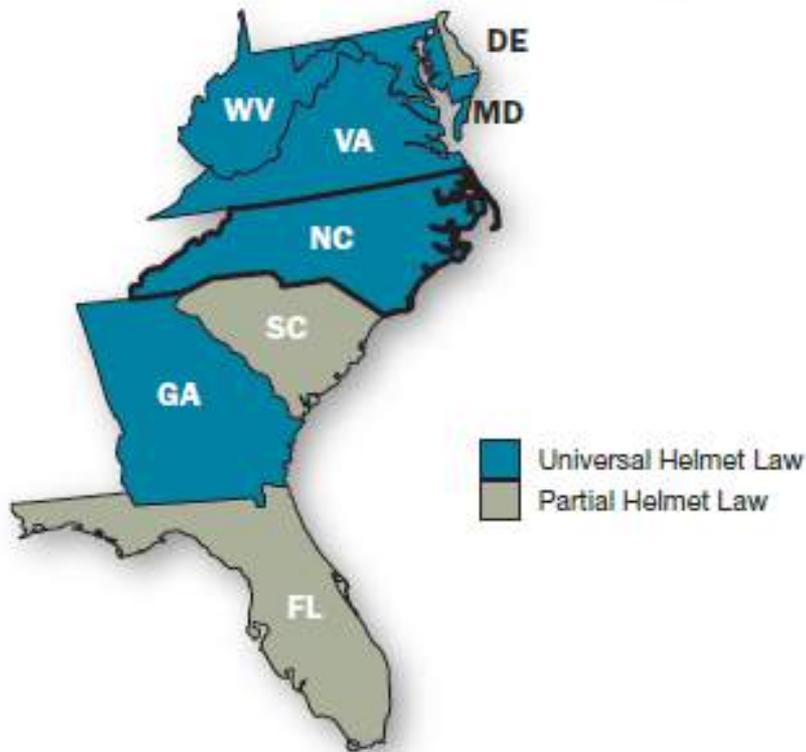
**Child Fatality Task Force** (a standing legislative committee)  
NC Association of Local Health Directors  
NC Brain Injury Association  
NC Brain Injury Advisory Council  
Emergency Physicians Assoc.  
NC Medical Society  
NC Safe Kids  
Action for Children

Technical Assistance  
Editorials  
Expert to reporters

UNC Injury Prevention Research Center  
UNC Highway Safety Research Center  
East Carolina Injury Prevention Center

# NORTH CAROLINA SAVE LIVES, SAVE MONEY

HOW DOES YOUR STATE MEASURE UP?



North Carolina ranks #1 in the nation for lives saved and economic costs saved due to helmet use.

## REGIONAL COMPARISON OF HELMET LAW IMPACT

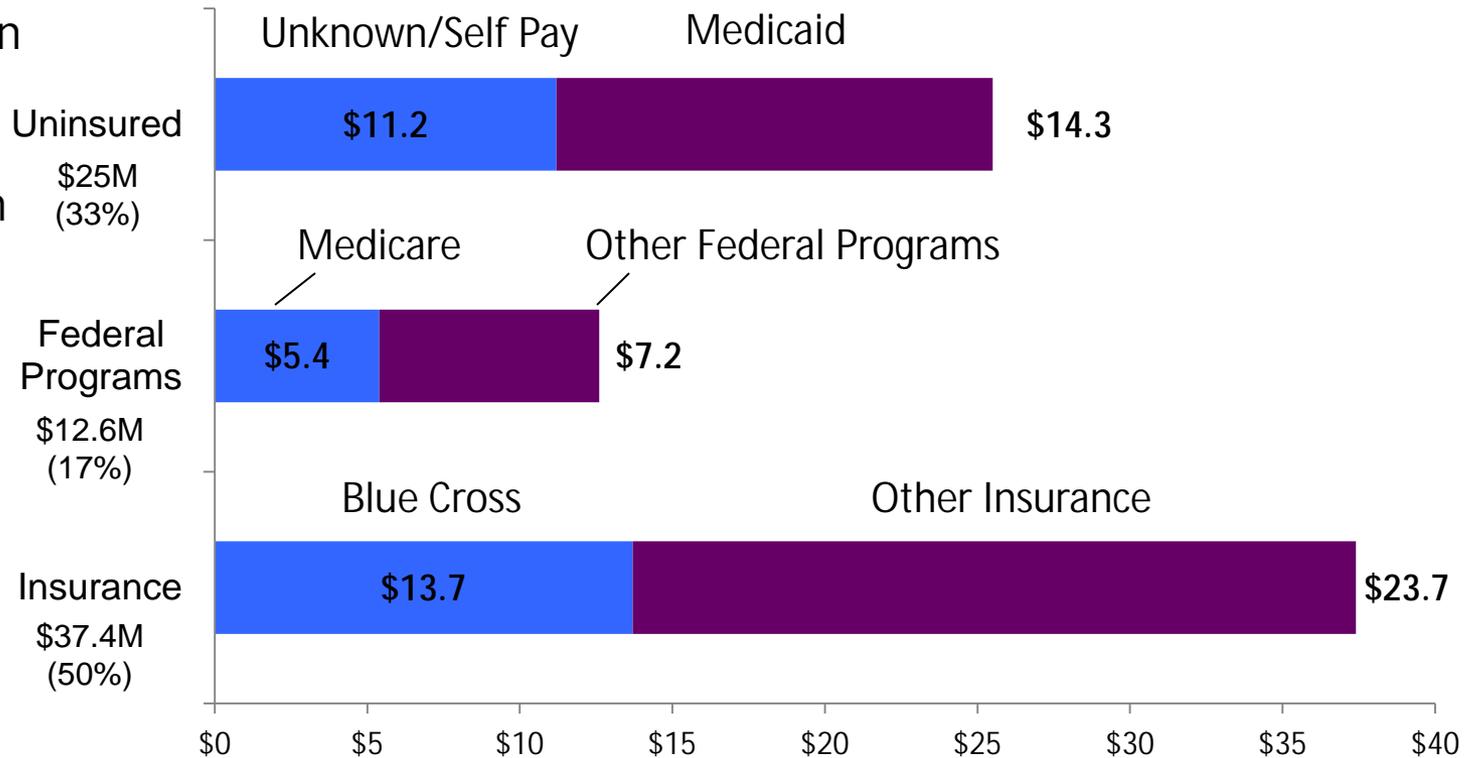
State	Type of Law/ Year Enacted	Lives saved by helmet use per 100,000 registered motorcycles, 2010 <sup>1,2</sup>	Economic costs saved by helmet use per 100,000 registered motorcycles, 2010 <sup>1,2</sup>
Delaware	■ /1978	7	\$13M
Florida	■ /2000	19	\$38M
Georgia	■ /1969	34	\$70M
Maryland	■ /1992	52	\$106M
<b>North Carolina</b>	<b>■ /1968</b>	<b>80</b>	<b>\$163M</b>
South Carolina	■ /1980	13	\$27M
Virginia	■ /1970	68	\$139M
West Virginia	■ /1971	28	\$58M

**North Carolina's Motorcycle Helmet Law**  
#1 in the US for Lives Saved  
#2 in the US for \$ Saved

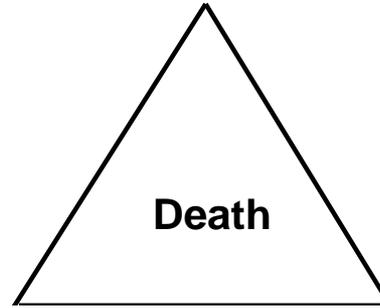
# Hospitalization Charges Associated with Motorcycle Injuries: North Carolina, 2011\*

\*Charges may not reflect final costs.

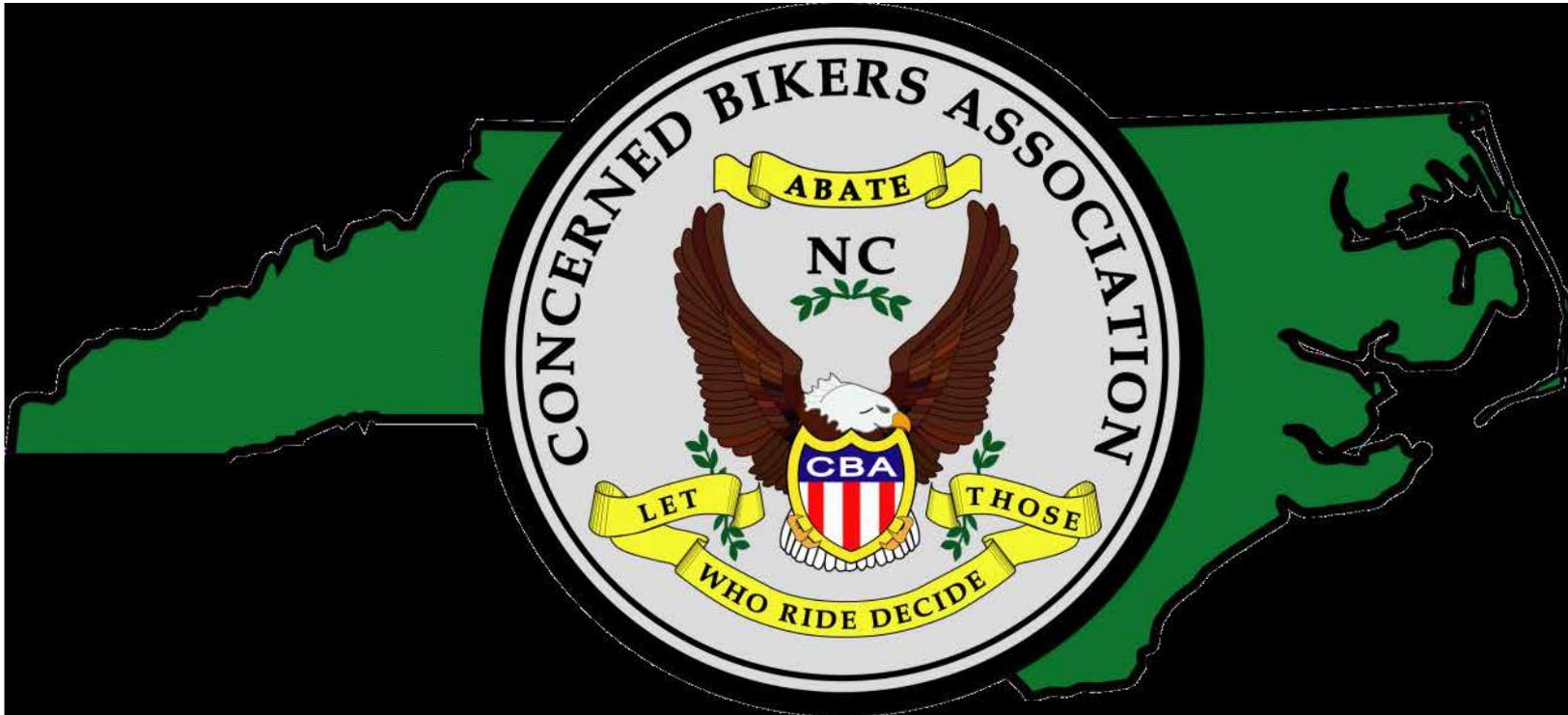
- **\$75.5 million** in hospitalization charges associated with motorcyclist injuries.
- **\$25 million** charged to Uninsured motorcyclists



**Death is the tip of the iceberg for the cost of  
repealing a Universal Motorcycle Helmet Law**



# NC CBA/ABATE



# NC CBA/ABATE

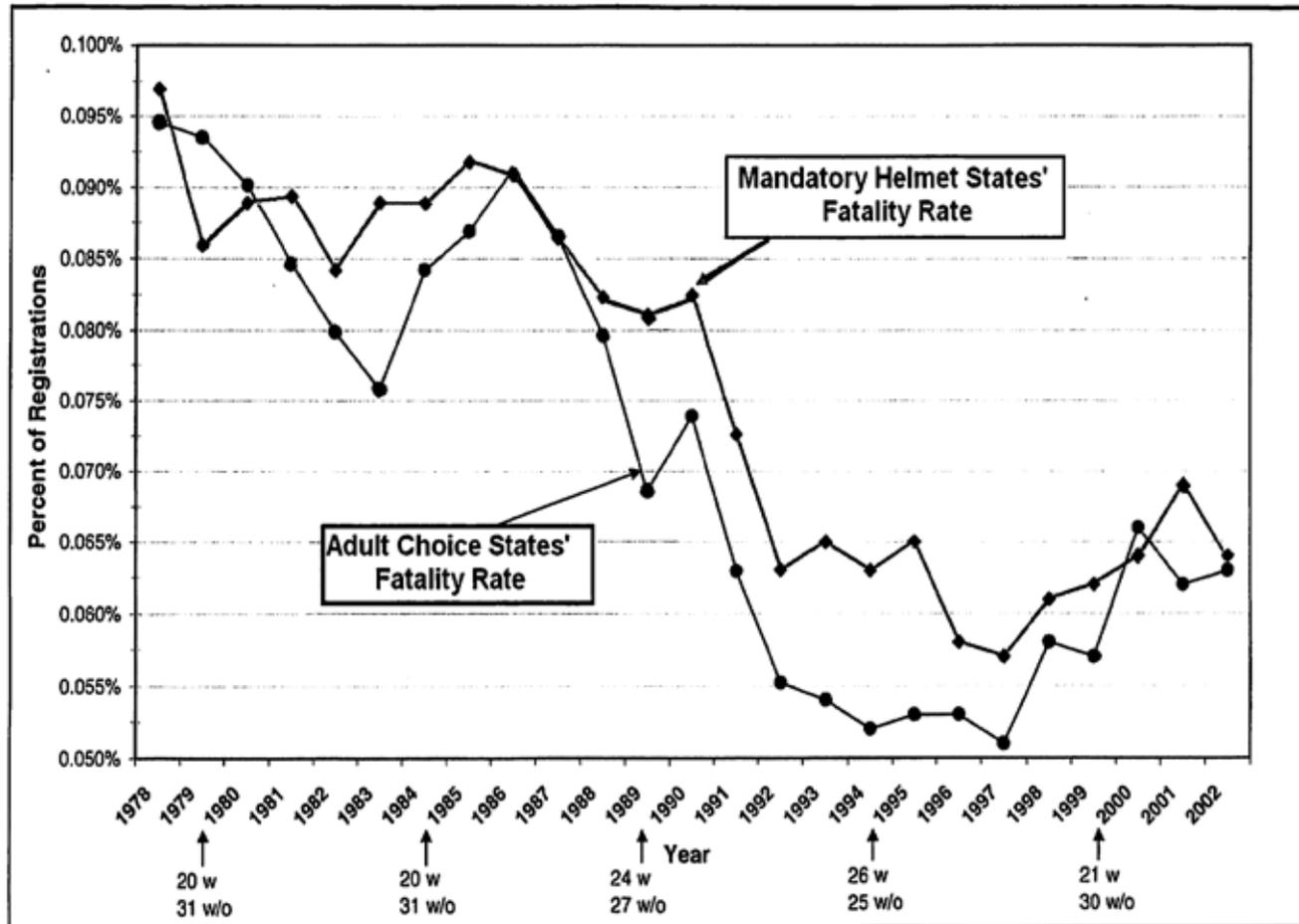


Doc Ski

NC ABATE Legislative Director

From "Reasons to Support HB 109"

## Do Helmet Laws Affect Safety? The Facts: 50 State Data Fatalities in Percent of Registration

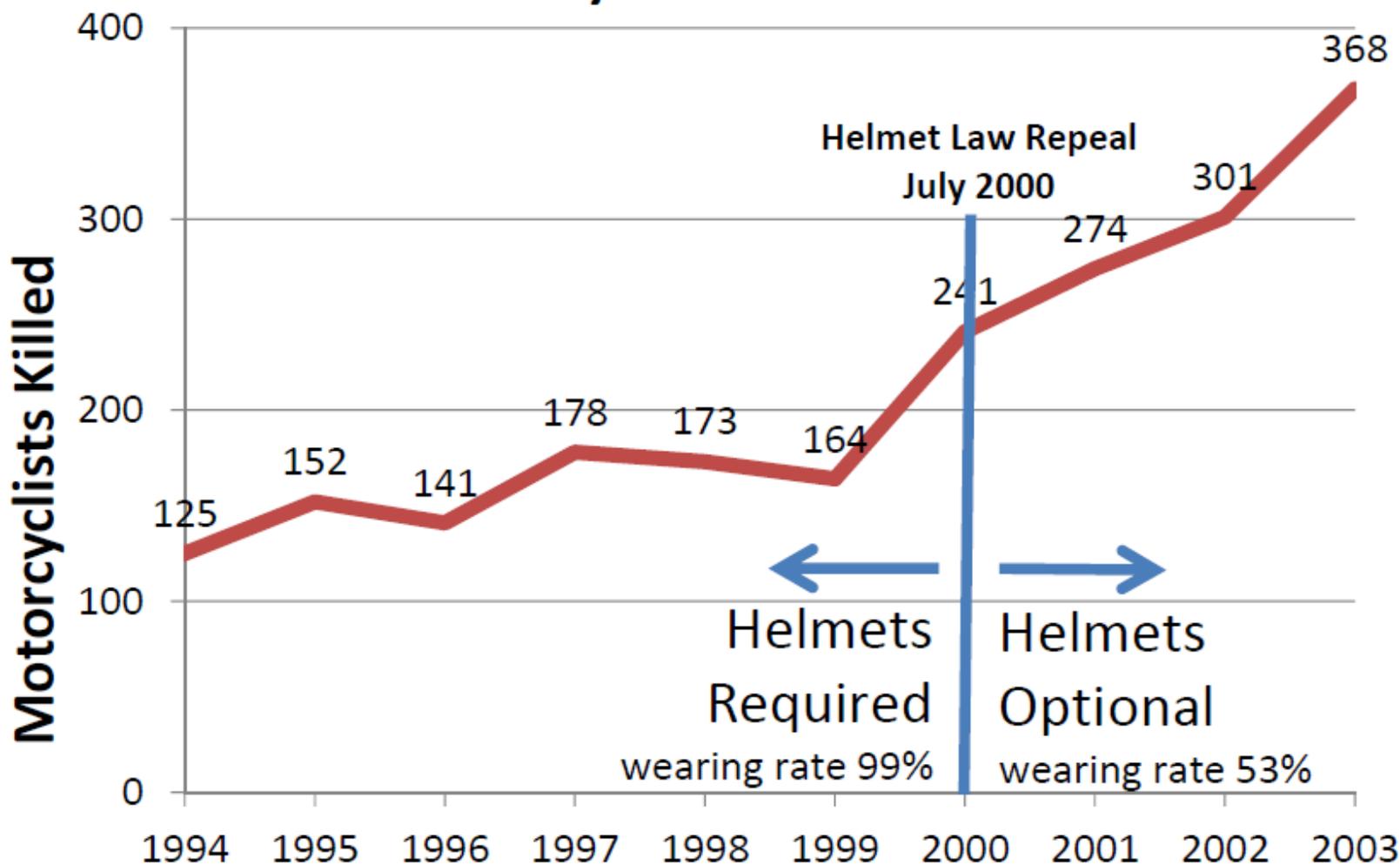


Data obtained from the Department of Transportation (DOT), and the National Transportation Safety Administration (NHTSA)

"w" = states With adult helmet law  
"w/o" = states WithOut adult helmet law

Before & After Helmet Repeal Laws tells a better Story, 28 States have seen death, costs, and disability increase 20-40%

## Motorcycle Deaths in Florida



UNC  
INJURY PREVENTION  
RESEARCH CENTER

Source: Ulmer RG, Northrup VS. Evaluation of the repeal of the all-rider motorcycle helmet law in Florida. NHTSA Report no. DOT HS-809-849. Washington, DC: 2005

# The Two Stories about Motorcycle Helmets

## Argument for H 109

- Freedom - Its about the freedom of adults to chose.
- “Let those who ride decide.”
- Helmets aren’t effective, data used to promote helmet effectiveness is wrong, it’s been manipulated to hide the truth.

## Don’t Mess with NC’s Universal Helmet Law

- The current law has worked very well for 45 years and is very popular among a large majority of motorcyclists in NC.
- Changing the law is an expensive unfunded mandate that all tax payers and insurance policy holders will fund.
- Helmets work.
  - 28 state have weakened their law; deaths, head injuries, and costs have gone up 20-40% in all 28 states.

## Present our story rather than argue their story.

The opposition's goal is to displace the story of NC's Universal Helmet Law's effectiveness, popularity, and value with their story of a nanny state infringement on personal freedom.

### **Our Strategy in the Public Policy Arena**

- Remind and reinforce among policy makers and the public why the current story of motorcycle helmets in NC is best & reject the repeal story.
- We're not going to convince the pro-repeal advocates they're wrong and we don't have to; We want to reinforce that the current policy is right.
- Force the repeal advocates to argue our points, don't agree to argue their points.
- Arguing their points legitimizes their argument and takes away from presenting our story.
- Research on countering wrong messages shows it reinforces their point.

We're not trying to convince the pro-repeal advocates they are wrong; **We are trying to reinforce the public and law makers that the current policy is sound, reasonable, popular, and effective – and to reject this new argument.**



## Unlike the Transportation Committee, the House Judiciary B Committee hearing was an open forum

### Public Speakers Opposing H – 109

- Bob Crosby, Carolina's AAA
- Dr. Steve Marshall, UNC Injury Prevention Research Center
- North Carolina Academy of Emergency Physicians

### In Favor of H 109 - Doc Ski, ABATE NC's Lobbyist

4 Committee members spoke in opposition to H-109, citing personal experience with brain injured survivors

Committee adjourned with no vote on the bill, no member would make a motion on the bill



# IVPB Resources



North Carolina  
Injury & Violence  
PREVENTION Branch

## Older Adult Injuries in North Carolina 2004 to 2007

NORTH CAROLINA

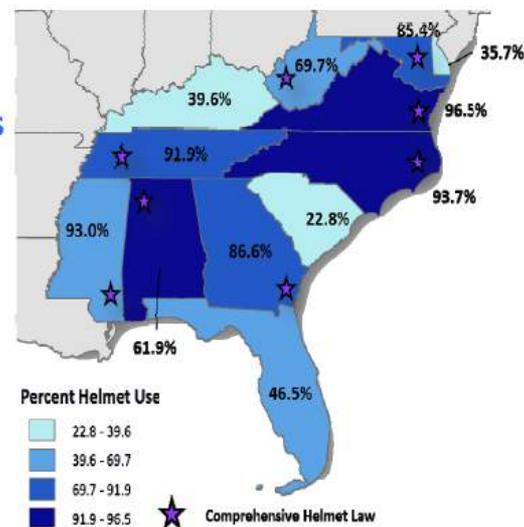
INJURY  
20

Injury &  
Injury  
North

## THE BURDEN OF Unintentional Poisoning

### A Comparison of Helmet Use Among Motorcyclist Fatalities in the Southeastern United States: 2010

- North Carolina has one of the highest percentages of helmet use in the Southeast.
- Helmet use is nearly 36 percent higher in North Carolina (93.7%) than the Southeast (69%) and 65 percent higher than the United States as a whole (56.7%).



Source: National Highway Safety Traffic Administration, Fatal Analysis Reporting System, 2010  
Analysis by Injury Epidemiology and Surveillance Unit

North Carolina  
Injury & Violence  
PREVENTION Branch



North Carolina  
Injury & Violence  
PREVENTION Branch

North Carolina  
Injury & Violence  
PREVENTION Branch

Number of 2007 injury-related N.C. ED visits and ED visits rates per 100,000 population According to Mechanism by Intent of Injury

MECHANISM/ CAUSE	Unintentional		Self-Inflicted		Assault		Undetermined		Other		Total	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Cut/ Pierce	44,951	496.1	2,075	22.9	2,985	32.9	93	1	20	0.2	50,124	553.2
Drowning/ Submersion	215	2.4	*	*	*	*	*	*	*	*	224	2.5
Fall	168,803	1863	35	0.4	63	0.5	94	1			168,975	1864.9

Number of Injury ED Visits\*\*  
N.C. 2006-2007  
BY MECHANISM

Injury & Violence  
PREVENTION  
SURVEILLANCE UPDATE

North Carolina's Injury Iceberg- NC Residents All Intents

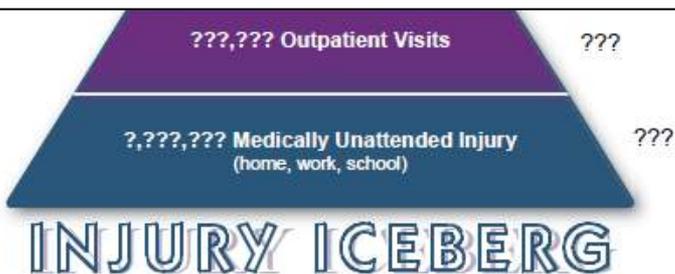


North Carolina  
Injury & Violence  
PREVENTION Branch  
Injury Epidemiology & Surveillance Unit  
Injury & Violence Prevention Branch  
Chronic Disease and Injury Section  
N.C. Division of Public Health

Leading Causes of Injury Death (All Races, Both Sexes) by Age Groups, North Carolina: 2008

	Age Groups							All Ages
	10-14	15-24	25-34	35-44	45-54	55-64	65+	
Motor Vehicle Traffic - Unintentional	27	333	361	338	397	348	637	1,094
Fire/ Burn - Unintentional	9	343	354	328	308	335	334	1,633

[www.injuryfreenc.ncdhhs.gov/DataSurveillance/DataSurveillanceIndex.htm](http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/DataSurveillanceIndex.htm)



\* 2008 death file and 2008 NC DETECT # 2007 Hospitalization Discharge



1	16	16	14	16	16	126	495
Firearm - Unintentional	Drowning - Unintentional	Poisoning - Unintentional	Poisoning - Unintentional	Self-Inflicted - Unintentional	Firearm - Assault	Poisoning - Unintentional	Unspecified - Unintentional
1	33	36	40	40	37	44	348
Poisoning - Unintentional	Cut/ Pierce - Assault	Cut/ Pierce - Assault	Poisoning - Unintentional	Self-Inflicted - Unintentional	Fire/ Burn - Unintentional	Fire/ Burn - Unintentional	Self-Inflicted - Unintentional
3	18	18	17	16	33	37	136
Self-Inflicted - Unintentional	Poisoning - Unintentional	Unspecified - Assault	Cut/ Pierce - Assault	Fire/ Burn - Unintentional	Unspecified - Unintentional	Other spec/ NEC - Unintentional	Self-Inflicted - Unintentional
3	13	13	13	13	33	33	133
Firearm - Unintentional	Other spec/ NEC - Unintentional	Self-Inflicted - Unintentional	Self-Inflicted - Unintentional	Self-Inflicted - Unintentional	Self-Inflicted - Unintentional	Firearm - Assault	Firearm - Unintentional
1	9	18	13	13	15	18	111
Other spec/ NEC - Assault	Self-Inflicted - Assault	Unspecified - Unintentional	Self-Inflicted - Unintentional	Cut/ Pierce - Assault	Drowning - Unintentional	Motor Vehicle - Unintentional	Fire/ Burn - Unintentional
1	9	8	11	18	14	18	133

2008 death file 2008; Analyses conducted by Injury Epidemiology and Surveillance Unit. For the purpose of this chart, the categories considered; however, they were typically one of the top ten for every age category.

# North Carolina's Injury and Violence Prevention Team

Alan Dellapenna, Branch Head

Jennifer Woody-Collins, Injury Prevention Consultant

Amanda Alston, Admin (+ 2 vacant)

## Epidemiology

Scott Proescholdbell, Injury Epidemiologist

Kathleen Creppage, CSTE Epi Fellow

Anna Austin, CSTE Epi Fellow

## NVDRS

Tammy Norwood, Program Manager

Susan Autry, Abstractor + (1 vacant)

## Childmaltreatment Surveillance

Meghan Shanahan, Program Manager

## Programs

Jane Miller, Youth Suicide Prevention

Margaret Vaughn, Injury Prevention Consultant

Betsy Randall-David, School Health Consultant

Glorina Stallworth, RPE Program Manager

+ Vacant Evaluator

<https://www.surveymonkey.com/s/LFTZWKR>