Partner Highlight: The North Carolina Injury and Violence Prevention Branch

Presenter: Alan Dellapenna

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Meeting Orientation

- If you are having any technical problems joining the webinar please contact the Adobe Connect at 1-800-416-7640.

- Type any additional questions into the Q&A box to the left of the slides.

- 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

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

* Based on deaths that occurred prior to age 65

For 80% of the North Carolina population (ages 1 to 59), Injury is the leading cause of death.
Leading Causes of Injury Deaths
(by Number of Deaths, All Ages, North Carolina Residents: 2011)

1. Unintentional Motor Vehicle Crashes: 1,210
2. Suicides: 1,196
3. Unintentional Poisoning: 1,140
4. Unintentional Falls: 883
5. Homicides: 519
6. Unintentional, Other & Unspecified*: 827
7. Unintentional Suffocation: 200
8. Unintentional Drowning: 123

Total Deaths = 6,098

* 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.

Source: NC State Center for Health Statistics, Death file 2011; Analysis by Injury Epidemiology and Surveillance Unit
Leading Causes of Injury Death
Rates per 100,000, N.C. 1999-2011

Analysis by the Injury Epidemiology and Prevention Branch
Percent Change in Rates Between 1999 and 2011

Leading Causes of Injury Deaths: N.C. 1999 to 2011

Analysis by Injury Epidemiology and Surveillance Unit

Motor Vehicle, -33.4%

Firearm - Self-Inflicted, +6.4%

Unintentional Falls, +72.8%

Unintentional Poisoning, +234.6%

Unarm - Assault, -31.7%
An ‘average’ injury day in NC

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

PH Prog Mgr I
Alan DeLaPenna 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)

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

CSTE EPI Fellows
Kathleen Creppage 100% for 2 years
Annie Austin 100% for 2 years

Soc/Clin Res Spec
Tammy Norwood 60041145/NG
RCC/FRC 6922/99 (50% AP, 50% EC)

Soc/Clin Res Asst
Susan Antry 60041146/NG
RCC/FRC 6920/EC (100% EC)

PH Prog Consult I
60041140/70
RCC/FRC 4653/99 (100% AP)

Leader

Epidemiology Unit

Leadership

Leadership

CSTE EPI Fellows

Programs

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

John Rex Endowment
Child Maltreatment Grant
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

INJURY PREVENTION RESEARCH CENTER
UNIVERSITY OF NORTH CAROLINA

SAFE STATES

Safe Kids North Carolina

CDC
National Center for Injury Prevention and Control (NCIPC)

and many More...
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

- Project Lazarus
- Operation Medicine Drop RX
- A Matter of Balance: Managing Concerns About Falls
- It's OK 2 Ask
- Triple P Positive Parenting Program
- Lifelines: A Suicide Prevention Program
- Safe Dates: An Adolescent Dating Abuse Prevention Curriculum
- North Carolina Injury & Violence Prevention Branch
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**
The It's OK 2 ASK program and community partner will hold a Youth Health Summit on March 15, 2014.
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
# 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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Injury Prevention Event</th>
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<tbody>
<tr>
<td>1912</td>
<td>U.S. Congress creates the Children’s Bureau.</td>
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<td>1913</td>
<td>U.S. Congress charters the National Safety Council.</td>
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<td>1924</td>
<td>Cadillac offers first car with safety windshield glass equipment as a standard feature.</td>
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<tr>
<td>1932</td>
<td>Maryland is the first U.S. state to introduce mandatory car inspections.</td>
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<td>1935</td>
<td>Title V of the Social Security Act passes Congress and creates Federal-State partnerships to ensure health of mothers &amp; children and promote care for “crippled children.”</td>
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<tr>
<td>1937</td>
<td>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.</td>
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<td>1943</td>
<td>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.</td>
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<td>1948</td>
<td>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.</td>
</tr>
<tr>
<td>1950</td>
<td>American Academy of Pediatrics (AAP) forms Committee on Accident Prevention.</td>
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<tr>
<td>1951</td>
<td>Kellogg Foundation funds three- to six-year home accident prevention demonstration projects in CA, GA, KS, KY, MA, MI, NC, OH, and OR.</td>
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</tbody>
</table>
• 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.”
5th 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.
1955

NC and the Nation faced an epidemic of childhood Poisonings deaths.
Mass marketing of flavored, chewable child aspirin drove the child poisoning, along with new lethal pesticides and cleaning products mass marketed to newly affluent families.
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 2nd Poison Control Center
The child-proof cap was developed by Dr. Arena at Duke.

"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.”
Injuries occurred from crashes with rescue squads.

Attendants didn’t have consistent training.

No standard of care.
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
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
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.

**HSRC PROJECT AREAS**

- 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

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.
Crisis
In The
Emergency
Room

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

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

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

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

The Revise the 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.

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.

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

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 3rd highest drug overdose death rate in the nation.

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

Project Lazarus established in Wilkes County combat the overdose epidemic.

UNC IPCR 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 antigen Naloxone.

Drug overdose deaths in Wilkes County drops 69%.

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:

Injury-Free NC

Work Force Development

• Injury FreeNC Academy
• Injury FreeNC Conference
• E-Newsletter
• Local Health Department Capacity
  • UNC Capstone Team
ASSESSING NC INJURY & VIOLENCE PREVENTION
PARTNERSHIPS
## CASE STUDIES: SIX MODEL PROGRAMS

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<th>LHD</th>
<th>Program</th>
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<tr>
<td>Buncombe</td>
<td>Safety Initiative for Women &amp; Children</td>
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<tr>
<td>Durham</td>
<td>Gun Safety Team</td>
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<tr>
<td>Jackson</td>
<td>Matter of Balance &amp; Get Some Balance in Your Life</td>
</tr>
<tr>
<td>Orange</td>
<td>Naloxone Kits</td>
</tr>
<tr>
<td>Pitt</td>
<td>Pitt Co &amp; Countdown 2 Drive</td>
</tr>
<tr>
<td>Rutherford, Polk, McDowell</td>
<td>Project Lazarus</td>
</tr>
</tbody>
</table>
**Pitt County: Pitt Co and Countdown 2 Drive**

**Targeting safe teen driving through multidisciplinary collaboration**

**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 Community 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.

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**Jackson County: Get Some Balance in Your Life**

**Establishing a community-academic partnership for falls prevention**

**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 Schrom 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 predominantly 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...
Some Current Initiatives:

Surveillance Quality Improvement
Quality Improvement Projects

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

Most facilities are below 10% except for 15 in 2011

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

Primary Bill Sponsors
Rep. Speciale (Rep) Beaufort, Craven, Pamlico Co.’s.
## Coalition Opposing the passage of H 109

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<td>Engage Lobbyist</td>
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<td>Visit Legislator to Educate</td>
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<th>Who opposes H 109</th>
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<td>NC Division of Medical Assistance (Medicaid)</td>
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<td>NC Brain Injury Association</td>
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<td>Emergency Physicians Assoc.</td>
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<tr>
<th>UNC Injury Prevention Research Center</th>
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<tr>
<td>UNC Highway Safety Research Center</td>
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<tr>
<td>East Carolina Injury Prevention Center</td>
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North Carolina’s Motorcycle Helmet Law
#1 in the US for Lives Saved
#2 in the US for $ Saved
$75.5 million in hospitalization charges associated with motorcyclist injuries.

$25 million charged to Uninsured motorcyclists

Source: State Center for Health Statistics, Hospital Discharge File, 2011 (Provisional)
Analysis by Injury Epidemiology and Surveillance Unit
Death is the tip of the iceberg for the cost of repealing a Universal Motorcycle Helmet Law.
Do Helmet Laws Affect Safety? The Facts: 50 State Data
Fatalities in Percent of Registration

Mandatory Helmet States’ Fatality Rate

Adult Choice States’ Fatality Rate

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%
The Two Stories about Motorcycle Helmets

**Argument for H 109**

- Freedom - It's about the freedom of adults to choose.
- “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
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%).

North Carolina’s Injury Iceberg - NC Residents

All Intents

Ratio

6,275* Deaths

www.injuryfreenc.ncdhhs.gov/DataSurveillance/DataSurveillanceIndex.htm

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

www.injuryfreenc.ncdhhs.gov/DataSurveillance/DataSurveillanceIndex.htm
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)

Child maltreatment 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/LFTZWKp