

**A Case Study of the Landmark
Public Health and Safety
Achievements of the
2009 Arkansas Legislative Session**

Presented by
The Arkansas Department of Health
Injury Prevention and Control Branch
for SxSW Region Injury Prevention Network
September 26, 2012



Meeting Orientation

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Presenters



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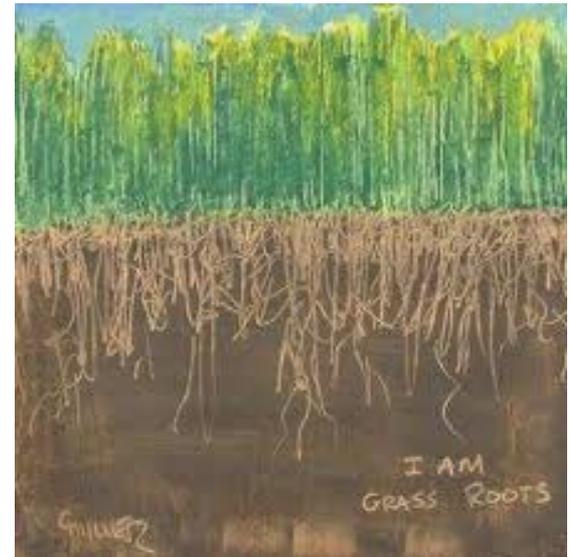
Creating Policy for Population Level Change

- Most current health issues have behavioral antecedents (especially injury-related morbidity and mortality)
- Policy shapes norms
- Norms shape behaviors
- Injury prevention professionals can partner with others to influence policy that fosters population level change



Prevention Policy Progress Success

- Not an “Overnight” Phenomenon
- Past Policy Success Laid a Foundation...Created Support for Local Prevention Efforts
- A Belief Among Stakeholders That “It Could Be Done”
- A Broad-Based Coalition of “Grassroots” and “Grasstops” Leaders
- “WIFM” Needs Met Across Many Constituencies
- There must be a Big Tent



2009 Legislative Session

“Do’Gooder” or “Health and Safety” Session

- Social Host
- Underage Drinking Prevention
- Primary Seatbelt
- Graduated Drivers Licensing
- Texting/Handsfree Devices
- Ignition Interlock (First Offender)
- Ignition Interlock (Repeat Offender)
- Victim Impact Panel
- Trauma System Funding
- Trauma System

HELLO
my name is

Do’Gooder

Social Host Law and Underage Drinking Prevention

- 2007 Law Established a Legislative Task Force for Substance Abuse Prevention
- Arkansas Prevention Needs Assessment (APNA) data was examined to determine “Root Causes” of Underage Drinking.
- Data suggested that most drinking AR youth were drinking in private residences
- Social Host Laws are designed to prosecute those who provide underage drinking sites in private residences
- Many local communities passed even more restrictive ordinances



Alcohol is a contributing factor in the most frequent causes of serious injury and death among young people; car crash, drowning, suicide and assault.

Primary Seatbelt Law

- Introduced every session since 1999
- In 2009, the bill became a public health issue...not just a law enforcement issue
- Press conferences included officers and medical personnel and advocacy groups
- Partnerships included: ADH, Law Enforcement, Insurance, Advocacy
- Racial profiling task force was convened
- Hotline established to address concerns about racial profiling
- Agricultural industry leaders agreed to remain neutral on the legislation
- Seatbelt law was tied to Trauma System effort as a way to reduce economic cost burden on the system through reduction of a primary contributor - automobile crash death and injury.



Graduated Drivers License Law (Expanded and Strengthened)

- Existing law needed to be strengthened
- Teen driver mortality was higher than the national average
- Two strong champions were identified and utilized (Senator with a personal story and a Representative who is an Emergency Room Physician)
- Arkansas Children's Hospital IPC, Highway Safety Leadership and Arkansas Center for Health Improvement (ACHI) as well as the Arkansas Surgeon General and ADH Director and a broad coalition of stakeholders



Texting by Drivers Banned (Paul's Law)

- Citizen initiated legislation
- Partnered with personal legislator
- Supported by ADH
- First successful effort in adult texting legislation
- No organized opposition
- The “right story”, “right session”, “right change.”

Another measure was passed that allows hands free devices to be used but prohibits cell phone use of any kind in work zones and school zones when workers or children are present



**Hilary Davidson, Paul's
21 year old daughter**

Ignition Interlock

First Offense/Repeat Offenders

- Key component of MADDs
Campaign to Eliminate Drunk Driving
- Partnership with Driver Control
- Proven technology was available
- A single reputable vendor worked to educate legislators
- Decision to separate first offender and repeat offender
- Decision to keep administrative sanction based on 0.08 BAC rather than higher BAC offenders

Session	2009
Senate 1 st Offense Vote	100/100
House 1 st Offense Vote	35/35
Senate Repeat Offense Vote	35/35
House Repeat Offense Vote	99/100

CDC recognizes ignition interlock as an “Effective Measure” to reduce drunk driving.

Victim Impact Panels



- ***Arkansas is the only state that requires the completion of a drunk driving victim impact panel prior to reinstatement of drivers license***
- Offender surveys indicate that it is the most meaningful class they attend as part of their mandatory administrative sanctions following a DWI arrest
- Strict guidelines for participants
- Victims report panel participation is meaningful for processing loss, giving purpose to injury and death and helping with prevention efforts

Victim Impact Panels...cont.

The night of my arrest I was leaving a Christmas party and didn't even think I was impaired, I blew a .19. Ever since that December day I have been an advocate to my friends about drinking and driving because I was concerned about all of the hoops you have to jump through and didn't want them to go through the same, but I was missing a bigger point. Although, from day one I knew and accepted anything that was going to happen to me because I knew I needed to be punished for what I had done, I didn't think about the other side of DUI. After last night they kept talking about just wanting to reach out and save one person. Well I think it was me. I am deeply affected by my experience and it has changed my life. I want to thank the speakers from the bottom of my heart; I will remember their stories forever. Thank you again for doing what you do—you do make a difference!” **-VIP Attendee Web Post**

Session	2009
Senate Committee	Judiciary
Senate Vote	35/35 YES
House Committee	Judiciary
House Vote	100/100 YES

To the author of this letter, thank you for admitting you made a mistake and was lucky enough to realize it before you seriously hurt another person. My mother was killed by a drunk driver when I was two years old and it has been the one thing in my life that altered my upbringing significantly. Please tell as many people as you can your story. **-VIP Speaker Web Reply**

How are the DWI arrest numbers looking?

District/City Courts **AAOC Annual Statistical Report**

YEAR	FY08	FY09	FY10	FY11
<u>DISTRICT</u>				
DWI	27,164	27,313	26,756	23,429
<u>CITY</u>				
DWI	1,545	1,420	1,144	641
<u>TOTAL</u>	28,709	28,733	27,900	24,070
<i>VARIANCE</i>		<i>24</i>	<i>-833</i>	<i>-3,830</i>

Other Results of Policy or So What?

- Increase in seatbelt usage from 70.4% in 2008 to 78% in 2010
- Hospitalizations from MVC for all age groups decreased by 9% from 2008 – 2010.
- MVC fatalities decreased by 4% for all age groups

GDL Progress to Date

- MVC fatalities for 0-18 age group **decreased by 45%** (78-43) from 2008 - 2010.
- A 22% decrease in MVC among 16 year old drivers
- A **59% reduction** in fatal crashes among all teen drivers.
- Estimated that **32 teen lives were saved** in 2010 due to graduated driver's licenses.



Trauma System Legislation

(How did you do that?)

- **The Policy Change Met Critical Criteria...**
 - The problem was an obvious crisis (data to support).
 - The problem was a LONG standing issue (Arkansas had NEVER had a Trauma System).
 - Powerful leaders were concerned about the problem
 - The problem had a measureable economic impact
 - Multiple stakeholders saw potential benefits to solving the problem
 - Solving the problem was made seemingly “Easy”, “Fun”, and “Popular” due to built momentum or wave effect



Estimated to save approximately 168 lives each year, saving our state nearly \$193 million annually. Combined with primary seatbelt and graduated drivers licensing laws, the savings estimates go up to **206 lives** and **\$237 million** annually.

Trauma System Momentum – Catching The Wave

KEY MOMENTS – Creating Fertile Ground

- **Early Legislative Efforts, 1975, 1993, and 2007** (Infrastructure Without Funding).
- **Master Tobacco Settlement Funding** (Created Community Coalitions to Reduce Tobacco Use...Established Grassroots Health Advocacy)
- **Clean Indoor Act of 2006** (Created Tobacco Free Workplaces and Emboldened Public Health Advocates)
- **Creation of a Multi-Agency Coalition** to Fund Multiple Entities Along With the Trauma System.
- **Partnership With Potential Adversaries** to Remain Neutral



Trauma System Momentum – Catching The Wave

KEY PLAYERS – Multi Agency Coalition

- Governor Beebe
- State Health Director, ADH
- Arkansas Surgeon General, ACHI
- Key Legislators
- Arkansas Children's Hospital, IPC
- University of Arkansas for Medical Sciences
- Advisory Council on Trauma
- Medical Professionals & EMS
- Arkansas Hospital Association
- Insurance Companies
- Prevention Coalitions (Tobacco Prevention, SPFSIG, APNet, Substance Abuse Prevention Task Force, MADD, Etc.)



All of this and much more inspired a Shared Vision and Made it a Reality!

- 2009 Act 180 - AN ACT TO INCREASE THE TAX ON CIGARETTES AND OTHER TOBACCO PRODUCTS TO **FUND THE TRAUMA SYTEM**



your

ARKANSAS TRAUMA SYSTEM

est. 2009



The Facts

- Injury is the #1 killer of Arkansans aged 1-44
- In 2005, Arkansas ranked **50th in the nation** for timely trauma center accessibility
- In 2008, both the overall injury fatality rate and the death rate due to injury in motor vehicle crashes for Arkansans were **twice as high** as national averages

The Problem

- No comprehensive, statewide trauma system in Arkansas
- Our state's emergency care system was the **worst in the nation**

(National Report Card of the State of Emergency Medicine, December 2008)

Before 2009:

- One of only three states without a trauma system
- **Only state** without a designated trauma center

your

ARKANSAS TRAUMA SYSTEM est. 2009

- In 1993 Arkansas Legislature passed the Trauma System Act 559, creating the Trauma System Advisory Council and enabling ADH to adopt trauma system regulations and to designate trauma centers
- The act provided no incentives for hospitals or other trauma-related organizations to meet the new standards

1993

2002

- In December 2002 administrative rules to implement the Trauma System Act 559 were adopted by the Arkansas Board of Health

- In 2005 Arkansas ranked 50th in the nation for timely trauma center accessibility due to the lack of a comprehensive trauma system

2005

2006

- In 2006 more than 17,900 Arkansans were hospitalized for injuries, resulting in \$412 million in hospital charges in 2006 alone

- In November 2008 Governor Mike Beebe provided a \$200,000 grant from the Governor's Emergency Fund to establish a new computer database called "dashboard," an electronic communications link to facilitate transfers of critically injured patients between hospitals to provide for the patient's particular needs

2008

- In 2008 Arkansas cited as having the worst emergency care in the nation by the American College of Emergency Physicians

- In 2009 the Arkansas Legislature passed the Trauma System Act 393, which authorized up to \$28 million annually to implement a statewide trauma system
- Funding was allocated from an increase in the Tobacco Tax

2009

2010

- In 2010 the CDC reported that less than 13% of Arkansans were covered by level I or II trauma centers with a response time of less than 60 minutes, leaving the vast majority without access to adequate emergent care

- In September 2010 the first announcement of designated trauma centers, University of Arkansas for Medical Sciences (UAMS) in Little Rock and the Regional Medical Center ("The MED") in Memphis, both designated as Level I centers, and Jefferson Regional Medical Center in Pine Bluff, designated as a Level II center

2011

- In January 2011 the Arkansas Trauma Communications Center (ATCC) began taking calls, directing emergency responders to the closest trauma centers with the appropriate services to treat the specific needs of each patient

Trauma System Timeline...cont.

- 1975 – EMS system legislation. Focused on the pre-hospital EMS system and did not address clinical trauma system components
- 1993 – Trauma System Act 559
 - Trauma System Advisory Council
 - Enabled ADH to adopt trauma system regulations and to designate trauma centers
 - No incentives for hospitals or other trauma-related organizations to meet the new standards

Trauma System Timeline...cont.

- December 2002 – Administrative rules to implement the Trauma System Act 559 were adopted by the Arkansas Board of Health
- April 2007 - House Bill 1575 attempted to create a state subsidized trauma system but was **not passed** because legislators could not agree upon how it was to be funded



Trauma System Timeline...cont.

- Session 2009 – Arkansas Legislature passed the Trauma System Act 393, which authorized up to \$25 million annually to implement a statewide trauma system.
- Session 2009 – Act 180 provided the source of funding for the trauma system in Arkansas. This statute established an enhanced tobacco tax generating \$70 million annually for health care programs.

Components of the Trauma System

1. Pre-hospital services (911, ambulances)
2. Trauma call center
3. Designated trauma centers
4. Rehabilitation
5. Trauma registry (collection and analysis of data)
6. Quality improvement
7. Injury prevention programs

Trauma System Timeline...cont.

- 2010 – Governor Mike Beebe presents the first installment on the EMS component of the new trauma system, totaling \$2,315,000 available to EMS providers the first year.



Trauma System Timeline...cont.

- 2010 – First announcement of designated trauma centers
 - University of Arkansas for Medical Sciences (UAMS) in Little Rock
 - Regional Medical Center (“The MED”) in Memphis, both designated as Level I centers
 - Jefferson Regional Medical Center in Pine Bluff, designated as a Level II center.

Trauma System Timeline...cont.

January 2011 - The Arkansas Trauma Communications Center (ATCC) began taking calls, directing emergency responders to the closest trauma centers with the appropriate services to treat the specific needs of each patient.



Trauma System Timeline...cont.

2011 – Implementation of the Trauma Registry and Trauma Image Repository

- Trauma data collection and analysis system
- 68 hospitals have submitted over 18,000 records (through 12/31/11)



Funding for the Trauma System

- Funded by the \$86 million tobacco tax increase
- Act 393 designated \$28 million annually for the trauma system



Progress to Date

- 75 hospitals have submitted letters of intent to become trauma centers
- Designated trauma centers - 56 designated
- Emergency Medical Services - 118 participating



TAC – Trauma Advisory Council

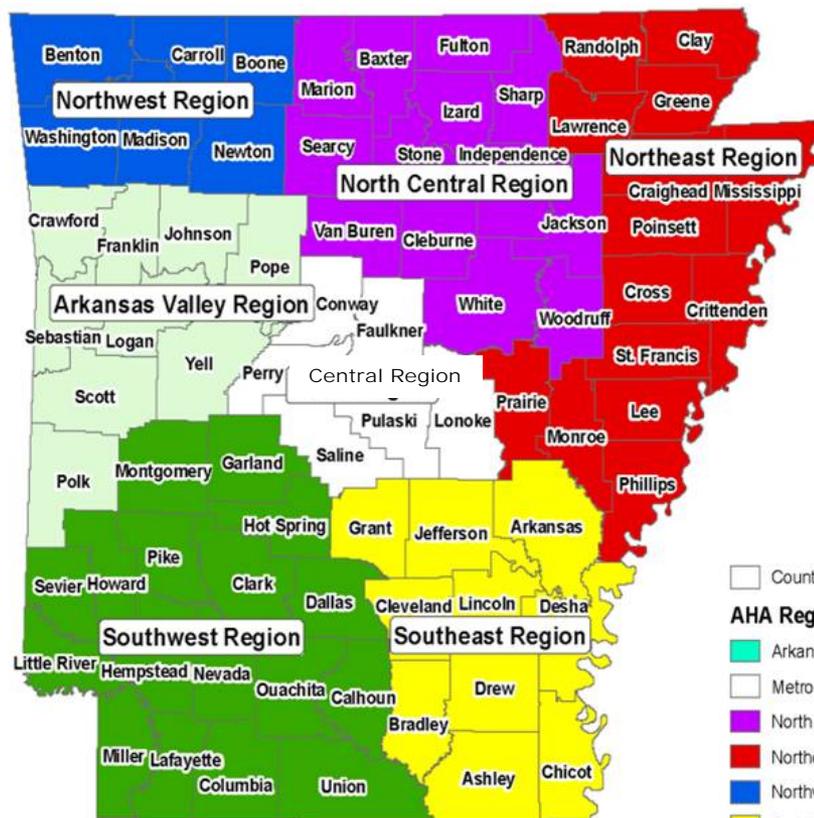
- 26 member body that provides guidance and recommendations to the Arkansas Department of Health regarding system development
- Six Sub-committees
 - Finance
 - Hospital Designation
 - Injury Prevention
 - EMS
 - Trauma Regional Advisory Council
 - Rehabilitation



Seven Arkansas TRACs

Local Governance and Peer Review

Arkansas Trauma System Regions



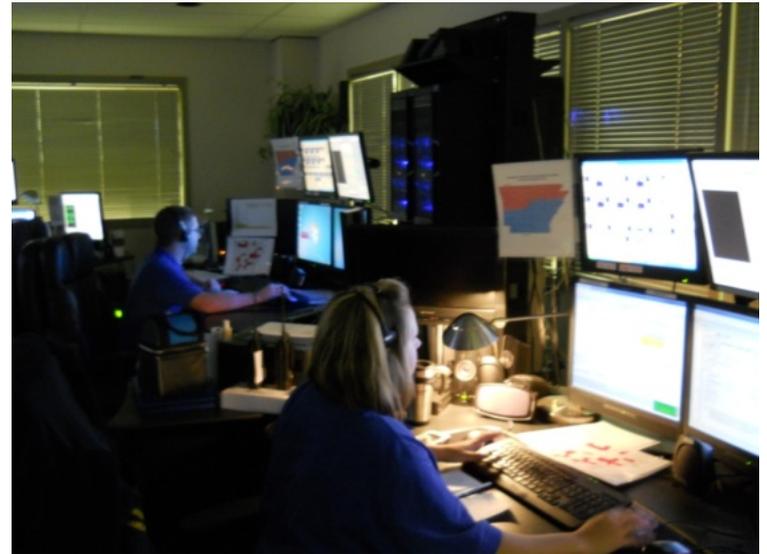
- Counties
- AHA Regions**
- Arkansas Valley Region
- Metro Region
- North Central Region
- Northeast Region
- Northwest Region
- Southeast Region
- Southwest Region



Date: June 2010
 Arkansas Department of Health
 Author: Amanda Worrell

Arkansas Trauma Call Center

- Average daily call volume – 14 in January 2011 and 40 in May 2012
- Monthly average call volume – 400 in January 2011 and 1402 in May 2012
- Average acceptance time for hospital-to-hospital transfers is approximately seven minutes



Based out of MEMS in Little Rock

“A huge win for the Health Department” -Jon Swanson, Director of MEMS

Arkansas Trauma Call Center

- ATCC monitors the capabilities and capacity of all trauma centers in the state and assists EMS and hospitals with destination determination based on real time data.
- American College of Surgeons has identified the ATCC as a national model and now recommends the use of a coordination call center as a necessary component of a successful trauma system.

Right Place, Right Time

- Ambulances in Arkansas now linked by digital radios
- Arkansas Wireless Information Network (AWIN)
- Directs emergency responders to the closest trauma centers with the appropriate services
- “We had all the technology in place, we just needed the funding.” -Jeff Tabor, ATCC Program Director



Rehabilitation

- Arkansas Spinal Cord Commission conducted a statewide rehabilitation needs assessment
- Agreement and funding is in place with the Arkansas Spinal Cord Commission to:
 - Develop five year state trauma rehabilitation plan
 - Improve the quality of trauma rehabilitation treatment
 - Report on Traumatic Brain Injury (TBI)
 - Provide technical assistance
 - Future designation of trauma rehabilitation hospitals

Injury Prevention

Safe States Site Visit

August, 2010



ADH Injury Prevention Program

- Sub-contract with Arkansas Children's Hospital IPC to create and sustain the State Injury Prevention Program (SIPP)

“The SIPP will support designated hospitals within the trauma system in achieving their system-mandated role to provide primary prevention services in their communities. The SIPP will equip trauma centers across the state with the information necessary to efficiently and effectively adopt programs that have been demonstrated to be effective in achieving injury control goals.”

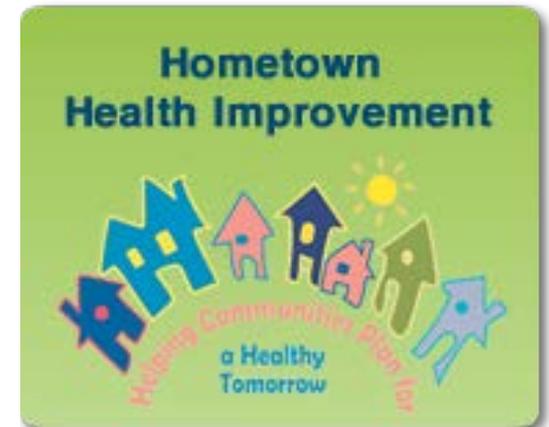


ADH Injury Prevention Program

- Fund Hometown Health Improvement (HHI) to work specifically on injury prevention

“HHI coalitions do powerful and unique work to improve the health of those in their communities.”

“From sponsoring community health assessments to developing county specific prevention programs, community members in partnership with Health Hometown Health Improvement work to build healthier communities.”



Trauma Funds for Community Projects

The Arkansas Department of Health, Injury Prevention and Control Branch issued a Project Application to partners active within the Trauma Regions (TRAC) focusing on two targeted areas:

1. Community-Based Injury Prevention Initiative to provide Child Passenger Safety Seats
 - 31 Requests for 4,800+ car seats
 - \$260,000+ in resources to the community
2. Capacity Building Initiative to provide national training for TRAC leadership
 - 3 individuals sponsored to attend Safe States

Questions and Contact Info



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