

7-2011

Using Policy to Strengthen the Reach and Impact of Injury Prevention Efforts

Monica H. Swahn

Georgia State University, mswahn@gsu.edu

Abigail Hankin

Debra Houry

Follow this and additional works at: http://digitalarchive.gsu.edu/iph_facpub



Part of the [Public Health Commons](#)

Recommended Citation

Swahn M.H., Hankin A., and Houry D. 2011. "Using Policy to Strengthen the Reach and Impact of Injury Prevention Efforts." *The Western Journal of Emergency Medicine*. 12 (3): 268-270.

This Editorial is brought to you for free and open access by the Institute of Public Health at Digital Archive @ GSU. It has been accepted for inclusion in Public Health Faculty Publications by an authorized administrator of Digital Archive @ GSU. For more information, please contact digitalarchive@gsu.edu.

Using Policy to Strengthen the Reach and Impact of Injury Prevention Efforts

Monica H. Swahn, PhD, MPH*
Abigail Hankin, MD, MPH†
Debra Houry, MD MPH†

* Georgia State University, Institute of Public Health, Atlanta, GA
† Emory University, Department of Emergency Medicine, Atlanta, GA

Supervising Section Editor: Debra Houry, MD, MPH

Submission history: Submitted April 1, 2011; Revision received April 1, 2011; Accepted April 4, 2011

Reprints available through open access at http://escholarship.org/uc/uciem_westjem.

[West J Emerg Med. 2011;12(3):268-270.]

Injury prevention and control remains a key priority in public health and medicine. Across all age groups and regardless of the measure used, injury is a leading cause of morbidity and death with tremendous costs to society.¹⁻⁴ When considering the burden and scope of injuries, in the United States (U.S.) and elsewhere, injury prevention remains an important but under-resourced health concern.⁵⁻⁷ Some specific injury prevention topics, such as road safety, have received the necessary attention and resources to have a significant impact. Investments made early led to the creation of tools and surveillance systems to track motor vehicle crashes and have made it possible to evaluate interventions and new policies.⁸⁻¹² These tools and resources, combined with the fact that it is easy to understand and convey the scope and dynamics of motor vehicle crashes have made it a top injury prevention priority.¹³⁻¹⁵ However, these tools and resources are not available across all injury areas.

It is important, however, when discussing the success of road safety, to recognize the contributions made by technological advances, policy initiatives and legislation. In particular, there have been many innovative technological advances such as airbags, car and booster seats for children and interlock devices that prevent impaired driving in addition to other features that improve the safety of passengers and drivers.¹⁵⁻¹⁶ While other areas of injury prevention can also benefit from technological advances, their relevance and applicability vary greatly across topics. More importantly, the largest successes in reducing motor vehicle crashes have stemmed from policy changes inspired by technological advances and new research findings documenting effective prevention strategies. Specifically, the implementation of primary restraint laws, graduated driver licensing and laws that prevent and reduce impaired driving have significantly reduced injuries and deaths due to motor vehicle crashes.^{11,16-18} With motor vehicle injuries we know what to do, we know what works, and we know that doing the right thing saves lives and money. This is why the Centers for Disease Control

and Prevention (CDC) has selected motor vehicle injuries as one of their public health priorities and labeled it a “Winnable Battle.”¹⁹

We need more “winnable battles” in injury prevention and using policy as an effective strategy to drive change may be one of the most important tools available to us. Overall, the field of injury prevention lags behind other health topics in its strategic use of policy. Therefore, a more strategic emphasis of potential policy implications across topics in injury prevention research and control is an important priority. With this goal in mind, faculty and researchers across the Atlanta region in Georgia who are affiliated with the Emory Center for Injury Control (ECIC) were invited to submit papers to this special issue of the *Western Journal of Emergency Medicine (WestJEM)* to highlight research and prevention efforts as well as conceptual injury-related topics that may have policy relevance. It is intriguing to read about the range of topics discussed and the different strategies that are proposed for prevention efforts and policy consideration. Several manuscripts address pertinent issues among youth including rape victimization and high-risk sexual behaviors, bullying, and media use.²⁰⁻²³ Research and conceptual issues related to interpersonal violence for other vulnerable groups are also addressed and include marginalized women who use methamphetamines, men who have sex with men in the U.S. and in South Africa, victims of family violence in Mozambique and elder mistreatment.²⁴⁻²⁹ Moreover, several of the research papers address issues related to poisoning of specific substances that include antiretroviral agents, ethylene glycol, and hydrogen sulfide.³⁰⁻³² Finally, one empirical paper evaluates the status of a field triage scheme for injured patients and two editorial contributions address the use of policy, and systems thinking in injury prevention.³³⁻³⁵ This brief description of the manuscripts included in this issue highlights the diversity of research and conceptual topic development underway by our colleagues. Most notably, the topics covered and the range of recommendations and

strategies for prevention that they present underscore the importance of connecting research findings with real-world policy implications.

In moving the field of injury prevention forward, there are two important priorities. First, additional resources are needed for research, particularly ones that evaluates the impact of prevention and intervention efforts, which translates research into practice.³⁶⁻⁴³ In order to provide a stronger rationale for investing in specific injury prevention strategies and translation of those strategies that work, we need to assess and communicate the burden of these injuries and their costs to decision makers. The CDC has recognized this need and recently provided an important new tool for reporting the costs of injuries by enhancing Web-based Injury Statistics Query and Reporting System (WISQUARS), provided on the web.² This enhancement will prepare cost of injury reports for both fatal and nonfatal injuries that can be used by practitioners, researchers and advocates when describing the burden and costs of injuries to justify new resources or to estimate costs saved when implementing new prevention or intervention strategies.

Second, injury prevention also needs more visibility. All of us working within injury prevention recognize the breadth of topics covered within our field. Unfortunately, most people who are not working within this field, including legislators, are less familiar with the important work that we do. Our reach and impact in terms of preventing injuries overall will depend on our success of communicating the scope and burden of injuries across a range of causes and mechanisms. If we actively seek to work more closely together across disciplinary fields, academic institutions, nonprofit organizations, and local, city, state and federal governments, we can better learn about and leverage our successes and resources. We have many successes to celebrate, but more importantly we have discoveries to make, new strategies to implement, and many more injuries to prevent. Let us work together to strengthen the reach and impact of our injury research and prevention efforts and let us make the field of injury prevention more visible.

We are grateful for our partnership with the Editors at *WestJEM* for another terrific collaboration to highlight policy issues in injury prevention.

Address for Correspondence: Monica H. Swahn, Ph.D., MPH, Associate Professor, Institute of Public Health and the Partnership for Urban Health Research, Georgia State University, P.O. Box 3995, Atlanta, GA 30302-3995. Email: MSwahn@gsu.edu.

Conflicts of Interest: By the *WestJEM* article submission agreement, all authors are required to disclose all affiliations, funding sources, and financial or management relationships that could be perceived as potential sources of bias. Dr. Swahn and Dr. Houry are both

receiving funds from the Center for Disease Control and Prevention through CDC Grant 5 R49 CE001494 and Dr. Swahn is also receiving funds through CDC Grant R01 CE011395. The CDC had no role in the preparation or approval of this editorial.

REFERENCES

- Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System. <http://www.cdc.gov/injury/wisqars/index.html> Last accessed March 18, 2011.
- Centers for Disease Control and Prevention. The Economic Costs of Injuries. http://www.cdc.gov/ncipc/factsheets/Cost_of_Injury.htm Last accessed March 18, 2011.
- Naumann R., Dellinger A., Zaloshnia E., et al. Incidence and total lifetime costs of motor vehicle-related fatal and nonfatal injury by road user type, United States, 2005. *Traffic Injury Prevention*. 2010; 11(4):353-60.
- Corso PS, Mercy JA, Simon TR, et al. Medical costs and productivity losses due to interpersonal and self-directed violence in the United States. *Am J Prev Med*, 2007;32(6):474-82.
- Peden M., Oyegbite K., Ozanne-Smith J., et al. World Report on Child Injury Prevention. World Health Organization. http://www.who.int/violence_injury_prevention/child/injury/world_report/Cover_and_front_matter.pdf Last accessed March 18, 2011.
- Flint L., Meredith JW., Schwab CW., et al. Trauma: Contemporary Principles and Therapy. Lippincott, Williams & Wilkins: 2008. Institute of Medicine. Reducing the burden of injury: advancing prevention and treatment. Washington: National Academies Press; 1999.
- Hemenway, D., Aglipay GS., Helsing KL., et al. Injury prevention and control research and training in accredited schools of public health: A CDC/ASPH assessment. *Pub Health Rep*. 2006; 121(3):349-51.
- National Highway Traffic Safety Administration. Fatality Analysis Reporting System, Data Resource Website. <http://www-fars.nhtsa.dot.gov/Main/index.aspx> Last accessed March 18, 2011.
- Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System. <http://www.cdc.gov/HealthyYouth/yrbs/index.htm> Last accessed March 18, 2011.
- Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. <http://www.cdc.gov/brfss/index.htm> Last accessed March 18, 2009.
- Shults RA, Ali B. Drivers aged 16 or 17 years involved in fatal crashes, United States, 2004-2008. *MMWR*, 2010, 59(41): 1329-34.
- Sun K, Bauer MJ, Hardman S. Effects of upgraded child restraint law designed to increase booster seat use in New York. *Pediatrics*, 2010; 126(3):484-89.
- Sleet DA., Branche CM. Road safety: A new public health priority. *Safety Sci Monitor*. 2004;8(1):1-3.
- World Health Organization. Global Status Report on Road Safety. 2009. http://whqlibdoc.who.int/publications/2009/9789241563840_eng.pdf Last accessed March 18, 2011.
- Tiwari G. Road safety: Decade of action with research. *Int J Inj Contr Saf Promot*, 2011; 18(1):102.
- Elder RW, Voas R, Beirness D, et al. Effectiveness of ignition interlocks for preventing alcohol-impaired driving and alcohol-related

- crashes a community guide systematic review. 2011, *Am J Prev Med*; 40(3):362-76.
17. Beck LF, Shults RA, Mack KA, et al. Association between sociodemographics and safety belt use in states with and without primary enforcement laws. *Am J of Pub Health* 2007;97:1619-24
 18. Beck LF, Shults RA. Seat belt use in states and territories with primary and secondary laws – United States, 2006. *J of Safety Research* 2009;40:469-72.
 19. Centers for Disease Control and Prevention. Winnable Battles: Motor Vehicle Injuries. <http://www.cdc.gov/WinnableBattles/MotorVehicleInjury/> Last accessed March 18, 2011.
 20. Lang DL, Sales JM, Salazar LF, et al. Rape victimization and high risk sexual behaviors: a longitudinal study of African-American adolescent females. *West J Emerg Med*. 2011;12(3):333-42.
 21. Swahn MH, Topalli V, Ali B, et al. Pre-teen alcohol use as a risk factor for victimization and perpetration of bullying among middle and high school students in Georgia. *West J Emerg Med*. 2011;12(3):305-9.
 22. Huddleston LB, Varjas K, Meyers J, et al. A case study with an identified bully: policy and practice implications. *West J Emerg Med*. 2010;12(3):316-23.
 23. Denniston MM, Swahn MH, Hertz MF, et al. Associations between electronic media use and involvement in violence, alcohol and drug use among United States high school students. *West J Emerg Med*. 2011;12(3):310-5.
 24. Boeri MW, Tyndall BD, Woodall DR. Suburban Poverty: Barriers to services and injury prevention among marginalized women who use methamphetamine. *West J Emerg Med*. 2011; 12(3):284-92.
 25. Stephenson R, Salazar LF, Rentsch C, et al. Dyadic characteristics and intimate partner violence among men who have sex with men. *West J Emerg Med*. 2011;12(3):324-32.
 26. Stephenson R, de Voux A, Sullivan PS. Intimate partner violence and sexual risk-taking among men who have sex with men in South Africa. *West J Emerg Med*. 2011;12(3):343-7.
 27. Remane Jetha EA, Lynch CA, Houry D, et al. Treatment, Services and Follow-up for Victims of Family Violence in Health Clinics in Maputo, Mozambique. *West J Emerg Med*. 2011;12(3):348-53.
 28. Price T, King PS, Dillard RL, et al. Elder financial exploitation: implications for future policy and research in elder mistreatment. *West J Emerg Med*. 2011;12(3):354-6.
 29. Strasser SM, Kerr J, King P, et al. A survey of Georgia adult protective service staff: implications for older adult injury prevention and policy. *West J Emerg Med*. 2011;12(3):357-64.
 30. Wheatley MA, Shah BB, Morgan BW, et al. Injury secondary to antiretroviral agents: a retrospective analysis of a regional poison center database. *West J Emerg Med*. 2011;12(3):293-5.
 31. Morgan BW, Geller RJ, Kazzi Z. Intentional ethylene glycol poisoning increase after media coverage of antifreeze murders. *West J Emerg Med*. 2011;12(3):296-9.
 32. Reedy SJD, Schwartz MD, Morgan BW. Suicide fads: frequency and characteristics of hydrogen sulfide suicides in the United States. *West J Emerg Med*. 2011;12(3):300-304.
 33. Sasser SM, Ossmann E, Wald M, et al. Adoption of the 2006 Field Triage Decision Scheme for Injured Patients. *West J Emerg Med*. 2011;12(3):275-83.
 34. Degutis LC. Approaching Injury and violence prevention through public health policy: a window of opportunity to renew our focus. *West J Emerg Med*. 2011;12(3):271-2.
 35. Ferenick R, Minyard K. Systems thinking in injury prevention: an innovative model for informing state and local policies. *West J Emerg Med*. 2011;12(3):273-4.
 36. Peek-Asa C, Cateel CH. Documenting the need for translational research: An example from workplace violence prevention. *Inj Prev*. 2010;16(50):50-2
 37. Knox LM, Aspy CB. Quality improvement as a tool for translating evidence based interventions into practice: What the youth violence prevention community can learn from healthcare. *Am J Community Psychol*. 2011. Jan 26 [Epub ahead of print].
 38. Spoth R, Greenberg M. Impact challenges in community science-with-practice: Lessons from PROSPER on transformative practitioner-scientist partnerships and prevention infrastructure development. *Am J Community Psychol*. 2011. Jan 26 [Epub ahead of print].
 39. Becker TE, Guerra NG. Mobilizing communities to implement evidence-based practices in youth violence prevention: The state of the art. *Am J Community Psychol*. 2011. Jan 26 [Epub ahead of print].
 40. Saul J, Duffy J, Noonan R, et al. Bridging science and practice in violence prevention: Addressing ten key challenges. *Am J Commun Psychol*. 2008 41(3-4):197-205.
 41. Saul J, Wandersman A, Flaspohler P, et. Research and action for bridging science and practice in prevention. *Am J Commun Psychol*. 2008 41(3-4):165-70.
 42. Wandersman A, Duffy J, Flaspohler P, et al. Bridging the gap between prevention research and practice: the interactive systems framework for dissemination and implementation. *Am J Commun Psychol*. 2008 41(3-4):71-181.
 43. Finch CF, Gabbe BJ, Lloyd DG, et al. Towards a national sports safety strategy: addressing facilitators and barriers towards safety guideline uptake. *Inj Prev*. 2011 Feb 22. [Epub ahead of print]