Evaluating Injury and Violence Prevention Initiatives

Donovan Newton, MPA
Policy Analyst
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

September 29, 2015
Overview

- Injury and Violence Overview
- CDC Injury Center Overview
- Introduction to Policy
- Evaluation Examples
  - Return to Play
  - Prescription Drug Monitoring Programs
  - Suicide Prevention
INJURY AND VIOLENCE OVERVIEW
Polling Question

Do you work in the area of violence and injury prevention?
Injury is the leading cause of death among persons 1-44

Injury Deaths Compared to Other Leading Causes of Death for Persons Ages 1-44, United States, 2013

SOURCE: NCIPC: Web-based Injury Statistics Query and Reporting System (WISQARS)
Injury-related deaths are only part of the problem

>192,900 deaths annually

2.5 million hospitalized annually

>31 million emergency department visits annually

SOURCES: NCIPC, Web-based Injury Statistics Query and Reporting System (WISQARS)
Polling Question

Do you work in the area of policy?
National Center for Injury Prevention and Control

- Established at CDC in 1992
- Only federal agency to deal exclusively with non-work-related injuries
- Violence and injury prevention

- Public health approach
- Prevention – primary, secondary and tertiary
- Rigorous science base
- Multidisciplinary and multisectoral approaches
Injury Center Mission
To prevent injuries and violence and reduce their consequences so that people can live to their full potential

Injury Center Vision
To put injury and violence prevention on the map as the premier public health achievement of the decade
CDC’s Injury Center uses the Public Health Approach to Prevention

1. Define the Problem
2. Identify Risk and Protective Factors
3. Develop and Test Prevention Strategies
4. Ensure Widespread Adoption
Injury Center Focus Areas

Motor Vehicle-Related Injury
Prescription Drug Overdose
Child Abuse and Neglect
Older Adult Falls
Sexual Violence
Youth Sports Concussion
INTRODUCTION TO POLICY
What is Policy?

- Law, regulation, procedure, administrative action, incentive, or voluntary practice
- Implemented by governments and other institutions
- Frequently reflected in resource allocations
Types and Levels of Policy

- **Organizational**
  - Local education agencies and/or schools or school districts
  - Private hospital or other healthcare delivery sites
  - Community-based organizations
  - Governmental agencies
  - Business, industry, or corporations
  - Professional associations or accrediting organizations

- **Regulatory**
  - State
  - Federal

- **Legislative**
  - Local
  - State
  - Federal
What does Policy Influence?

- Behaviors
- Social Norms
- Environments
- Organizations
- Systems
The Policy Process

- I. Problem Identification
- II. Policy Analysis
- III. Strategy and Policy Development
- IV. Policy Enactment
- V. Policy Implementation

EVALUATION

STAKEHOLDER ENGAGEMENT AND EDUCATION
Why is Policy Evaluation Important?

- Informs policy implementation
- Demonstrates impacts and value of policy
- Informs evidence base and future policies
- Demonstrates accountability for resources invested
- Documents policy content and development

Examples include:
- Comparing the content of anti-bullying statutes
- Evaluating the implementation of Return-to-Play laws
- Modeling the impact of alcohol control policies on youth violence
EXAMPLE – RETURN TO PLAY
Return to Play Laws

- Laws addressing protocols for determining when a youth athlete is safely able to return to participating in sports or other activities after recovering from an injury
- Requirements vary but typically include:
  - Mandatory removal from play
  - Required medical clearance to return to play
  - Required training/education for coaches, parents and athletes
## Key Differences in Policies

<table>
<thead>
<tr>
<th>Massachusetts</th>
<th>Washington</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Health Department involved in development and implementation; MIAA less involved</td>
<td>WIAA involved in development and implementation; State Health Department not involved</td>
</tr>
<tr>
<td>Requires record keeping and concussion histories</td>
<td>Has no requirement for record keeping or concussion histories</td>
</tr>
<tr>
<td>Limited participation from local professional sports team</td>
<td>NFL team Seahawks is a major supporter of concussion policy</td>
</tr>
<tr>
<td>Developed detailed regulations and public comment period</td>
<td>Did not create regulations in addition to law</td>
</tr>
<tr>
<td>2 Seasons to Implement</td>
<td>1 Season to Implement</td>
</tr>
<tr>
<td>Used pre-existing training materials</td>
<td>Created their own training materials</td>
</tr>
<tr>
<td>Many entities required to take training</td>
<td>Only coaches required to take training</td>
</tr>
</tbody>
</table>
Interviews Per State

- State Health Department Staff (1-2)
- State Athletic Associations Members (1-2)
- Regional or District Athletic Directors (2-4)
- School Coaches (8)
Findings

• Stakeholder Roles and Responsibilities
• Implementation Requirements
• Knowledge and Awareness
Findings (Continued)

• Medical Clearance
• Supporting and Monitoring Implementation of RTP Laws
• Planning Ahead to Evaluate the Impact of RTP Laws
EXAMPLE – PRESCRIPTION DRUG MONITORING PROGRAMS
The Rise of the Prescription Opioid Overdose Epidemic

CDC, National Center for Health Statistics, National Vital Statistics System
PDMP Adoption

**PDMP Promising Practices**

- **Universal:** Prescribers use of the PDMP every time when prescribing opioids and other key controlled substances.

- **Real-Time:** Timely dispensing data, like in a “real-time” PDMP, maximizes the utility of the prescription history data.

- **Actively Managed:** Using PDMP data for public health surveillance and to send “proactive” reports to authorized users to protect patients at the highest risk.

- **Easy to Use and Access:** Making PDMPs easy to use and integrated into the clinical workflow.
After NY instituted universal PDMP use, the average daily # of PDMP reports requested skyrocketed.

After New York instituted universal PDMP use...

Number of opioid Rxs decreased 9.53%

Multiple provider episodes decreased 74.8%

Number of buprenorphine Rxs increased 14.6%

EXAMPLE – SUICIDE PREVENTION IN SCHOOLS
Polling Question

Do you work with suicide prevention for school personnel programs?
# Leading Causes of Death – United States, 2013

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>Number of deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart Disease</td>
<td>611,105</td>
</tr>
<tr>
<td>2</td>
<td>Malignant Neoplasms</td>
<td>584,881</td>
</tr>
<tr>
<td>3</td>
<td>Chronic Lower Respiratory Disease</td>
<td>149,205</td>
</tr>
<tr>
<td>4</td>
<td>Unintentional Injuries</td>
<td>130,557</td>
</tr>
<tr>
<td>5</td>
<td>Cerebrovascular Disease</td>
<td>128,978</td>
</tr>
<tr>
<td>6</td>
<td>Alzheimer’s Disease</td>
<td>84,767</td>
</tr>
<tr>
<td>7</td>
<td>Diabetes Mellitus</td>
<td>75,578</td>
</tr>
<tr>
<td>8</td>
<td>Influenza and Pneumonia</td>
<td>56,979</td>
</tr>
<tr>
<td>9</td>
<td>Nephritis</td>
<td>47,112</td>
</tr>
<tr>
<td>10</td>
<td>Suicide</td>
<td>41,149</td>
</tr>
</tbody>
</table>

Middle-Aged Adults and Youth

- **Middle-aged adults (35-64 years)**
  - 5<sup>th</sup> leading cause of death
  - Largest proportion of suicides (56%)
  - Suicide rate increased 30%

- **Adolescents and young adults (10-24 years)**
  - 2<sup>nd</sup> leading cause of death
  - Significant increase in suicide rates
  - American Indian/Alaska Native suicide rate (23 per 100,000) is 2.8 times higher than the national rate (8.2 per 100,000)

www.cdc.gov/injury/wisqars/leading-causes_death.html
Sullivan et al. MMWR 62(8): 201-205.
State Laws on Suicide Prevention Training for School Personnel

- Per the American Foundation for Suicide Prevention:
  - 9 states mandate annual suicide prevention training for school personnel
  - 16 states mandate suicide prevention training, but not annually
  - 14 states encourage suicide prevention training
  - Some states have unique laws regarding programming, notifications to parents, etc.

Thank You!

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

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov  Web: http://www.cdc.gov
Transforming Injury and Violence Prevention: INNOVATIONS IN POLICY, PRACTICE, AND PARTNERSHIPS

November 13, 2015 · Seattle Airport Marriott · $195
nwcp.php.org/ivp-summit