

AMCHP 2008 ANNUAL CONFERENCE

WE ARE MAKING A DIFFERENCE:

**LEADERSHIP, INNOVATION AND INVESTMENT IN
MATERNAL AND CHILD HEALTH**

**MCH as Key Partners in Reducing Motor Vehicle-related Injuries
and Deaths Among Teens**

March 1st to 5th, 2008

LINDA SCARPETTA: While Chris was talking I was thinking I could have set this up better, um, so we could have the slideshows ready to go. But, um, please bear with me here. This is a different version of PowerPoint than what I'm used to working with.

UNKNOWN SPEAKER: I just went through the same thing last week. I (inaudible) the slide show is at the top. So you get, you almost had (inaudible), oh, oh, real quick, (inaudible) here, if you could find it. Oh, okay.

LINDA SCARPETTA: This one?

UNKNOWN SPEAKER: Instead of down there.

LINDA SCARPETTA: Oh, there you go. Okay, thank you. I'm Linda Scarpetta and I'm the manager of the Injury and Violence Prevention Section at the

Michigan Department of Community Health, and that, um, in the Department of Commerce is listed in the program. So, and I think they saw the COMM and thought that meant commerce, but, um, I'm one of like many of you, from a health department at the state level, and I'm also representing STIPDA, which is the State and Territorial Injury Prevention Directors' Association. And I'm the STIPDA vice president. And today I'm going to be talking to you about 18 driving, um, Injury Prevention Roundtable that, um, STIPDA hosted in June of 2000. And I was asked to serve as the chair of the Planning Committee for that meeting. And so, this'll kind of give you a, um, little bit of a national perspective about some things that have been going on.

Um, in June, uh, on June 21st and 22nd, 2006, um, STIPDA, the CDC, and other federal and nonfederal partners, including the National Highway Traffic Safety Administration, convened a roundtable focusing on the prevention of teen motor vehicle-related injuries and deaths. The project came at the heels of a CDC reorganization and establishment of cross-cutting goal teams. Goal teams were established by life stages, places, and preparedness. And while establishing priorities, teen dri--teen driving jumped to the top of the list for CDC. With limited resources and do some additional funding for one year money, CDC decided to, um, look at what they could do that would have some impact. And they decided to work with their traditional partners, state health departments, to, um, partner with other government and non-government agencies with an interest and experience in teen driving.

I'd like to acknowledge the, the key partners, um, that were involved in planning the roundtable. And I've mentioned STIPDA already. I'm going to put a little bit of a plug in for STIPDA. Um, the--the meeting was organized by STIPDA through a cooperative agreement with CDC. STIPDA was formed in 1992. And it's a national nonprofit organization of professionals committed to strengthening the ability of state, territorial, and local health departments to reduce death and disability associated with injuries and violence.

STIPDA engages in activities to increase awareness of injury, including violence of a, as a public health problem, provides injury and violence prevention and control education, training, and professional development for those within the injury and violence prevention fields, enhances the capacity of public health agencies to conduct injury and violence prevention programs, and supports public health policies designed to advance injury and violence prevention.

And over in that little alcove there, um, STIPDA's going to be having their annual meeting in April, and I'd encourage any of you who are interested to, um, pick up one of those little fliers over there. You can go to the Website, thank you, and, get some more information on the annual meeting if you're interested in learning some more about injury and violence prevention and meeting some of the colleagues that work in that field.

I'd also like to acknowledge the CDC. Arlene Greenspan, April Vance, and Ruth Schultz from the CDC were instrumental in planning and carrying out the roundtable. And I also want to thank them for sharing some of their slides with me, um, in preparation for my presentation today. We had several speakers who gave excellent cutting-edge presentations, and there were 12 state teams that participated with much enthusiasm and commitment. And I just wanted to see if there's anybody in the audience that happened to be on one of those state teams? No? Okay. If any of you are interested, um, in linking up, in a moment I will show you the states that participated in the Roundtable. Um, if any of you are interested in finding out a contact in your state, I'd be happy to try to link you up with someone from that state, um, as well as each state has a STIPDA route, and I'd be happy to link you up with your STIPDA route if you're interested in doing that.

This is a list of the representatives that were serving on the planning committee. You can see it's quite a diverse group. And we were hoping that the planning committee would model the collaboration and partnerships that we wanted to encourage and facilitate at the Roundtable. So we convened a multi-agency, multidisciplinary, um, number of representatives from federal and nonfederal agencies to plan the meeting with STIPDA and CDC. The planning team worked to develop a detailed agenda, make speaker recommendations, and work on, um, developing group sessions for the roundtable for the state teams.

And Gene Shelp, who's a professor at the University of Michigan Transportation and Research Institute, served as the roundtable facilitator, and Chris Hanna also, um, was, um, involved in the planning committee as a representative from the Children's Safety Network. These are the objectives for the roundtable. With increasingly limited resources, the roundtable provided a great opportunity to help facilitate relationships between diverse and nontraditional partners, who have been working desperately toward similar goals. I know that in similar states, public health and traffic safety folks have long, have long collaborative relationships. But in some states, this is a new relationship. And so some of the states came to the roundtable, um, having worked together for a while. They just added some new partners.

But then, some of them came to the table not really even having public health and transportation having worked that closely together. The overall goal of the roundtable was to convene a national level meeting on teen driving safety, bringing together state injury prevention and transportation experts and other partners to learn more about the issues and to discuss and strategies for collaboration to reduce teen motor vehicle crashes and the resulting injuries and deaths.

Several researchers gave presentations, and other experts in the field provided additional background information, which was very valuable. And the state teams had the opportunity to begin development of a state action plan. And the goal

was to, because we had limited time, we really didn't want states, we didn't expect states to finish an action plan, but really, um, just to start to build some relationships within their own state, get to know each other, talk about the issues, and then start talking about what they could do to begin to implement some strategies once they got back to their states.

Participants on the teams consisted of four to seven members. And applications were received and reviewed by an objective review panel, comprised of the planning team members. The criteria for selecting the teams included geographic distribution, program readiness, local data availability and the burden of teen driving injuries in the state. All the states that were selected already had some infrastructure in place, and they were able to articulate the burden and could at least identify other groups that had an interest or some history in working in the area. Some already had state coalitions, and some had coalitions in other, um, areas related to traffic safety, such as Child Passenger Safety or underage drinking.

There were 24 applications and 12 state teams were chosen to participate. And this is a list of the state teams here. I've highlighted those that have teen driving and state performance measures, and it looks like about 25% of the state teams that participated had those performance measures. As you can see, there's pretty good geographic dispersion. And before the meeting we asked for states

to, to prepare one-pagers to describe the work that they had already done, and that would help to facilitate discussion once they arrived at the roundtable.

You can see there is a broad, um, representation of partners, um, the state teams from both the public sectors and private sectors. We looked at what the state teams were doing prior to the roundtable, and, many of the states already had, um, existing coalitions. They had some infrastructure as I mentioned. They had some limited research projects going on, but very few programs were being evaluated. And I think we see that a lot in, in public health, we, that's a something we struggle with, is to have some evaluation to guide our efforts. And there had been limited collaborations. The kinds of activities that state teams reported, that has been happening in their states included high school seatbelt challenges incorporating motor vehicle safety into a school health curriculum, establishing SADD chapters, drinking and driving programs some had done TV and radio PSA's, and distributed brochures.

The agenda was planned to give states time to do some group work. We didn't want it to just be speakers coming up and talking to everybody. We wanted to give states time to get to know each other, talk about the issues, learn some new information, and then start to talk about how that might fit into an action plan.

Some of you may have seen this. In fact, a lot of you might have seen it. This is called the spectrum of prevention. And there are six levels. I just will put three on one slide, I'll put three on the next slide. For those that are not familiar with the

spectrum of prevention, it's a framework for developing a multifaceted approach to injury prevention. The spectrum identifies multiple levels of intervention and encourages people to move beyond the perception that just teaching about healthy behaviors is the only thing that we can do. But there are, there are other, um, strategies that can be used to build on each other to be much more effective. The levels are complementary and when they used, when they're used together, they produce a synergy that results in greater effectiveness.

The spectrum is based on the work of Dr. Marshall Swift, in treating developmental disabilities, and was developed by Larry Cohen while he was director of the Contra Costa Health Services Prevention Program. And the prevention, spectrum of prevention can be accessed at the Prevention Institute Website, and that is on your, um, hot pink handout the, what the Website to go to that if you want some more information. These are the second three, set of three levels. So the states were asked to define what they're currently doing and then develop their action plans around these six levels of prevention.

UNKNOWN SPEAKER: (inaudible) this slide?

LINDA SCARPETTA: Sure. And again, um, as Chris mentioned, the slides are at the, um, AMCHP Website if you want to go back and referred to these.

Everybody set to move on to the next? We're an a broad range of, um, presentation topics, Dr. Gene Shelp and Robert Foss among, they're among the

most noted researchers in the field, were two of the presenters and they addressed the roundtable. In addition, there was a panel of local teams that came, and Alan Brown, whose son Joshua died in a car crash and is the founder of the Joshua Brown Foundation, addressed driver education issues in Georgia. And they all shared their unique perspectives on the issue of teen driving and what can be done to reduce crashes, injuries, and deaths.

There were several breakout sessions. In fact, we had, um, five breakout sessions throughout the roundtable. The first one was getting started, and that just involved, um, introductions within the state teams, kind of icebreaker exercises so they could get to know each other a little better. The second was identifying strategies for success. And, um, that was giving them a chance, based on what the presenters had, the information that was presented, they were asked to brainstorm about what kinds of things they could do back in their own states. The third one is defining a working relationship. And they were asked to identify the types of relationships that might work best in their state, how to do some networking, coalition building a coordination of activities.

The fourth workshop, or breakout session was, um, working on the spectrum of prevention and having the states think through, of those different levels, what were some of the activities that they might be able to do that were new in their state, or what can they do to build on some existing activities. And then the, the last is planning for action. And the state teams had to identify two or three overall

long-term goals that they wanted to accomplish in the next six to 12 months, and began to address those in their action plan.

At the end of the roundtable, each, each state had to present their draft action plan. And then in January of 2007, there were two conference calls, one for the East Coast states and one for the West Coast states, to present an update on their action plans and just what had been accomplished and what kind of challenges they were facing. And all but three of the states participated in that. When we looked at the, um, the goals for the state action plans, um, all of them had some sort of goals to either strengthen or to establish teen driving coalition in their states.

Many of them had graduated driver's licensing goals for either improving their laws or improving enforcement. Some states had goals for education and evaluation related to GDO. Other states have listed teen programs as something they wanted to do. Five states had wanted to implement a, a seatbelt program. And other, eight states had goals in other areas related to like, social norms or drinking and driving. Some of the states had driver education goals for improving or standardizing their drivers ed, or developing some new curricula.

And then some states had parent programs where they wanted to get parents more involved and, and focus on them as a target population. So, as you can

see, the state's kind of had similar overall goals, but the specifics in terms of what they were going to do, they varied quite a bit.

And all of the states had had challenges that they identified. And some common ones where the coordination of multiple agencies. As you all know from working at MCH, you work with lots of different agencies, and, sometimes you've been trying to coordinate their agendas and their activities and trying to find out where people all can fit in and contribute can be challenging. Sometimes there might even be competing priorities. So, that's always an issue. Funding we all know is an issue. There's never enough, um, so how can we, can we leverage resources and, and really get the most for our money.

Implementing programs and activities has its challenges, Especially for outreach. Um, how do you get to the populations that you want to reach? How do you evaluate what you're doing? And then of course, legislation, um, how do we educate new legislators and, and reach out and reeducate those that have been in office for a while? This information is on your handout. So, these are some of the key links that can link you up with some information either on the roundtable or on teen driving or spectrum and prevention.

And I will leave with my funny slide at the end. We all feel like we want to do this with teens sometimes. We want to restrict them, but we still have to work with them in real, in the real world. So, um, we have to strike the perfect balance.

Okay, I think that is it for me. And, well, I'll take, I'll be happy to take questions.

Chris has another presentation, um, but happy to take questions at the end.

Thanks.