



# The Role of Local Health Departments in Safe Communities

Local health departments have the opportunity to play an active role in community injury prevention programs such as Safe Communities. Generally, motor vehicle injury prevention efforts have been left to law enforcement, emergency medical services, engineering, and a specific set of government and advocacy organizations. Health departments did not routinely offer information on injury prevention. However, when looking at the causes of death, health departments cannot ignore injuries, especially traffic-related, as one of the leading causes.

The mission for public health in America is to promote physical and mental health and prevent disease, injury, and disability. On the local level, Safe Communities affords an opportunity to provide leadership in the community on a critical public health problem. Local health departments can customize their safety programs to provide a more personalized approach to complement state and national programs. The time is right for health departments to address this issue in their own communities to decrease deaths and injuries from traffic crashes.

Health departments have much to offer in developing or leading a Safe Communities program, as the following examples illustrate.

## Current Programs

The health department may already be offering some form of safety program in the community, such as child safety seat distribution, bike safety education, or Safety Town. This can provide a springboard into a more pivotal role in promoting community safety.

## Partnerships

Many external partnerships already involve staff from the health department, including participation on the SAFE KIDS Coalition and other health promotion planning groups. Because of existing contacts with many community members, the health department could take a leadership role or become an active participant in expanding this partnerships to include a Safe Communities focus in existing groups or to establish a separate Safe Communities Coalition.

Local health departments often have strong contacts with other area health

departments and this linkage may be very helpful in forming regional Safe Communities Coalitions, sharing ideas for programs, and sharing resources.

Injury control initiatives can be included within existing programs offered through the health department, forming interagency partnerships. For example, staff in well child clinics or Women, Infants, and Children (WIC) clinics could determine whether clients are using child safety seats or refer them to a distribution program.

## **Data**

Health department staff are already familiar with many sources of data, such as mortality and morbidity rates. These causes of death and disability can be used to begin assessing the injury problem in the community. Data linkages can be formed with community members to obtain data from law enforcement agencies and from state departments responsible for collecting crash data. Health department staff have experience conducting needs assessments and may use those data as part of a community assessment process to determine what needs are most prevalent in the community and how they can be addressed.

## **Developing Goals and Objectives**

When setting goals and objectives for the Safe Communities program, health department staff can help to assure that they are developed based on identified need. Healthy People 2000: Objectives for the Nation, developed by the U.S. Department of Health and Human Services, can provide a national guideline as a point of reference in setting local goals.

## **Health Promotion**

The Safe Communities program can be structured within the health promotion area of a local health department. Already focusing on high risk behaviors, this area can plan activities that reduce risks from drinking and driving, not wearing safety belts or using child safety seats, not wearing a bicycle helmet, and speeding.

## **Evaluation**

In addition to program planning and implementation, health educators can conduct process, impact, and outcome evaluations to measure the effectiveness of programs (e.g., injury rates, behavior change, cost to industry, knowledge) and to provide ongoing improvements.

## **Disease Prevention Models**

Public health staff already have expertise in the use of public health models and these can be easily adapted to injury control. For example, primary prevention

(reduce susceptibility to health threat), secondary prevention (lessen severity of injury), and tertiary prevention (reduce effects of injury) models can be used for safety belts and air bags, and can reduce the effects of injury through improved rehabilitation.

The core functions of public health (assessment of problems, needs, and resources; development of local policies and priorities; assurance that the policies are carried out) can be used to collect data to determine the extent of local traffic injuries, identify community resources, use a community coalition to prioritize the needs, and implement a policy or program to address the need.

## **Grant Writing**

Many of the programs offered through local health departments are funded through national, state, and local grants, as well as through private foundations. Grant writing is a skill that health departments can offer a Safe Communities program.

## **Under-served Populations**

Some of the services offered through local health departments reach various under-served populations, such as low income individuals. Staff are experienced in working with these populations, which may be at higher risk for certain health behaviors.

## **Credibility**

In general, health departments have established credibility within the community. The health officer or commissioner can be very influential in establishing a Safe Communities Program and, with other staff members, is a valuable resource on a coalition.

There are some barriers that may prevent some health departments from getting involved in a Safe Communities Program, such as:

- ▶ Limited resources, including staff time, funds, and materials; and
- ▶ Not viewing traffic injuries as a public health issue.

However, the benefits to the local health department for participating in a Safe Communities Program are numerous:

- ▶ Promote the public health mission;
- ▶ Provide leadership in the community;
- ▶ Lower mortality and morbidity rates from injuries;
- ▶ Expand existing public health efforts into a new area;

- ▶ Increase community partnerships;
- ▶ Provide permanent improvement in community infrastructure, e.g., improved road design;
- ▶ Secure funding for health promotion efforts;
- ▶ Improve community relations, increase awareness of health department services, and promote a positive image; and
- ▶ Provide expertise in health promotion and epidemiology (interpreting health data).

The benefits of taking a leadership role in a Safe Communities program greatly outweigh the barriers. The current community need and interest in injury prevention provides support for health department involvement. With injury prevention clearly stated in the public health mission, local health departments are essential partners in Safe Communities. Now is the time to get involved!

## About the Authors

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