



How Safe Communities Can Help Hospitals Reduce The Motor Vehicle Injury Burden

Preventable injuries pose a large health threat to America's communities. Given their expertise and community standing, hospitals are uniquely positioned to meet the prevention challenge. The Safe Communities model offers a proven success strategy for hospitals willing to lead in reducing injuries. The approach and how hospitals can form coalitions in their own communities are described here.

What is Safe Communities?

The Safe Communities concept in the United States began in 1996 with just a handful of sites. About the same time, the World Health Organization began promoting the approach, spurring international development of Safe Communities. By late 2002, more than 1,000 Safe Communities sites were in existence across the United States.

The Safe Communities concept requires:

- ▶ Analysis of multiple data sources.
- ▶ Extended partnerships with professionals outside the traditional traffic safety community.
- ▶ Citizen involvement and input.
- ▶ Integrated, comprehensive injury control that combines prevention, acute care, and rehabilitation.

Basically, local stakeholders use an integrated system to address all injuries in their community by linking efforts in prevention, acute care, and rehabilitation efforts. Typically, an interdisciplinary citizens coalition first documents the frequency and causes of injuries common in that community. The data enables the coalition to design and execute measures specially targeted to reduce injuries of that type.

The model has succeeded in reducing injuries in communities, despite their size, wealth, geographic location, or demographic mix. Safe Communities also

complements other efforts, as Healthy Communities, in which many hospitals are involved.

Rationale for Involvement

Hospitals have a stake in injury prevention and control in their communities:

- ▶ Community health is part of the hospital's mission. Nationally, injuries amount to 10 percent of all physician visits and 38 percent of emergency room visits.
- ▶ The high cost of treating injuries can negatively affect the hospital's finances.
- ▶ As large employers, injuries affect productivity and personnel costs.
- ▶ Many large hospitals have trauma centers, which may be required to engage in injury prevention to keep their designation from the American College of Surgeons.
- ▶ Some States mandate hospitals to perform such community-benefit activities as injury prevention.

Lower Costs

Hospitals can curb their own costs by working with Safe Communities coalitions. Traffic injuries are costly to treat because often they require high-priced equipment, specially trained personnel, and extended rehabilitation. In 2000, hospitals, other health providers, and charities absorbed \$33 billion of unpaid charges from the total economic cost of car crashes. Coalitions can spread the burden and cost of injury prevention activities and they also can reduce the hospitals' costs to treat crash victims. Harlem Hospital Center's Injury Free Coalition For Kids Program in New York used the Safe Communities approach and halved its pediatric injury rate over 10 years.

Other Benefits

Hospitals receive added benefits by participating in Safe Communities coalitions:

Marketing

- ▶ New ways to extend their reach.
- ▶ Positive publicity to drive hospital selection decisions and add new income.
- ▶ Good corporate citizenship.

- ▶ Personnel.
- ▶ Lower community injury rates, with fewer injuries among hospital employees and their families, increased productivity, and lower insurance costs.
- ▶ A positive outlet for hospital employees frustrated at treating endless preventable injuries.
- ▶ Research and evaluation opportunities for residents, students, and instructors.

Administrative

- ▶ Ability to lobby for injury prevention without violating the hospital's nonprofit rules.

Programs

- ▶ Greater community acceptance for injury
- ▶ prevention.
- ▶ Pooled resources that enable more to be accomplished.

Hospitals' Role in Safe Communities Coalitions

Hospitals bring unique assets to Safe Communities coalitions, such as:

- ▶ Data on injuries they treat, to better determine what's occurring in the community and to target resources.
- ▶ Employees who are effective advocates and spokespersons. Healthcare professionals put a face on injuries and share success stories about people saved by the safety belt, air bag, or child safety seat. Hospital professionals also can share their experience on consequences of unsafe behavior.
- ▶ Vast credibility with the public and media, which helps frame injury prevention as a key healthcare issue.
- ▶ Connections to others engaged in prevention, acute care, and rehabilitation who can be drawn into the coalition.
- ▶ Skills in injury prevention, education, marketing, fund raising, evaluation, computers, telecommunications, and data collection.
- ▶ Meeting and event space to lend the coalition.
- ▶ Sophisticated communications capabilities such as web development, media buying, recording studios, print shops, newsletters or magazines,

and radio or TV shows.

- ▶ Large groups of employees and volunteers on whom coalitions can rely.

Participation in Safe Communities Coalitions

Safe Communities coalitions need their local hospitals, which, in turn, benefit from participation. Two options for hospitals:

- ▶ Join an existing Safe Communities coalition.
- ▶ Organize a new coalition.

A hospital's staff may already know about a local Safe Communities coalition because they interact daily with the police and fire departments, the public health department, schools, or local employers. If a local coalition exists, the hospital can contact members to learn when the next meeting will be held. The coalition certainly will be pleased to have the hospital participate. The group probably wanted to recruit the hospital, but didn't know whom to approach.

Forming a Coalition

If a local coalition does not exist, hospitals are poised to lead the forming of a broad-based alliance.

First, contact the National Highway Traffic Safety Administration (NHTSA) to learn about regional NHTSA staff who have been trained in the Safe Communities approach. Such individuals can help budding coalitions save time and money. Also see "Getting Started," an educational piece in NHTSA's Safe Communities Folio series.

NHTSA's web site at www.nhtsa.dot.gov/safecommunities includes:

- ▶ Background on the Safe Communities concept.
- ▶ Examples of what other coalitions have done.
- ▶ List of coalitions nationwide (Town Square Directory).
- ▶ Links to Safe Communities coalitions' web sites.
- ▶ Links to traffic safety and other safety organizations around the world.
- ▶ Links to web pages with program ideas, reports, data, evaluation techniques, and other helpful resources.
- ▶ Downloadable reports and other documents.

Hospital success stories about Safe Communities coalitions can be found at:

- ▶ Cape Girardeau (MO) Safe Communities:
www.cityofcapegirardeau.org/depts/police/safe.html
- ▶ Dallas Injury Prevention Center:
www3.utsouthwestern.edu/parkland/ipc/realindex.htm
- ▶ Harlem Hospital Center: www.injuryfree.org/site_display.cfm?PermanentId=27CE86C5-D546-40F6-AB7227EEBBE50E10
- ▶ Providence (RI) Safe Communities Partnership (Hasbro Children's Hospital): www.edc.org/buildingsafecommunities/vol1_1/injcntrl.htm
- ▶ Riley Hospital for Kids (Indianapolis, IN) "Safety Smart: Developing and Maintaining an Integrated Injury Control System":
www.rileyhospital.org/document.jsp?locid=1534

The hospital should decide which department would lead the forming of the coalition. Often selected are:

Departments concerned with the hospital's image:

- ▶ Marketing
- ▶ Public relations
- ▶ Community relations
- ▶ Community outreach

Departments with the greatest stake in injury prevention:

- ▶ Emergency
- ▶ Trauma
- ▶ Pediatrics
- ▶ Wellness/patient education

A combination of both groups.

Once leadership is assigned, the hospital needs to decide which community groups should be invited to join the coalition. A good place to start is the local community council of nonprofit organizations or the United Way, as they are most likely to know what others are doing about safety. They can also help identify less obvious potential partners. Personnel in the hospital's emergency department, acute care, and rehab areas can help identify coalition participants. Law enforcement, emergency medical services (EMS), and other services groups can also provide data, expertise, and experience to a new Safe Communities coalition.

Whether or not to invite other hospitals to join the coalition may be a sensitive issue. Being the only hospital in a coalition may offer an advantage in publicity

and good corporate citizenship. Hospitals that keep out competition may have difficulty recruiting other community members because they are reluctant to be involved in an exclusive relationship. Also, the data from all local hospitals are important for fully understanding the local injury problem.

Injury prevention is such a crucial public health issue an inclusive coalition may be worthwhile. If a hospital chooses to invite other hospitals into the coalition, the local hospital association may be helpful in creating a more neutral environment for organizing the coalition.

Approaching Potential Coalition Members

Invite potential coalition members to a planning meeting at the hospital. Most people and organizations like to feel needed: Tell them they are important to solving this major public health problem.

The First Meeting

At the planning meeting, share facts on injury prevention and the Safe Communities approach. NHTSA's Safe Communities web site has marketing presentations you can download and use. The hospital's emergency and trauma departments can provide data to highlight the community's injury problem. From the Internet, find examples of what other communities in your State or region have done. Or use examples from communities similar in size to your own.

The hospital may wish to provide the coalition's initial administrative and institutional support. This will get things off to a running start and make others feel more comfortable about committing to the new endeavor. Such a commitment from the hospital is not needed, however, since a great service has been done by organizing the first coalition meeting.

If enough interest exists, the next step is for the group to select a chairperson. Then it's up to the chair to set a date and agenda for the next meeting.

Act Now!

The benefits of hospitals leading a Safe Communities program far outweigh any barriers. With healthcare costs remaining high and reimbursement struggling to keep pace, hospitals need effective ways to reduce treatment costs. Hospitals' expertise and standing in the community poises them to meet the injury prevention challenge. The Safe Communities model offers a proven success strategy for hospitals willing to play a leading role in reducing injuries. By preventing injuries, a Safe Communities coalition may be just what the doctor ordered.

Special Thanks

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Prescriptions for Safer Communities

Ways U.S. hospitals can serve their local Safe Communities coalitions:

- ▶ Buckle-up checkpoints in the hospital parking lot. Buckled-in drivers rewarded with ice cream from the hospital cafeteria.
- ▶ Child safety seat checkups in the hospital parking lot.
- ▶ Train coalition members and others on correct installation of child safety seats.
- ▶ Research on alcohol's affect on the incidence and severity of trauma treated in the hospital's emergency room.
- ▶ Public relations staff can provide guidance and support for a coalition campaign.
- ▶ Feature the coalition on the hospital's weekly radio show or in-house newsletter.
- ▶ Give coalition a free booth at a hospital-sponsored fun run or community health fair.
- ▶ Purchase fatal vision goggles and loan them to other coalition members.

Also:

- ▶ Create motor vehicle safety program for the older drivers.
- ▶ Distribute Network of Employers for Traffic Safety (NETS) safe driving materials to hospital employees.
- ▶ Recruit staff to distribute safety literature on street corners.
- ▶ Build playgrounds to give children an alternative to playing in the streets.
- ▶ Provide classroom instruction on vehicle occupant and pedestrian safety to school children.
- ▶ Train Hispanic safety advocates to go into schools to train other parents on safety issues.

