Building Bridges

Between Traffic Safety and Public Health

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Introduction

This issue's lead story concerns managed health care and its implications for traffic safety and injury prevention. As part of this feature, we are pleased to bring you interviews with Dr. Ricardo Martinez, Administrator, National Highway Traffic Safety Administration (NHTSA), and Dr. Mark Rosenberg, Director, National Center for Injury Prevention and Control (NCIPC) at the Centers for Disease Control and Prevention (CDC). The second major story in this issue concerns *Safe Communities*, a major initiative that should add a new vitality to the fields of traffic safety and injury prevention, as well as promote collaborative activities.

Please fill out and return the enclosed evaluation postcard to help us better serve your needs.

And remember, back issues of *Building Bridges* (as well as other resources) can be found on the World Wide Web at <http://www.edc.org/HHD/csn/buildbridges/>.

Injury Prevention and the Changing Face of Health Care

The term "managed care" is used to describe a variety of ways to finance and deliver health care. The most fully developed of these options, Health Maintenance Organizations (HMOs), have grown in enrollment from 6 million in 1976 to 51 million in 1994. Many insurance companies now offer managed care as well as more traditional coverage options. The growth of managed care as a health care alternative, as well as its emphasis on prevention, health maintenance, and cost control, provide traffic safety and injury control professionals with new challenges and opportunities.

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Initiating a Collaboration

Managed care organizations allocate a small portion of their care budgets to prevention. Injury prevention competes for this resource with infectious disease prevention and prenatal care. It may be easier to begin working with an HMO's community relations or marketing departments, which promote the organization as a responsible provider of health protection and care.

The Safety and Health Council of Greater Omaha, a chapter of the National Safety Council, used this strategy when it involved Blue Cross/Blue Shield in its *Arrive Alive* impaired driving campaign. The council's Brigette Young explains:

> *Before we approached them, we had a very detailed outline of the campaign and a detailed budget. The message we stressed was "Not only will we cut down on traffic-related injuries, but we will get your company's name out there as a responsible provider." When you show the company they are gaining from it, the funding can come out of their advertising and marketing budget.*

A second project, also from Nebraska, demonstrates another benefit of working with a company's marketing department—access to designers, writers, and public relations experts. When the Nebraska Office of Highway Safety collaborated with Blue Cross/Blue Shield on a billboard campaign for safe holiday driving, Blue Cross not only paid for the advertising space but helped design the billboards. "The suggestion for this collaboration actually came from the billboard company," says Fred Zwonechek of the Nebraska Office of Highway Safety. "The billboard company, Imperial Outdoor Advertising, had been working with both Blue Cross and the Office of Highway Safety on similar campaigns and suggested we work together. The billboards have been really popular—we've received a lot of positive responses from the community."

HMO newsletters are another valuable resource for spreading the traffic safety message. "Most HMOs have newsletters that go out to their customers," says Pat Salber of Kaiser Permanente, a large HMO based in California. "The stories in these newsletters are all about improving health." Newsletters are a useful forum for educating HMO subscribers about child passenger restraints, bicycle and motorcycle helmets, and the dangers of alcohol- or drug-impaired driving.

Choosing a Target

Bicycle helmet and child safety seat campaigns are particularly attractive to managed care organizations. The company can count (and publicize) the number of items it distributes. The subscriber receives a concrete benefit. And these campaigns work. Both Group Health Cooperative of Puget Sound and Kaiser Permanente Northwest have achieved significant increases in helmet use and reductions in head injuries through bicycle helmet programs. (See "Bicycle Helmets: Still the Way to Go," page 3.)

Managed care organizations can also use financial incentives to encourage safer lifestyles. Pierce County Medical Bureau, Inc., a Tacoma, Washington, Blue Shield organization, waives the copayment or deductible for injuries incurred while wearing a safety belt or motorcycle helmet. This policy started in 1987 while Washington State's motorcycle helmet bill was being debated. According to Pierce County Medical's Julie Pisto, "We wanted to support the bill in a very public way. We wanted to get across the point that injuries not only consume a vast quantity of health care dollars but also cause a great deal of pain to the families of those injured or killed in motorcycle

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Editor: Marc Posner
Staff Writer: Stephanie Malloy
Graphic Designer: Michele Caterina
Project Director: Chris Miara

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Building Bridges
Education Development Center, Inc.
55 Chapel Street
Newton, MA 02158-1060
Phone: (617) 969-7100, ext. 2351
Fax: (617) 527-4096
E-mail via Internet: marcp@edc.org

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collisions." Pierce County Medical continued to provide these financial incentives after the bill was signed into law. "There are different ways to motivate people," Pisto says. "Laws don't always do it."

Medicaid and Managed Care

The states and the federal government jointly finance Medicaid as a way of providing health care to poor and disabled people. Traditionally, Medicaid has contracted with health care providers on a fee-for-service basis. States can now apply for waivers allowing them to establish Medicaid managed care programs. These states issue requests for proposals (RFPs) detailing the core services that must be provided to recipients. Approved respondents to these RFPs contract with the state Medicaid agency to manage and provide care to Medicaid beneficiaries.

Requiring core services to include injury prevention activities is a powerful method of bringing traffic safety and injury prevention to managed care providers (as well as low-income populations, often at higher risk for injuries than the average American). Medi-Cal, California's Medicaid managed care program, includes language in its RFPs requiring providers to "collaborate in local health department community-based prevention programs." Organizations responding to these RFPs often incorporate prevention and education into their overall health services, benefiting all subscribers, not just those on Medicaid. A recent report by the National Association of County and City Health Officials encourages local and state health departments to take an active role in ensuring that prevention language is included in Medicaid managed care RFPs and contracts (see "For More Information on Managed Care . . . " on page 5).

Looking Toward the Future

Dr. Mark Rosenberg, Director, National Center for Injury Prevention and Control, suggests that the ways in which Americans finance and receive health care are still evolving (see interview, page 5). This evolution presents traffic safety and injury prevention professionals with the challenge of learning to work with new partners and the opportunity of using financial incentives to make injury prevention part of the health care package offered to Americans by their health care providers.

Bicycle Helmets: Still the Way to Go

The fall 1994 issue of *Building Bridges* included the history of a coalition that passed a mandatory bicycle helmet law in Oregon and promoted compliance with the new law.

Kaiser Permanente's Northwest Region played an integral role in this effort. Dr. Mark Tochen, a Kaiser Permanente pediatrician, testified on behalf of the legislation. After the law was passed, Kaiser Permanente contributed its unique strengths to educate the public about the law and supply bicycle helmets to those who could not afford them.

Kaiser Permanente's pediatricians were already writing prescriptions allowing children to purchase low-cost helmets from the HMO's pharmacies. Helmets were also sold to the public at cost the week the Oregon law went into effect. The Northwest Region expanded these efforts with a $45,000 grant from the Kaiser Permanente home office allowing them to purchase and distribute helmets to low-income children. Existing partnerships with schools helped Kaiser Permanente identify children in need of free helmets.

As one of the oldest managed care organizations in the nation, Kaiser Permanente recognized the importance of promoting bicycle helmets to the entire community. Mary Strebig, community relations manager, says, "We realize that there is a community component to injury. We considered keeping our campaign internal, but recognized that it would be more effective if it was communitywide." To this end, Kaiser Permanente staff joined police, firefighters, and others in volunteering at bicycle rodeos. The coalition also makes bulk purchases of inexpensive helmets from the HMOs, which are stored in their warehouses until they can be distributed.

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On Managed Care: Interviews with Dr. Ricardo Martinez and Dr. Mark Rosenberg

Building Bridges **was fortunate enough to be granted interviews with Dr. Ricardo Martinez, Administrator, National Highway Traffic Safety Administration (NHTSA), and Dr. Mark Rosenberg, Director, National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC). These excerpts touch on the implications of managed care for traffic safety and injury prevention.**

Dr. Ricardo Martinez, Administrator, National Highway Traffic Safety Administration

Managed care provides a huge opportunity for traffic safety. But injury prevention is not yet on the radar screens of many managed care organizations. Many managed care providers still hold the traditional view that injuries are not predictable or preventable. We need to change that mindset.

Compare the way that managed care organizations typically respond to cardiac patients and the way they respond to patients with injuries. When a person comes into a health care provider with chest pains, they treat the episode. But they also talk to the patient about reducing risk factors by losing weight, exercising, avoiding fatty foods, and not smoking. With an injured patient they just treat the injury and give the patient instructions on how to take care of the wound. We need to help them understand that injury is a disease process and can be prevented through risk reduction. We need to help them make the paradigm shift from treating injuries to preventing injuries.

One of the goals of managed care is to decrease utilization of treatment services and hold down health care costs. A healthy person requires little care and no treatment. But healthy people can be injured. The money that is spent on an injured person who requires long-term medical treatment and rehabilitation goes up and stays up. And a patient with a long-term medical condition caused by an injury is not going to transfer to another health care provider. An organization that can prevent injuries to its healthy patients can reduce its costs.

The evolution of managed care bodes well for this paradigm shift. Currently, people switch managed care providers every five to seven years. There is little economic incentive in spending money to educate people about injury prevention if you only have responsibility for them for a short period of time. But as managed care organizations merge and their market share increases, there are economic incentives to move to population-based injury prevention strategies, since each company will be responsible for a larger proportion of the population in the geographic area it serves. Providers will want to build alliances with people who have experience with such strategies. And these are the people in traffic safety and public health.

NHTSA has begun to build these alliances. We are working with the Group Health Association of America [a national membership association of health maintenance organizations]. *Safe Communities* [article on page 6] *provides an opportunity for working with health care providers, public health agencies, emergency medical services, businesses, and traffic safety groups. We sometimes focus so hard on "motorcycle helmets" or "bicycle helmets" or "violence" that we end up competing with ourselves. The real issue is not motorcycle helmets or bicycle helmets or violence. The real issue is injury prevention. This is why* Safe Communities *views motor vehicle injuries in the context of the overall injury problem.*

Another way that we can help managed care organizations make the shift to injury prevention is by creating data systems that will help them target and evaluate their efforts. NHTSA is working very closely with the CDC to develop these systems. We are working with the CDC on a uniform data set for emergency departments. We have a program called CADRE (Critical Automated Data Recording Elements) for law enforcement and traffic safety professionals. Our CODES program [featured in the winter 1995 *Building Bridges*] *links traffic safety data with hospital and emergency medical service data so we can begin to look at both the causes and the consequences—including the financial consequences—of motor vehicle injuries. We found, for example, that medical care for a hospitalized driver who was involved in a collision and using seat belts was $5,000 less than for a driver who was not belted. That's a significant fact you can use when trying to get managed care organizations involved in prevention.*

The transition to managed care is a long-term change which is going to occur with or without those of us who work in traffic safety and other injury prevention programs. We need to constantly look for opportunities to raise the issue and to bring people together. We have to make sure we have programs and resources to allow people to change roles. The opportunity is there. We should take advantage of it.

Dr. Mark Rosenberg, Director, National Center for Injury Prevention and Control

There are many opportunities for managed care organizations to become involved in injury prevention. There are many proven interventions with high benefit-cost ratios. The trick is figuring out how these interventions can be utilized by managed care organizations.

For example, managed care organizations pay a large part of the $12 billion in hospital and rehabilitation costs due to motor vehicle-related injuries. A substantial portion of these injuries are related to alcohol abuse. Alcohol is also associated with drownings, burns, suicide, and interpersonal violence. To prevent alcohol-related injuries, managed care organizations can screen injured patients for alcohol problems and provide counseling and other treatment services as needed. This can help improve patient management and reduce the risk of future injuries and deaths.

Managed care organizations are also in the position to intervene when subscribers develop medical conditions that affect their driving ability—conditions like strokes, seizures, or impaired vision. Capitation [a system under which the health care provider receives a fixed fee for each person under their care, regardless of the actual cost of treatment] *provides a vested interest in keeping people healthy—and a new reason for physicians and health care organizations to intervene when they believe patients' driving abilities may be impaired.*

Some of these interventions will not pay off in the short run. But they pay off very well in the long run. The more managed care organizations promote health and prevent injuries, the more satisfied their clients will be. They will also be less likely to drop out and go to another health care organization. I think people will remain [in a particular health plan] *for a longer period of time if you provide an image that shows you care—by distributing bicycle helmets, for example. This may increase their incentive to stay with you. That's another reason to look at issues such as preventing domestic violence, youth violence, motor vehicle injuries, falls, fires and burns, and sports-related injuries. All these activities promote the image of the managed care organization as responsible and caring. In addition, investment in injury prevention programs might help managed care organizations market themselves to benefits managers and others who make health care purchasing decisions.*

We need to look at the greater good and how the system could work if everyone paid attention to the common good—not just their strict share of the market, not just their members at this point in time. If every managed care organization provides helmets for children, then kids throughout the country will have helmets, and kids moving into a different managed care plan will come with their helmets. Thus, the burden of shared costs for head injuries for all managed care organizations will decrease.

Another reason to become involved in injury prevention is the good it does for an organization's subscribers and the community in general. And doing good is something that the members of the managed care organization—the physicians, the nurses and technicians, as well as the patients—really care about. There are many managed care executives who want to do good things. Some managed care organizations are investing for altruistic reasons right now—trying new approaches and funding programs through a foundation or pilot interventions. They have concerns that go beyond the profit margin and beyond the individual client.

Managed care organizations are still evolving. We're still in the early stages. We can't expect that managed care organizations will assume all of the responsibilities traditionally held by traffic safety and public health agencies. There will be a process of mutual education. There are things that each can teach and things that each can learn.

For More Information on Managed Care . . .

Medicaid Managed Care: A Handbook for Public Health Agencies. Available for $15 from National Association of County and City Health Officials, 440 1st Street N.W., Suite 500, Washington, DC 20001. Phone (202)783-5550.

"Prevention and Managed Care: Opportunities for Managed Care Organizations, Purchasers of Health Care, and Public Health Agencies." *Morbidity and Mortality Weekly Report Recommendations and Reports*, Nov. 17, 1995, vol. 44, no. RR-14.

Bicycle Helmets. . .
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One of the stars of the bicycle helmet program is "Evel the Weevil," a big green bug from the Kaiser Permanente children's health education theater program. Evel's picture decorates the sides of over 40 medical supply vehicles, bringing this message to the streets and interstates of the Pacific Northwest: "Bike helmets save lives. Wear one every time you ride."

For more information about Kaiser Permanente's programs, contact Mary Strebig, Community Relations Manager, 500 N.E. Multnomah Street, Suite 100, Portland, OR 97237. Phone (503)813-4824.

Evel the Weevil helps kids with their bike helmets.

Safe Communities

Safe Communities is a major new NHTSA initiative representing the next generation of traffic safety programs. The *Safe Communities* approach . . .

- emphasizes the importance of obtaining and analyzing local data, as well as of linking traffic safety data with public health, cost, and other data to provide an accurate picture of the local injury problem and its effects on the community
- transcends the usual traffic safety partners to include public health, medicine, emergency medical services, law enforcement, business, and community organizations in a Safe Community coalition
- places a special emphasis on citizen involvement
- incorporates prevention, acute care, and rehabilitation as essential components of an integrated and comprehensive injury control system

A Safe Community project begins with a data analysis that identifies particular injury problems within that community. The Safe Community coalition uses this analysis to target, design, implement, and evaluate projects to prevent a targeted injury among a specific group (for example, pedestrian injuries to elementary school children). Over time, the coalition expands its scope: identifying and targeting additional injury problems and implementing additional injury prevention activities.

On March 15, 1996, Dr. Ricardo Martinez, NHTSA administrator, inaugurated *Safe Communities* with a live teleconference linking 30 interactive sites and simulcast over several specialized satellite channels, including the Law Enforcement Television Network. This event introduced *Safe Communities* to thousands of traffic safety and public health, law enforcement, fire protection, and emergency medical services professionals as well as educators and community leaders. A workshop that explores the *Safe Communities* approach will be held in Albuquerque, New Mexico, on April 13 and 14, just prior to *Lifesavers 14*. For registration information on *Safe Communities: A Vision for the Future*, fax a request with your full name and address to Meetings Management, Inc., at (703)922-7780.

Write for Safe Communities

NHTSA is seeking community practitioners to write two- to four-page technical assistance pieces for a *Safe Communities* resources folio. Topics include "Working with the Insurance Industry," "Using Citizens to Set Priorities," "The Role of Business," "Monitoring and Evaluating Programs," "The Role of Health Departments," "Calculating Costs," "Partnering with Safety Specialists," "Employee Injury Case Studies for Businesses," "Coalition Building," and "The Road to Self-Sufficiency." Stipends of up to $300 per piece will be available. Interested persons should submit a one-page description of their experience in the selected topic area(s) and a short writing sample to Barbara Harsha, National Association of Governors' Highway Safety Representatives, 750 First Street, Suite 720, Washington, DC 20002. Phone (202)789-0942, Fax (202)789-0946.

Safe Communities in the South

The Greater Dallas Injury Prevention Center (GDIPC) has incorporated the *Safe Communities* approach in its activities since its founding in August 1994. A *Safe Communities* Executive Advisory Committee guides GDIPC's work and promotes community participation. In addition to its Dallas-area injury prevention activities, GDIPC, with funding from NHTSA, provides *Safe Communities* training and technical assistance to other agencies, organizations, and communities.

Safe Communities in Dallas began with a series of presentations to community and business leaders to mobilize support and resources. GDIPC also analyzed the regional mortality, morbidity, and cost associated with injuries. This study revealed that Dallas County experiences over 550 motor vehicle collisions weekly, resulting in an average of 119 injuries and 3 deaths each week. A "coalition of interest" was recruited to implement a campaign to reduce the number of motor vehicle collisions in Dallas. This coalition included representatives from AllState Insurance, the American Automobile Association, the Dallas Fire Department, the Dallas Concilio of Hispanic Services, Mothers Against Drunk Driving, the Parkland Memorial Hospital, NHTSA, and the Texas Department of Transportation.

The resulting campaign, *Don't Wreck Your Week,* was modeled after a successful intervention used in Edmonton, Alberta. This campaign (which culminated during the week of February 3–10, 1996) included parking lot seat belt checks and presentations by automobile collision survivors in churches, educational activities in local schools, designated driver promotions in restaurants, and a media campaign involving drive-time radio shows, newspapers, and television stations. GDIPC will evaluate the campaign, measuring success in both process (including the number of households reached) and outcome (a reduction in traffic crashes and injuries, using baseline crash data provided by the police department).

In the future, the *Safe Communities* Executive Advisory Committee will choose additional topics for major injury prevention campaigns and recruit additional "coalitions of interest" to implement these programs.

The GDIPC is also assisting with the implementation of *Safe Communities* in Craighead County, Arkansas. A major step was a workshop to introduce community leaders to the *Safe Communities* approach. At this workshop, GDIPC facilitators . . .

- introduced participants to important concepts, including injury as a public health problem, injury prevention, and the community public health approach
- used local data to demonstrate the impact of injuries on Craighead County
- explained the *Safe Communities* process
- discussed the community's next steps

The Craighead County coalition's first program was a holiday season campaign encouraging people to buy and install smoke detectors. Several recent residential fires focused public attention on this issue, and the holidays were an opportune time for people to purchase detectors while shopping.

The coalition, with assistance from the GDIPC and an Arkansas State University professor, is also designing a system to analyze the county's injuries by using data from existing data sets, including those from local law enforcement agencies, schools, EMS providers, and hospitals.

For more information on the GDIPC and its *Safe Communities* program, contact Allen Bolton, Director, Greater Dallas Injury Prevention Center, 6300 Harry Hines Blvd., Bank One Building, Suite 300, Dallas, TX 75235. Phone (214)590-4455.

For more information on *Safe Communities*, contact your regional NHTSA office.

Region I (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont):
(617) 494-3427

Region II (New York, New Jersey, Puerto Rico, Virgin Islands):
(914) 682-6162

Region III (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia):
(410) 768-7111

Region IV (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee):
(404) 347-4537

Region V (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin):
(708) 503-8991

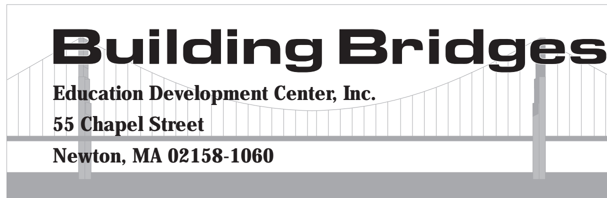
Region VI (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, Indian Nations):
(817) 334-3653

Region VII (Iowa, Kansas, Missouri, Nebraska):
(816) 822-7233

Region VIII (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming):
(303) 969-6917

Region IX (Arizona, California, Hawaii, Nevada, American Samoa, Guam, Mariana Islands):
(415) 744-3089

Region X (Arkansas, Idaho, Oregon, Washington):
(206) 220-7640



To:

Resources

"Air-Bag-Associated Fatal Injuries to Infants and Children Riding in Front Passenger Seats—United States." *Morbidity and Mortality Weekly Report,* Nov. 17, 1995, vol. 44, no. 45.

Crash Newsletter is published by Citizens for Reliable and Safe Highways (CRASH), which also operates the Truck Resource Education Center. For more information, contact CRASH, 116 New Montgomery Street, Suite 900, San Francisco, CA 94105. Phone (415)777-3942 or (800)CRASH12.

Digest of State Alcohol-Highway Safety Related Legislation (13th edition, current as of January 1, 1995). Available from the Office of Alcohol and State Programs, Legislative Resource Center, NHTSA, NTS-21, Room 5130, 400 Seventh Street, S.W., Washington, DC 20590. Phone (202)366-2729.

Evaluation of Youth Peer-to-Peer Impaired Driving Programs. Available from Linda Cosgrove, Office of Program Development and Evaluation, NHTSA, NTS-33, 400 Seventh Street, S.W., Washington, DC 20950. Phone (202)366-2752.

ICADTS Reporter, the newsletter of the International Council on Alcohol, Drugs, and Traffic Safety, is available at no charge from Potomac Press, 7316 Wisconsin Avenue, Suite 1300 West, Bethesda, MD 20814. Phone (301)984-6502.

Moving Forward: Expanding Collaboration Between Traffic Safety and Public Health presents case studies of collaboration between highway safety and public health professionals. Available from your region's NHTSA office (see page 7) or Barbara Sauers, NHTSA, 400 Seventh Street, S.W., NTS-22, Washington, DC 20590. Phone (202)366-0144, e-mail <bsauers@nhtsa.dot.gov>.

Safe Ride News is now available for $25/year from Safe Ride News Publications, 117 E. Louisa Street, Box 290, Seattle, WA 98102. Phone (206)328-1424.

So You Want to Link Data is a manual on obtaining and preparing state traffic injury data for linkage. Available from NHTSA, 400 Seventh Street, S.W., Room 6125, Washington, DC 20590. Phone (202)366-5364.

Conferences

April 14–April 17, Albuquerque, NM: *Lifesavers 14: National Conference on Highway Safety Priorities.* For more information, contact Lifesavers Conference, P.O. Box 30045, Alexandria, VA 22310. Phone (703)922-7944.

April 30–May 2, Breckenridge, CO: *3rd Annual Colorado Safety & Prevention Conference.* Contact Kay Woolley, Colorado Department of Public Health and Environment, EMSD-ADM-A3, 4300 Cherry Creek Drive South, Denver, CO 80222-1530. Phone (303)384-8094.

May 20–May 22, Jefferson City, MO: *Head Injury: Research, Practice, and Policy—Today and Tomorrow.* For information, contact Susan Vaughn, Missouri Head Injury Advisory Council, P.O. Box 809, Jefferson City, MO 65102. Phone (314)751-9003.

June 9–June 12, Vienna, VA: *Moving Kids Safely '96: Building Safe Communities.* For more information, call (800)784-1215.