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Using Policy to Strengthen the Reach and Impact of Injury Prevention Efforts

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Injury prevention and control remains a key priority in public health and medicine. Across all age groups and regardless of the measure used, injury is a leading cause of morbidity and death with tremendous costs to society.1-4 When considering the burden and scope of injuries, in the United States (U.S.) and elsewhere, injury prevention remains an important but under-resourced health concern.5-7 Some specific injury prevention topics, such as road safety, have received the necessary attention and resources to have a significant impact. Investments made early led to the creation of tools and surveillance systems to track motor vehicle crashes and made it possible to evaluate interventions and new policies.8-12 These tools and resources, combined with the fact that it is easy to understand and convey the scope and dynamics of motor vehicle crashes have made it a top injury prevention priority.13-15 However, these tools and resources are not available across all injury areas.

It is important, however, when discussing the success of road safety, to recognize the contributions made by technological advances, policy initiatives and legislation. In particular, there have been many innovative technological advances such as airbags, car and booster seats for children and interlock devices that prevent impaired driving in addition to other features that improve the safety of passengers and drivers.15,16 While other areas of injury prevention can also benefit from technological advances, their relevance and applicability vary greatly across topics. More importantly, the largest successes in reducing motor vehicle crashes have stemmed from policy changes inspired by technological advances and new research findings documenting effective prevention strategies. Specifically, the implementation of primary restraint laws, graduated driver licensing and laws that prevent and reduce impaired driving have significantly reduced injuries and deaths due to motor vehicle crashes.11,16-18 With motor vehicle injuries we know what to do, we know what works, and we know that doing the right thing saves lives and money. This is why the Centers for Disease Control and Prevention (CDC) has selected motor vehicle injuries as one of their public health priorities and labeled it a “Winnable Battle.”19

We need more “winnable battles” in injury prevention and using policy as an effective strategy to drive change may be one of the most important tools available to us. Overall, the field of injury prevention lags behind other health topics in its strategic use of policy. Therefore, a more strategic emphasis of potential policy implications across topics in injury prevention research and control is an important priority. With this goal in mind, faculty and researchers across the Atlanta region in Georgia who are affiliated with the Emory Center for Injury Control (ECIC) were invited to submit papers to this special issue of the Western Journal of Emergency Medicine (WestJEM) to highlight research and prevention efforts as well as conceptual injury-related topics that may have policy relevance. It is intriguing to read about the range of topics discussed and the different strategies that are proposed for prevention efforts and policy consideration. Several manuscripts address pertinent issues among youth including rape victimization and high-risk sexual behaviors, bullying, and media use.20-22 Research and conceptual issues related to interpersonal violence for other vulnerable groups are also addressed and include marginalized women who use methamphetamines, men who have sex with men in the U.S. and in South Africa, victims of family violence in Mozambique and elder mistreatment.24-29 Moreover, several of the research papers address issues related to poisoning of specific substances that include antiretroviral agents, ethylene glycol, and hydrogen sulfide.30-32 Finally, one empirical paper evaluates the status of a field triage scheme for injured patients and two editorial contributions address the use of policy, and systems thinking in injury prevention.33-35 This brief description of the manuscripts included in this issue highlights the diversity of research and conceptual topic development underway by our colleagues. Most notably, the topics covered and the range of recommendations and
strategies for prevention that they present underscore the importance of connecting research findings with real-world policy implications.

In moving the field of injury prevention forward, there are two important priorities. First, additional resources are needed for research, particularly ones that evaluates the impact of prevention and intervention efforts, which translates research into practice. In order to provide a stronger rationale for investing in specific injury prevention strategies and translation of those strategies that work, we need to assess and communicate the burden of these injuries and their costs to decision makers. The CDC has recognized this need and recently provided an important new tool for reporting the costs of injuries by enhancing Web-based Injury Statistics Query and Reporting System (WISQUARS), provided on the web. This enhancement will prepare cost of injury reports for both fatal and nonfatal injuries that can be used by practitioners, researchers and advocates when describing the burden and costs of injuries to justify new resources or to estimate costs saved when implementing new prevention or intervention strategies.

Second, injury prevention also needs more visibility. All of us working within injury prevention recognize the breadth of topics covered within our field. Unfortunately, most people who are not working within this field, including legislators, are less familiar with the important work that we do. Our reach and impact in terms of preventing injuries overall will depend on our success of communicating the scope and burden of injuries across a range of causes and mechanisms. If we actively seek to work more closely together across disciplinary fields, academic institutions, nonprofit organizations, and local, city, state and federal governments, we can better learn about and leverage our successes and resources. We have many successes to celebrate, but more importantly we have discoveries to make, new strategies to implement, and many more injuries to prevent. Let us work together to strengthen the reach and impact of our injury research and prevention efforts and let us make the field of injury prevention more visible.

We are grateful for our partnership with the Editors at WestJEM for another terrific collaboration to highlight policy issues in injury prevention.

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REFERENCES

16. Elder RW, Voas R, Beirness D, et al. Effectiveness of ignition interlocks for preventing alcohol-impaired driving and alcohol-related...


