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HCT2020 Year 1: 2016 Action Agenda Injury and Violence Prevention

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Goal 5: Create an environment in which exposure to injuries is minimized or eliminated.

Area of Concentration: Fall Prevention

SHIP Objective IV-1: Decrease by 10% the number of fall deaths among persons of all ages.

Dashboard Indicator: Number of deaths from falls among persons of all ages in Connecticut.

Strategies	Actions and Timeframes	Partners Responsible	Progress
Engage healthcare, childcare, and other care providers to implement fall prevention initiatives	 a. Communicate with Primary Care Providers (PCP) on training opportunities – CDC STEADI (Stopping Elderly Accidents, Deaths, and Injuries) training with CME's; online (Q1) b. PCP's screen for adult fall risk (Q1) 	 Injury Prevention Center at Hartford Hospital Connecticut Collaboration for Fall Prevention CT State Medical Society Department of Aging Local Public Health Departments SHIP Advisory Council DPH Senior Centers Department of Insurance 	
Promote implementation of evidence-based multi-faceted programs for community dwelling older adults that integrate fall risk reduction strategies	 a. Identify evidence-based programs Ex: Tai Ji Quan: Moving for Better Balance (Q1) b. Increase the number of Tai Chi programs that conform to the 'Moving for Better Balance' model (Q1) c. Promote the availability of fall prevention programs at Senior Centers (Q2) d. Facilitate communication between PCP's and Senior Centers regarding referrals to fall prevention programs (Q3) e. Connect to faith based communities to promote the availability of fall prevention initiatives in their community (Q3) 	 Injury Prevention Center at Hartford Hospital Connecticut Collaboration for Fall Prevention CT State Medical Society Department of Aging Local Public Health Senior Centers DPH Injury Prevention 	
Decrease the number of secondary and tertiary lift assist and transport calls	 a. Capture data on the number of repeat fall and lift assists in the pre-hospital system. (Q1) b. Establish a framework for effective guidelines to establish a referral system; care coordination with follow-up (Q1) c. Implement proactive follow-up to referral process (Q3) 	 Office of Emergency Medical Services CT EMS Advisory Board VNA Senior Centers CADH – CT Association of Directors of Health DESPP/DSET 	



Goal 5: Create an environment in which exposure to injuries is minimized or eliminated.

Area of Concentration: Fall Prevention

SHIP Objective IV-1: Decrease by 10% the number of fall deaths among persons of all ages.

Resources Required (human, partnerships, financial, infrastructure or other)

• Partnerships, collaboration & integration

Monitoring/Evaluation Approaches



Goal 5: Create an environment in which exposure to injuries is minimized or eliminated.

Area of Concentration: Opioid Poisoning

SHIP Objective IV-3: Reduce by 10% the number of deaths caused by unintentional poisonings.*

SHIP Objective IV-4 Decrease by 10% the number of hospitalizations for unintentional poisonings.*

Dashboard Indicator:

*2016 efforts will focus on unintentional poisonings related to opioids and prescription drugs. These objectives will be addressed collaboratively with the **Mental Health and Substance Abuse ACTION Team.**

Strategies	Actions and Timeframes	Partners Responsible	Progress
Educate and inform consumers regarding the risks and benefits of regulated products using strategies appropriate to culture, language, and literacy skills.	 a. Work with Regional Action Councils (RACs) to educate the public on prescription drug-related consequences b. Partner with the <u>DPH Public Health Campaign</u> to produce a prescription drug misuse public health alert for consumers c. Link to website with information on the locations and proper use of drop boxes for public medication disposal 	 State of CT DMHAS Opioid Prevention Workgroup State of CT Department of Consumer Protection Alcohol and Drug Policy Council (ADPC) 	
Educate health care professionals on proper opioid prescribing, brief screening, intervention referral and treatment, and effective use of prescription drug monitoring programs.	 a. Identify barriers to improved prescribing practices, such as patient education, reimbursement, and availability of non-opioid therapies for pain management b. Promote adoption of opioid prescribing guidelines, such as SAMHSA's in-person continuing education course, <i>Prescribing Opioids for Chronic Pain</i> c. Work with UCONN Health to offer CT <i>SBIRT</i> training d. Work with Connecticut Pharmacists Association to engage pharmacies and prescribers in promoting proper medication storage to customers/patients when dispensing opioids, including the sale and use of personal medication lock boxes 	 Bristol Hospital Connecticut Institute For Communities State of CT Department of Consumer Protection State of CT Department of Correction State of CT DMHAS Office of Multicultural Healthcare Equality UCONN Health ADPC (educate on prescriber guidelines) 	



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Area of Concentration: Opioid Poisoning

SHIP Objective IV-3: Reduce by 10% the number of deaths caused by unintentional poisonings.*

SHIP Objective IV-4 Decrease by 10% the number of hospitalizations for unintentional poisonings.*

Facilitate controlled drug disposal programs, including official prescription take-back events and local drop-boxes.

- a. Support DCP efforts to increase the number of prescription drug drop boxes for public medication disposal
 - Update mapping of existing drop boxes
- b. Increase state level efforts to publicize National Drug Take Back Days sponsored by the DEA
- c. Work with RAC's to develop and disseminate Point of sale/distribution signage for pharmacies in all RAC regions across the state to promote drop boxes and awareness of opioid poisoning prevention. (Q1) (collaborate with MHSA ACTION Team)
- State of CT DMHAS Opioid Prevention Workgroup
- State of CT DCP
- Police Chiefs
- ADPC
- Regional Action Councils
- CT Poison Control Center

Resources Required (human, partnerships, financial, infrastructure or other)

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Monitoring/Evaluation Approaches



Goal 5: Create an environment in which exposure to injuries is minimized or eliminated.

Area of Concentration: Motor Vehicle Crashes

SHIP Objective IV-6: Reduce by 5% the number of deaths from motor vehicle crashes.

Dashboard Indicator: Number of deaths from motor vehicle crashes in Connecticut.

Strategies	Actions and Timeframes	Partners Responsible	Progress
Advocate for high visibility enforcement of distracted driving laws	Training for stronger enforcement including prosecution for violations (Q1)	 CT Police Chief's Association DOT DESPP/POST State's Attorney's Office DMV 	
Promote proper installation and distribution of child restraint seats for newborns	 a. Partner with highway safety to increase visibility of fitting stations (Q1) b. Promotion fitting station locations via the website (Q1) c. Promote full day awareness training on child passenger safety for DCF providers (Q2) d. Promote universal car seat inspection at time of discharge (Q3) e. Expanded education of law enforcement on child restraint seats (Q4) 	 DOT DMV Safe Kids CT Hospitals Yale New Haven Hospital DCF 	
Expand the current educational awareness campaign on Connecticut graduated driving licensing laws	 a. Continued and increased education of parents on the GDL (Q1) b. Expanded education of law enforcement on GDL (Q4) 	 Police Driver's Education Companies DMV DOT CT Driving School Professions !MPACT – parent advocacy group 	

Resources Required (human, partnerships, financial, infrastructure or other)

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Monitoring/Evaluation Approaches



Goal 5: Create an environment in which exposure to injuries is minimized or eliminated.

Area of Concentration: Suicide Prevention

SHIP Objective IV-12: Reduce by 10% the age-specific suicide rates for persons 15 to 64 years of age.

SHIP Objective IV-14: Reduce by 20% the proportion of students in grades 9-12 who attempted suicide in the past 12 months.

Dashboard Indicator (IV – 12):

- Rate of suicide for persons 15 to 19 years of age in Connecticut
- Rate of suicide for persons 20 to 24 years of age in Connecticut
- Rate of suicide for persons 25 to 34 years of age in Connecticut
- Rate of suicide for persons 35 to 44 years of age in Connecticut
- Rate of suicide for persons 45 to 54 years of age in Connecticut
- Rate of suicide for persons 55 to 64 years of age in Connecticut

Dashboard Indicator (IV – 14):

- Proportion of Connecticut high school students in grades 9-12 who attempted suicide in the past 12 months.
- Proportion of Connecticut students in grades 9-12 who seriously considered attempting suicide.

***Injury and Violence Prevention ACTION Team will work with the Connecticut Suicide Prevention Advisory Board to develop action items and align efforts with the Connecticut Suicide Prevention Plan 2020, which was recently released. Strategies and Actions will be developed in collaboration with this existing group in 2016.



Goal 5: Create an environment in which exposure to injuries is minimized or eliminated.

Area of Concentration: Sexual Violence

SHIP Objective IV-18: Reduce by 10% the incidence of sexual violence.

Dashboard Indicator:

Strategies	Actions and Timeframes	Partners Responsible	Progress
Disseminate best practices and effective primary prevention strategies of sexual violence.	 a. Promote and expand the 'Where do you stand?' campaign on college campuses b. Engage State Department of Education in conversations to expand the 'Where do you stand?' campaign to high schools c. Create a statewide, online campaign to highlight best practices and effective primary prevention strategies. d. Adapt current sexual violence prevention campaign and curriculum for use with adolescent males according to best practices. e. Provide ongoing and on-demand training and technical assistance to all (9) rape crisis centers and other key partners on the implementation of effective sexual violence prevention strategies 	 State Department of Education CT Alliance to End Sexual Violence (formerly CONNSACS) CT Alliance to End Sexual Violence DPH Sexual Violence Prevention Coordinator and CT Alliance to End Sexual Violence 	
Advocate for sexual assault educator training to build capacity for prevention efforts.	 a. Hold Training Of Trainers with crisis centers b. Trainings for men who work with adolescent males on best practices for sexual violence prevention. c. The Male Leadership Council will convene to promote men becoming trained and involved in sexual violence prevention. 	 CT Alliance to End Sexual Violence Crisis Centers DPH 	

Resources Required (human, partnerships, financial, infrastructure or other)

Monitoring/Evaluation Approaches