A Hidden Disparity: The Burden of Injuries in Rural Areas

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Today’s Agenda

• Rural injuries in America
• Multi-disciplinary state teams
• Case study: Implementing rural injury prevention measures
What Is Rural?

- No consensus on definition
- Approximately 54 million people live in “rural” areas
- Rural residents = 23% of U.S. population
Rural Injuries in America:
Population Density and Injury Rates

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Director, Colorado Injury Control Research Center
Background

Rural injury mortality rates are twice as high as urban rates:

- motor vehicle crashes;
- traumatic occupational injuries;
- drowning;
- unintentional firearm injuries;
- residential fires;
- electrocutions;
- suicides
Age adjusted injury death rates per 100,000 by state and population density (log scale), 2009

Age adjusted drowning death rates per 100,000 by state and population density (log scale), 2009

Age adjusted motor vehicle death rates per 100,000 by state and population density (log scale), 2009

Age adjusted suicide rates per 100,000 by state and population density (log scale), 2009
Rural Traffic

• Rural areas account for 57% of fatal motor vehicle crashes although only 23% of the US population lives in rural areas.

• In rural areas, 56% of passengers in vehicles who died were not using seat belts compared with 51% of passengers in fatal urban crashes.

• Of the 8.4 million miles of roads in the US, 6 million miles are rural and 80% are owned and operated by local entities; lack of road maintenance may contribute to higher crash rates.

• Rural crashes occur at higher speeds and victims are likely to wait longer for medical attention.
Drowning

- Drowning in rural communities usually involves open bodies of water (ponds, lakes, streams, and rivers)
- Rapid response with CPR is critical for surviving immersion/submersion in water. In rural areas increased CPR training may reduce deaths.
- Knowing how to swim is associated with reduced drowning risk but facilities for teaching swimming are limited in rural communities.
Suicide

• Attitudes toward mental illness, drug and alcohol abuse and other risk factors for suicide may differ in rural areas leading to a reluctance to seek care even if services are available.

• Access to lethal means such as firearms is high in rural areas.

• Social isolation is a significant problem in rural communities.
Working in Multi-disciplinary State Teams for Rural Injury Prevention

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States

Arkansas
Delaware
Iowa
Kansas
Kentucky
Missouri
North Dakota

New Jersey
Pennsylvania
South Carolina
Tennessee
Vermont
Wisconsin
Wyoming
How Did CSN’s Community of Practice Work?

- Webinars with expert presentations
- CSN shared key resources, data and promising practices
- Online social networking group
- Monthly action planning phone meetings by injury issue:
  - All-Terrain Vehicles (ATVs)
  - Multi-topic
States Developed Action Plans on Four Rural Injury Issues:

1. Motor vehicle safety
2. Youth suicide
3. Infant safe sleep
4. All-terrain Vehicle (ATV) injuries
State Action Planning: Highlights

- AR – Focus groups on ATV helmet use for teens and parents
- MO – Fact sheets for school nurses on rural suicide prevention
- TN – Review of geographic distribution of sleep-related deaths
Benefits of Participating in CSN’s Community of Practice

- Explored rural injury issues in a sustained way
- Learned about successes/challenges in other states
- Motivated by participating in national effort
- Got feedback on their own work
- Facilitated communication both within and between states
South Carolina’s
All Terrain Vehicle (ATV) Safety Action Plan

Presented by:

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Department of Health and Environmental Control Division of Injury and Violence Prevention
CSN National Rural Injury Prevention COP

• South Carolina joined the Child Safety Network’s Rural Injury Prevention Community of Practice in September 2010.

• ATV safety was selected as a topic area due to prior policy work being done in SC.

• The reasons for joining the community of practice “ATV Action Planning Small Group”:
  – To create an ATV State Team to develop and implement a comprehensive ATV safety action plan.
  – Network with other states about ATV safety and talk about experiences and lessons learned.
Connecting with Other States Through COP

- In October 2010 the ATV State Team contacted Arkansas Children’s Hospital’s Beverly Miller - Injury Free Coordinator about adopting their ATV Safety toolkit developed through an EMS for Children Target grant.

- ATV Toolkit consisted of ATV Safety Brochures, DVDs, Posters, 20 min. video, and classroom lessons plans.

- The “ATV Action Planning Small Group” supported each other on monthly calls by giving state updates and suggestions to one another.
SC ATV Action Plan

Plan strategies:

• Join in partnership to advocate, market, and promote proposed ATV safety legislation

• Examine data to determine the highest ATV related incidence rates throughout the state and implement effective evidence-based prevention strategies in those areas

• Develop a factsheet to educate lawmakers and the public on ways to prevent ATV related injuries and deaths

• Created a communication plan to implement activities to increase awareness and education surrounding proposed legislation
Developed a Communication Plan

✓ Created a message kids and parents would gravitate to.
✓ Developed a website dedicated to Chandler’s Law.
✓ Made Chandler’s Law Media Kits to disseminate to all news outlets.
✓ Produced public service announcements with Chandler’s parents and members of the workgroup.
✓ Prepared a template press release about new law.
Our Message....

CHANDLER'S

ATV LAW

right size atv right gear right training everyone
Media Kit

Consists of:

• ATV related statistics
• SC ATV Training Sites
• Contact information for interviews
• SC ATV dealerships
• Q & A about Chandler’s Law
• News Press Release
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