Collaborative Sciences Center for ROAD SAFETY

Collaborative Sciences Center for Road Safety – Coffee and Conversation Speaker Series

PROCEEDINGS from "There will be Lawyers: Legal and Political Considerations for Safe Systems"

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Alan Dellapenna, Branch Head for Injury and Violence Prevention in the North Carolina Department of Health and Human Services, brings a public health perspective to the safe systems conversation. He co-chairs a standing legislative commission, the Child Fatality Task Force. The 35-member task force has free range to examine causes of childhood death and sit down with lawmakers to get legislation passed. Dellapenna argues that partnering with policymakers is an effective way to prevent and mitigate public health hazards and have the largest benefit on the population.

To illustrate this point, Dellapenna tells a story from the history of road safety about seatbelts. In the 1980s, he worked in Rosebud, South Dakota, where they had a Seat Belt Convincer—essentially a machine that simulated a crash to allow people to experience the efficacy of seatbelts. While the Seat Belt Convincer was fun, it wasn't proven to convince anyone to wear their seat belts. And yet, seatbelts are one of our greatest road safety achievements—how did we get to the point where almost everyone wears one? The Accident Prevention Branch in North Carolina in the 1960s took a leadership role: about 80 percent of the State Board of Health staff members installed them in their personal cars, and this spread to the local health departments. The Accident Prevention Branch partnered with the NC Junior Chambers of Commerce to sell 60,000 voluntary seatbelts and worked with legislators to get a seatbelt law passed. Eventually, in April of 1963 a law was passed in North Carolina requiring seatbelts in all new cars. Public health professionals did the work of looking at the data, educating policy makers, and partnering with legislators, and then the implementation of seatbelt use was passed to the regulators and industry.

Dellapenna describes this process in five steps: first, look at the data. Second, form an evidence-based strategy. Third, frame the issues and tell a story or a counter-story. Fourth, educate policy makers. Lastly, work with partners to implement solutions. The benefit of this type of process is that it takes a population-based approach to reducing injury and is not just focused on saving one life at a time. It calls for specialization, where the public health professional studies an issue and then works with regulators, industry, and other institutions who have implementation expertise—and often, the implementation solution is a legal one. It also emphasizes story-telling and the importance of using the court of public opinion. Simply refuting someone's story is not enough and legitimizes their views; the counter-story must be compelling on its own.

Contemporary examples where this approach has been used include e-cigarette use, motorcycle safety, and the opioid epidemic.

- E-Cigarettes: There has been a recent uptick in e-liquid poisoning, as illustrated by an over 1300% increase in calls to poison control centers for exposure to e-liquid. Federal inaction leads to leadership at the state level. The NC Child Fatality Task Force wanted to require childproof packaging for e-liquid containers and decided to put the spotlight on the issue and let legislators decide. They put together an E-Cigarette Bill Fact Sheet with a clear message that everyone consistently used. They also worked behind the scenes to draft a bill, line up support, and keep the bill moving through committees. One legislator, Stan Bingham, became a champion of the issue and was instrumental in getting a bill passed in North Carolina that makes it unlawful to sell e-liquid unless in a child-resistant container.

- Motorcycle Safety: North Carolina's Motorcycle Helmet Law results in huge health care savings, more per registered motorcycle than any other state. However, a bill was introduced to repeal the helmet law, based on a freedom argument: "Let those who ride decide." Framing became a huge part of the battle to keep this law in place. Public health officials, rather than attempting to educate their way out of the problem (e.g., by saying "helmets are safe") or rebut false claims that the helmet law wasn't effective, focused instead on creating a counter-narrative to remind lawmakers that the current law is effective, sound, reasonable, and popular. They chose "Don't mess with NC's Universal Helmet Law" and emphasized that the law has worked well for 47 years and saves on healthcare costs. They also leveraged trauma surgeons who showed up in Raleigh in their uniforms and recent journalism on brain injury to emphasize their points. The bill to repeal was dramatically defeated.

- Opioid Epidemic: While this is an emerging epidemic that continues to evolve, the public health community in North Carolina is trying to change the narrative from punishment to saving lives. North Carolina has a 2013 "good Samaritan" law for naloxone access and the largest distribution program for naloxone, with over 10,000 confirmed overdose reversals in the state since 2013. This work, based on evidence from public health and partnerships with implementers like police departments, has kept North Carolina to #25 of 50 states in opioid deaths.

Dellapenna's stories and work remind us of the old public health analogy of a person by the river. As this person is gazing out at the river, they see someone float by in the water, drowning, and jump in to save them. A few minutes go by, and they see another drowning person float by, and jump in to save them too. Then another, then another. Finally, the person by the river walks upstream to see what's going on and finds a dock with a broken railing that is allowing people to easily fall in. The person fixes the dock railing so that no one falls into the river anymore. This prevents the need to save drowning people one at a time. Education, awareness, or data about how to save oneself from drowning and the dangers of drowning are less effective than a public health solution at the source.