SAFE COMMUNITIES AMERICA
WEST VIRGINIA UNIVERSITY AND GREATER MORGANTOWN
IT STARTED 35 YEARS AGO ……

1978/79 – Falkoping, Sweden

- Initiated injury reduction program
- In 3 years reduced injuries by 27% at work, on the road, and in the home
MORE HISTORY …..

1989 – Manifesto for Safe Communities

“All human beings have an equal right to health and safety”

- Safe Communities approach designed to change the way communities think about safety
- Provides a framework of collaboration that requires all sectors of the community to work together
SAFE COMMUNITIES TODAY

- 317 designated Safe Communities worldwide
- 23 in the US - including three universities in the Safe Communities America network - University of Southern California, Emory, and Murray State

- Addressing all types of injuries, including:
  - Violence and suicide
  - Prescription drug overdose
  - Motor vehicle
  - Older adult falls
  - Workplace safety
  - Recreational safety
  - Emergency preparedness
WHAT IS SAFE COMMUNITIES AMERICA?

- Proven community coalition-based approach to injury reduction involving business, civic organizations, local government, non-profits and local residents – all community sectors – modeled after International Safe Communities

- Program of the National Safety Council committed to saving lives and preventing injuries in the US at the community level

- Founding member of the Pan Pacific Safe Communities Regional Network (US, Canada, New Zealand, Australia)
SAFE COMMUNITIES AMERICA WORKS!

NSC study showed that most Safe Communities had significantly lower fatal injury rates than comparable counties – 10% average reduction for both intentional and unintentional injury areas.
BENEFITS OF BECOMING A SAFE COMMUNITY IN THE US

- Higher standard of living with fewer injuries and deaths
- Reduces healthcare costs
- Participate in annual Safe Communities America Networking Conference
- Access to injury program evaluation and data collection training
- Receive regular updates of funding opportunities
- Access to resources from NSC and other sources to help develop and sustain injury reduction programs in their community
- Automatic membership in the Pan Pacific Safe Community Networks
ACCREDITATION REQUIREMENTS

• Sustained Collaboration
• Understanding of Community Data
• Offering of Programs that Address Injury
• Evaluation Competency
PROGRAM AREA REQUIREMENTS

- Motor vehicle, including distracted and teen driving, child passenger restraint
- Older adult falls
- Poisoning by drug overdose
- Workplace safety for on and off the job
- Violence and suicide prevention
- Emergency preparedness
WVU AND GREATER MORGANTOWN

- Letter of Intent Submitted April 2014
- 4 Larger Group and Bi-Monthly Data Meetings
- 2 grant applications; 1 received
- Application Submitted – June 2015
- Site Visit Following Application
MISSION

• The mission of the West Virginia University and Greater Morgantown Safe Communities Initiative is to create a safe and healthy environment by utilizing a collaborative, data-driven approach to promote safety, health, and injury prevention.
West Virginia University & Greater Morgantown
Safe Communities Initiative

Steering Committee
Co-chairs: Colleen Harshbarger & Marti Shamberger
Communications & Data: Keith Weber
Facilitator/secretary: Herb Linn

Data Committee

Emergency Preparedness
Motor-Vehicle-Related Injuries & Deaths
Older Adult Falls
Prescription Drug Overdoses

Violence and Suicide Prevention
Workplace Safety
Alcohol-Related Injuries & Deaths

Office of Wellness & Health Promotion
SUSTAINED COLLABORATION

- Injury Control Research Center
- City Council, Mayor, State House of Delegates
- MPD, UPD, MFD, MECCA
- Monongalia County Commission
- WV Council for Prevention of Suicide, Valley Health Care
- WVU Faculty: Psychology, Emergency Medicine, School of Public Health, Pharmacy, Sociology, HR &E, Communications
- WVU Students, Administration, Transportation, CSL, WELLWVU
### DEMOGRAPHICS

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2010</th>
<th>2014</th>
<th>% Change '10-'14</th>
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<tbody>
<tr>
<td><strong>Monongalia County</strong></td>
<td>81,866</td>
<td>96,189</td>
<td>103,463</td>
<td>7.6%</td>
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<tr>
<td><strong>West Virginia</strong></td>
<td>1,808,344</td>
<td>1,852,994</td>
<td>1,850,326</td>
<td>-0.1%</td>
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<tr>
<td><strong>United States</strong></td>
<td>281,421,906</td>
<td>308,745,538</td>
<td>318,857,056</td>
<td>3.3%</td>
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<table>
<thead>
<tr>
<th>Race</th>
<th>Monongalia</th>
<th>WV</th>
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<tbody>
<tr>
<td>White</td>
<td>91.0%</td>
<td>94.0%</td>
</tr>
<tr>
<td>Black</td>
<td>3.9%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Other</td>
<td>5.1%</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

<p>| <strong>Median Age</strong> | 29.7    | 41.7 |
| <strong>Labor Force</strong> | 58.6%   | 54.9%|
| <strong>Median household income</strong> | $44,173 | $41,043 |
| <strong>Income below poverty level</strong> | 22.4%     | 17.9% |
| <strong>High school grad or higher</strong> | 90.7%     | 83.9% |
| <strong>Female persons</strong> | 48.5%     | 50.6% |</p>
<table>
<thead>
<tr>
<th></th>
<th>Monongalia</th>
<th>Error Margin</th>
<th>Top U.S. Performers</th>
<th>WV</th>
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</thead>
<tbody>
<tr>
<td>High School graduation</td>
<td>81%</td>
<td></td>
<td></td>
<td>79%</td>
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<tr>
<td>Unemployment</td>
<td>4.1%</td>
<td>4.0%</td>
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<td>6.5%</td>
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<tr>
<td>Children in poverty</td>
<td>17%</td>
<td>13-21%</td>
<td>13%</td>
<td>26%</td>
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<tr>
<td>Income Inequality</td>
<td>7.5</td>
<td>6.7-8.3</td>
<td>3.7</td>
<td>4.9</td>
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<tr>
<td>Violent Crime</td>
<td>345</td>
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<td>59</td>
<td>311</td>
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<td>Injury Deaths</td>
<td>55</td>
<td>48-62</td>
<td>50</td>
<td>91</td>
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DATA SOURCES

WV DHHR Behavioral Health Epidemiological Profile for Monongalia County
WV Behavioral Risk Factor Surveillance System Report for 2012, DHHR
*West Virginia Office of the Chief Medical Examiner
WVU Student Life
Faculty Research
West Virginia State Police Annual Report
*Morgantown & University Police Departments
*Ruby Memorial Hospital and Emergency Department Discharge Data
Crime in West Virginia- A 2012 report that uses NIBRS data.
Bureau for Behavioral Health and Health Facilities (BBHHF) – Suicide data broken down by county in West Virginia for 2002-2011.
DATA SUMMARY - ALCOHOL

• Monongalia County has experienced the highest prevalence of binge drinking among adults (19.5% in 2013) among all counties of West Virginia 2008 - 2013, as well as the highest rate of alcohol-related morbidity and alcohol dependence diagnoses.

• Monongalia County has had a higher DUI arrest rate than the state since 2009, rate has been increasing since 2010, to 66.5 DUI arrests per 10,000 residents in 2012.

• Alcohol poisoning was the next leading cause of deaths, at 14.5% of all drug related deaths.

• Alcohol use has been linked to assault, including sexual assault; drug overdose; motor-vehicle crash deaths; and sporting event-related rioting.
DATA SUMMARY – MOTOR VEHICLE

2013 - Monongalia County 2nd highest number of highway traffic crashes and accounted for 4.2% of all fatal motor vehicle accidents in West Virginia, which is the 4th highest.

Pedestrians Struck By Motor Vehicles: In the previous 5 years, 105 pedestrians, with the majority (58) being 30 years old or younger, have been struck by motor vehicles. The Morgantown Pedestrian Safety Board found that 31% of all pedestrian versus motor vehicle accidents from 1998-2008 occurred in the downtown area of Morgantown that is frequented by students and adjacent to the WVU campus.

A survey of 472 Morgantown pedestrians found that 96.7% of pedestrians had nearly been hit by a car and 9% of respondents reported that they walked less than they wanted to in their neighborhood due to fear of being hit.
DATA SUMMARY - POISONING

• 73 drug related deaths 2005 and 2011 - opioids most commonly involved (26% of deaths). Cocaine and heroin combined for 18.2% of the drug related deaths.

• A total of 272 patients reported to Ruby Memorial Hospital between 2010 and 2014 for accidental poisoning. 113 patients reported for poisoning due to over-the-counter pain killers (i.e. Aspirin and Acetaminophen), opioids, and heroin; 159 reported for poisonings due to tranquilizers, antidepressants, and psychostimulants (including LSD, amphetamine, caffeine, cannabis derivatives, antidepressants, etc.). Of the patients treated at Ruby, children under 18 had the highest number of accidental poisonings for all types of drugs from 2010 to 2014, at 76 poisonings.
DATA SUMMARY - SUICIDE

• Although the suicide rate for this county (4.2 deaths per 100,000 residents) is well below the state rate (13.7 per 100,000), the number of suicide deaths in 15-24 year old Monongalia County residents rose from 2008 to 2012.

• There were a total of 11 suicides in the county during this time with 1 in 2010, 2 in 2011, and 5 in 2012.

• Also, seven WVU students committed suicide between fall 2010 and summer 2013. This number remained constant with 2 to 3 students committing suicide each school year during this time.
DATA SUMMARY - VIOLENCE

• Simple assault was the most common violent crime in the Greater Morgantown community, with 245 cases reported in 2012.

• Aggravated assault was next most common, with 144 cases reported in 2012.

• Between 2010 and 2014, 1,430 individuals presented to Ruby Memorial Hospital with assault injuries—nearly half (672, or 47%) were treated for either simple or sexual assault, with the rest of the injuries involving a weapon, or not specified.

• Research using the self-report Campus Crime Victimization Survey (CCVS) has found that alcohol is heavily involved in Morgantown violence, with 55% of fights occurring when the victim is intoxicated and 79% of fights involving a drunk or high offender.4

• The number of sexual assaults reported to the Morgantown Police Department decreased from 36 in 2013 to approximately 20 in 2014. WVU police investigated 24 forcible sexual assaults on campus from 2010 to 2013, with the highest number, 13, occurring in 2013.

• A study of 81 sexual assault victims between 19 and 25 years of age who treated in the Ruby E.D. 2012-2014, found that 70% were under 21, and that alcohol was more commonly involved when victims were under 21 (70.4% reported alcohol consumption around the time of the assault, compared to 48% of victims 21 and older).6
GOALS

• Reduce high-risk drinking among WVU students and Greater Morgantown population and thereby reduce associated negative outcomes by informing and influencing the adoption of preventive state and community policies.

• Increase prescription drug overdose education and naloxone distribution (OEND) within the West Virginia University and Greater Morgantown communities.

• Reduce prescription opioid overdoses in Monongalia County through the administration of naloxone to overdose victims by first responders including police officers; clients and patients of day report centers and substance abuse treatment programs, and drug users’ family members, caregivers, and friends.

• Increase the adoption of advanced computerized adaptive diagnostic screening testing for major depressive disorder and suicidality for students and emergency department and urgent care patients.

• Reduce suicides among WVU student population and the general population of Greater Morgantown by identifying individuals at high-risk through increased screening, referrals and treatment.
PLAN & EVALUATION

• Alcohol – SBIRT; White Paper, Town Hall, Crash Data
• Poisoning – Naloxone (OEND Train), Death rate
• Suicide - CAD-MDD/ suicidality tool, Death rate
COMMUNICATION

Comm 401 Class – Developing Promotional Materials
Promoting DubV Safe Rides
Promoting Live Safe App

Communication Studies
Brief Presentations to @2000 Students

Website
In Development
COMMUNITY PARTNERS

- Application
- Criteria: TIPS Training, Safe Ride, Promote LiveSafe App
- Other Partners
  - Student Housing Complexes
  - Possible Financial supporters
SAFE COMMUNITIES PROCESS

• Benefits

• Challenges
QUESTIONS???

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