Safe Communities America
Goals

Understanding of:

• The Safe Communities Model
• The role of the National Safety Council in credentialing Safe Communities
• Critical aspects of Safe Community designation for two campus case examples
• An outcome based planning model
• Current Safe Community indicators for your campus
• Action steps to move your campus community to a higher level of safety
Welcome and Introductions
Definitions

**Communications**: "Effective communication needs to be built around this simple foundation and realization: communication is a dialogue, not a monologue. In fact, communication is more concerned with a dual listening process."

Dr. Heinz Goldmann, Chair, Heinz Goldmann International Foundation for Executive Communications, Geneva.

**Political** is that which pertains to affairs of state, to government and its institutions

**Sustainability** is the capacity to endure. The long-term maintenance of responsibility, which has environmental, economic, and social dimensions, and encompasses the concept of stewardship, the responsible management of resources.
Definitions

Evidence-Based Program
Programs comprised of a set of coordinated services/activities that demonstrate effectiveness based on research. Criteria for rating as such depend upon organization or agency doing the rankings. EBPs may incorporate a number of evidence-based practices in the delivery of services.

Evidence-Based Practice
An approach, framework, collection of ideas or concepts, adopted principles and strategies supported by research.
What is a Safe Community?

A “Safe Community” can be a Municipality, a County, or a City. They work with safety promotion, injury-, violence- and suicide- prevention as well as prevention of the consequences (human injuries) related to natural disaster. Their work covers all age groups, gender and areas and is a part of an international network of accredited programmes.

The community makes application to the Karolinska Institutet or to the Certifying Centres and if accepted, an agreement is signed between the WHO Collaborating Centre on Community Safety Promotion at the K.I. and the community.
Indicators for an “International Safe Community”

Safe Communities have 7 indicators:

1. An infrastructure based on partnership and collaborations, governed by a cross-sector group that is responsible for safety promotion in their community;

2. Long-term, sustainable programs covering genders and all ages, environments, and situations;

3. Programs that target high-risk groups and environments, and programs that promote safety for vulnerable groups;
Indicator 4-7

4. Programs that are based on the available evidence;

5. Programs that document the frequency and causes of injuries;

6. Evaluation measures to assess their programs, processes and the effects of change;

7. Ongoing participation in national and international Safe Communities networks.

(January 2012)
Becoming a Member of the International Safe Community Network - Guidelines

Why a Safe Community?

• The Safe community concept is based on systematic, sustained and cross-sector collaboration for safety promotion and injury prevention (SP/IP), and was originally developed by The World Health Organization (WHO) more than two decades ago. It leads to a higher standard of living with fewer injuries and death, and an increased feeling of safety for the inhabitants of the community.

• It also reduces costs in several sectors such as hospitals and social services as well as insurance fees.

• Our overall objective is the prevention of deaths and injuries caused by accidents, violence, suicide or natural disaster.
Application Process

• Submit a letter of intent signed by the highest municipal representative within the boundaries of defined community

• Submit an electronic application - for review by two certified reviewers

• Conduct a 1.5 day site visit attended by two reviewers

• Public recognition and celebration of achievement
Dual Designation

• A community may elect to seek and maintain both a national and international designation. Each application must be submitted separately.

• If a community wants to apply simultaneously for both designations, they would complete the international application and then additionally complete the **Dual Designation Supplement** for national designation.

• The site visits and designations would be held simultaneously as a cost savings for the community.
Describe your community

• Its history

• What makes it unique?

• Why is your community seeking a Safe Community designation?

• Who in your community has taken the lead in organizing this effort? Why?
Areas of Competency
I - Sustained Collaboration

Community safety and health advocates work together to reduce injuries and deaths from unintentional and intentional causes and to promote safety for all residents of the community.

- All sectors of the community should be represented in the Safe Communities coalition as well as task groups that work on specific safety issues/programs as determined by the community’s injury data.

- A commitment to continuous improvement in injury reduction and safety promotion

- A plan to sustain the momentum and continuation of the Safe Communities Program in the future
Describe the following (be very specific):

- Safe Community Leadership Coalition (or other name of group) - all sectors of the community must be included
- Members and their organizational affiliations
- Date the group formed, meeting notes [attach] from first and last two meetings,
- Accomplishments to date
- Goals [measurable] for the future and how those goals were determined
- Sustainability plan after designation
- Task Groups (a minimum of 3) such as motor vehicle safety; teen driving; poisoning by prescription drug overdose; older adult falls; violence and suicide prevention
Sustained Collaboration (cont’d)

• Community safety and health advocates go outside their community borders to share and receive information, resources, and training to reduce injuries and promote safety

  – Describe in detail how representatives/organizations from your Safe Community Coalition seek information and resources outside of the community’s borders and how your community shares information within and outside its borders.

  – How does your Safe Community share information with citizens of the community? Does your community have an integrated communications plan? Provide 3-5 examples.
Areas of Competency
II - Understanding Community Data

A collection and thorough examination of community injury data to effectively set priorities and efficiently manage resources in the required program areas

Describe in detail:

• Demographics of your community
• Injury data and trends
• How was the data collected?
• How has your community data been used to set priorities?
• How will the data be used in the development of new programs?
Areas of Competency

III - Programs

An offering of programs that address the intentional and unintentional injury patterns in their community

• Community programs should be proven (evidenced-based) and/or promising and should cover all residents of the community including all age groups, genders, and vulnerable groups
Describe in detail your community programs (your programs must include, but are not limited to the list below – indicate organizations, coalition partners, task groups that are involved in each of these programs and if/how they intersect, and how these programs have been evaluated**):

• Motor vehicle; including distracted and teen driving, child passenger restraint
• Older adult falls prevention
• Poisoning by prescription drug overdose and other agents
• Workplace safety - on and off-the-job
• Violence and suicide prevention
• Emergency preparedness
• First academic institution in the world to receive the designation

• Encompasses all students, staff, faculty and the neighboring community

• USC Safe Communities Task Force
Task Force

**CHARGE:**

assisting the university in identifying risks related to the safety and quality of life of students, faculty, staff and the surrounding community, and determining which programs are currently in place or would need to be implemented in order to appropriately address these risks.
USC Coalition
Traffic Safety
Bicycle Safety
Wellness
1. Collecting data

2. Identifying programs that target high-risk groups and environments, and that promote safety

3. Evaluating the efficiency of current programs and processes and monitoring change
4. Identifying strengths and opportunities to improving the safety and security

5. Maintaining long-term sustainable programs

6. Making recommendations to the Senior Vice President for Administration detailing specific actions and resources
Emotional & Social Health
Physical Wellness
Spirituality
Work/Family
Policies & Programs
Research at USC
Students
The National Safety Council has designated Emory University a Safe Community.

Emory University is just the second academic institution in the United States to be recognized as an international Safe Community, and it is the first on the East Coast.
PURPOSE:

- Create and sustain a group that embodies the idea of a “culture of safety” in alignment with Emory University’s Strategic Plan.
- Maintaining Safe Communities America designation
- Document data sources, programming, and initiatives
- Ensure centralized collaboration
- Develop criteria for evaluating the efficiency of current programs
- Identify gaps in data collection and programming.
- Assess the feasibility of developing an injury-surveillance system.
Emory Safety Alliance

- American Red Cross Campus Club
- Bike Emory
- Center for Women at Emory (CWE)
- Critical Event Preparedness and Response (CEPAR)
- Emory Cares 4 U
- Emory Center for Injury Control (ECIC)
- Emory Emergency Medicine Services (EEMS)
- Emory Police Department (EPD)
- Emory Sports Medicine
- Environmental Health and Safety Office (EHSO)
- Faculty Staff Assistance Program (FSAP)
- Fire Safety
- Intimate Partner Violence Working Group (IVPWG)
- Office of Lesbian/Gay/Bisexual/Transgender Life
- Parking and Transportation Office
- Student Health and Counseling (EUSHCS)
OFFICE OF HEALTH PROMOTION

• Population-level resources
• Primary prevention
• Skill-building and risk-reduction consultations
• Education interventions
• Healthy Campus Coalition
• Mentoring for future public health professionals
• Training programs
• Data collection and analysis
• Quality assurance
• Collaboration.
What about me?!
When you hear *outcomes*, is this what immediately comes to mind?
What is Outcome-Focused Organizational Planning?

• Outcome-focused planning is a strategic planning process that begins with the end result in mind, and identifies the specific action steps required to make that intended result a reality.
Benefits of outcome-focused planning:

• Participatory in nature

• Creates a realistic plan with a likelihood of success

• Planning process encourages dialogue and reflection

• Assumptions are challenged

• High level of ownership
Benefits continued:

- Disciplined step-by-step process
- Focused on your community
- Provides a concrete plan of action
- Can be presented graphically
- Focuses multiple stakeholders on a shared vision
- Encourages a fact-based approach
- Provides documentation
So What Does the Process Look Like?
Outcomes-Focused Organizational Planning

Ten Steps to Success

1. What is your dream for the community?
2. What must be true of the coalition if it is to contribute to the achievement of that dream?
3. Who are the key groups that will play an essential role in your success?
4. What must be true of each group if it is to fulfill its intended role?
5. What changes must occur first?
6. What strategies will you use to produce those changes?
7. What action steps will have to be taken for those strategies to be successful?
8. Who will do what, when, and with whom?
9. What resources will be required?
10. How will we know the plan is working?
Let’s hear about you!
• Focus on international students; retention
• United Educators (possible insurance incentives)
  • Feels like an opportunity to seize the moment
    – Tragedy; student investment; reframe; leadership; emerging trends
  • Identify what “community” is
• Historical context plays a central role to issues
  • Identify what is happening currently
• Reach out to health department; other IHEs
  • Good umbrella for other efforts
• Relationship to IHE global role
• Donna Stein-Harris
  630-775-2555

• Paula Swinford
  213-740-6925

• Heather Zesiger
  404-727-1736

• Beth DeRicco
  401-954-0225