

Beyond Our Doors: Emergency Physicians and Public Health

Megan L. Ranney, MD, and Michael J. Mello, MD, MPH

As emergency medicine physicians, we specialize in the treatment of the acutely ill and injured. But we also serve as a safety net for the most disadvantaged members of our society. It often seems that what our patients need most of all is a listening ear, a safe place to be, or some sage advice.

Emergency physicians could become frustrated by the multitude of preventable injuries and other illnesses we see. Instead, we choose to investigate ways to address the underlying reasons for these visits.

In this issue, we highlight three of our department's public health initiatives. These programs are only the tip of our work. We are actively engaged in a myriad of research and community outreach efforts. These range from partnering with motorcycle safety instructors to improve helmet education, to investigating whether motivational interviewing can decrease substance abuse among emergency department patients, to providing child passenger safety education to families, to examining how to best decrease risky driving behaviors in young adults.

We are proud of our work to treat Rhode Islanders' acute health problems. We are even more pleased to share with you our efforts to help them stay healthy.

Megan L. Ranney, MD, is an Injury Prevention Research Fellow, Injury Prevention Center, Department of Emergency Medicine, and Clinical Instructor, Warren Alpert School of Medicine at Brown University.

Michael J. Mello, MD, MPH, is Director, Injury Prevention Center at Rhode Island Hospital, and Assistant Professor, Departments of Emergency Medicine and Community Health, Warren Alpert Medical School of Brown University.

Disclosure of Financial Interests

The authors have no financial interests to disclose.

CORRESPONDENCE

Megan L. Ranney, MD
55 Claverick St, 2nd Floor
Providence, RI 02903
Phone: (401) 444-2557
e-mail: MRanney@lifespan.org

Evaluating the Effectiveness of Motivational Counseling and Hospital Emergency Department Observation for Court Mandated Young Drivers

Ted D. Nirenberg, PhD, Janette Baird, PhD, Michael J. Mello, MD, MPH, Richard Longabaugh, EdD

This project was funded by grants during 2001 to 2005 from the National Highway Traffic Safety Administration and the Rhode Island Office of Highway Safety, Department of Transportation through the RI Judicial Office to Ted Nirenberg, PhD (Principal Investigator). We would like to acknowledge the support and assistance of the RI Judicial System and in particular Chief Judge Jeremiah and Chief Judge DeRobbio.

Motor Vehicle Crash (MVC) is the leading single cause of death and injury for 15 to 20 year olds: 40% of all deaths of 16-17 years olds occur as the result of an MVC, and most teenage passenger deaths happened when the vehicle was driven by another teenager (Insurance Institute for Highway Safety, 2006). In 2002, 16% (1,825,000) of all police-reported crashes involved a young driver.¹ High-risk driv-

ing behaviors (e.g., driving after alcohol and marijuana use, not using seat belts, high speed driving, and driving distractions) often result in moving traffic offenses, and those offenses are predictive of MVCs.

The established association between prior driving offenses, particularly alcohol-related offenses, and increased risk for an MVC^{2,3} points to the potential benefit of an intervention to reduce high-risk driving behaviors.

The **Reducing Youthful Dangerous Driving Program (RYDD)** was implemented in 2001 as a demonstration project for young drivers receiving high-risk driving offenses. This program was established with the cooperation and support of the National Highway Traffic Safety Administration and the Rhode Island Office of Highway Safety, Department of Transportation and Judicial Office. Judges were en-

couraged to sentence young drivers with high-risk driving offenses to RYDD as a community service component of the court's disposition. This 16-hour program had two integrated components: four intervention groups based on **motivational interviewing (MI)** and two sessions observing in the emergency and trauma services at a level 1 trauma center.

MI targets several critical factors addressed in theories of behavioral change⁴ and is well suited for use with teens. Adolescence is a time when teens need to develop autonomy and individuation, yet tend to question and resist authority figures. It is also a time characterized by ambivalence, in terms of risk behaviors. Adolescents may be most likely to respond to a style that respects their autonomy, provides choices and not only acknowledges ambivalence, but capital-