TETAF report: Courtney Edwards: Trauma and EMS day at the Capital on 2/17. Meeting at THA in the AM for summary and updates. Walk to the capitol at 0930. 945 at capitol. Trauma professionals will be recognized at the house and senate. Greg Abbot will be giving his State of the State speech that day. Encouraging health care givers to make appointments with legislators. Focusing on release of trauma funds, RAC development and funding. TETAF will update on specific bills. There will also be a press conference. Survivors reception at 430 at Stephen F Austin Hotel. The same week, ATS is bringing trauma survivors network program. Geared for hospital members and train to engage survivors in the legislative process. It will be held at the Embassy suites.

Hospital based IP components: Shelli reviewed the document. It can be utilized at any hospital/trauma center. It includes recommendations from ACS, Safe States Alliance, and NACCHO. The document elaborates what is reasonable for Hospital based IP programs. It is meant to be used as a resource. Data collaboration, formal injury and violence training, implementation of evidence informed programs, and last evaluation are the components expounded upon in the document. Document was developed (36 pages) and reviewed, including in-put and examples that are given on each component. The document has had public comment, and it was brought to the GETAC council in November where it was endorsed. Available on GETAC website. This has the opportunity to bring Texas into the national movement of hospital based IP. The next step is evaluation of this document. The thought is to introduce it to TTCF and TETAF, then develop and complete evaluation surveys in May and then again in 6 months, one year etc. This process will express if the document is utilized, and how does it make an impact in the hospital IP process. Stewart noted the document has been included in a national conversation within SafeStates,. The ACS Orange book give requirements for hospital based IP, but no details. This document gives details on how to implement a hospital based IP program.

Somethings to consider: are IP coordinators getting the document and are they reviewing it. Does it cause a change in the processes with IP??

Shelli- Something else to consider: is it impactful within organizational structure with the CEO? IVP has always been under-funded; will this document make a difference? Need buy in from the leadership of the various organizations.

Sandie- will introduce this document in their RAC (P)

Stewart has used it in his RAC in Austin

Mary Ann and Shelli will further encourage the document in RAC E

Shelli- The committee is in the process of developing the questions for the evaluation survey. Can do survey monkey, but will also have a pen and paper during GETAC?
Stewart: Noted it is difficult to make evaluations of program change, but is there conversation about hospital based IP coordinators and the IP program.
Colin: Would like our committee to have a representative to explain to RAC chairs in the May GETAC. Are there tobacco grant funds specifically for IP intervention?
Susan suggests having RAC chairs to bring their outreach staff as well to the chair meeting.

Shelli- to develop evaluation questions with the committee
Stewart will send out the draft of the current list
Some inclusion data to be included in the evaluation piece:
- Name, department and title of organization
- What department are you in
- Have you received or reviewed the document—and if not, is it because they are unaware of document or, haven’t had time etc
- Which of the 5 components were most helpful, what in that section was the most helpful?
- Specific questions for each component area.
- Which was least helpful
- As a result, what will you use
- Which component do you need more training on
- What additional info would be helpful (living doc, will need revisions etc)
- Where did you hear about the document?
- Have you reviewed the document and taken to the leadership? AND what was the response?

Don’t make the evaluation piece too lengthy.

Shelli- at some point is it likely to publish this document and the evaluations? WE are getting ahead of other areas in the country. Need to target specific organizations to evaluate/implement the document. Eventually others will recognize and join as well.
Stewart: need an IRB exemption—Dell Children’s will do this. Can be a white paper as well, if not published in a medical journal. Of course this is a learning process and we will have to evaluate the worth of the project
Courtney noted Parkland can assist with IRB as well.
Colin- DSHS is doing an annual report for trauma data/EMS/hospital. This will increase reporting from the stakeholders.
Dr. Sparkman- annual report may take a 5 years effort before people are fully engaged.
Shelli- will add comments to the most current version and circulate before GETAC
For February meetings: Colin will see if DSHS can print document for the meetings for TTCF and TETAF and the IP meeting.
Courtney To get document on TETAF and TTCF agenda.
Shelli- Before Feb. meeting have a general outline of evaluation questions
Amy- What will be the denominator for the evaluation piece?
Shelli- numbers thru TTCF and TETAF, RACS etc… It wont be a complete picture of Texas
Stewart- maybe thru unique organizational response?
Sandi- add a component that identifies which RAC answers the survey

Strategic planning document for 2015- IP committee have been written
Colin- strategic plan is on the agenda for the next meeting.
Shelli- our strategic plan utilizes the Spectrum of Prevention. 6 levels. On each objective, via the spectrum, specific recommendations are made. (see working document)
Shelli explained CDC core funding grant opportunities. Brought to the group to see if this is something that we want to ask DSHS to apply for this funding...
Colin likes the idea of applying for CDC funding. It would be helpful for GETAC to support this idea for funding. Colin will talk with Jane Guerro about the process and how to potentially begin.

List of bills – discussion of a shared drive, how to best share the and keep the document current...

Dr. Sparkman- CampFire is a tool that can be used it is file sharing for business groups.
Shelli- begin the list now via email. Then we will check into shared files in the next couple weeks to see what the potential opportunities are. Goal to have bills that we support, counter productive bills etc....

Colin would like next years DSHS annual report to include IP committee work

In consideration of an annual VIP conference—in 2013, the committee decided to go to or contribute to existing conferences…. (in 2012 there was a lot of momentum following the 2012 Texas VIP conference)
Do we want to think about planning another conference in 2016? Crystal Beasley was passionate about public health, VIP. Foundation has been set up in her name for scholarship for Texas IVP conference.
Tammy Sajack is now the Title 5 director, considering putting funds behind a IVP conference.
Stewart wants to do this, to develop IP professionals. What about a one or one and a half day training?
Jennifer agrees: improving workforce development. Adequately preparing people for a career in VIP.
Stewart-This conference could have multiple VIP subjects with panel and expert content speakers
Amy- include child fatality review
Stewart- Crystal endowment could potentially be used for scholarships/for IP strategies, professional learning opportunity, and injury surveillance activities
Crystalbeasley.com
General consensus of positive agreement for a 2016 conference
Make the conference based on the hospital components document

Shelli thinks this workgroup needs a hashtag. #texasipv, #texasvip, #txvip
Next meeting shelli will tweet.
Use social media,
Next workgroup meeting: open to all.

Update on Injury Free Texas Website
Shelli – the site is like a ones stop shop for policy on VIP. Some sections need to be updated. Hosted by North Carolina UNC Injury Prevention Research Center. We have to provide the updated pieces. Send them to Shelli, and she sends to NC. Injuryfreetexas.org is the site. Several injury prevention topics are done and there are several placeholders. Core ones, like the intimate partner violence, and transportation are complete. The focus is about policy development, topic based. The site has links to resources as well. It’s a living document. Stewart says to add discharge recommendations

National update:
Stewart: Safe States Alliance: Completely dedicated to VIP. He updated the benefits of membership. The SafeStates Alliance annual meeting theme is “Creating a Culture of Safety”. Keynote speakers will focus on leadership roles. The special interest groups meet during this time as well. The HIPSIG is continuing on development. Recommendation is being considered to make a national document like our core components.
Trauma prevention committee—
ATS-STN the injury prevention curriculum being rolled out in March. The focus is on how do we bring up an IP professional in hospital environments per the ACS.

Texas Community Safety Summit organized by the Safe Communities of America National Safety Council- March 30- in Austin. Includes advocacy training.
Shelli- CDC core injury program funding: unfunded states have regional networks. Texas is in the network South to Southwest. Includes Tennessee, Kentucky, N Carolina, Arkansas Oklahoma and New Mexico. This group brings people together at Safe States and once a year as well. State health department funding is provided. This years meeting is in Dallas June 1-2. They will focus on Texas’s particular successes. They want to focus on HIP programs. No fee. You do have to register. Shelli invited the IP committee

General comment/To do list
Colin will put the committee on the May agenda for RAC chairs.
Shelli- pool questions for evaluation survey of the HIP document for TETAF, RAC and TTCF
Start email for legislative information
Look for shared drive for group
IP meeting on 2/18 1-230pm in Austin
Workday meetings scheduled, usually the last Friday of the month before the GETAC meeting
April 24th maybe in Houston??
Last workday is in October. – Big Bend?