

## **Prevention and Outreach**

### **Prereview Questionnaire**

**I. List organizations dedicated to injury prevention within the region and the issues they address (for example, MADD, SADD, SafeKids Worldwide, Injury Free Coalition for Kids, American Trauma Society, university-based injury control programs).**

#### **Statewide programs:**

- Mother's Against Drunk Drivers – drunk driving
- Injury Prevention Center of Dallas – dedicated to a safe community
- DSHS Safe Riders Child Safety Seat Distribution & Education Program
- SafeKids – program for prevention of accidental childhood injury
- The Central Texas Water Safety Coalition - working on issues related to safety around water
- Motorcycle Safety Coalition - statewide group working on safety issue with motorcycles
- EMSC State Partnership-through Baylor College of Medicine-pediatric emergency care protocols
- Child Fatality Review Committees - teams working throughout the state to look at preventing child deaths
- Falls Prevention Coalition - statewide group looking at implementing programs to prevent falls
- Traumatic Brain Injury Advisory Council - seeking to prevent brain injury and insure adequate services for those who have a TBI
- Texas Suicide Prevention Council – suicide prevention
- Texas Office for Prevention of Developmental Disabilities-bike safety-helmets
- Children's Medical Center in Dallas- Know Before You Go-water safety
- Piney Woods RAC G- Pay Attention East Texas- driver safety program
- Jenny Carter and Sean Carter- When Sean Speaks – alcohol awareness and living with brain injury
- Texas A&M-fall prevention program administered through state-wide Area Agencies on Aging (AAA)
- Texas A&M Agri-LIFE Extension Services County Offices-Safety Camps
- Texas Parks and Wildlife-gun safety and hunter education

#### **National programs providing assistance in Texas injury prevention programs:**

- US Dept. of Health and Human Services (NIH)- Rethinking Drinking
- National Institute of Child Health and Human Development (NICHD)-Safe Sleeping

- Emergency Medical Services for Children (EMSC)-improve pediatric emergency care infrastructure throughout the United States and its territories
- National Rifle Association-Gun Safety
- CDC-Fall Prevention, Brain Injury in Seniors-Field Triage Decision Scheme(pocket card)
- Pilot International-Brain Minders-safety program

## **2. Describe how the trauma lead agency has funded and coordinated system-wide injury prevention or outreach activities.**

Texas has 22 EMS/Trauma Regional Advisory Councils (RACs) that are charged with developing trauma system plans for their respective geographic areas. These RACs, which are partially funded by DSHS, see attachments (2.0) *EMS and Trauma Systems Funding Programs* and a chart attachment (2.1) *Texas EMS and Trauma Systems Funding Streams* are required by rule, see attachment (2.2) *Figure: 25 TAC §157.123(c)*, and by contract; see attachment (2.4)*Contract* and attachment (2.5) *Annual Report Format* to establish an Injury Prevention Committee and to report at least three injury prevention activities to support annual report requirements.

- From RAC Essential Criteria:
  - 25 Texas Administrative Code §157.123(c)(II)(I) *The RAC shall develop, coordinate, and/or support targeted injury prevention programs which address regional injury patterns as identified. The injury prevention programs shall be documented.*

- From the RAC Operational Guidelines:

Serve as a catalyst to integrate police, fire, sheriff's office, county, public health officials and media into community-based planning and advisory group to promote injury prevention efforts. Should work in conjunction with regional resource organizations on broad-based community approaches toward injury reduction. Documentation should be maintained of all such RAC coordinated efforts. The RAC should provide and/or assist in coordinating public education programs that inform area citizens and stakeholders about the need for system development, problems related to system access, and community injury patterns. The RAC should maintain summary information and records regarding such education efforts. (Rev. 06/2008)

### **a. Which injuries (including pediatric injuries) have been identified and prioritized for intervention strategies?**

See attachment (2a.0) *Top 5 Reported Causes of Injury-2007 Hospital, EMS/Trauma Registry Data*.

- Most common injuries:
  - Injuries related to falls
  - Injuries related to motor vehicle crashes

- Intentional assault

**Activities from RAC FY08-09 Annual Reports (followed by number of activities):**

<b>Activity</b>	<b>Number of activities</b>	<b>Example</b>
Traffic safety	14	B-RAC: Conducted car safety seat technician course Central Texas RAC: Purchased and distributed car safety seats
Safety for wheels (bikes, skateboard, skates)	8	Border RAC: Presentation on importance of helmets for all wheeled sports to grades three through six; helmet giveaway. North Texas Central Texas RAC: Bicycle rodeo, helmet giveaway.
Fall safety	7	Deep East Texas RAC: Brochures developed on fall prevention Southwest Texas RAC: Developed fall prevention materials
Underage drinking	7	Brazos Valley RAC: Alcohol awareness programs at 8 area high schools
Educational material/health fairs and public events	7	Southeast Texas RAC: Dedicated part of annual conference education to injury prevention RAC-J: Organized trauma awareness day at minor league baseball game
Water safety	5	Central Texas RAC: "Tag, You're It" water safety program
Fire safety	5	TSA-B: Developed cooking safety materials (burn prevention)
Heart attack/stroke education	4	Border RAC: Brochures about heart attack/stroke distributed at health fair
Bike helmet purchase/distribution	4	North Texas RAC: bought and distributed bike helmets
Drunken driving	4	Piney Woods RAC: Tie one on for Safety (red ribbon campaign)
All-Terrain Vehicle safety	3	Deep East Texas RAC: Developed brochure on ATV safety
Gun safety	3	East Texas Gulf Coast RAC: Gunlock program
Rollover demonstrations	2	RAC-J: Rollover demos at health fairs
Drug abuse education	1	Piney Woods RAC: Education offered to members and the public North Texas RAC: Drug/alcohol education in high school
Head trauma (excluding bike safety)	1	HOTRAC: Distributed information on concussion/head trauma prevention
Hunter education	1	Deep East Texas RAC H

<b>Babysitting safety</b>	<b>1</b>	<b>East Texas Gulf Coast RAC: Training class Golden Crescent RAC: Safe Sitter classes</b>
<b>Snake safety</b>	<b>1</b>	<b>Panhandle RAC: Rattlesnake awareness</b>

**b. Identify any dedicated lead agency or other agency staff member (full- or part-time) responsible for injury prevention outreach and coordination for the trauma system.**

Injury and violence prevention outreach and coordination programs are fragmented across the agency, other state agencies (DADS, DARS, DFPS, DPS, DOT, HHSC, Texas Parks and Wildlife) and across the RACs. While training and technical assistance does exist at DSHS, it is without centralized oversight or collaboration; each program relies on its own stakeholders and affiliate organizations (such as GETAC, TETAf, and RACs). The department currently has a Tier 1 priority initiative on injury and violence prevention.

**c. What is the source of funding?**

One hundred percent (100%) of state funds are appropriated by the Texas Legislature. Over ninety-five percent (95%) of the funds are disbursed to eligible entities (hospitals, EMS providers and RACs) across the state that participate in the trauma system. The distributions are based on formulas outlined in the Texas Health and Safety Code. See funding attachments: (2c.0) *EMS and Trauma Systems Funding Programs* and chart attachment (2c.1) *Texas EMS and Trauma Systems Funding Streams* that outline various funding sources.

There is no full-time or part-time staff dedicated to injury prevention in the Office of EMS/Trauma System Coordination, which coordinates the RACs. Although the RACs are required to have an injury prevention committee, none of the 22 RACs have a dedicated paid full-time or part-time person.

**3. Explain the evaluation process for injury prevention projects that are conducted by the lead agency, trauma facilities, or other community-based organizations.**

There is no one, systematic evaluation process in place for injury prevention projects conducted by the lead agency as injury prevention is fragmented across the agency, other agencies and the RACs, except as noted below.

RACs are not required to evaluate injury prevention programs and DSHS does not currently perform any performance evaluation of RAC injury prevention programs. Contract monitoring ensures that injury prevention activities occur; required by rule and contract. See attachments, (2.2) *Figure: 25 TAC §157.123(c)*, (2.4) *Contract* and

attachment (2.5) *Annual Report Format*. Monitoring is conducted by the OEMS/TS first by RAC self assessment, OEMS/TS desk review or site visit, and evaluation reports. See attachments: (3.0) *Desktop Review Tool*, attachment (3.1) *Required Modification Letter Blank*, and attachment (3.2) *Compliance Letter*. Some RACs gather data from hospitals and pre-hospital providers in their respective areas and develop injury prevention materials based on the mechanisms of injuries identified by those data. Trauma facilities' injury prevention programs are evaluated only as required by facility management, trauma survey or designation requirements.

**a. Identify any gaps in injury prevention efforts for population groups in the state.**

Because DSHS does not have a centralized Injury and Violence Prevention Program, efforts are fragmented across the agency, other state agencies (DADS, DARS, DFPS, DPS, DOT, HHSC, Texas Parks and Wildlife) and across the RACs. While training and technical assistance does exist at DSHS, it is without centralized oversight or collaboration; each program relies on its own stakeholders and affiliate organizations (such as RACs). Some RACs are responding with appropriate data-driven injury prevention programs, but most RACs are not. The department currently has a Tier 1 priority initiative on injury and violence prevention.

**Documentation Required**

Before the site visit:

- ✓ A list of the number and nature of injury prevention activities conducted throughout the trauma system in the past year (for example, activities directed at which mechanism or type of injury or which patient population, such as children and elderly people).- See list under question number 2.

On-site:

- ✓ A copy of the state injury control and prevention plan- GETAC prepared a statewide injury prevention plan in 2003: see link below:  
<http://www.dshs.state.tx.us/emstraumasystems/TexasInjuryPreventionPla.pdf>
- ✓ A representative sample of brochures, pamphlets, fliers, and curricula for educational programs on injury prevention.