

Workbook for:

# Developing an Integrated Injury Prevention Strategy

*Discussion Draft*

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Austin, Texas

Governor's EMS and Trauma Advisory Council (GETAC)

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## **INTRODUCTION**

The Texas legislature wanted trauma care resources to be available to every citizen. The Omnibus Rural Health Care Rescue Act, passed in 1989, directed the Bureau of Emergency Management of the Texas Department of Health to develop and implement a statewide emergency medical services (EMS) and trauma care system, designate trauma facilities, and develop a trauma registry to monitor the system and provide statewide cost and epidemiological statistics.

Rules for implementation of the trauma system were adopted by the Texas Board of Health in January 1992. These rules divided the state into twenty-two regions called trauma service areas (TSAs), provided for the formation of a regional advisory council (RAC) in each region to develop and implement a regional trauma system plan, delineated the trauma facility designation process, and provided for the development of a state trauma registry.

### **Texas Trauma System –Vision**

In August of 2001 a Mission and Vision statement was developed related to the Texas EMS and Trauma system. The Mission and Vision is:

*That all the people of Texas, because of the effectiveness of our prevention programs, are the least likely in the nation to be seriously injured or killed; but, if injured, have the best chance for survival and maximal potential for recovery.*

### **Importance of Prevention**

Injury is the third leading cause of death and disability in all age groups in the United States, accounting for millions of dollars in treatment and disability costs, and more years of potential life lost (YPLL) than any other health problem. The solution is to prevent injury or death from occurring in the first place. The most successful injury prevention messages are frequent, coordinated and disseminated through a variety of outlets to the appropriate target audiences. Currently, most injury prevention efforts in Texas are carried out on a local level through individual health care entities or RACs, with no harmonious statewide effort and no systematic approach to educating the public with regards to the prevention of injuries. Prevention programs are often created on demand (e.g., based on a single incident) rather than on a methodical analysis of actual injury data. In many cases, programs on similar topics are being conducted by various organizations

in the same community without the benefit of coordination. By making prevention a coordinated effort, the EMS/Trauma System can provide a central point for resources and develop a plan which targets injuries that most affect Texans.

Developing an integrated injury prevention strategy is an expression of the commitment to working in an inclusive and collaborative process to improve the state's injury prevention performance. The strategy provides a dynamic framework for action. During the development of this strategy, it is the intent to receive input from prevention experts, stakeholders, governmental officials, as well as a wide range of organizations and individuals with an interest or involvement in injury prevention.

The injury prevention strategic plan should be a living document and by doing so shapes all policies and programs that may positively contribute to: *all of the people of Texas benefiting from the effectiveness of our prevention programs, and therefore are the least likely in the nation to be seriously injured or killed; however if injured, have the best chance for survival and maximal potential for recovery.*

## **ABOUT THIS WORKBOOK**

The purpose of the injury prevention strategy workbook is to establish a framework related to the development of specific strategies. While the initial development is led by the Combined Injury Prevention Committee, input and consultation with other groups, organizations and individuals is strongly supported. Globally the strategy has an ambitious and challenging vision. To realize the vision for Texas we need to have the strategy rooted in key settings that provide the greatest potential for reaching the population, as well as a focus for coordinated, integrated actions:

- Educational settings (schools, colleges, universities, and curriculum components)
- Health care providers and settings (pre-hospital, hospitals, practitioners across all disciplines)
- Business and industry ( particularly businesses or services that have a direct relationship to injury prevention practices – transportation, construction, etc.)
- Workplaces ( especially those employing young employees)
- Communities ( rural, urban, suburban, frontier)
- Governments ( at all levels from local and municipal to state and federal)
- Individuals and families

***Part I*** of this workbook briefly describes the overall approach to the development of the Strategy.

***Part II*** requests your input on the key elements for the Strategy. We would also like to hear your opinions about what is working well now, existing challenges and what else can be done in various areas.

***Part III*** example of strategic objectives.

## **PART I:**

### **THE DEVELOPMENT OF AN INJURY PREVENTION STRATEGY**

This section provides a brief overview of the proposed framework for the development of the Strategy.

### **Improving Our Injury Prevention Efforts**

There are a number of deficiencies in our current injury prevention efforts. These include:

- ❖ Fragmentation of efforts. Given the wide range of individuals, groups, organizations and special topic initiatives involved in injury prevention, there is the potential for inconsistencies, duplication and ineffective activities.
- ❖ Gaps in injury prevention activities. Some important injury issues attract more attention than others. Coverage in other areas are sparse, while others lack a cross-sectional strategy approach addressing various cohorts.
- ❖ Workforce capability issues. The injury prevention workforce is diverse, often isolated and has limited or no access to adequate funding opportunities. The capability of program sustainability is highly restrained.
- ❖ Dissemination of injury prevention. There exists a need for better, more accessible and improved dissemination of injury prevention programs
- ❖ Quality of data. There is a need for access to timely reliable and valid data.

The strategy will recognize these deficiencies and work through an approach that focuses on action to address the barriers and support the development of an infrastructure to promote prevention.

Current evidence suggests that injury prevention may work best when it:

- ✓ Addresses the multiple factors that contribute to injury
- ✓ Encourages environmental and behavior changes
- ✓ Engages the population who are most at risk
- ✓ Involves action across disciplines
- ✓ Is sustained and reinforced over time

### **Key Elements of an Injury Prevention Strategy**

This section describes the main components of the framework for the development of the Strategy, including the vision, goals, overall strategic approach, guiding principles, and strategic pillars.

## **Vision and Goals**

The Mission, Goals and Objectives of the Combined Injury Prevention Committee currently are:

**Mission:**

To provide leadership to the citizens of Texas and to reduce the incidence, severity, and cost of injuries in Texas.

**Goals:**

- Serve as a resource to GETAC, committees, governmental agencies, community organizations and all interested individuals
- Support improvements of quality emergency medical services and trauma systems development and data
- Serve as an educational resource and point of dissemination of information to entities that promote injury prevention

**Objective:**

To influence, educate, and facilitate those efforts that reduce injuries, disabilities and death in the State of Texas

Actions to be taken through a Strategy will ultimately influence the health status and health outcomes of the population, reduce the burden placed on the health care system by injury, and contribute to the efficiency and sustainability of a health care delivery system in Texas.

## **Overall Strategic Approach**

Consistent with the World Health Organization definition of health, this approach views health as an asset and resource for everyday living, not simply the absence of injuries. Health depends on more than just health care. The population health approach concerns itself with the living, working and economic environments that affect people's health and safety, the conditions that enable and support people in making healthy choices, and the services that promote and maintain health.

Numerous determinants of health influence the health of individuals and communities: income and social status, social support networks, education, employment and working conditions, physical environments, genetics, personal health practices and coping skills, health services, gender, and culture and healthy child development.

It is the complex interaction of these determinants that has an impact on the health of individuals and communities. In applying this approach to injury prevention, the burden and the solutions lie not just within education, but with legislation, engineering, economics, law enforcement and optimal care.

### **Guiding Principles**

The Injury Prevention Strategy development is guided by the following three principles:

- evidence-based practices
- partnership and shared responsibility
- integration

### **Evidenced-based Practice**

Evidence-based practices can be positioned along a continuum from qualitative to quantitative evidence. Examples ranging from qualitative to quantitative include: opinion based on community experience or cultural knowledge, to descriptive studies, surveys, cohort studies, non-randomized trials and finally, randomized control trials. Injury prevention interventions will be more effective if they are based on best evidence.

### **Partnership and Shared Responsibility**

A partnership is a voluntary agreement between two or more partners to work cooperatively towards a common goal. Partnerships are a mechanism for putting the idea of integration into practice. They require an investment of time and resources over the long term if they are to meet with success.

Creating conditions for the minimization of risk for injury is the responsibility of all sectors (e.g., health, environment, education, recreation, legislative, etc.) and requires partnerships between

governments at all levels, the private sector, the not-for-profit sector, individuals, families, schools, workplaces and communities.

## **Integration**

Integration will be a major focus in the Strategy. Integration means working in a more coordinated way to address specific issues together, as much as possible. An integrated approach can add value to what is currently being done to address these issues – it can lead to greater health impacts, and it can be a more efficient and effective use of resources.

Integration needs to occur in three main areas:

- public policies/legislation;
- research;
- interventions or programs.

## **Strategic Pillars**

Four strategic pillars are proposed as part of the framework for the Strategy:

### **1. Leadership and Public Policy Development**

The main aim of healthy public policy in the context of injury prevention is to create supportive environments that enable people to lead healthy lives at minimum risk for injury. Such policies make healthy choices the easy choices. All levels of government and all sectors (e.g., health, transportation, education and the environment and others) have a role in the development of healthy public policy.

### **2. Knowledge Development and Translation**

Knowledge development and translation refers to the continuum of activities from gathering knowledge (including activities in research and surveillance) about injury issues and programs that work, to analyzing and synthesizing the knowledge, and finally to making the knowledge available to the people who can use it in a form that is most useful to them.

### **3. Community Development and Infrastructure**

Community development, in this context, helps communities to build on their existing human and material assets. It must also recognize that some communities have access to fewer resources than

others have, and support these communities. This community development process builds stronger communities that have an increased capacity to deal with a range of health and social issues, including the prevention of injury.

#### 4. Public Information

Theory-driven communication programming can put health (including injury prevention) on the public agenda, reinforce healthy messages and healthy public policy, stimulate people to seek further information, and in some instances, bring about sustained healthy lifestyles.

Effective communication is not only concerned with the communication of information, but also with fostering the motivation, skills, and confidence necessary to take action to improve health and minimize risk. It includes information concerning the underlying social, economic and environmental conditions impacting on health and injury, as well as individual risk factors and risk behaviors, and use of the health care system.

## **PART II:**

### **IDENTIFYING KEY ELEMENTS IN AN INJURY PREVENTION STRATEGY**

#### **The Need for an Integrated Approach to Action**

For the most part, injury issues have been addressed in isolation of each other and, as well, little attention has been given to questioning whether there are common risk factors between these injury issues. And while some prevention strategies have been effective, studies have also shown the limits of addressing risk factors and injury outcomes in isolation, without placing greater emphasis on the contexts of peoples' lives. In particular, even the effective prevention strategies are often unsuccessful in reducing injury in disadvantaged groups, and thus tend to increase disparities in health status.

Evidence suggests that integrated, community-level interventions that consider multiple risk factors, when sustained over time, have been successful. Integration, therefore, is not only a more effective prevention strategy, but can make better use of limited prevention resources.

This is not to say that separate efforts to reduce specific injuries should not continue, nor that transportation specialists become specialists in water safety or that police must be prepared to counsel 10-year-olds on appropriate sports safety equipment. It does mean, however, collaboration among leaders and volunteers in different settings will ensure Texans are not overwhelmed with competing messages and program duplication. Pooling resources and efforts will also help to ensure that disparities in service are decreased instead of increased.

While there remains a need to address injury issues separately, taking an integrated approach to promoting and supporting the prevention of injury will:

- capitalize on the opportunities created by existing injury-specific prevention strategies;
- encourage a variety of sectors to work together to improve the social and physical conditions that influence the risk for injury;
- present integrated messages to specific target groups;
- use an appropriate mix of interventions to attain a goal (e.g., for minimizing the risk of falls for seniors, enhancing physical activity levels, combined with the use of appropriate safety gear);
- work in partnerships to reduce disparities through a concerted effort to enhance opportunities, access, and skills among Texans among those for whom geography presents significant barriers (e.g., residents of rural and remote communities);
- develop integrated interventions for specific settings (e.g., schools) and groups (e.g., a specific cultural community) so that they are not bombarded with competing issues;
- develop alliances with a number of sectors that influence injury, such as recreation, sport, health, transport, urban planning, workplaces, education and schools, and private industry.

**Interventions are more likely to be successful if they:**

- involve multiple components in multiple settings (e.g., workplaces, health care settings, schools, homes, community parks, etc.);
- involve a combination of approaches – legislative, environmental and educational;
- incorporate community-wide health education and skill development campaigns that utilize evidence-based models of individual behavior change;
- enhance social support in community settings;
- are built on sustainable partnerships, long-term collaborations and viable infrastructures;
- are built on strong local leadership and commitment;
- include expectations that are consistent with the resources available (adequate numbers and skill levels of human resources, as well as financial resources), and are sustainable over an extended period;
- address the interests, needs and priorities of the target populations.

## **INJURY PREVENTION STRATEGY COMMITTEE WORKBOOK QUESTIONS**

Please answer the following questions based on your own experience, or, on behalf of a group or organization, based on your collective experience.

The second half of the Committee meeting on May 18<sup>th</sup> will be focused on discussing strategic planning. Please bring a copy of your responses to the questions to the meeting.

If you need any additional information have any questions, please feel free to contact me either by email [gkesling@utmb.edu](mailto:gkesling@utmb.edu) or call 409-747-7345.

***Again, thank you for your time and interest in this important project.***

- 1.** Do you think there should be a written Injury Prevention Strategy?  
Are we just creating more paperwork without a positive impact.

Yes \_\_\_ No \_\_\_

Why or why not?

- 2.** How do you think an Injury Prevention Strategy would support your work? What are the "key essential elements"?

- 3.** Is the stated Trauma System Mission: clear and realistic?

*That all the people of Texas, because of the effectiveness of our prevention programs, are the least likely in the nation to be seriously injured or killed; but, if injured, have the best chance for survival and maximal potential for recovery.*

Yes\_\_\_ No\_\_\_

If no, why not?

- 4.** The framework:

- a)** Do you agree with using a population health approach for an injury prevention strategy?

Yes\_\_\_ No\_\_\_

Why or why not?

Comments:

- b)** Does the framework include all the components necessary for an Injury Prevention Strategy?

Yes \_\_\_ No \_\_\_

Comments:

**5. The Settings:** The framework for the Strategy proposes to focus action on the key settings where Texans live, work, learn, play and travel, as well as where they seek injury prevention information and other important settings.

**a)** Please provide ideas on the policies, initiatives, and/or activities that should be included in the Strategy to support your work, or injury prevention in general, in the following settings:

Ideas for settings where we live (e.g., home, long-term care residences).

Ideas for settings where we work (e.g., offices, factories, farms).

Ideas for settings where we learn (e.g., elementary and high schools, colleges, universities).

Ideas for settings where we play (e.g., parks, recreation centers, etc.)

Ideas for settings where we travel (e.g., roads, trails, waterways, with special consideration for events such as hurricane evacuations, etc.).

Ideas for settings where we seek health information and/or care (e.g., physicians' offices, community health centers, public health departments).

Ideas for other settings (please specify)

**b)** Please circle the three ideas that you have listed above in 5a) that you think are most important.

**6. Guiding Principles:** The framework identifies the following guiding principles: evidence based practice, partnership and shared responsibility, and integration.

**a)** What does the Strategy need to include to ensure that interventions to reduce injury at the local, regional and national level are based on best evidence?

**b)** Integration and cross-sectional collaboration are a major focus of the Strategy framework. Integration means working in a more coordinated way to address injury prevention in three main areas:

- *public policy* (e.g., subdivision planning that includes venues for safe walking, cycling and recreation as well as traffic – urban planners and transportation departments working with recreation and injury prevention organizations and community members);
- *research* (e.g., development and evaluation of an approach to increase child occupant restraint use – community leaders working with child transport specialists and educators and evaluation specialists);
- *interventions or programs* (e.g., support programs for young, vulnerable families, that also address injury prevention – young mothers are working with health and social service providers who have been taught by injury prevention specialists).

**i)** Is the current level of integration/ collaboration appropriate?

(Please indicate whether you are referring to the local, regional, state or national level when responding)

Yes \_\_\_\_ No \_\_\_\_

Why or why not?

**ii)** What are the current challenges to integration/ collaboration?

**iii)** Describe two examples where enhanced integration/ collaboration would add value to the work that you do (indicate level: municipal, regional, state or national level).

**iv)** What should be included in the Strategy to support this integration/ collaboration?

## 7. Strategic Pillars:

**a)** How could an Injury Prevention Strategy support each of the following pillars?

- i)** Leadership and Policy Development
- ii)** Knowledge Development and Translation
- iii)** Community Development and Infrastructure
- iv)** Public Information

**b)** Thinking of your own work, list the greatest challenges for each of the following pillars:

- i)** Leadership and Policy Development
- ii)** Knowledge Development and Translation
- iii)** Community Development and Infrastructure
- iv)** Public Information

**8.** Area of Emphasis: What are the most important things governments and/or other groups should do to reduce the incidence and severity of injury, at the local, regional, state and/or national level?

Identify the group and level, and list up to three actions under Pillar headings. Please be as specific as possible with the actions. For example, if you identify "resources", please state the type of resources and the purpose for which they would be required. Groups include: individuals, those that have been directly affected by injuries, families, community and not-for-profit organizations, communities, professional groups, the education system, health authorities, business and industry, municipal government, state government, federal government.

**9.**

**a)** Should national priorities in injury prevention be identified in this Strategy? (e.g., children's falls, motor vehicle related injuries)

Yes \_\_\_ No \_\_\_

Why or why not?

**b)** A number of criteria have been used in previous priority setting exercises. Please check each of the following that you believe should be used in determining injury

prevention priorities (check all that apply)\*.

- Incidence Rates
- Potential Years of Life Lost
- Mortality Rates
- Number of Hospitalizations
- Severity of Injury
- Economic Burden
- Population Subgroups At Risk
- Cost-Benefits
- Existing Gaps Between Available

Interventions and Implementation

- Worsening Trends
  - Mandates of Various groups (i.e., bioterrorism)
  - Public Readiness / Will
  - Political Readiness / Will
  - Known Best Practices / Effective Interventions
- Other (Please Specify):

**c)** Which of the above should be given the most weight? (please rank these next to the check marks from most to least important, "1" being the most important)

**d)** What do you think the initial priorities (i.e., injury issues) should be and why?

**10.** What else should be considered in the Strategy?

**11. Other comments, observations, important issues:**

### **PART III: Example of Strategic Objectives**

The following Objectives with respective actions is an example of how a global injury prevention strategy might look. This is just an example and not presented as a finalized construction.

#### ***Objective 1: Raise awareness and commitment to injury prevention***

##### **ACTIONS**

- 1** Raise awareness and acceptance that most injuries can be prevented.
- 2** Promote positive attitudes toward injury prevention.
- 3** Raise commitment and motivation for improved injury prevention among government and non-government organizations, the wider community and specific settings such as workplaces, public places, schools, homes, roads, and sport and recreational environments and rural communities.
- 4** Encourage individuals and groups to be actively involved in injury prevention.

- 5 Promote a community development/action approach to injury prevention.
- 6 Establish visions and targets for injury prevention that motivates and encourages commitment to action.
- 7 Ensure that injury prevention is given an appropriate level of consideration in decision-making relative to other goals such as production (in the workplace), convenience (on the roads), pleasure (in sport) and appearance (in design).
- 8 Provide incentives that promote positive injury prevention behaviors and environmental changes.

## ***Objective 2: Strengthen injury prevention capacity and capability***

### **ACTIONS**

- 1 Increase understanding of how injuries happen and how the key contributing factors can be eliminated or controlled.
- 2 Promote the development of personal skills in injury prevention within the wider community through the education sector, workplaces, public campaigns and community-based programs.
- 3 Increase the capacity and capability of the injury prevention workforce through education and training programs and supportive mechanisms.
- 4 Increase the capacity and capability of EMS and trauma providers to develop, implement and evaluate effective injury prevention interventions.
- 5 Increase the capacity and capability of other providers to develop, implement and evaluate effective injury prevention interventions.
- 6 Integrate injury prevention into curricula and into relevant established education programs and courses from early childhood through to tertiary level.

- 7 Establish formal injury prevention qualifications.
- 8 Support injury prevention research centers and multi-disciplinary research teams and encourage them to focus on key injury issues.
- 9 Support the training of the injury prevention workforce, including practitioners and researchers.
- 10 Support the training of the lay providers of injury prevention.

### ***Objective 3 Design and develop safe environments, systems and products***

#### **ACTIONS**

- 1 Support the development of positive social environments that promote resourcefulness, resilience, and respect and responsibility for self and others.
- 2 Control exposure to hazards through the improved design and maintenance of environments, systems and products.
- 3 Create environments, systems and products that reduce the likelihood of injuries occurring as a result of human error, whether unintentional or intentional.
- 4 Create and promote standards that facilitate the safer design and use of environments, systems and products.
- 5 Encourage people to consider injury prevention when making purchasing decisions.

***Objective 5: Integrate injury prevention activity through collaboration and co-ordination***

**ACTIONS**

- 1** Ensure collaborative relationships for injury prevention within and between Trauma Service Areas , local government, businesses, non-government organizations and community sectors.
- 2** Establish or strengthen co-ordination mechanisms (e.g. coalitions) to ensure injury prevention activity is integrated.
- 3** Develop collaborative relationships and co-ordination mechanisms for injury prevention across other diverse partners.
- 4** Develop and implement plans to co-ordinate and guide injury prevention activity at various levels: organizational; community; regional; and national.
- 5** At the various levels, encourage participation in injury prevention.

- 6 Increase collaboration and co-ordination between the injury prevention groups and related providers, such as health promotion and crime prevention, to integrate prevention activities and avoid unnecessary duplication of effort.
- 7 Develop mechanisms to co-ordinate injury prevention research and evaluation activities.

***Objective 4: Maintain and enhance the legislative and policy framework supporting injury prevention***

**ACTIONS**

- 1 Promote compliance by providing practical and accessible information, resources and advice
- 2 Enforce compliance with legislation, policies and mandatory standards that support and facilitate injury prevention.
- 3 Evaluate the impact of legislation and policy from an injury prevention perspective.
- 4 Develop and implement legislative and policy reforms to further support and facilitate injury prevention, following consideration of benefits and compliance costs.

## ***Objective 6: Advance injury prevention knowledge and information***

### **ACTIONS**

- 1** Investigate the social and economic costs of injury.
- 2** Investigate the demographic (e.g. age and gender), geographic, and socio-economic characteristics of groups most at risk of injury, and the factors that contribute to injury, both underlying (e.g. social conditions) and more immediate (e.g. alcohol).
- 3** Investigate the circumstances of specific injury events and near-misses, and collate and analyze this information as a means of identifying opportunities for prevention.
- 4** Improve injury surveillance systems through the co-ordination and enhancement of injury databases and the aggregation and publication of timely and comprehensive injury statistics.

- 5 Improve the availability and quality of information in injury databases by ensuring consistency with standards for the collection, production and presentation of data.
- 6 Review the literature (national and international) to identify proven or promising interventions.
- 7 Ensure injury prevention interventions are evaluated to determine their effectiveness.
- 8 Disseminate injury statistics and information on interventions and their effectiveness in ways that are relevant and accessible to users such as injury prevention practitioners and service providers.
- 9 Ensure that injury prevention research strategies focus on key injury issues, particularly those where effective interventions are not well established.
- 10 Investigate methods to measure changes in safety culture and safe environments.

### ***Objective 8: Ensure appropriate resource levels for injury prevention***

#### **ACTIONS**

- 1 Ensure the overall resourcing of injury prevention activity is in line with the full social impact of injury and the potential for prevention.
- 2 Ensure that injury prevention resources are allocated based on factors such as the incidence and severity of injury, and the potential for prevention.
- 3 Support the implementation of effective injury prevention efforts through sustained funding arrangements.

***Objective 9: Develop, implement and monitor national injury prevention strategies for priority areas***

**ACTIONS**

- 1 Implement and build on existing national injury prevention strategies (either completed or near-completion) for priority areas
- 2 Develop, implement, and monitor action plans to support the national injury prevention strategies for priority areas.
- 3 Identify and close strategy gaps by developing new national injury prevention strategies for priority areas where these do not already exist (e.g. drowning and near-drowning, falls prevention, workplace health and safety, suicide prevention across all ages).
- 4 Ensure any new national strategies relating to priority areas have an appropriate focus on injury prevention.

- 5 Review the national injury prevention priority areas periodically as part of the Injury Prevention Strategy's formal review process.

### ***Objective 10: Foster leadership in injury prevention***

#### **ACTIONS**

- 1 Encourage individuals and organizations in positions of influence within communities to demonstrate leadership in injury prevention.
- 2 Encourage regional and local government to demonstrate leadership in injury prevention.
- 3 Ensure GETAC provides leadership at a state level by supporting the Injury Prevention Strategy.
- 4 Provide leadership by ensuring that specific strategies focusing on State prevention priorities are correlated to national injury prevention priorities.
- 5 Ensure that government agencies with injury prevention responsibilities build these into their accountability documents, along with performance measures.

