Texas Injury Prevention Conference
May 4, 2017

Mythbusters
Myth #1

We just need to educate individuals to change their behavior to prevent injuries.
We need comprehensive, multidisciplinary efforts

- The causes of injuries (unintentional and intentional) are complex
- Education and knowledge doesn’t always lead to behavior change
- The E’s
  - Engineering, enforcement, education, evaluation, environment, emergency medical services, equity, and encouragement
Likelihood that protection will result

Maximum

Subtoxic dose in container
Childproof blister packaging
Childproof cap on container
Locking cabinet after every use
Watching child at all times

Minimum

Passive Active

Example of active and passive strategies to prevent poisoning in children
“Too often, we try to educate people to protect themselves and their children with behaviors that are bothersome and must be frequently repeated, in the vain hope that a desire for “safety” will be all the incentive that is needed. Yet whenever such educational efforts have been competently evaluated, a lack of success has been demonstrated. Despite all the evidence that posters, pamphlets, media campaigns, and other educational programs have not produced changes in daily behavior that would effectively reduce injuries, we often rely on this kind of approach, spending enormous amounts of money and person-years of labor on ineffective or unproven efforts. The tragic result is that limited resources are used up and approaches with far greater likelihood of success are ignored.”

Susan P. Baker
Professor – Emeritus
Johns Hopkins  Bloomberg School of Public Health
“The OBVIOUS injury prevention solution is seldom a strategic choice.”

Carolyn Cumpsty-Fowler, Ph.D., MPH
The Spectrum of Prevention

- Influencing Policy & Legislation
- Changing Organizational Practices
- Fostering Coalitions & Networks
- Educating Providers
- Promoting Community Education
- Strengthening Individual Knowledge & Skills
Myth #2
You can scare individuals away from risky behavior
Fear-based interventions are ineffective and harmful

- Promoting Public Health Messages: Should We Move Beyond Fear-Evoking Appeals in Road Safety? Qual Health Res January 2007 17: 61-74,


More evidence that FEAR doesn’t work...

- Fear appeals for individuals in different stages of change: intended and unintended effects and implications on public health campaigns. Cho H, Salmon CT


And, more . . .

Still more . . .


- U.S. Department of Health and Human Services, National Institutes of Health, NIH Consensus Development Program, NIH News, October 15, 2004

Texas Governor’s EMS & Trauma Advisory Council Injury Prevention Committee

- Conducted extensive literature review
- Focus of the review was limited to interventions to reduce or prevent distracted driving
Motivational Counseling with Exposure to Trauma Room

Despite support for the theorized causal pathway, the combination of trauma room exposure and motivational counseling did not result in better outcomes

Showed significantly more hazardous drinking; and greater amount of speeding and distracted driving than the control group
We need to ask ourselves — is there anything we are doing that looks like this? Are we contributing to the proliferation of ineffective and harmful programs?
Myth #3

Evaluation is a luxury

My stomach hurts.
Maybe it was the bad tuna I had for lunch.
Too bad I don’t have a proper control group, now I’ll never know.
A man found his neighbor down on his knees under a street lamp looking for something. “What have you lost, friend?”

“My key,” replied the man on his knees.

After a few minutes of helping him search, the neighbor asked, “Where did you drop it?”

“In that dark pasture,” answered his friend.

“Then why, for heaven’s sake, are you looking here?”

“Because there is more light here.”
Evaluation is critical

- Implemented a “popular” program designed by American College of Surgeons to decrease brain and spinal cord injuries
- Previous evaluation was self-reported knowledge, attitude and behavior surveys
- Well designed evaluation showed program was ineffective
- CDC discontinued funding

circa 1991 in Oklahoma
We have a responsibility not to waste precious resources on ineffective efforts
Myth #4

We have to reduce deaths for a program to be effective
Reality: May take years to show reductions in deaths

- Evaluate appropriate intermediate measures
- seat belt use, child passenger restraint use, bicycle helmet use, smoke alarm prevalence, changes in laws/policies, environmental conditions
Myth #5

Passion is sufficient to prevent injuries
Need skilled, competent staff

- Public health/population health training
- Meet Core Competencies for Injury and Violence Prevention
- Appropriate injury and violence prevention continuing education
Recommended Resources

- Johns Hopkins University Summer Institute: Principles and Practices of Injury Prevention
- Texas Injury Prevention Leadership Training
- Principles of Prevention. www.CDC.gov/violenceprevention. The course, which offers continuing education credits, teaches key concepts of primary prevention, the public health approach, and the social-ecological model.
- The Society for Advancement of Violence and Injury Research (SAVIR) www.savirweb.org/.
- The Safe States Alliance has self-study trainings available including Injury Prevention 101
- The World Health Organization TEACH VIP E-learning
- Centers for Disease Control and Prevention
- The WHO Violence and Injury Prevention internet based programs
- American Trauma Society Injury Prevention Course
Myth #6
I have to do it all by myself
No, you don’t!

• We can’t do it alone.

• Injury and violence are complex issues, and need comprehensive, multidisciplinary efforts beyond the scope of any one person, agency or organization.
It’s a team effort!
“If we’re going to collectively begin to grapple with the problems that we have collectively, we’re going to have to move back the veil and deal with each other on a more human level.”

Wilma Mankiller
Former Chief, Cherokee Nation
We must cultivate relationships!
All things being equal, people want to do business with their friends.

Jeffrey Gitomer
Little Black Book of Connections
All things being not quite so equal, people STILL want to do business with their friends.

Jeffrey Gitomer
Little Black Book of Connections
Texas Resources

Hospital-Based Injury Prevention User Guide

Injury Program User Guide and Check List

This is a brief supplement to the Governor's ERC and Trauma Advisory Council, Injury Prevention Committee's resource document titled, Hospital-Based Injury Prevention Components (2016). This document provides a quick reference of each core component, key attributes of each component, and resources.

2/17/2017
We can save lives IF

- We implement evidence-informed strategies
- Evaluate our efforts
- Obtain appropriate competency-based training
- Work together
Thank you for the BIG things you do to keep Texas safe!

Shell Stephens-Stidham

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