



**The Injury Prevention Center  
of Greater Dallas**

## **Our Vision**

An injury and violence free Dallas.

## **Our Mission**

Dedicated to creating a safe community to live,  
work and play.

# Our Story

We want Dallas to be a city where people have the freedom to live to their full potential; to have safe places to live, work and play. The Injury Prevention Center of Greater Dallas (IPC) helps citizens avoid injuries that could lead to a lifetime of physical and emotional disabilities. The IPC implements proven programs that use the science of injury prevention to reduce the risk of violence, injury and their associated consequences. Not only does investing in prevention save lives and decrease pain and suffering, but it also saves money. The estimated economic return on investment is substantial when evidence-based injury prevention strategies are implemented. By joining forces with businesses, government, police and fire departments, school districts, faith-based organizations and others, we can help people live fulfilling lives, free from injury and harm.



# Our History

In 1991, Dallas was facing a crisis. Injuries and trauma-related deaths had increased by 38 percent over previous years. Trauma-related injuries were growing at such a rate that by 1995, the number of trauma patients would eventually exceed the capacity of Dallas area hospitals to treat them.

**Something had to be done – but not the same things that had always been done.**

In 1992, more than 100 area health, government and business leaders examined the issue and developed a unique plan to address the problem. Instead of focusing on treating and managing injured patients, the plan outlined the need for a community-based organization focused solely on the prevention of injuries and associated deaths. In an unprecedented move in 1994, the IPC was established with funding from five of the city's local hospitals Parkland Health & Hospital System, Baylor Health Care System, Methodist Health Systems, Texas Health Resources and Children's Medical Center of Dallas, as well as several private foundations and corporations. The establishment of the IPC was also endorsed by numerous local organizations/agencies including the Dallas County Commissioners, Parkland Board of Managers, City of Dallas, Dallas Medical Association and Dallas/Fort Worth Hospital Council.

Why did these visionary leaders choose to invest in prevention? Because prevention works and saves money. Like other public health problems, injury is a problem that can be diminished considerably if adequate attention and support are directed to it. Epidemiologists and health professionals have successfully applied a public health model to the eradication or improvement of a variety of plagues. Dr. C. Everett Koop, during his tenure as U.S. Surgeon General, identified injury, particularly childhood injury, as "the last great plague of the 20th century."

*"Safety and security don't just happen; they are the result of collective consensus and public investment."*

**-NELSON MANDELA**

- Every \$46 spent on a child safety seat saves \$1,900 in societal costs.
- Every \$31 spent on a booster seat saves \$2,200.
- Every \$33 spent on a smoke detector saves \$940.
- Every \$10 spent on a bicycle helmet saves \$570.

# Guiding Principles

The guiding principles of the IPC shape our organizational culture and provide direction in all circumstances and decision making, regardless of changes in our goals, strategies or leadership.

## **Use data to drive programs**

To prevent injuries and violence, it is important to first understand the problem. What is causing the problem? Who is affected? What are the circumstances in which it occurs?

To answer these questions and others, it is critical that data be collected. The IPC collects data from the medical examiner's office, local hospitals, fire departments, police departments, EMS, schools, etc. The data is used to identify populations at risk, determine risk factors, detect emerging issues and design and evaluate prevention programs.

Using local data allows the IPC to implement community targeted programs and is helpful in determining the programs' effectiveness.



*"Problems cannot be solved at the same level of awareness that created them."*

**-ALBERT EINSTEIN**

## **Collaborate with the community**

The concept of a safe community recognizes that no single approach to injury prevention and safety promotion can be as effective as collaboration among community organizations and community members. The IPC has an infrastructure that is based on partnership. The Center works with more than 100 agencies, social service providers, governmental departments, hospitals, clinics, schools and faith-based organizations to actively engage the community in planning, implementation and evaluation of injury prevention programs. Additionally, the IPC facilitates or supports coalitions aimed at reducing injuries and associated deaths.

## **Use evidence-based approaches**

The IPC utilizes only interventions which have been proven effective to create systematic, comprehensive strategies that change conditions, which lead to improved community safety measures. There are many scientifically evaluated, evidence-based interventions that have proven effective in reducing injuries and violence. However, there is often a knee-jerk reaction when selecting an intervention – a trap that many organizations and groups fall into when implementing prevention programs. The easiest, most affordable, or most acceptable strategy is seldom the most effective. Knowledge of the range of effective injury prevention strategies is critical when choosing prevention options. Often the knee-jerk reaction is a preoccupation with the individual “blame the victim, train the victim” paradigm. Dr. George Albee, psychologist and author on community approaches to mental illness, said, “No mass disorder afflicting mankind is ever brought under control or eliminated by attempts at treating the individual.” Injury is a mass disorder requiring preventive action. To control this problem, we must move beyond talking to individuals about safety and embrace the wide range of effective population-based intervention options.

### **Evaluate, evaluate, evaluate**

All too often, prevention programs are implemented and continued because program managers and staff adamantly believe the programs are producing the desired results, yet they have no adequate proof of effectiveness. It is imperative that proper and consistent evaluation be conducted to measure changes in the community. Ineffective programs that continue to be implemented drain sparse resources that would be better spent on effective programs. It's not enough to believe that you are making a difference. We must be able to demonstrate that behaviors are changing and injury rates are decreasing. The IPC is committed to assessing if programs are appropriate for the intended audience and determining if they are creating the preferred effect.



## Setting the Standard

In 1996, the IPC assisted Dallas in becoming the first World Health Organization (WHO) designated Safe Community in the United States and the first urban city in the world to receive designation. Dallas was recertified by the WHO in 2007. The IPC was informed that not only does it meet these requirements, but that it serves as the “gold standard” of Safe Communities worldwide. To receive designation or recertification, an organization must demonstrate its proficiency in each of the following areas:

- An infrastructure based on partnership and collaborations, governed by a cross-sectional steering committee or advisory board that is responsible for safety promotion in their community;
- Long-term, sustainable programs covering both genders and all ages, environments, and situations;
- Programs that utilize data to document the frequency and causes of injuries, then implementation of programs that promote safety among high-risk groups and environments;
- Evaluation measures to determine changes in the community;
- Ongoing participation in national and international Safe Communities networks.

The WHO Safe Community model emphasizes utilizing data to identify populations at risk and emerging issues and engages local coalitions to implement and evaluate injury prevention initiatives.

*“How wonderful it is that nobody need wait a single moment before starting to improve the world.”*

**-MARGARET MEADE**



## Saving Lives. . . Saving Money

When effective injury prevention strategies are implemented, the estimated economic return on investment is significant. For instance, home visitation programs have been demonstrated to be particularly effective in reducing child abuse and injury and provide a cost savings of nearly \$2.88 to \$5.70 per dollar spent. Other proven cost-effective prevention strategies include booster seats for children, bicycle and motorcycle helmets, smoke alarms and laws associated with preventing drunk driving, maintaining curfews for teen drivers and wearing seat belts.

Since the IPC was established, injury death rates have decreased in Dallas and safe behaviors have increased. The results are measurable and the cost savings are real.

*"Do what you can,  
with what you have,  
where you are."*

**-THEODORE ROOSEVELT**

- In 1995, a traffic safety project entitled "Don't Wreck Your Week" resulted in a 17 percent reduction in motor vehicle crashes in Dallas and a savings of \$240,000 in medical costs.
- In 1999, a child passenger safety project in West Dallas increased car seat use by 55 percentage points at a health clinic and 22 percentage points in the community as a whole.
- A similar child passenger safety project implemented in 2002 in Southeast Dallas increased car seat use in the entire area by 27 percentage points.
- As of 2008, a smoke alarm program that began in 1999 entitled Operation Installation has decreased residential fire death rates in the highest risk areas of Dallas by 60 percent.

# 2010 – 2012 Priorities

The IPC addresses both intentional and unintentional injuries for all ages and is committed to implementing long-term sustainable programs for vulnerable and underserved populations.

The following priority areas have been identified for 2010 – 2012:

## Programmatic Initiatives

Unintentional childhood injuries

Residential fire injury prevention

Traffic safety

Child passenger safety

Teen occupant protection

Alcohol-related motor vehicle crashes

Child maltreatment

Senior falls prevention

## Data

Child Death Review

Domestic Violence Fatality Review

## Awards and honors

The IPC has received numerous local, national and international awards for excellence. In 1998, the IPC was awarded the prestigious NOVA Award presented by the American Hospital Association, which honors effective, collaborative programs focused on improving community health status.



### Other awards bestowed on the IPC include:

- International Distinguished Safe Community Award presented by the World Health Organization
- International Safe Community Special Achievement Award presented by the World Health Organization and National Highway Traffic Safety Administration
- Safe Community Award presented by the U.S. Department of Transportation
- Senior Affairs Award presented by the City of Dallas
- Allstate Safety Leadership Award

*"The future depends on what we do in the present."*

**-MOHANDAS GANDHI**



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