



# WISCONSIN INJURY PREVENTION SURVEY

The purpose of Wisconsin's statewide trauma care system is to reduce death and disability that result from traumatic injury by providing trauma patients and their families with optimal care and collecting and analyzing traumatic injury data. Injury prevention (IP) initiatives and programs use strategies that aim to decrease or prevent injuries and improve the health of a community. These initiatives focus on environmental design, product design, human behavior modification, education, and legislative/regulatory requirements that support environmental and behavior change.

In July 2016, the Wisconsin Trauma Program conducted a survey among all trauma centers across the state. The purpose of the survey was to assess the state's injury prevention capacity and identify injury prevention activities, training needs, barriers, and collaboration opportunities. By gaining knowledge of how trauma care facilities educate and distribute resources to the public, the Wisconsin Trauma Program strives to improve patient care, provide resources for trauma and injury prevention training, and increase injury prevention knowledge throughout Wisconsin.

The survey was distributed to all Wisconsin trauma managers/coordinators and injury prevention coordinators identified in the current trauma coordinator distribution list. The survey consisted of 38 questions that addressed topics such as demographics, injury prevention activities, training needs, and potential barriers.

Survey results are presented in five different subgroups:

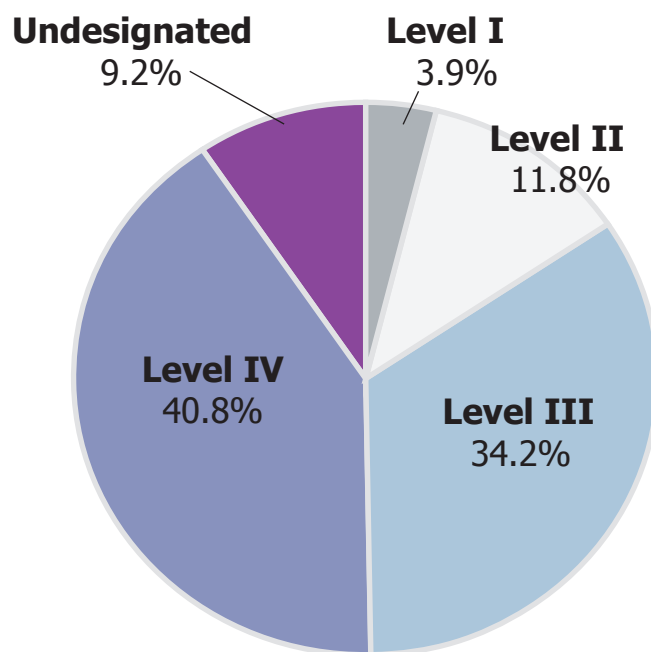
1. Background
2. Workforce
3. Practice and Outreach
4. Improvement and Resource Sharing
5. Conclusions and Next Steps



## SURVEY DEMOGRAPHICS

The injury prevention survey was distributed to the 124 trauma centers that participate in the Wisconsin trauma care classification system. After the survey closed, 76 completed questionnaires were received. The majority of respondents were from level IV hospitals that serve both adult and pediatric patients.

ALMOST 41% OF  
RESPONDENTS WERE  
FROM LEVEL IV  
TRAUMA CENTERS.



## WORKFORCE RESULTS

There are a total of 124 participating trauma centers in Wisconsin—see map below.

For our survey, 76 total centers responded. Among them, 56 trauma centers (83.6%) stated that they did not have a designated injury prevention coordinator; injury prevention activities are usually managed by other staff members.

Nine facilities (7.5%) did have an injury prevention coordinator, while six respondents did not know if injury prevention personnel were on staff at their facility.

Most survey respondents had 10+ years of experience working in a trauma care setting and one to three years of experience conducting injury prevention activities.

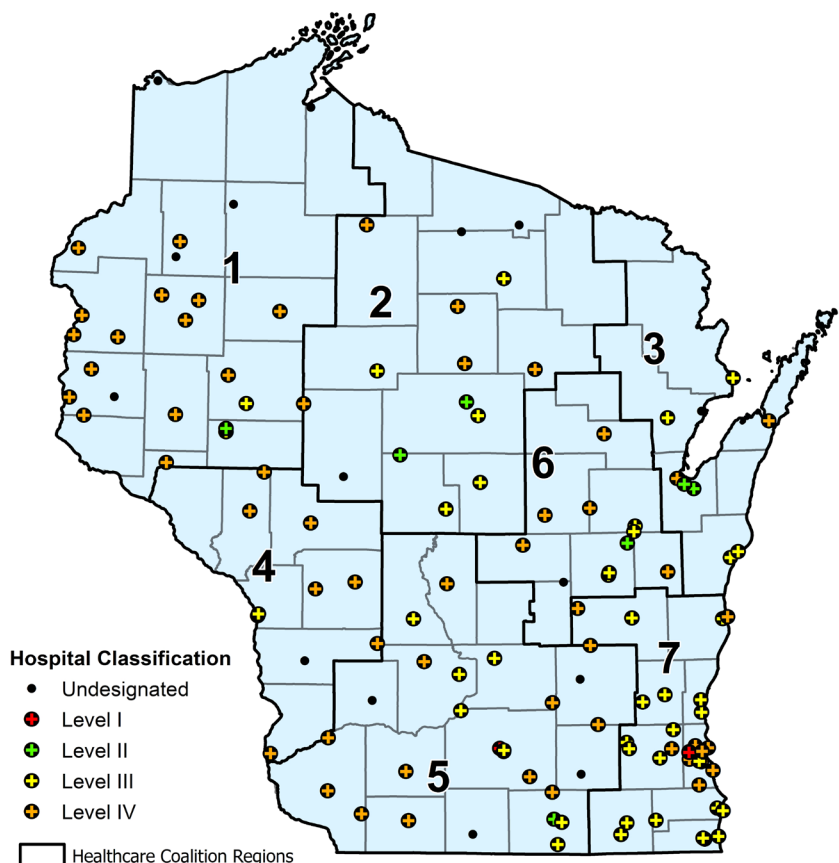
### INJURY PREVENTION TITLES BY THE NUMBERS

**72.4%** TRAUMA PROGRAM MANAGERS OR TRAUMA COORDINATORS

**11.8%** INJURY PREVENTION COORDINATORS

**15.8%** "OTHER"—DIRECTOR OF EMERGENCY SERVICES, PATIENT CARE SERVICE MANAGER, EMERGENCY SERVICES CLINICAL NURSE

### WISCONSIN TRAUMA CENTERS BY HEALTHCARE COALITION



## DESIGNATED WORKFORCE AND TRAINING

Most respondents (86.6%) indicated that they did not receive any formal injury prevention training. Those that received training were educated through various approaches such as: attending conference sessions, participating in the Safe States Alliance 101 courses, or experience from an advanced degree program.

Survey respondents indicated that, on average, 47.7% of their time is spent handling administrative responsibilities, while 6.6% of their time is spent on injury prevention activities.

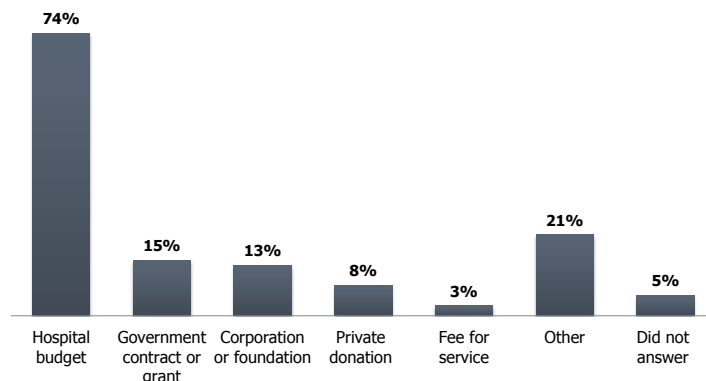
In the survey, various questions were asked about funding sources related to injury prevention and related activities. When respondents were asked about their principle funding sources, 74% indicated that a majority of their funding came from

*"In order to have a strong program you need both staff and organizational support..."*

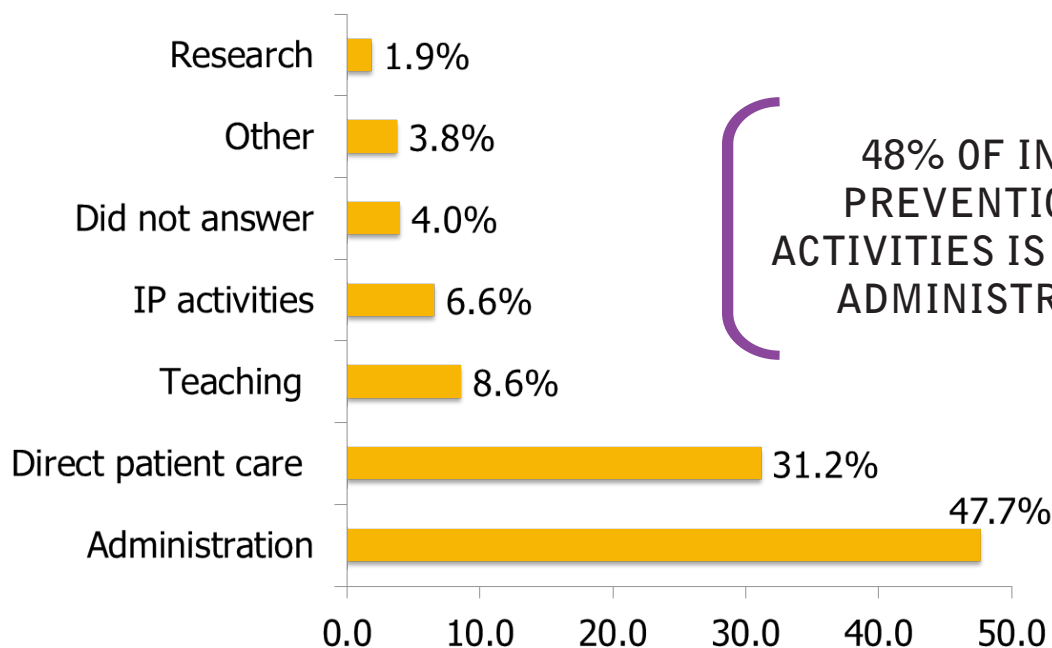
— Respondent on injury prevention workforce

the hospital's operational budget. Some trauma centers mentioned other potential revenue sources such as private donations, corporations, and several others.

## PRINCIPLE FUNDING SOURCES FOR INJURY PREVENTION ACTIVITIES



## PERCENTAGE OF TIME DEDICATED TO SPECIFIC ACTIVITIES



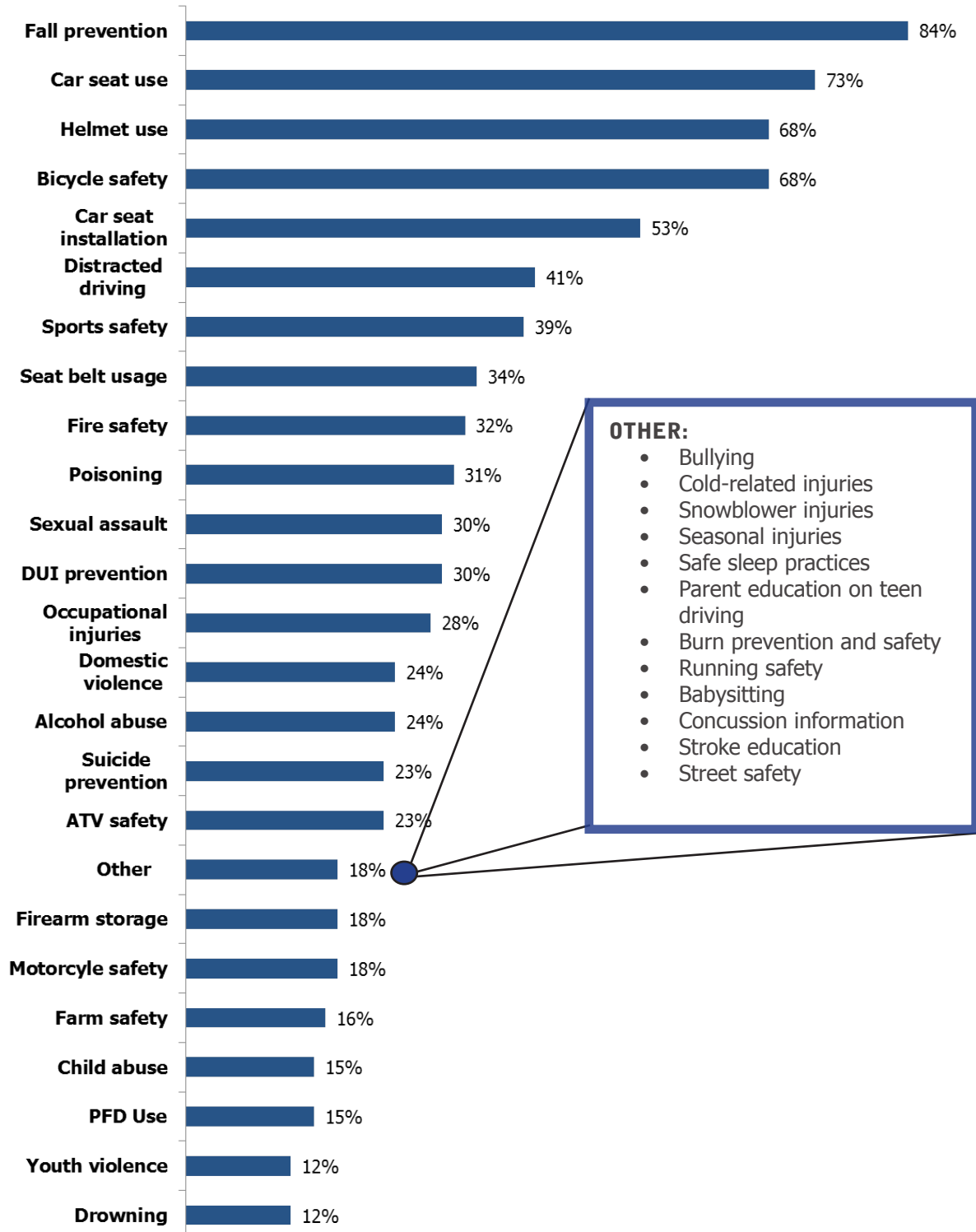
**48% OF INJURY PREVENTION (IP) ACTIVITIES IS SPENT ON ADMINISTRATION.**



## INJURY PREVENTION PRACTICE AND OUTREACH

Each hospital's injury prevention personnel focus on a multitude of topics. Survey respondents stated that the top safety topics that their facilities address include: fall prevention, safe car seat use, helmet use, and general bicycle safety. Participants were able to select more than one option. A complete breakdown of the topic choices can be found in the chart below.

### SAFETY TOPICS ADDRESSED





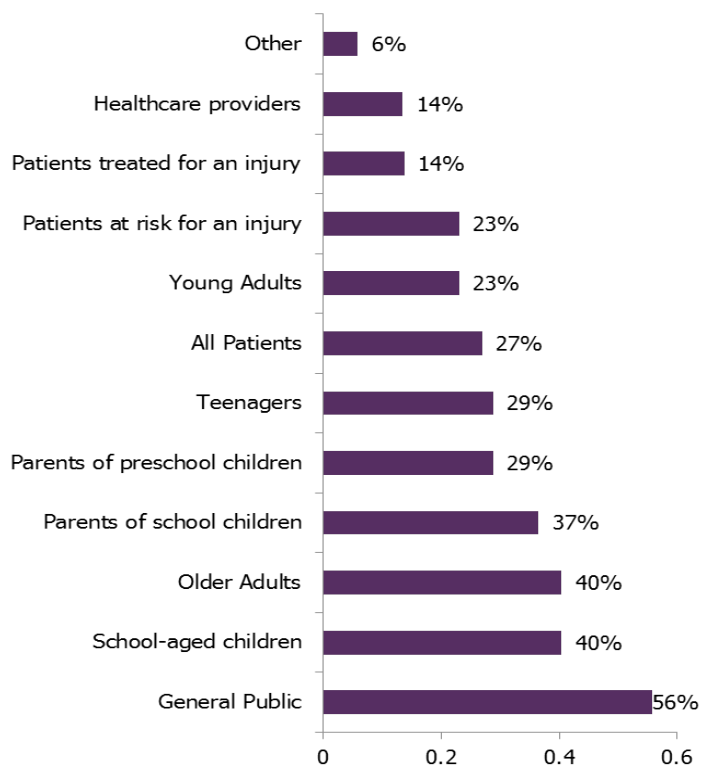
## EDUCATIONAL MATERIALS AND COLLABORATION

The majority of trauma centers (68.4%) distribute education material as part of their injury prevention activities. Examples of these materials include: fact sheets, flyers, presentations, and much more.

Injury prevention personnel work within their respective trauma centers to distribute prevention strategies to a wide array of different populations. Most of the centers collaborate with their emergency departments (89.5%), community relations (53.9%), and marketing departments (43.4%) to implement these strategies. The most common targeted populations include: patients, the general public, older adults, and children.

Among the trauma centers that distribute education materials (68.4%), most of those facilities (65.4%) have some of their materials available in other languages. In Wisconsin, materials are translated most frequently into Spanish and Hmong.

### EDUCATIONAL MATERIALS DISTRIBUTION







## **EDUCATIONAL MATERIALS OUTREACH AND DISTRIBUTION**

Trauma centers send representatives to various areas of the community in order to target at-risk populations, providing them with informational lectures and evidence-based education programs. Survey respondents indicated that most trauma centers send their representatives to numerous locations such as schools, senior living and day care facilities, park districts, home visits, and health fairs and festivals. Other reported locations include: county fairs, community centers, YMCAs, homeless shelters, Rotary clubs, and many more.

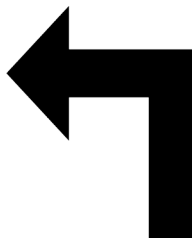
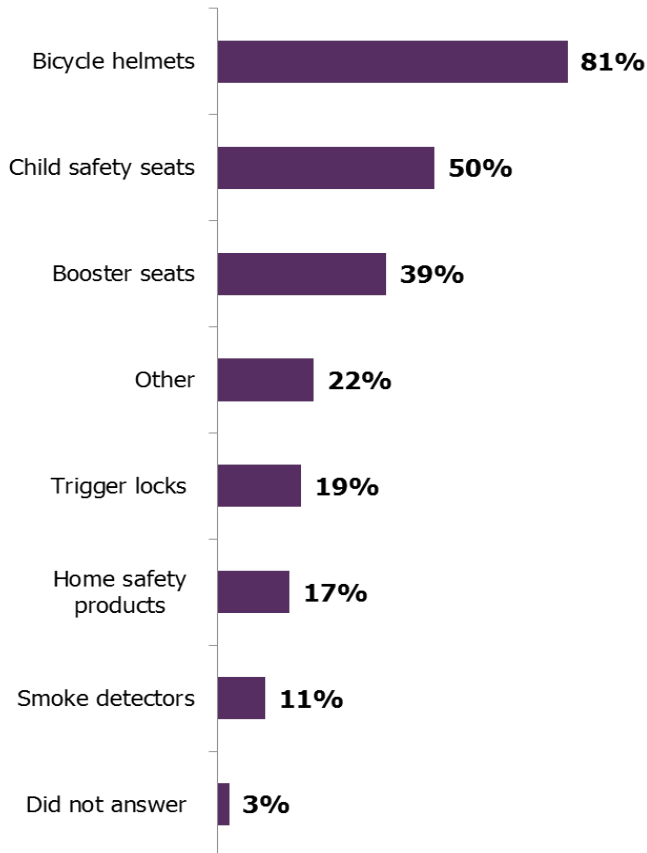
Injury prevention personnel often speak directly to both the community and professional management members in order to promote safety practices within the state. However, the majority of respondents

(55.4%) indicated that community audiences are their primary focus when it comes to promoting safety practices.

According to the survey, over 60% of the trauma centers participate in media/public awareness outreach. The top three formats that are used include: newsletters/brochures, Internet/social media, and radio broadcasting.

Trauma centers that participate in media and public awareness outreach contribute to the overall message as part of a larger coalition or group (41.3%). Other media/public awareness coordination occurs through the trauma center being the lead agency (19.6%) or by providing financial or in-kind support (8.8%) to the campaigns.

## SAFETY EQUIPMENT DISTRIBUTION



Of the trauma centers that distribute safety equipment (47.4%), the most common allocated items include bicycle helmets, child safety seats, and booster seats. Safety

equipment purchases are primarily funded through their emergency department or hospital budget (47.2%), regional trauma advisory councils (33.3%), or government contracts and grants (27.8%).

Half of the trauma centers surveyed conduct brief interventions within a clinical setting. The top six interventions include: education about helmet use, education about alcohol abuse, education about drug abuse, education about seat belt and child safety seat use, advocacy for survivors of domestic violence and sexual assault, and education for seniors about fall hazard reduction.







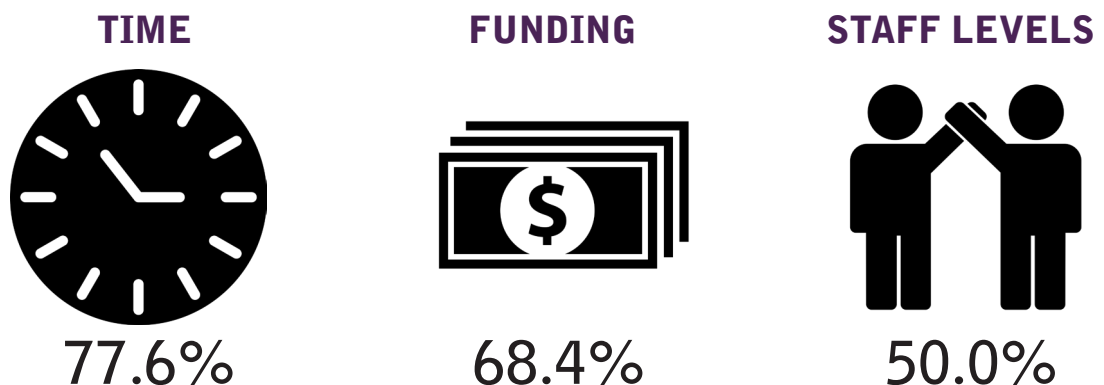
*“There are many programs out there. Knowing where the resources are and who will help with different events is huge!”*

— Respondent on resource sharing in injury prevention

Final questions asked injury prevention personnel to identify which barriers hinder injury prevention activities in their facilities and what potential practices could be helpful in supporting injury prevention activities statewide.

Barriers to injury prevention activities were identified as time, funding, and injury prevention staff levels.

## BARRIERS TO INJURY PREVENTION ACTIVITIES



After identifying barriers to injury prevention activities, respondents were then asked to identify potential activities that would better support injury prevention education and outreach.

The top three helpful actions were:

1. SHARING EDUCATION AND TRAINING OPPORTUNITIES  
(69.4%)
2. DISSEMINATING OR SHARING INFORMATION ON POTENTIAL  
FUNDING FOR INJURY PREVENTION ACTIVITIES (39.5%)
3. HAVING AN INJURY PREVENTION WEBSITE OR  
NEWSLETTER TO SHARE IDEAS. (36.8%)

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#### ADDITIONAL SURVEY FEEDBACK ON INJURY PREVENTION ACTIVITIES

*"Being a small rural hospital, it can be challenging to get people to come to events that are planned and the time it takes to plan events is too much for people to do over and above their other scheduled job duties."*

*"I am just starting to partner with other agencies within our county and community... Time is a big factor."*

*"Funding and hours to commit to it are also a key problem."*



## CONCLUSIONS

Trauma centers participate in a wide variety of injury prevention topics and interact with their communities through the distribution of education materials, arranging representatives to promote safety topics among local organizations and schools, and engaging in outreach through various social media campaigns. Many of these topics accurately reflect common injuries seen throughout Wisconsin.

Most survey respondents identified that a majority of their funding comes directly from the hospital's operational budget. With financial sustainability being a significant barrier to injury prevention activities, there may be a need to diversify funding sources.

It is apparent that most trauma centers do not have a designated injury prevention coordinator. This often results in multiple employees sharing

these duties and wearing multiple "hats." Further, the need for formal injury prevention training was noted. Most respondents stated that they began their role with little or no formal training on injury prevention activities and interventions.

It would be beneficial to share training opportunities and education materials among trauma centers and injury prevention personnel. This could be facilitated through a listserv, website, or other resource method, encouraging collaboration among trauma center staff statewide.

This collaboration could positively impact state injury prevention efforts by supporting existing programs and sharing resources to conduct injury prevention program evaluations.



This was the first statewide injury prevention survey conducted in Wisconsin. A total of 76 Wisconsin trauma centers responded to the survey, resulting in a 61% response rate. There were some notable limitations. Email were the only form of communication used to distribute the injury prevention surveys. Other methods such as mail, fax, or telephone interviews were not used.

Emails were only sent to trauma managers and coordinators and injury prevention coordinators at Wisconsin's trauma centers. Other organizations that may be involved in injury prevention such as local public health departments, regional trauma area councils (RTACs), and nonprofits were not surveyed; the survey focused solely around hospitals. A future survey could assess injury prevention activities across other organizations in order to provide an overall representation of injury prevention in Wisconsin.

While the response rate indicated that the majority of trauma centers in Wisconsin were represented, there is room for improvement. With only a short time frame provided, some staff members may not have had enough free time to complete the survey or they may have missed it in their email. Finally, these survey results are only generalizable to hospitals in Wisconsin.

This statewide survey serves as a baseline assessment of injury prevention activities in Wisconsin. Future surveys may be conducted that focus on a specific injury topic or evaluating changes in injury prevention activities throughout the state over time.

For more information, contact:

**Dana Alaniz, MPH**

Human Services Program Coordinator  
608-261-6375

**Ashley Bergeron, MPH**

Epidemiologist  
608-267-0234



Wisconsin Department of Health Services | Division  
of Public Health | Office of Preparedness and  
Emergency Health Care | P-01763 12/2016