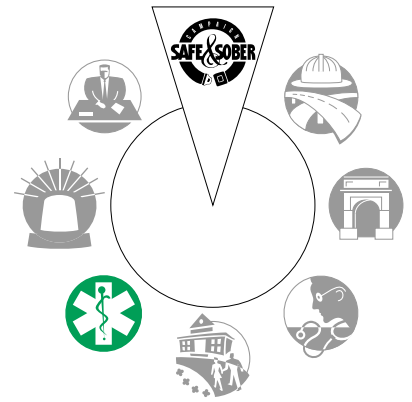


Every time someone dials 9-1-1, or a local seven-digit emergency telephone number, public safety personnel view it as a failure of their injury prevention programs. Success to emergency medical and fire services personnel is every injury that has been prevented.



In the 1980s, emergency medical and fire services went beyond the traditional role of waiting for emergencies to occur before going into action. They became proactive and embarked on active injury prevention programs. By the 1990s, however, it became difficult to maintain prevention programs as budgets declined. The critical components of injury prevention -- problem identification, data collection, resource allocation, and public education -- were adversely affected as dollars became scarce. Fortunately, many emergency medical and fire services turned to creative means to do more with less. One of the most successful approaches was joining with community coalitions. Two emergency medical and fire services agencies demonstrated how they made real savings of lives in their communities by focusing on a single critical problem.

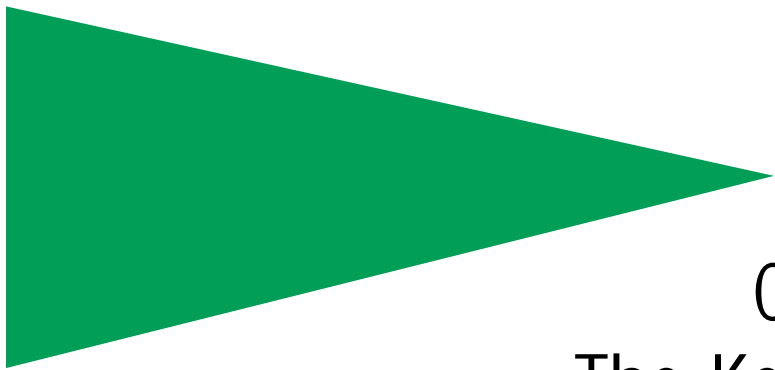
Tucson, Arizona

The Tucson Fire Department first took a good look at the number and type of calls for help it received each year. They found that 83 percent of their emergency calls were for Emergency Medical Services (EMS)-related incidents. Furthermore, they found that more children died each year from drowning incidents than from any other type of injury. In Tucson, where year-round swimming pools are a way of life, deaths and drownings were tracked from 1986 through 1993.

In 1990, the Tucson emergency medical and fire services formed a coalition with other community leaders to develop a drowning prevention program. Based on solid data, this program consisted of a model pool-fencing code, a public awareness campaign, school curricula, and multimedia presentations in the community. The efforts of the Tucson coalition paid off. Between 1986 and

1989 there were 49 deaths from drowning; between 1990 and 1993, drowning deaths dropped to 24, effectively reducing the death rate by half. The Tucson community coalition provided objective evidence that a broad-based, multi-faceted drowning prevention program could substantially reduce fatalities in a local community. In other words, many children's lives were saved because of the coalition's program.

The most valuable lesson learned by this particular coalition is that the Tucson Fire Department did not act alone. They worked with local citizens, hospitals, legislators, media, physicians, courts, and other valued partners to create and implement a community program that saved a number of young lives each year.



Community Partnerships: The Key to Preventing Injuries

Northern California

The citizens of the Hoopa Tribe in northern California were tired of hearing about serious crashes along a particularly dangerous section of roadway in their area. This road happened to be on a cliff. The community started a coalition including the local emergency medical and fire services, law enforcement, and traffic engineers. After examining data from the crashes, the coalition discovered that most of the crash fatalities could be attributed to the vehicle skidding off the road and down the cliff, rather than attributed to the crash incident itself. The solution turned out to be as simple as installing guardrails along the roadway to prevent cars from going off the road once a crash had happened. The fatality rate declined significantly because of this community effort.

These examples of successful community partnerships mirror the Safe Communities effort launched by the National Highway Traffic Safety Administration (NHTSA). The concept behind this effort is more of a state of mind than an actual program. Coalitions are successful because the local community has a stake in solving its own problems, which may or may not be like those in other communities. By taking on issues like motor vehicle crashes and child drownings, communities can determine the best way to solve the problem using their own resources. The key to success is to start small, by looking at a

particular problem that is accurately documented by data like many traffic safety issues are. Then join forces with others in the community. Solutions do not necessarily cost a lot of money.

Available Resources

NHTSA has a variety of tools to help community partners get started. A *Guide to Developing Safe Communities* introduces the concept of Safe Communities. Emergency medical and fire services can use the *Safety Advice from EMS (SAFE)* curriculum and video in schools, businesses, and other community arenas to spread the message of traffic safety. The *SAFE* materials have 11 separate traffic safety lesson plans to address a specific audience or topic area. *Bystander Care* is a program targeting the general public by showing that people can make a difference in someone else's life by performing simple actions at a traffic crash scene while waiting for help to arrive. *Make the Right Call* is a public education program to teach the public when and when not to call EMS, fire services, and the police in an emergency. Increased calls for services can stretch a community's limited emergency resources and delay response to critical emergencies. It is important for the public to know which calls are emergencies requiring prompt assistance.

For more information, contact the National Highway Traffic Safety Administration, Emergency Medical Services Division, 400 7th Street, SW, Washington, DC 20590, or fax (202) 366-7721.



U.S. Department of Transportation