Fort Worth/North Texas/Tarrant County/TX

Amanda Robbins 9/29/2017

Name of community:

Fort Worth/North Texas/Tarrant County/TX

Are you applying for Safe Communities accreditation for the first time?: No. Our community is a currently accredited Safe Community and is applying for reaccreditation.

If you are applying for reaccreditation, has there been a change in coalition leadership since the previous accreditation?:
Yes

In your last 5 years of accreditation, what have been your coalition's biggest achievements? :

Fort Worth Safe Communities currently represents approximately 130 people from 81 organizations from Fort Worth or Tarrant County, Texas. Growth of collaborations and expansion of multi-sector partners vital to injury prevention and safety in the City of Fort Worth, and Tarrant County have the catalyst for many of our biggest achievements.

Coalition and Task force transformations and greatest achievements:

- 1) Child Injury Taskforce, present at initial accreditation in 2013, has since dissolved and laid ground for following new community resources:
- The Fort Worth Drowning Prevention Coalition, Inc. a 501c3 organization whose mission is to prevent fatal and non-fatal drownings in the Fort Worth area and beyond.
- The Center for Prevention of Child Maltreatment led by Cook Children's, a center focused on innovative ways to address child maltreatment including child abuse and a wide range of behaviors and related unacceptable risk factors.
- 2) Domestic Violence Task Force, present at initial accreditation in 2013, has since dissolved and laid ground for following new community resource:
- Tarrant County Adult Fatality Review Team for Intimate Partner Violence oversight through our Tarrant County Criminal District Attorney
- 3) Elder Abuse Prevention Task Force, the only task force not present until after initial accreditation, began in July 2013. Greatest community achievements include:
- Participation with original research and publications on DETECT (Detection of Elder Abuse through Emergency Care Technicians) as funded to partners through the Department of Justice.
- Provide letters of support and testimony for state legislation, HB 959.
- New resource: Tarrant County Elder Abuse Fatality Review Team oversight through our Tarrant County Criminal District Attorney
- New resource: Tarrant County Criminal District Attorney created a new Elder

Abuse Financial Fraud Unit

- New resource: The Financial Exploitation Prevention Center was created for Tarrant County and is housed in within Guardianship Services, Inc. to address financial fraud and exploitation.
- 3-4 presentations provided annually on the task force and its work.
- Impact: Rates for in-home alleged abuse/neglect intakes per 1000 persons aged 65 and older in Fort Worth increased from 29.2 per 1000 in 2013 (start of elder abuse task force) to 34.36 per 1000 in 2015. An increase in reported was desired due to research nationally demonstrating lack of reporting.
- 4) Falls Prevention Task Force, an original task force preceding initial accreditation. Community accomplishments achieved include:
- Participation with two Administration for Community Living (ACL) grants for Falls Prevention within 5 years. Most recent was granted in 2017 providing programing to an anticipated 3,327 A Matter of Balance (AMOB) participants and 2,496 graduates within 3 years.
- Education provided to current and student healthcare providers on assessing risk for the falls and the fear of falling. (Example, 48 physical therapy students trained as AMOB coaches in early 2017.)
- New resource: Home Assessments for Falls Risk/Prevention through Fort Worth Fire Department (FWFD); 14 Faith Community Nurses from 10 different congregations trained on home assessments and risk of falls.
- Prescription Pad created for the dissemination to leverage community resources: Medication Review, Home Assessment, AMOB class registration information through the Area Agency on Aging.
- Support new regional resource: North Central Texas Trauma Regional Advisory Council's Falls Prevention Coalition.
- 3-4 presentations given annually on the task force and its work.
- Impact: Rates of 9-1-1 calls to the FWFD for falls with injury among adults 60+ years of age in Fort Worth decreased 12 percent from initial accreditation in 2012 (728.5/100K) to reaccreditation (2015 641.5/100K), as measured by data from FWFD, calls with 'Fall as cause of injury.'
- 5) Drug Overdose and Poisoning Prevention Task Force, an original task force preceding initial accreditation. Community accomplishments achieved include:
- Participation with partners for grants received through SAMHSA Opioid Reduction and Recovery Initiative and SAMHSA funding for medication take back education and kiosks.
- Host 2-3 annual community education events for prescribers and consumers.
- New resource: Meddropbox.org, new website to provide information to the public on drug/medication misuse, safe storage and disposal options in Fort Worth and Tarrant County, Texas.
- New resource: Available permanent kiosk locations (ten sites) for safe disposal of expired and unneeded medications in the City of Fort Worth to positively impact environmental, health and safety factors.
- Impact: Increase the availability of permanent kiosk locations for safe disposal of

expired and unneeded medications for year-around safe disposal from zero kiosks to ten sites in the City of Fort Worth. Total pounds collected annually are more than double the volume collected through only take back events, prior to kiosks.

- 6) Disaster Preparedness Task Force, an original task force preceding initial accreditation. Community accomplishments achieved include:
- Host 2-3 annual community education events for preparedness annually.
- Active shooter training events in 2016 included at total of 651 participants.
- New resource: new presentation offered for continuation of active shooter training, 'Situational Awareness and Decision Making'
- Impact: In 2016 (baseline), 63% of disaster preparedness event attendees self-reported a known emergency action plan in place at their workplace. This number rose to 77% in 2017, as measured by surveys at Task Force Workshops.
- 7) Road Safety Task Force, formerly two separate task forces at initial accreditation (bike safety and motor vehicle). Community accomplishments achieved include:
- In 2016, 67 participants attended task force hosted driver education programs for Our Driving Concern and Reality Education for Drivers.
- In 2017, host community forum for development of a city-wide campaign on share the road basics.
- Impact: pending campaign in development with community partners.

In the last 5 years, what have been your coalition's biggest challenges and how have you worked to overcome them?:

- Transitions in leadership within the Coalition and among coalition partners was a challenge that we overcame with program evaluation and time to foster new relationships and partnerships.
- Transitions in leadership and alignment among the Safe Communities national and international structures lent to confusion among our coalition members, advisory board and engaged community leaders since the World Health Organization was on our initial accreditation. Changes in structure to the program (submission criteria, new materials, etc.) allowed for conversations to occur to support the larger Networks and also ensure that our coalition, Fort Worth Safe Communities, was on track.
- Transportation limitations make the reach of programming to residents and inclusion of partners a challenge due to the size of the city of Fort Worth compounded by a tremendous growth in population. We have overcome this challenge by offering programs and meetings at various venues, times and audiences.
- Many metrics are captured at the county level and not at the city level by partner agencies. This is an ongoing dilemma of which we recognize. The Coalition has collected metrics as possible by city level or even down to zip code, however on occasion we still use county data.
- The Coalition is not an independent entity, thus funding of projects can be a challenge. Partners are volunteers from multiple sectors with common interests and goals through their respective task force foci. Funding challenges are often overcome through multiple partners combining resources (financial or otherwise) and seeking low or no cost solutions to leverage efforts.

How has accreditation helped your community?:

- Accreditation allows for like-organizations to collaborate through a neutral yet effective front. Collaborations have formed between partners of the coalition across multiple sectors through engagement with the Fort Worth Safe Communities Coalition.
- Collaborations formed or strengthened through Fort Worth Safe Communities have resulted in the leveraging of resources for injury prevention and safety initiatives. Resources have include jointly-funded project materials (co-sponsorships), collective messaging for increased visibility (use of same materials or hash tags) and support (marketing team access, endorsement letters, etc.) to pursue grant funding.
- Accreditation has allowed our community to connect with other communities engaged with grass roots efforts through the Safe Community America Network and the Pan Pacific Network to learn the successes and opportunities from other evidence-based approaches for injury prevention and safety.
- Accreditation has allowed a platform for the City of Fort Worth to partake in additional globally recognized initiatives and accreditations that crossover in focus, such as Age-Friendly Communities and the Blue Zones Project.

Has the community submitted a Letter of Intent and the required application fee for Safe Communities accreditation?:
Yes

SECTION 1: CONTACT INFORMATION:

List the two key contacts Safe Communities America staff and reviewers will work with during the

application process. Contacts should be leaders within the coalition who have been involved with the

coalition development and can include the coalition chair or a representative from the lead agency.

Contact 1: Name:

Amanda Robbins

Contact 1: Organization:

Texas Health Harris Methodist Hospital Fort Worth

Contact 1: Title:

Program Director, Fort Worth Emergency Services Collaborative

Contact 1: Email:

amandarobbins@texashealth.org

Contact 1: Phone:

817-250-4876

Contact 1: Mailing Address:

1301 Pennsylvania Ave, Fort Worth, TX 76104

Contact 2: Name:

Andrew Crim

Contact 2: Organization :

University of North Texas Health Science Center

Contact 2: Title:

Executive Director of Professional and Continuing Education

Contact 2: Email:

Andrew.Crim@unthsc.edu

Contact 2: Phone:

817-735-2644

Contact 2: Mailing Address:

3500 Camp Bowie Boulevard, Fort Worth, TX 76107

SECTION 2: COMMUNITY DESCRIPTION:

n/a

Describe your community's history and what makes your community unique.:

Where the West Begins. From an Army outpost established in 1849 overlooking the Trinity River, Fort Worth today is the 16th largest city in the United States, the 5th largest in Texas. The county seat of Tarrant County, Fort Worth is located 30 miles west of Dallas. Fort Worth residents take great pride in its small-town charm and sense of community despite tremendous growth.

Cost of Living. Fort Worth is a very affordable place to live; the overall Cost of Living Index is 97.4, 14% below the national average. The housing cost index is 86.2, and the grocery cost index is 93.9.1 (1 Fort Worth Chamber of Commerce, accessed online at http://www.fortworthecodev.com/fort-worth-overview/facts-figures/quality-of-life on 9-20-2017)

Population. The United States Census Bureau estimates a population of more than 854,000 Fort Worth residents for 2017. Fort Worth is increasingly diverse with a "minority majority" population.

Geographic Location and Size. The Dallas-Fort Worth-Arlington metropolitan statistical area (MSA) is the largest population center in Texas and is located in north-central Texas. Fort Worth anchors the western half of the MSA, and is located in the Cross Timbers region, which is the region in between the more heavily forested eastern regions and the Great Plains. Fort Worth's city limits span 351 square miles to include urban, suburban, and rural characteristics at elevations ranging from 500 to 800 feet above sea level. The climate is temperate with mild spring and fall weather, warm summers and cool winters.1 (1 Fort Worth Chamber of Commerce, accessed online at http://www.fortworthecodev.com/fort-worth-overview/facts-figures/geography-climate/ on 9-20-2017.)

Type of Government. The City of Fort Worth has a council-city manager style of government.

City Council appoints a professional City Manager to administer and coordinate municipal operations and programs along with a city secretary, city attorney, city auditor, municipal court judges and citizens who serve on city boards and commissions. Council members are elected from the district in which they reside, with the exception of the mayor who is elected at large. The mayor is the official head of the city's government, is a voting member of the Council, presides over council meetings, and represents Fort Worth on ceremonial occasions. The mayor may respond to citizen concerns by appointing special committees to address particular issues. Council members and the mayor are elected for two years terms, after which they must step down or run for re-election. In the absence of the mayor, the mayor pro tem presides. Duties of the council include setting the tax rate, approving the budget, planning for capital improvements, adopting all city ordinances, and approving major land transactions, purchases and contracts.

The City Manager as appointed by City Council, and the City Manager's Office is made up of non-political employees to oversee city operations and processes while acting as a clearinghouse for information both requested by and submitted to City Council.

Business and Education. Home to Fortune 500 Company, AMR/American Airlines, and a number of international corporations, Fort Worth's economic base is well diversified, with major sectors including defense contracting, health care, finance, telecommunications, energy production, tourism, and services. Some of our major employers include AMR/American Airlines, Lockheed Martin, Fort Worth Independent School District, Texas Health Resources, Naval Air Station/Fort Worth Joint Reserve Base, City of Fort Worth, John Peter Smith Health Network, Cook Children's Health Care System, Tarrant County College, Alcon Laboratories, Bell Helicopter Textron, BNSF Railway, Tarrant County Government, GM Financial and JPMorgan Chase.

Fort Worth is home to five major colleges and universities, including two private universities with a combined enrollment of over 12,000 students (Texas Christian University and Texas Wesleyan University), a health science center with a college of osteopathic medicine, schools of public health and health professions, and a graduate school of biomedical sciences (University of North Texas Health Science Center), a six-campus community college with enrollment of over 50,000 students (Tarrant County

College), and a seminary (Southwestern Theological Seminary). The TCU and UNTHSC School of Medicine, the first MD school of medicine in Fort Worth, is set to open fall of 2019.

Cowboys, Culture, and Unique Attributes. Fort Worth celebrates its western heritage with several year-round attractions anchored in the Stockyards National Historic District.

To honor the cattle industry upon which Fort Worth was built, a longhorn head sculpture was placed in the Stockyards National Historic District's Livestock Exchange Building in 1909. Folklore holds that the sculpture is called Molly, and her vantage point gave her a view of all the activity in town. When rumors were repeated without naming a source, Molly was invoked as the culprit. Molly is now the official mascot of Fort Worth and has a place in the City's logo, on many local businesses and organizations.2

Fort Worth's Cultural District, one of the world's largest arts districts, features five internationally-recognized museums, each acclaimed for their architecture, collections, and programs, and home to the quadrennial Van Cliburn International Piano Competition. Fort Worth has been named one of the most livable large cities in the United States, as well as a great place to visit.

Fort Worth's path was created by pioneers not willing to accept the status quo as exemplified through the legend and spirit of Fort Worth's panther.

In October 1873, the United States suffered a financial setback when the nation's financial markets crashed. Railroad construction stopped across the country. At the time, this vital ingredient for Fort Worth's growth ended just west of Dallas. An 1875 article published in the Dallas Herald reported that Fort Worth was such a drowsy little town, a panther could be seen sleeping in the street by the courthouse. Within a year, Fort Worth's growth began to flourish with the extension of the railroad. The city enthusiastically embraced the nickname Panther City, and since then its path has never been the same. From the Paschal Panthers to the Fort Worth Cats to the sleeping symbol by the courthouse, the panther is a source of great pride for Fort Worth. 2 (2 Fort Worth Convention & Visitors Bureau, accessed online at www.fortworth.com on 9-23-2017.)

Why is your community seeking Safe Communities accreditation?:

The City of Fort Worth is seeking its first reaccreditation as a Safe Community to continue its commitment to long-term, sustainable programs to prevent violence and injuries. The programs initiated by Fort Worth Safe Communities encompass all ages, genders, environments, and situations, and include preparing our citizens for emergencies and disasters.

Prior to our first accreditation, safety promotion and injury prevention efforts in Fort Worth were historically organized around specific injuries or target populations. In 2013, the City of Fort Worth achieved its first Safe Community accreditation through Safe Communities America and the World Health Organization. The Safe Communities model provided existing injury prevention and safety initiatives in Fort Worth with the

vehicle needed to become familiar with one another, leverage one another's efforts, and expand into new injury prevention foci.

Recognition of efforts to prioritize safety and injury prevention through collaboration engages citizens, and is attractive to the continued growth of our City. Existing resources in our community have flourished through renewed partnerships and by joining efforts towards common goals without unnecessary duplication. Businesses relocating or starting up in our region are interested in the health well-being of their employees and families. Fort Worth's status as a Safe Community strengthens that link between economic development and safety in our community thus making Fort Worth an asset and economically sound part of the equation.

As we move forward as a Safe Community, our next phase will focus on sustainability, and evaluating our initiatives to support the original and continued mission of the Fort Worth Safe Communities Coalition. We continue to be 'committed to building a safe community through motivation and mobilization of people working together in prevention of violence and injury.' Our vision remains for Fort Worth to be a safe city in which to grow, live, work and play. This can only be accomplished by engaging our citizens and coalition partners in safety through our established guiding principles:

- Injuries are preventable
- Simple safety measures can save lives.
- Local priorities are determined by local data.
- Safety measures should be based on scientific evidence supporting what works most effectively.
- A collaborative approach results in a more effective and comprehensive strategy
- Ongoing evaluation helps to verify whether strategies are working or need to be modified to meet local needs.

Who in your community (person/agency) is taking the lead in organizing this effort? Why?:

The Safe Communities accreditation for the City of Fort Worth is led through the Fort Worth Safe Communities Coalition as designated by City Council and supported by our Mayor Betsy Price.

As prominent and long-standing entities within the Fort Worth community, both Texas Health Harris Methodist Hospital Fort Worth (THFW) and the University of North Texas Health Science Center (UNTHSC) target their mission statements around health and community, thus making their stake in the Safe Communities model a natural fit and qualifying them to serve as lead organizations for the organization of the Fort Worth's Safe Community coalition.

Texas Health Harris Methodist Fort Worth is a flagship hospital for the Texas Health Resources system and has served as a vital part of the Fort Worth community since 1930. THFW serves the City of Fort Worth and surrounding communities through their mission 'to improve the health of the people in the communities we serve.' As one of three adult trauma facilities in the City of Fort Worth and the only level-two trauma facility, THFW is uniquely positioned to provide data, staff and expertise towards top

injury prevention efforts applicable in Fort Worth.

Work for the Coalition is primarily organized through the Fort Worth Emergency Services Collaborative (FWESC) department at THFW. FWESC was developed from the generosity of the Amon G. Carter Foundation in Fort Worth. The FWESC mission is 'to enhance communication and connectivity between all disciplines, organizations, and individuals that touch emergency services, so as to improve patient care outcomes while establishing evidence based objective metrics.' Fort Worth Safe Communities Coalition is one of several programs which fulfills the FWESC vision 'to facilitate the creation of a comprehensive, coordinated and community focused Emergency Services system that maximally integrates all its components by fostering the collaboration of clinical processes, education, and evidence based research.'

As a co-leading partner for the Fort Worth Safe Communities Coalition, the University of North Texas Health Science Center (UNTHSC) assists to organize work for the Coalition. UNTHSC's history in Fort Worth reaches back to 1966. Among the resources on its campus, UNTHSC includes a college of osteopathic medicine, schools of public health, multiple health professions, and a graduate school of biomedical sciences. The UNTHSC is present in all areas of Safe Communities to fulfill their mission to 'create solutions for a healthier community.'

Community connectivity and purpose support both entities to continue with their leadership roles in the Fort Worth Safe Communities Coalition.

SECTION 3: CRITERIA TO BE	A SAFE COMM	UNITY
---------------------------	-------------	-------

Demonstrate how your community meets the following four criteria for Safe Communities America accreditation: Sustained Collaboration; Data Collection and Application; Effective Strategies to Address Injury; and Evaluation Methods.

Criteria 1: Sustained Collaboration:

An infrastructure based on partnerships and collaboration representing a cross-section of community leaders and organizations committed to improving community safety.

Official coalition name: :

Fort Worth Safe Communities Coalition

Date coalition formed::

Mission statement: Include a mission statement for the coalition. :

Committed to building a safe community through motivation and mobilization of people working together in prevention of violence and injury.

Communications tactics:

Fort Worth Safe Communities (FWSCC) uses a variety methods for communication. All conference call or in-person meetings are communicated through email. Minutes from meetings are sent to the respective task force usually within 48 hours for follow-up by participants. Coalition partners with our Advisory Board or with any of our five task forces receive monthly updates in the form of a snapshot. These snapshots are sent electronically to detail upcoming events, important information, reach through social media, growth of the coalition and specific task force projects and outcomes. This is also the preferred method used to provide an overview of current work to community leaders. In addition to the monthly snapshot and meeting minutes, Fort Worth Safe Communities has a website at www.fwscc.org , and maintains a social media presence on Facebook @fwscc and Twitter @FwSafe.

The work of FWSCC is shared beyond our borders both locally and beyond. Press releases and posting of events through Eventbrite.com has been used to engage the community. Presentations at local public events or meetings through our task forces generally begin with an introduction about FWSCC and a brief overview of our Coalition and current projects. Communications with Safe Communities America Network (SCAN) and the Pan Pacific Safe Communities Network occur through teleconference calls, group emails, social media and participation at the annual SCAN meetings.

Describe ongoing participation in national and international Safe Communities Networks. :

The Fort Worth Safe Communities Coalition (FWSCC) shares their work with the Safe Communities America Network (SCAN) and the Pan Pacific Safe Communities Network through participation with teleconference calls, group emails, tagging SCAN through social media and participation with the annual SCAN meetings. FWSCC is very interested to continue the support of efforts for aligning Safe Community metrics to further demonstrate impact on injury prevention, safety and collaboration through the Safe Communities model and support new communities to become Safe Communities.

Describe how you share the Safe Communities model and your coalition's work with external audiences.:

Fort Worth Safe Communities Coalition shares the Safe Community model at the start of nearly all presentations hosted by our task forces. Presentations often begin with the introduction of 'what is a safe community', followed by Fort Worth's history to achieve initial accreditation and briefly highlighting all of our current areas for impact before delving into specific topics. Venues of presentations have ranged from informal community education sessions to new or continued partnerships, other community coalition meetings and Board of Trustees/ advisory councils which impact our community locally and regionally.

Criteria 2: Data Collection and Application :

What does the local data indicate about injuries in the community? How is the coalition applying the data to set goals? Include the most recent data available.

Data sources:

Tarrant County Medical Examiner, MedStar Mobile Healthcare, Cook Children's Health Care System, Tarrant County Public Health, Texas Center for Health Statistics, Texas Department of State Health Services, John Peter Smith Health Network, Texas Health Harris Methodist Hospital Fort Worth, Center for Disease Control and Prevention, National Center for Health Statistics, SafeHaven, and Texas Department of Family Protective Services

How has data been used to prioritize the coalition's strategies?:

Generally, each task force first determines what their priorities are based on data, and then determines whether or not there are existing programs in the community already seeking to impact the priority areas. The task forces do not wish to needlessly duplicate existing initiatives, but instead seek to identify programs and initiatives that will fill gaps in injury prevention efforts. Next, the task force identifies what can be done that will leverage any other initiatives already in place, and also form new connections between existing community partners.

At the Coalition's leadership level, the Co-chairs and Administrative Assistant work alongside Task Force chairs to present injury prevention data to the Advisory Board. Members of the Advisory Board provide recommendations and guidance towards additional resources, help plan the next steps to take, present community-focused information or clarifications needed, and occasionally serve as liaisons for individual task forces to assist with the prioritization and planning of initiatives.

For injury prevention initiatives in our community that are not currently led by the Coalition, an evaluation of resources being used in our community to address those needs is performed and brought back to the Advisory Board. One such example of this would be the dissolution of our Child Injury Task Force. This task force was dissolved as a primary focus for the Coalition since it is already a well-organized and impactful effort of other community coalitions such as the Safe Kids Tarrant County Coalition and the Fort Worth Drowning Prevention Coalition.

How will data be used to monitor injury trends and success of implemented programs? :

Task Force chairs and their task group collect ongoing data sets to monitor injury trends to determine if rate and/or risk for injury are increasing, decreasing or remaining static. This data includes the most current injury reports accessible to each task force, (for

example, annual number of calls for falls with injury to the fire department by zip code), along with data on the number of completed initiatives or interventions and their reported impact in relation to specific injuries.

The impact of implemented interventions and programs is measured based on utilization by the intended audience and coalition partners and its end result. When a positive outcome is not anticipated or occurs unexpectedly, the task force re-evaluates for potential gaps; this may result in a need for an alternative or modified intervention.

How will data be used to determine future injury prevention strategies?:

Data is used to evaluate current injury prevention strategies and determine if their impact on injury is as intended. A task force may determine the need to replicate a service if found successful (such as offering additional evidence-based interventional classes), eliminate interventions deemed less impactful, or seek new opportunities to engage with the community through new evidence-based programs depending on the success of current strategies.

Future injury prevention strategies are selected based on data evaluation and are often times necessary to garner backing from local organizations or community stakeholders and to justify a need for grant funding to support strategies.

Based on your data and/or coalition priorities, identify at least three injury areas your coalition is addressing. :

Traffic safety
Falls
Substance use/misuse
Violence
Emergency preparedness

Criteria 3: Effective Strategies to Address Injuries:

Coalition-supported initiatives should be promising or evidence-based and address the injury priorities listed above. Strategies should include current projects or projects in the planning stages. At least three coalition-supported projects must be included in the application.

A list of evidence-based strategies (not exhaustive) can be found here.

Criteria 4: Evaluation Methods: Describe how each project is being measured and evaluated.	

SECTION 4: Community Inventory of Safety and Injury Initiatives:

Conduct a community-wide audit and document all the injury-related programs, policies, and practices available in your community.

* Note: Many local health departments may have completed a Community Needs Assessment. Consider working with these organizations in putting a comprehensive inventory for Safe Communities America accreditation.

ADDITIONAL INFORMATION:

n/a

Are there any additional stories you would like share about your work in becoming a safe community?

The Fort Worth Safe Communities is a platform for growth and convening of new resources to positively impact our community. This strength is seen in our city's growth as well as the vast number of partnered agencies from and within Tarrant County. In 2017, we look forward to the opportunity to continue with current projects, reassess and realign priorities to suit our community and partners. We have two recently received grant opportunities for evidenced- based falls programs and Naloxone use among first responders to address the local and national opioid epidemic. Opportunities for collaboration remain plentiful in the City of Fort Worth and Tarrant County to positively impact injury prevention and safety within our community to support the Safe Community model.



September 18, 2017

Ms. Carrie Nie Safe Communities America 1121 Spring Lake Drive Itasca, IL 60143

RE: Letter of Intent for Fort Worth Safe Communities reaccreditation

Dear Ms. Nie:

On behalf of the City Council and the citizens of Fort Worth, please accept this letter of intent which supports the City of Fort Worth's reaccreditation as a Safe Community through Safe Communities America and the Pan Pacific Safe Communities Network. The Fort Worth Safe Communities Coalition serves as the operational body for the City of Fort Worth's accreditation; through their work and leadership, collaborations have grown and lives have been saved through injury prevention and safety efforts in our City.

The City of Fort Worth began its journey to become a Safe Community on October 11, 2011. In February of 2013, the City was humbled to receive accreditation as the 23rd Safe Community in the United States and the 300th Safe Community world-wide. In the nearly 5 years since our initial accreditation, Fort Worth has grown to be the 16th largest city in the United States and the 5th largest city in Texas. Fort Worth, home to more than 800,000 residents, is located in north central Texas in Tarrant County.

As Mayor of Fort Worth, I am delighted to endorse our application for reaccreditation and plan to oversee the active participation of city agencies in Safe Communities programs. I support the Fort Worth Safe Communities Coalition in continuing to offer highly effective multi-sector partnerships, while upholding collaboration as a core value to implement evidence-based interventions and demonstrate measurable results through safety and injury prevention.

I am pleased that the City of Fort Worth has continued with its efforts in safety, and I wholeheartedly support the continued growth of Fort Worth as a Safe Community along with its membership to the international safe community networks through the Pan Pacific Safe Communities Network.

Sincerely yours,

Betsy Price

COALITION MEMBER LIST TEMPLATE All listed members agree to the goals of the coalition and to play a role in the coalition, steering committee or task group. Member Name **Member Organization** Type of Organization Member Role (Steering committee, task group, other) (Business/Private sector; Community member/Individual; Government; Health/Hospital; Nonprofit; Police/Fire/EMS; School, (K-12); University/College) 1 Melodia Gutierrez AARP Nonprofit Task Force Member - Elder, Falls Wes Crocheron AARP - Fraud & Abuse Nonprofit Task Force Member - Elder, Falls Katrina Wall Adult Protective Services Government (city council, mayor's office, health department, coroner) Task Force Member - Elder Lisa Scruggs Adult Protective Services Government (city council, mayor's office, health department, coroner) Task Force Member - Elder 2 Kristen Camareno Bike Sharing FW Business/Private sector Task Force Member - Road Brandy O'Quinn Blue Zones/Health Ways Business/Private sector Task Force Member - Road Brenda Patton Blue Zones/Health Ways Business/Private sector Task Force Member - Road Karen Cone Brookdale Business/Private sector Task Force Member - Elder/Falls Business/Private sector Traci Jordan Bicvcles Inc. Task Force Member - Road Francine Speer Catholic Charoties Fort Worth Nonprofit Task Force Member - Disaster 4 Cynthia Velazquez Challenge of Tarrant County Nonprofit Advisory Board/Task Force Chair Drug OD/Member - Drug OD Jennifer Gilley Challenge of Tarrant County Nonprofit Task Force Member - Drug OD John Haenes Challenge of Tarrant County Nonprofit Task Force Member - Drug OD Rosalyn Hubbard Child Protective Services Task Force Member - Drug OD Government (city council, mayor's office, health department, coroner) 5 Terri Palomino Cigna/TAGS Business/Private sector Task Force Member - Elder, Falls 6 Mike Lugo City of Fort Worth Police/Fire/EMS Advisory Board/Task Force Member - Disaster 6 Catherine Huckaby City of Fort Worth Police/Fire/EMS Task Force Member - Road 6 Chandra Muruhanandaam City of Fort Worth Police/Fire/EMS Task Force Member - Road 6 Packyen Wilson City of Fort Worth Police/Fire/EMS Task Force Member - Road 7 Ricky Addington Task Force Member - Falls City of Fort Worth - Fire Department Police/Fire/EMS 7 Sherri Hauch City of Fort Worth - Fire Department Police/Fire/EMS Task Force Member - Falls 7 Starrett Keele City of Fort Worth - Fire Department Police/Fire/EMS Task Force Member - Falls 7 Chastity Roberts City of Fort Worth - Police Department Police/Fire/EMS Task Force Member - Drug OD 7 Mike Kuzenka Task Force Member - Elder, Falls City of Fort Worth - Police Department Police/Fire/EMS 8 Debbie Branch City of Fort Worth - Code Compliance Government (city council, mayor's office, health department, coroner) Task Force Member - Drug OD Soria Adibi City of Fort Worth - Code Compliance Government (city council, mayor's office, health department, coroner) Task Force Member - Drug OD Melony Ebel City of Fort Worth - Police Department Police/Fire/EMS Task Force Member - Drug OD Ann Zadeh City of Fort Worth - City Council Government (city council, mayor's office, health department, coroner) Task Force Member - Road 10 Hilda Zuniga City of Fort Worth - Water Government (city council, mayor's office, health department, coroner) Task Force Member - Drug OD 10 Joao Pimentel City of Fort Worth - Water Government (city council, mayor's office, health department, coroner) Task Force Member - Drug OD 11 James Intia City of Keller Government (city council, mayor's office, health department, coroner) Task Force Member - Drug OD Loretta Widmann Community Hospice of Texas Nonprofit Task Force Member - Drug OD Parrish Horton Task Force Member - Drug OD Community Hospice of Texas Nonprofit Amanda Applon Commissioner Brooks outreach Government (city council, mayor's office, health department, coroner) Task Force Member - Drug OD, Falls 12 Nick Stanley Congresswoman Kay Granger's office Government (city council, mayor's office, health department, coroner) Task Force Member - Elder 13 Dana Walraven Cook Childrens - Safe Kids Health/Hospital Task Force Member - Drug OD, Road Sharon Evans Cook Childrens Health/Hospital Advisory Board Member Terri Ford Cook Childrens Health/Hospital Advisory Board Member 13 Tim Fancher Cook Childrens Health/Hospital Task Force Member - Drug OD Andrew Szabo Task Force Member - Elder Credentials4U Business/Private sector

Criminal District Attorney of Tarrant Cour Government (city council, mayor's office, health department, coroner)

Criminal District Attorney of Tarrant Cour Government (city council, mayor's office, health department, coroner)

Task Force Member - Elder

Task Force Member - Elder

Dale Smith

Dawn Ferguson

	Sharen Wilson	Criminal District Attornoy of Tarrant Cou	r Covernment (city council mayor's office health department corener)
		Criminal District Attorney of Tarrant Cour Government (city council, mayor's office, health department, coroner) Criminal District Attorney of Tarrant Cour Government (city council, mayor's office, health department, coroner)	
	Jordan Rolfe	· · · · · · · · · · · · · · · · · · ·	
4.4	Lori Varnell	-	r Government (city council, mayor's office, health department, coroner)
14	Helen Dulac	Dallas City Hall	Government (city council, mayor's office, health department, coroner)
	Adrianna Jackson	DFPS	Government (city council, mayor's office, health department, coroner)
	Regina Burks	DFPS	Government (city council, mayor's office, health department, coroner)
	Mark Baerd	Family Sleep Diagnostics	Business/Private sector
	Noah Drew	FitWorth	Government (city council, mayor's office, health department, coroner)
15	Betty Harvey	Fort Worth Chamber of Commerce	Business/Private sector
	Amanda Robbins	Fort Worth Emergency Services Collabor	•
	Corbin Santana	Fort Worth Emergency Services Collabor	•
18	Terence McCarthy	Fort Worth Emergency Services Collabor	•
	Justin Cox		Government (city council, mayor's office, health department, coroner)
	Keith Wells	Fort Worth Office of Emergency Manage	Government (city council, mayor's office, health department, coroner)
19	Lyn Scott	Guardianship Services	Business/Private sector
19	Elvira Munoz	Guardianship Services	Business/Private sector
	Patty Poma	Guardianship Services	Business/Private sector
19	Marnie Stites	Guardianship Services	Business/Private sector
21	Barbara Lentz	Health South	Health/Hospital
21	Lisa Roberson	Health South HEB	Health/Hospital
23	Ronnie Rencher	Hillwood	Business/Private sector
24	Gopal Pillai	JPS Health Network	Health/Hospital
24	Mary Ann Contreras	JPS Health Network	Health/Hospital
24	Trista Ritchey	JPS Health Network	Health/Hospital
24	J.J. Jones	JPS Health Network	Health/Hospital
	Amanda English	JPS Health Network	Health/Hospital
24	Annabel Luna	JPS Health Network	Health/Hospital
25	Shnease Webb	Lena Pope	Nonprofit
26	Geoffrey Finley	Lockheed Martin	Police/Fire/EMS
26	Steve Wheeler	Lockheed Martin	Police/Fire/EMS
27	Steven Cook	Meals On Wheels Tarrant	Nonprofit
28	Jason Quick	Medical City Alliance	Health/Hospital
	Richard Brooks	MedStar Mobile Healthcare	Police/Fire/EMS
29	Matt Zavadsky	MedStar Mobile Healthcare	Police/Fire/EMS
28	Chris Cunningham	MedStar Mobile Healthcare	Police/Fire/EMS
	Doug Hooten	MedStar Mobile Healthcare	Police/Fire/EMS
29	Shaun Curtis	MedStar Mobile Healthcare	Police/Fire/EMS
	Cathy Stout	MHMR Tarrant	Nonprofit
	Courtney Morrison	MHMR Tarrant	Nonprofit
30	Greg Padron	MHMR Tarrant	Nonprofit
	Rebekah Montgomery	MHMR Tarrant	Nonprofit
	Marisa Flores	MHMR Tarrant	Nonprofit
	Sheila Holbrook-White	MHMR Tarrant	Nonprofit
31	Cassidy Campbell	North Central TX Council of Govt	Government (city council, mayor's office, health department, coroner)
31	Daniel Snyder	North Central TX Council of Govt	Government (city council, mayor's office, health department, coroner)
31	Gabriel Ortiz	North Central TX Council of Govt	Government (city council, mayor's office, health department, coroner)
31	Sandra Barba	North Central TX Council of Govt	Government (city council, mayor's office, health department, coroner)
31	Shawn Conrad	North Central TX Council of Govt	Government (city council, mayor's office, health department, coroner)
	Lisa Robinson	NSC	Nonprofit
32	Kristen O'Hare	Red Cross	Nonprofit
	·		

Task Force Member - Elder Task Force Member - Elder Task Force Member - Elder
Task Force Member - Flder
TUSK TOTCE WICHIDET EIGET
Task Force Member - Drug OD
Task Force Member - Elder
Task Force Member - Elder
Task Force Member - Road
Task Force Member - Road
Advisory Board/Task Force Member - Disaster
Co-Chair/Task Force Member/Advisory Board Member- All
Advisory Board/Task Force Member - All
Advisory Board/Task Force Member - All, FWESC Medical Director
Task Force Member - Disaster
Task Force Member - Disaster
Task Force Member - Elder
Task Force Member - Falls
Task Force Member - Falls
Advisory Board/Task Force Member - Disaster
Task Force Member - Drug OD
Task Force Member - Road
Task Force Member - Drug OD
Task Force Member - Disaster
Advisory Board Member
Task Force Member - Elder, Falls Task Force Member - Disaster
Task Force Member - Disaster
Task Force Member - Disaster
Task Force Member - Elder, Falls
Task Force Member - Disaster
Task Force Member - Drug OD, Falls, Elder, Road
Advisory Board Member/Task Force Chair Road/Member - Road
Task Force Member - Disaster
Advisory Board Member
Task Force Member - Disaster
Task Force Member - Drug OD
Task Force Member - Road
Task Force Member - Disaster

32	Mark Lipman	Red Cross	Nonprofit	Task Force Member - Disaster
	Susan Young	State Sen. Kelly Hancock, Dis Director	Government (city council, mayor's office, health department, coroner)	Task Force Member - Elder
	erry Mosman	Sixty & Better	Nonprofit	Task Force Member - Elder, Falls
	Christina Bartha	Sixty & Better	Nonprofit	Task Force Member - Elder, Falls
	Fina Dawson	Sixty & Better	Nonprofit	Task Force Member - Elder, Falls
	Gerrit Spieker	Sixty & Better	Nonprofit	Task Force Member - Elder, Falls
	Stacey Pierce	Streams and Valleys	Business/Private sector	Task Force Member - Road
	Dave Laurenzo	Synergy Homecare DFW	Business/Private sector	Task Force Member - Elder, Falls
	William Wessel	Tarrant County	Government (city council, mayor's office, health department, coroner)	Task Force Member - Disaster
	David Jefferson	Tarrant County	Government (city council, mayor's office, health department, coroner)	Task Force Member - Drug OD
	Kathryn Rotter	Tarrant County Judge Whitley outreach	Government (city council, mayor's office, health department, coroner)	Task Force Member - Elder, Falls
	Darlene Rhodes	Tarrant County Public Health Dept.	Government (city council, mayor's office, health department, coroner)	Task Force Member - Falls
	Catherine Colquitt	Tarrant County Public Health Dept.	Government (city council, mayor's office, health department, coroner)	Task Force Member - Drug OD
	Cynthia Franklin	Tarrant County Public Health Dept.	Government (city council, mayor's office, health department, coroner)	Task Force Member - Falls
	Sharon Canclini	TCU	University/College	Task Force Member - Disaster
- 1	Gina Alexander	TCU	University/College	Advisory Board/Task Force Member - Drug OD
ŀ	Caren Telschow	Telschow Johnson Law PLLC	Business/Private sector	Task Force Member - Elder
41	Christy Thomas	Texas A&M/Teens in the Driver's Seat	University/College	Task Force Member - Road
	Amy Govea	Texas Health Harris Methodist Fort Wort	,, ,	Task Force Member - Elder, Falls
	Denise Doneghy	Texas Health Harris Methodist Fort Wort	· · ·	Task Force Member - Elder, Falls
	Kim McFarland	Texas Health Harris Methodist Fort Wort	• •	Task Force Member - Elder, Falls, Disaster, Road
ŀ	Cimberlin Moore	Texas Health Harris Methodist Fort Wort	• •	Task Force Member - All
ŀ	ynn Wade	Texas Health Harris Methodist Fort Wort	• •	Task Force Member - Falls
	Amber Fogelman	Texas Health Harris Methodist Fort Wort	· · ·	Task Force Member - All
	Christy Daae	Texas Health Harris Methodist Fort Wort	•	Task Force Member - Road
	Debbie Krauser	Texas Health Harris Methodist Fort Wort	• •	Advisory Board Member
	Sue Carlino	Texas Health Harris Methodist Fort Wort	•	Task Force Member - Disaster
	Kaye Nichols	Texas Health Harris Methodist Fort Wort	•	Task Force Member - Elder
f	ohn Geesbreght	Texas Health Harris Methodist Fort Wort	•	Advisory Board Member, FWESC Founder
	Richard Garnett	TX Silver Hair Legislature	Nonprofit	Task Force Member - Elder, Falls
	Don Smith	United Way Tarrant/AAA	Nonprofit	Task Force Member - Elder, Falls
	Beth Noah	United Way Tarrant/ADRC	Nonprofit	Task Force Member - Elder, Falls
ŀ	amie Harwell	United Way Tarrant/ADRC	Nonprofit	Task Force Member - Elder, Falls
45	Alex Cisneros	United Way Tarrant County	Nonprofit	Task Force Member - Falls
	/icki Mize	United Way Tarrant County	Nonprofit	Advisory Board
ŀ	Cristen Reuter	UNTHSC	University/College	Task Force Member - Falls
ŀ	Ashlee Britting	UNTHSC	University/College	Task Force Member - Falls
f	(athlene Camp	UNTHSC	University/College	Task Force Member - Falls
f	eslie Casey	UNTHSC	University/College	Advisory Board Member
ŀ	Sarah Ross	UNTHSC	University/College	Task Force Member -Falls
ŀ	awrence Cohen	UNTHSC	University/College	Task Force Member - Drug OD
ŀ	Nicoleta Bugnariu	UNTHSC	University/College	Task Force Member - Falls
ŀ	Andrew Crim	UNTHSC	University/College	Co-Chair/Advisory Board Member
ţ	ennifer Severance	UNTHSC	University/College	Advisory Board Member/Task Force Chair Falls/Member - Falls, Elder
ľ	Pam McFadden	UNTHSC	University/College	Advisory Board Member
H	ohn Farris	UNTHSC	University/College	Advisory Board Member/Task Force Chair Elder/Member - Falls, Elder
	Brad Cannell	UNTHSC	University/College	Task Force Member - Elder
	Kelly Zarwell	UNTHSC	University/College	Task Force Member - Disaster
	Kerri Kaufmann	Walgreens	Health/Hospital	Task Force Member - Drug OD

47 Michael Landson Walgre 47 Kevin McKinnon YMCAF 47 Lindsi Smith YMCAF 50 51 52 53 54 55 56 57 58 59 60 61 62	FW P	Nonprofit	Task Force Member - Drug OD Task Force Member - Falls Task Force Member - Falls
47 Lindsi Smith YMCAF 50 51 52 53 54 55 56 57 58 59 60 61	FW N	Nonprofit	Task Force Member - Falls
50 51 52 53 54 55 56 57 58 59 60 61			TOTAL TOTAL MEMBER TOTAL
51			
52 53 54 55 56 57 58 59 60 61			
53 54 55 56 57 58 59 60 61			
54 55 56 57 58 59 60 61			
55 56 57 58 59 60 61			
56			
57 58 59 60 61			
58 59 60 61			
59 60 61			
60 61			
61			
61			
6.71			
02			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			

Fort Worth Safe Communities Coalition - Organizational Chart, Rev. 11/2017



Fort Worth Safe Communities Coalition (FWSCC)



FWSCC Advisory Board (see Coalition List)

Co-Chairs: Amanda Robbins, Director, Fort Worth Emergency Services Collaborative
Andrew Crim, Executive Director, INCEDO, UNT Health Science Center
Administrative Assistant: Corbin Santana, Fort Worth Emergency Services Collaborative











Disaster Preparedness Task Force

Host: Randy Westerman,
Public Education Coordinator,
Office of Emergency Management,
Fort Worth Fire Department

Drug Overdose & Poisoning Prevention Task Force

Chair: Cynthia Velazquez,
Program Director,
Stay on Track Coalition,
Challenge of Tarrant County

Elder Abuse Task Force

Chair: John Farris,
Paramedic – CP-C,
Program Manager INCEDO,
UNT Health Science Center

Falls Prevention Task Force

Chair: Dr. Jennifer Severance
Assistant Professor, Program
Administrative Director, WE HAILGWEP, Director of Research and
Education Programs, Center for
Geriatrics, Texas College of
Osteopathic Medicine, UNT Health
Science Center

Road Safety Task Force

Chair: Matt Zavadsky,
MS-HAS, NREMT,
Chief Strategic Integration Officer,
MedStar Mobile Healthcare



Lillie Biggins, RN, FACHE President, Texas Health Harris Methodist Hospital Fort Worth

September 8, 2017

Ms. Carrie Nie Safe Communities America 1121 Spring Lake Drive Itasca, IL 60143

RE: Letter of Support for Fort Worth Safe Communities Re-accreditation

Dear Ms. Nie:

On behalf of Texas Health Harris Methodist Hospital Fort Worth, the sponsoring organization for this accreditation, I am pleased to support the City of Fort Worth's reaccreditation as a Safe Community through Safe Communities America and the Pan Pacific Safe Communities Network. The Fort Worth Safe Communities Coalition serves as the managing body for the City of Fort Worth's accreditation; through their work and leadership I have seen first-hand the collaborations built and lives saved through injury prevention and safety efforts in our City.

As a flagship hospital for the Texas Health Resources system and a vital part of the Fort Worth community since 1930, Texas Health Harris Methodist Hospital Fort Worth serves Fort Worth and surrounding communities through our mission of improving the health of the people in the communities we serve. As one of three adult trauma facilities in the City of Fort Worth, and the only level-two trauma facility, we are uniquely positioned to provide data, staff and expertise toward top injuries prevention efforts applicable to our City. To date, this accreditation and its collaborations have afforded new opportunities such as funding for original research on elder abuse identification, expansion of evidence-based falls prevention programs, and partnerships with cross-collaborative entities from healthcare to schools, government, and faith communities, which did not previously exist.

Being an accredited Safe Community encourages and strengthens community partnerships and collaborations. This reaccreditation serves as recognition to the City of Fort Worth for putting the health and safety of our community first. On behalf of our community, we are excited to be a part of the Safe Communities America and look forward to our first reaccreditation as a Safe Community.

Respectfully,

Lillie Biggins President



September 13, 2017

Ms. Carrie Nie Safe Communities of America 1121 Spring Lake Drive Itasca, Illinois 60143

Dear Ms. Nie,

UNT Health Science Center has served as the academic home for Fort Worth Safe Communities since its accreditation in 2013. The organization is successful at assembling stakeholders, leading efforts to reduce injuries and save lives in Fort Worth. The interest in Fort Worth Safe Communities Coalition (FWSCC) continues to grow. I am pleased to support its reaccreditation as a Safe Community through Safe Communities America and the Pan Pacific Safe Communities Network.

The UNT Health Science Center is a 2,300-student graduate university housed on a 33-acre campus located in Fort Worth, Texas' Cultural District. The university includes the Texas College of Osteopathic Medicine, the Graduate School of Biomedical Sciences, the School of Public Health, the College of Pharmacy and the School of Health Professions, which includes the departments of Physician Assistant Studies and Physical Therapy. In 2019, and in collaboration with Texas Christian University, we are welcoming the first class to the Fort Worth Medical School, an allopathic medical school dedicated to research and developing the physician of the future. UNT Health Science Center is one of the nation's premier graduate academic medical centers.

UNT Health Science Center is dedicated to its values, which include a responsibility to serve others first. FWSCC helps us meet this promise by devoting the time and effort necessary to improve the safety of Fort Worth for its residents. Our mission is to "Create solutions for a healthier community." FWSCC supports us in this mission as a solution for a healthy and safer city.

On behalf of UNT Health Science Center, I support efforts that put health and safety at the forefront, and Fort Worth Safe Communities' reaccreditation as a Safe Community will.

Sincerely,

Dr. Michael R. Williams

Trichael & Welliam

President



Present		
Co-Chair: Amanda Robbins, Fort Worth Emergency	Pam McFadden, Jennifer Severance: UNT Health Science	
Services Collaborative	Center	
Co-Chair: Andrew Crim, UNT Health Science Center	Doug Hooten, Matt Zavadsky, John Farris: MedStar Mobile	
Cook Children's	Healthcare	
Amanda English: JPS Health Network	Terry McCarthy, John Geesbreght, Suzy Gardner: Fort	
Cynthia Velazquez: Challenge of Tarrant County	uez: Challenge of Tarrant County Worth Emergency Services Collaborative	
	Vicki Mize, United Way/ 211	
	Kim McFarland, Texas Health Harris Methodist Hospital FW	

	DISCUSSION – SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
I. Call to Order	DISCOSSION - 3044E3110N3/30E0110N3	PERSON(S) RESPONSIBLE
i. Call to Order	Assemble D. and Andr. C. wellsomed average to the mosting and	
II. Welcome and	Amanda R. and Andy C. welcomed everyone to the meeting and led introductions.	
Introductions	led introductions.	
	CCA 201C Approval Degrand	2016 CCA Assessed Bostowill be
III. Safe	SCA 2016 Annual Report	2016 SCA Annual Report will be
Communities	SCA's 2016 annual report provided. Fort Worth was highlighted	sent with full meeting packet.
America	in the 2015 report; communities are rotated.	
	Focus through the National Safety Council (NSC) has been on 3	
	areas: motor vehicle, work place, home and community.	
	FWSCC Annual Report to SCA	
	Annual report of activity from FWSCC to SCA is due March 10 th .	
	This report includes a breakdown of participants per industry,	
	meeting minutes and a highlight of up to three initiatives at the	
	local level.	
	In 2015, FWSCC highlighted Falls Prevention, Disaster	
	Preparedness and Elder Abuse Prevention. For 2016	
	documents, we will highlight Falls Prevention, Drug Overdose &	
	Poisoning Prevention, and Disaster Preparedness.	
	This is the first year that SCA has attempted to capture metrics	
	for program initiatives across their communities. These metrics	
	appear to be soft (number of participants) in nature.	
IV. FWSCC Task	Task Force Templates	Logic Model will be sent
Forces	Amanda presented an updated logic model for FWSCC.	electronically to the Advisory
	,	Board to review;
	New templates per task force were developed. Each advisory	FEEDBACK REQUESTED
	board meeting a different task force will present based on this.	
	a contraction of the contraction	
	Task Forces are continuing to update the templates monthly at	
	each meeting and as projects progress.	



	ACTION ITEMS/
DISCUSSION – SUGGESTIONS/SOLUTIONS	PERSON(S) RESPONSIBLE
Andy reviewed monthly communication document: it snapshots current status from the task forces templates.	Monthly FWSCC document will be sent to all participating with FWSCC.
Falls Prevention Task Force Presentation Jennifer S. reviewed the Falls Prevention template. Objective is to reduce injuries from falls in adults older than 60 years old. Participating agencies are now capturing some of the same data; plans are to invite a representative from UNTHSC Patient Safety Institute and the YMCA to the task force. There are three focuses of the task force. Task Force currently has three foci: linking activities to action plans, outlining next steps from the template, and moving forward with researching evidence based (EB) programs. Current EB programs focus on older adults in the community in a group setting. Gap identified includes need for homebound; looking at securing funds to serve those in the homes. Amanda reviewed data points from original accreditation to the present time. Rate of falls with injuries per 100K population (via FWFD data) demonstrate a 12% reduction since 2012. Inversely, number of calls for falls have increased dramatically.	
Adv. Board was suggested the numbers be reviewed after separating out duplicate calls and specifically address high utilizers.	Falls Data will be reviewed for recidivism.
John shared there has been a 50% increase of agencies involved with the Falls Prevention Task Force as reflected by increased awareness activities.	
Discussion and feedback to the Task Force: What is the data desired? Is the intent to decrease calls to the FD or decrease injury? How is data merged to reflect calls to various areas of 911 care (FWFD and MedStar EMS) Is our goal consistent with what we are measuring? Are we looking at number of falls or number of falls with injury? What numbers are used nationally from SCA and/or other communities?	Advisory Board Feedback and Discussion will be provided back to the Falls Prevention Task Force.



		ACTION ITEMS/
	DISCUSSION – SUGGESTIONS/SOLUTIONS	PERSON(S) RESPONSIBLE
V. Marketing and Communications	Website Preview FWSCC Website was illustrated by Andy C. Soft launch will occur in the next few weeks. Task Force Minutes do not need to be accessible to the public so Task Force members will all share log on with one password through the site. Advisory Board Needs Advisory Board was advised if you wish your organization links listed to send to Andy, Amanda, or Suzy as well as any suggestions or recommendations for the site. Advisory Board members that have not already are requested to submit headshots, name, title, degrees, organization as you would like it to appear on the website. No contact information will be provided of the individual. Andy suggested adding partner events on the website. Advisory Board members were requested to LIKE our Facebook page and follow through Twitter.	
Reaccreditation	Timeline August 1, 2017 Letter of Intent (6 months prior to reaccreditation) November 1, 2017 Submit Application (At least one month prior to reaccreditation date) December 2017 Review process complete (FWSCC and SCA collaborate re: any changes to the application needed before the site visit) January 2018 Site Visit (This was requested by our Advisory Board. We have reviewed and the required attendance SCA Annual Meetings since accreditation have been met.) February 2018 Accreditation ceremony (The time frame for the accreditation may not be in Feb BUT the accreditation would still be awarded to that date).	Timeline will be sent again with the packet to Advisory Board



	DISCUSSION – SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
	Next Steps Advisory Board was asked to consider if we need to add to additional Advisory Board and Task Force members. Amanda outlined SCA poll of organizations involved at the national level and suggested a need for representation from schools K- 12; SHAC.	Andy C. will research school contact for FWISD.
Adjourn	Meeting Adjourned 9:25 AM.	
Next Meeting	Friday, April 28, 2017 @ 8:30 AM – 9:30 AM Marion Center Conference Room A Drug Overdose/Poisoning Prevention Task Force will present.	



Present Co-Chair: Amanda Robbins, Fort Worth Emergency Doug Hooten: MedStar Mobile Healthcare Services Collaborative Gina Alexander: TCU Co-Chair: Andrew Crim, UNT Health Science Center Terry McCarthy, Suzy Gardner: Fort Worth Emergency Sharon Evans, Terri Ford: Cook Children's **Services Collaborative** Betty Harvey: Fort Worth Chamber of Commerce Vicki Mize, United Way/ 211 Cynthia Velazquez: Challenge of Tarrant County Mike Lugo: FWFD Ronnie Rencher: Hillwood Properties Kim McFarland, Kimberlin Moore: Texas Health Harris Methodist Hospital FW

		ACTION ITEMS/
	DISCUSSION – SUGGESTIONS/SOLUTIONS	PERSON(S) RESPONSIBLE
I. Call to Order II. Welcome and Introductions	Amanda R. and Andy C. welcomed everyone to the meeting and led introductions.	
III. Safe Communities America	SCA has revised the Accreditation Application/Redesignation Packet for 2017. It is now 24 pages vs. 128 pages of initial application in 2012. Amanda R. has accepted a reviewer role on the SCA Council to review applications and redesignation requests for other communities. This will provide insight into preparing the FWSCC documents.	
IV. FWSCC Task Forces	Task Force Templates Amanda presented an updated logic model for FWSCC. Press Update sent to the Advisory Board for webinar on Accidental Deaths that have increased 7% in 2015. Wednesday, May 10, 2017 no charge seminar. Templates per task force were developed. Each advisory board meeting a different task force will present based on this.	Recommended adding Promising Strategies to the Logic Model.
	Task Forces are continuing to update the templates monthly at each meeting and as projects progress in addition to the monthly Snapshot communication document. Diaster Preparedness Task Force: plan to hone down on more metrics to update the template. Reviewed event flyers. May 24, 2017 - CRASE Training for Social Service Agencies June 27, 2017 - Situational Awareness and Decision Making	Suggested adding links to connect from Snapshot to the event flyer, facebook, & website.



		ACTION ITEMS/
	DISCUSSION – SUGGESTIONS/SOLUTIONS	PERSON(S) RESPONSIBLE
	Elder Abuse Prevention Task Force is pulling 2016 Dept. of State Family Protective Services data by FW zip codes. Utilizing new Detect tool with MedStar Mobile Healthcare. • June 15, 2017 - World Elder Abuse Awareness Day. Falls Prevention Task Force is working with FWFD to prepare	Falls Data will be reviewed for
	report to analyze falls data. Letter of intent prepared for United Way to provide funding focuses on a website to integrate area Falls Prevention resources.	recidivism.
	Road Safety Task Force has partnered with the City of Fort Worth and the Blue Zones Project and will be hosting a Street Safety Education Forum May 18, 2017. Opportunities exist to address issues & incidents regarding pedestrian accidents and injuries.	
	<u>Drug Overdose and Poisoning Prevention Task Force:</u> Cynthia reviewed the history on the drug take back boxes and Challenge of Tarrant County's role in assisting to bring those back into usage. Cynthia organized meeting Chief Fitzgerald and implementing incinerators to minimize the cost of disposing of medications collected in the drop boxes. Due to the Challenge	Suggestion was made to include drug take back numbers on website enabling Advisory Board members to share data. Recommended announcing
	of Tarrant County's involvement communication with the City of FW has improved and many events have been held in the last year. Dr. Teater has been instrumental in educating all spectrums of personnel. Challenge of Tarrant County is continuing to expand education in our community and partner with FWSCC to include Town Halls, and implementing a shared website with Cook Children's to organize all pertinent	website link in water bill.
	information on Drug Take Back locations known in Tarrant County.	
V. Marketing and Communications	Website FWSCC Website is expected to be launched June 1st. Task Force Minutes do not need to be accessible to the public so Task Force members will all share log on with one password through the site.	
V. Reaccreditation	Timeline August 1, 2017 Letter of Intent (6 months prior to reaccreditation)	Letter of Intent will be presented at next Advisory Board meeting.



		ACTION ITEMS/
	DISCUSSION – SUGGESTIONS/SOLUTIONS	PERSON(S) RESPONSIBLE
	November 1, 2017 Submit Application (At least one month prior to reaccreditation date)	
	December 2017 Review process complete (FWSCC and SCA collaborate re: any changes to the application needed before the site visit)	
	January 2018 Site Visit (This was requested by our Advisory Board. We have reviewed and the required attendance SCA Annual Meetings since accreditation have been met.) February 2018 Accreditation ceremony (The time frame for the accreditation may not be in Feb BUT the accreditation would still be awarded to that date). Next Steps	
Adjourn	Meeting Adjourned 9:32 AM.	
Next Meeting	July 21, 2017 8:30 a.m. Marion Center Conference Room A Elder Abuse Prevention Task Force will present.	



Present		
Co-Chair: Amanda Robbins, Fort Worth Emergency	Doug Hooten, Matt Zavadsky, John Farris: MedStar Mobile	
Services Collaborative	Healthcare	
Co-Chair: Andrew Crim, UNT Health Science Center	Gina Alexander: TCU	
Cynthia Velazquez: Challenge of Tarrant County	John Geesbreght, Terry McCarthy: FW Emergency Services	
Jennifer Severance: UNT Health Science Center	Collaborative	
	Kim McFarland, Kimberlin Moore: Texas Health Harris	
	Methodist Hospital FW	

	DISCUSSION – SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
I. Call to Order	Amanda R. and Andy C. welcomed everyone to the meeting and led introductions.	
II. Welcome and Introductions	Amanda R. and Andy C. informed the Advisory Board of changes ongoing with staff. Suzy Gardner has accepted a different position at UNTHSC. A card was shared for signing in gratitude for her service.	
III. Safe Communities America	SCA annual meeting held in Chicago will take place again this August. Amanda R. will be in attendance on behalf of FWSCC. Reports back to the Advisory Board during the August meeting.	
	Amanda R. is continuing to train through SCA as a reviewer for initial applications and redesignation requests. This will provide insight into preparing the FWSCC documents.	
IV. FWSCC Task Forces	June and July FWSCC Snapshots provided. Task Forces templates are updated monthly and as projects progress in addition to the monthly Snapshot communication document.	Suggested adding 'metrics in progress' to templates
	 Disaster Preparedness Task Force: Focus given to Social Service Agencies. A three-part series was created for agencies serving Fort Worth/Tarrant County: (Part 1) May 24, 2017 - CRASE Training (Part 2) July 13, 2017 - Active Threat Readiness (Part 3) Sept. 29, 2017 - Preparedness and Safety Fair at Resource Connection for agencies and their clients June 27th, 2017 - Situational Awareness and Decision Making-Offered in the TCC Corporate Training Center in Alliance. New presentation with promising continuation. 	i.e. new collaborations/orgs



	ACTION ITEMS/
DISCUSSION – SUGGESTIONS/SOLUTIONS	PERSON(S) RESPONSIBLE
Drug Overdose and Poisoning Prevention Task Force: Review of activity included overview of the HHSC town hall at UNTHSC, return of Dr. Don Teater for education, new sites for drug take back kiosks, reveal of the meddropbox.org website and proposed grant funding for Narcan through MHMRTC and their partners.	
The challenge of what can be tracked with this initiative – CDC best practices include take back of medication. Data lacking on impact through research. Narcan data received as used through MedStar should be filtered to tease out use in cardiac arrests. Overdose data may be attained through DFW Hospital Council.	Suggestion made to remove cardiac cases by MedStar that used Narcan. Investigate overdose data from DFW Hospital Council.
Falls Prevention Task Force: Work continues with FWFD to analyze falls data. GIS mapping marked battalions and associated falls calls with injury received. Unable to attain a report excluding recidivism at this time. Grant proposal through United Way of TC was not funded, however the North Central Texas Trauma Regional Advisory Council (NCTTRAC) has begun a new falls coalition for information sharing across their covered region. This will allow FWSCC to leverage those efforts.	Falls Data to be reviewed for recidivism.
Planning is underway for Falls Prevention Awareness Day the week of 9/22. Road Safety Task Force: Following the Street Safety Education Forum on May 18th, campaign selection has gone to marketing for production. Outside of educations campaigns, discussion have been made for a master incident number among the various first responder groups including MedStar, FWPD, TxDOT and City of Fort Worth. Safe routes to school has reinvigorated at CC Moss. Sharon Canclini was suggested as a potential liaison for this effort.	Suggested to reach out to Sharon Canclini for Road Safety
Elder Abuse Prevention Task Force: Dept. of State Family Protective Services provided data by FW zip codes for the calendar years of 2013-2016. In-home alleged abuse/neglect intakes by APS for those 65+ years from 2013 to 2015 is up 15 percent. Elder abuse is well-documented as under	Suggested use of a bar graph for population by those 65+ years of age with number of intakes of inhome alleged abuse/neglect and



DISCUSSION – SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
reported. Growth and expansion of collaborating partners are an instrumental to identification, education and best reporting. DETECT study remains underway with MedStar/APS/UNTHSC with promising results anticipated. Engagement has the Criminal DA office has been positive and she has recently (2 mons) developed an Elder Financial Fraud Unit (1st in Tarrant County). This is in direct partnership with our partners at Guardianship Services, Inc. which will house the Financial Exploitation Prevention Center (FEPC) for Tarrant County.	best describe shift in the rate of possible elder abuse.
as a 'Shred scams event/ – partners present with table for the event were: AARP, JPS, GSI, APS.	
Website FWSCC Website has been soft launched as of July 15 th . Task Force materials are not yet accessible to Task Force members. In future meeting attendees will share a log-on with one password through the site. Monthly snapshots will also be available. Any feedback on the site is welcome as it is LIVE. The website was outdated; this switch reflects current work.	
Timeline August, 2017 Letter(s) of Intent (6 months prior to reaccreditation) November 1, 2017 Submit Application (At least one month prior to reaccreditation date) December 2017 Review process complete (FWSCC and SCA collaborate re: any changes to the application needed before the site visit) January 2018 Site Visit (This was requested by our Advisory Board. We have reviewed and the required attendance SCA Annual Meetings since accreditation have been met.)	Letter of Intent to be drafted and requested from three sources versus 35 with the original designation. 1. Mayor Price 2. Texas Health FW 3. UNTHSC Surveys to be sent to all partner organizations to delineate injury prevention/safety programs offered in FW and Tarrant County. These surveys will also notify partners about our impending redesignation early
	an instrumental to identification, education and best reporting. DETECT study remains underway with MedStar/APS/UNTHSC with promising results anticipated. Engagement has the Criminal DA office has been positive and she has recently (2 mons) developed an Elder Financial Fraud Unit (1st in Tarrant County). This is in direct partnership with our partners at Guardianship Services, Inc. which will house the Financial Exploitation Prevention Center (FEPC) for Tarrant County. June 15, 2017 - World Elder Abuse Awareness Day celebrated as a 'Shred scams event/ – partners present with table for the event were: AARP, JPS, GSI, APS. Website FWSCC Website has been soft launched as of July 15th. Task Force materials are not yet accessible to Task Force members. In future meeting attendees will share a log-on with one password through the site. Monthly snapshots will also be available. Any feedback on the site is welcome as it is LIVE. The website was outdated; this switch reflects current work. Timeline August, 2017 Letter(s) of Intent (6 months prior to reaccreditation) November 1, 2017 Submit Application (At least one month prior to reaccreditation date) December 2017 Review process complete (FWSCC and SCA collaborate re: any changes to the application needed before the site visit) January 2018 Site Visit (This was requested by our Advisory Board. We have reviewed and the required attendance SCA Annual Meetings since



		ACTION ITEMS/
	DISCUSSION – SUGGESTIONS/SOLUTIONS	PERSON(S) RESPONSIBLE
	(The time frame for the accreditation may not be in Feb BUT the accreditation would still be awarded to that date).	
Adjourn	Meeting Adjourned.	
Next Meeting	August 25, 2017	
	8:30 a.m. Marion Center Conference Rooms	
	Road Safety Task Force will present.	



Meeting Notes: February 16, 2017

ATTENDANCE via Phone Conference Call

FW Emergency Service Collaborative: Amanda

Robbins, Suzy Gardner

EOC: Randy Westerman Tarrant County: Bill Wessel

Red Cross: Kristen O'Hare, Mark Lipman

MHMR: Cathy Stout

FWFD/FWPD: Mike Lugo Lena Pope: Shnease Webb MedStar: Chris Cunningham

ITEM	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
1) WELCOME AND INTRODUCTIONS	Amanda welcomed task force and roundtable introductions were conducted.	Informational
	Amanda reviewed the January conference call overview. She shared that 375 individuals had been attended the CRASE trainings last Fall. Survey had been sent to task force members to review each organization's programs and areas that might be of interest to focus on in 2017. Kelly Z. sent survey to previous workshop attendees outlining the following choices: 1) From which perspective are you most interested in disaster preparedness/management and emergency action plans?	
	Business Personal	
	Select all topics for training for which you have an interest:	
	a. Situational Awareness – training on awareness of one's surroundings for the assessment of situation and safety risks.	
	 Stop the Bleed –training for civilian bystanders on recommended response and how to quickly stop blood loss in the event of trauma. 	
	c. Mental Health after Disaster – training on the mental and behavioral health impact and recovery during and after disaster events	



ITEM	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
	The 65 returned surveys indicated a majority of the interest was Business . The topic overwhelmingly chosen was Situational Awareness .	
2) IDD COUNCIL CRASE TRAINING	Cathy and Amanda reviewed the results of meetings conducted to present the opportunity to provide CRASE training to IDD individuals in Tarrant County. As the CRASE training is set, modifying the program is not realistic at this junction. The recommendation was presented to host a CRASE training May 24, 2017 at Lena Pope Home. The objective of the training is to educate social workers, case workers, and caregivers who support IDD individuals and follow with a tabletop or panel.	Shnease Webb will find out if May 24, 2017 Lena Pope Home is available to host the CRASE training.
	Cathy shared emergency preparedness is a mandated focus for mental health and similar sectors. This may fulfill an identified gap.	
3) ALLIANCE TRAINING	Ronnie Rencher would not be available on the previous May 24th date for hosting the Situational Awareness event.	Amanda will find out if Ronnie is available June 27 th
4) TASK FORCE GOALS TEMPLATE	Reviewed Disaster Preparedness Task Force template. If task force members have other recommendations for goals the request was made to send Amanda.	
	Metrics currently tracked by partners applicable to the task force focus were discussed. Amanda and Suzy may be reaching out for more information.	
	NEXT MEETING: March 16, 2017 @ 10 a.m. Joint Emergency Operations Center 275 W. 13th St. Fort Worth, TX 76102	Suzy G. will prepare minutes and send to task force.



Meeting Notes: March 16, 2017

ATTENDANCE via Phone Conference Call

FW Emergency Service Collaborative: Amanda MHMR: Rebecca Montgomery

Robbins, Suzy Gardner

FWFD: Richard Jordan EOC: Randy Westerman, Keith Wells Lena Pope: Shnease Webb Catholic Charities: Francine Speer MedStar: Heath Stone

Hillwood Properties: Ronnie Rencher THFW: Kim McFarland, Sue Carlino

ITEM	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
1) WELCOME AND INTRODUCTIONS	Amanda welcomed task force and roundtable introductions were conducted.	Informational
2) CATHOLIC CHARITIES DISASTER RESPONSE PROJECT	Francine Speer provided an overview of the Catholic Charities AmeriCorps VISTA Project. The project is in the analysis stage which will end in August 2017; canvassing events, focus groups and individual interviews use an survey to evaluate current knowledge of natural or man-made disasters as well as best communication strategies.	Francine Speer will send the survey for feedback from the task force. Randy and Keith will follow-up with NIXLE to determine which languages
	Goals include increasing awareness for disaster preparedness in targeted communities of poverty, situated in areas of high disaster risk, and limited English proficiency populations (Spanish predominantly at this time). Catholic Charities is looking at opportunities to improve community outcomes overall.	are available.
	Disaster Response Volunteer Opportunity on 3/25/2017. Flyer attached sent with Task Force minutes.	
	Discussion on current materials available to the public for disasters may not be well received and/or available in multiple languages. An English Proficiency map for the County was completed. This info is available to view but not for publishing.	
3) IDD COUNCIL CRASE TRAINING	The objective of the training is to educate social workers, case workers, and caregivers who support IDD individuals.	Francine will confirm capacity of the facility.



ITEM	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/
	Training to be held in two parts: Catholic Charities agrees to host the CRASE training May 24, 2017.	PERSON(S) RESPONSIBLE Suzy & Amanda will prepare a draft flyer for the
	Part 2 will include table top and/or panel discussions at Lena Pope Home in the month of July.	event.
4) ALLIANCE TRAINING	Ronnie Rencher confirmed June 27th for the Situational Awareness and Decision Making event. Objectives to be covered: Psychological and Physiological response to stress Establishing a method for situational awareness Evaluating human behavior and your surroundings Taking Decisive action	Amanda will research flyer information for end of month meeting with HR professionals.
	Alliance TCC facility holds 75-100 and two events will be scheduled from 9-11 a.m. and 1-3 p.m. The target audience is Human Resources Professionals from the Alliance Corridor via the Alliance Area HR Group.	
	Hopes are to provide that session again later in the year at another location pending feedback.	
	Francine suggested inclusion of insurance company assessments for risk to be included with the training. This is available without cost and assisted with revision of Catholic Charities' Emergency Action Plans.	
5) TASK FORCE GOALS TEMPLATE	Metrics currently tracked by partners applicable to the task force focus were discussed. Amanda and Suzy may be reaching out for more information.	
	NEXT MEETING: April 20, 2017 @ 10 a.m. Joint Emergency Operations Center 275 W. 13th St. Fort Worth, TX 76102	Suzy G. will prepare minutes and send to task force.



Phone Conference Notes: May 18, 2017

ATTENDANCE	
FW Emergency Service Collaborative: Amanda MHMR: Cathy Stout	
Robbins, Suzy Gardner	FWFD: Mike Lugo
EOC: Randy Westerman	Lena Pope: Shnease Webb
	THFW: Kimberlin Moore

ITEM	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
1) WELCOME AND INTRODUCTIONS	Amanda welcomed task force and stated light agenda and respect for task force's time prompted the conference call.	Informational
2) IDD COUNCIL CRASE TRAINING	The objective of the training is to educate social workers, case workers, and caregivers who support IDD individuals.	
	Training to be held in two parts: Catholic Charities agrees to host the CRASE training May 24, 2017. Current registration 64. One table will be set up for Know What to Do and other materials that can be packaged for attendees.	
	Shnease will do introduction for Michael. Bio was sent to her. Shnease will prepare sign in sheet and badges.	Amanda Robbins will send Shnease the registration list and shut down Eventbrite Monday, May 22 nd .
	Shnease will bring snacks and coffee cups. Francine will supply coffee and water. Michael needs standard AV equipment that Francine verified will be available.	Amanda Robbins will send draft survey to task force for comments. Survey to be provided for May 24th event.
	Part 2 will include table top and/or panel discussions at Lena Pope Home in the month of July. New flyer needed for the event in July – softer image/ no image is preferred.	Shnease Webb will contact Chris Cunningham to consider MedStar hosting July 13 th event (1:30 – 3?)
	Part 3 was suggested to be held at Resource Center. Cathy sent Amanda contact info to research opportunity. Recommended format to include:	Amanda Robbins to contact Resource Connection.



ITEM	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
	FWFD	Randy W. to research Sept.
	Know What to Do – expand to include the training house in conjunction with FWFD.	dates.
	Tables & Booths for task force member organizations.	
3) ALLIANCE TRAINING	June 27 th for the Situational Awareness and Decision Making event. Additional focus will be conducted after the May 24 th event.	
	Alliance TCC facility holds 75-100 and two events are scheduled from 9-11 a.m. and 1-3 p.m. The target audience is Human Resources Professionals from the Alliance Corridor via the Alliance Area HR Group. This group will be expanded after May 24 th .	
4) TASK FORCE GOALS TEMPLATE	Amanda asked if anyone had suggestions on education for storm safety: requested language change from "Tornado Warning" to "Outdoor Warning".	
	NEXT MEETING: June 15, 2017 @ 10 a.m. Joint Emergency Operations Center 275 W. 13th St. Fort Worth, TX 76102	Suzy G. will prepare minutes and send to task force.



Meeting Notes: July 20, 2017

ATTENDANCE		
FW Emergency Service Collaborative: Amanda	MHMR: Cathy Stout, Rebekah Montgomery, Greg	
Robbins	Padron	
FWEOC: Randy Westerman	FWFD: Michael Lugo	
MedStar: Shaun Curtis	THFW: Kim McFarland, Kimberlin Moore, Sue	
Lena Pope Home: Shnease Webb	Carlino	

DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
Amanda welcomed task force	Informational
Objective of the training is a deeper dive into CRASE and build on that curriculum for the public, past attendees and small business owners. Training at the TCC Corporate Training Center in Alliance. Registrants totaled 117. Total participants at the training totaled 73. Variety of businesses represented including a sizable groups from 'Alliance for Children' and 'Bass Hall' (servers)	Amanda will send the survey results/participants along with meeting minutes.
Of those present, 63 surveys were completed. Overall satisfaction and positive responses. 'Does your workplace have an emergency action plan?' – 85.5% (53/62) of attendees surveyed YES. Future plans for this training are not final. This was the first time offered to civilians based on training for LE. Recommendations to assist with a one-page tip sheet in the future for this training if it will continue.	Michael L. will follow-up on intent to continue to provide through FWFD/FWPD trainers. - Pending need for one page tips
Second part of training complete: MHMR Tarrant hosted the Roundtable discussion with panel on July 13, 2017. Know What to Do info available and provided. Total of 20 participants from 10 various organizations participated. Time of year is not ideal. Earlier in the year may be more beneficial and	
	Objective of the training is a deeper dive into CRASE and build on that curriculum for the public, past attendees and small business owners. Training at the TCC Corporate Training Center in Alliance. Registrants totaled 117. Total participants at the training totaled 73. Variety of businesses represented including a sizable groups from 'Alliance for Children' and 'Bass Hall' (servers) Of those present, 63 surveys were completed. Overall satisfaction and positive responses. 'Does your workplace have an emergency action plan?' – 85.5% (53/62) of attendees surveyed YES. Future plans for this training are not final. This was the first time offered to civilians based on training for LE. Recommendations to assist with a one-page tip sheet in the future for this training if it will continue. Second part of training complete: MHMR Tarrant hosted the Roundtable discussion with panel on July 13, 2017. Know What to Do info available and provided. Total of 20 participants from 10 various



Disaster Frepareuress rask force		
ITEM	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
	training as a result. This is a newer area and a heightened concern. We should look to reengage with a similar panel at the start of the year. May wish to include the Disaster District Chair, Randy has contact info.	*Follow-up next meeting for panel at start of 2018. Randy to follow-up with
	Need to reconnect with FBI Dallas for reunification processes and Task Force engagement.	Disaster District Chair contact
	Recommend a member from the FWHR group to introduce the concept through that venue. Shnease will follow-up for contact.	Amanda to follow-up with FBI liaison(s) for reengagement
	Thank you to those from the Task Force serving as panelists at the event and materials shared with participants.	
	Outcomes of discussions included opportunities given the following:	
	 Limited safety personnel with some staff not trained. Frontline staffs are less prepared than those with upper roles in agencies. Few/limited number of drills/ complacency with drills without involvement of all levels Training inconsistent with new/seasoned employees. Use of constraints/communications: badgeaccess at entry points, panic buttons, group texts, broadcasts, discussion utility of emergency action plans/ know your chain of communication New trainings for difficult behaviors through MedStar New concerns of legal length carry weapons as of Sept. 1st Part 3 to be held at Resource Center. (see below)	
4) SEPT 29 TH EVENT AT RESOURCE CONNECTION	September is National Preparedness month. Event has been scheduled for Sept 29th from 10AM to 2 PM at Jamie Willis of Resource Connection confirmed interest. Amanda to follow-up with Jamie at Resource connection for the ability to have Food	Amanda/Cathy to follow- up on food trucks. Amanda will contact Jamie to inquire.



ITEM	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
	Trucks on site. If this is allowable Cathy has a contact that can arrange for this.	
	Target audience: consumers and staff located at Resource connection	ALL – are you able to provide resource tables? What topics will be
	Primary focus of KnoWhat2Do	provided/available?
	*How to manage in a natural, man-made, or terrorism/active shooter event	
	Resources suggested:	
	KnoWhat2Do, SNAP, NIXLE	
	FWFD (inflatable house?), Fire extinguisher demo?	
	THFW Occ Health confirmed by Amber F. She is looking into the driving simulator.	
	Tables & Booths from other task force member organizations:	
	Stop the Bleed, CRASE, Red Cross, Vehicle Safety/Text Free, TCPH, SKTC, Peaks and Ladders, Mental Health First Aid, One Safe Place, Women's Center, etc.	
	Amanda to check with partners to offer Stop the Bleed classes 1-2 times during event.	Randy to draft flyer with
	Randy will be able to assist with the Flyer for the event. The flyer should be released by late August.	focus on Preparedness and KnoWhat2Do for August meetings.
5) TASK FORCE GOAL(S)	Increase community awareness and education on disaster preparedness.	
	NEXT MEETING: August 17th, 2017 @ 10 a.m. Joint Emergency Operations Center 275 W. 13th St. Fort Worth, TX 76102	Amanda will prepare minutes and send to task force.



Meeting Notes: September 21, 2017

ATTENDANCE

FW Emergency Service Collaborative: Amanda

Robbins, Corbin Santana

FWEOC: Randy Westerman

MHMR: Cathy Stout, Greg Padron, Courtney

Morrison

Hillwood: Ronnie Rencher

ITEM	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
1) WELCOME AND INTRODUCTIONS	Amanda welcomed task force	Informational
2) SEPTEMBER 30 TH CRASE	Michael L. of FWFD will be presenting CRASE on 9/30 from 11AM-1PM at Islamic Association of Tarrant County, 4901 Diaz Ave., Ft. Worth, TX. 76107. Resource tables will be available to share materials and we anticipate approximately 30-50 attendees.	ALL: Please let Amanda know if you have staff and
	Access to the event and tables should be available for 30 min before and after the event.	resources available for this event ASAP
3) SEPT 29 TH EVENT AT RESOURCE CONNECTION	-September is National Preparedness month. Event is scheduled for Sept 29 th from 10AM to 2 PM at the Resource Connection gymnasium. Set up will be available starting at 8AM for table set up. One table and two chairs have been allotted per station. We have 15 tables.	ALL: If you need more than one table for your presentation or if it needs to be near a power outlet, please let Corbin/Amanda know ASAP so proper
	-Assigned tables for presentations will be set up along the perimeter of the gym, so please check in at the registration table early to help find your safety organization's table.	arrangements can be made. ALL: Flyer and additional info to be sent out by email –Please share with the
	-The 'Stop the Bleed' and 'KnowWhat2Do' presentations will be held in the Magnolia Room which is connected to the gymnasium.	public and your networks. Preregistration is NOT required
	-Food trucks will be set up in the parking lot on the east side of the building as well as the FWFD trailer for education and presentation.	Amanda/Corbin: will design a sign in for participants



ITEM	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
4) ACTIVE THREAT READINESS FOR SOCIAL SERVICES AGENCIES – PLAN FOR 2018 AND BEYOND	There may be a chance to capitalize on need for preparedness with agencies that have been recently impacted and also have agencies locally. Long term: Possibly look into creating a certification program to offer preparedness training for agencies in the area. 6-8 training programs as a long term plan over 18-24 months "What should be in your tool kit?"	Add to next month
	-Need possible venue for training -or- take the training to them.	
5) TASK FORCE GOAL(S)	Increase community awareness and education on disaster preparedness.	
	NEXT MEETING: October 19th, 2017 @ 10 a.m. Joint Emergency Operations Center 275 W. 13th St. Fort Worth, TX 76102	Amanda/Corbin will prepare minutes and send to task force.



Meeting Notes February 21, 2017

Persons Attending		
Amanda Robbins, Suzy Gardner - FWESC Cynthia Velazquez, Chair— Challenge of Tarrant County		
Debbie Branch, Joao Pimentel - City of Fort Worth Waste Disposal	Helen Dulac – Dallas City Hall	
Lawrence Cohen - UNTHSC	Michael Langdon - Walgreens	
Richard Brooks - MedStar	Kaye Nichols – THFW - SW	

	DISCUSSION – SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
1. Call to Order	Welcome and Introductions.	Informational
2. Stakeholders	Fort Worth Take Back envelopes: Debbie advised the task force another push for envelope distribution was sent on 2-20-17. The call center received 150 requests based on this effort. An evaluation of the program will be conducted when all of the envelopes have been distributed.	
	Med Drop Box Status: Cynthia has reached out to 32 area police agencies. She received responses from 23. 11 of these agencies have drug drop boxes.	Cynthia will follow up with the 9 departments who have not responded to her request.
	Cook Children's: Has drop box currently located in the retail pharmacy. FWPD: Five boxes have been in place since November.	Cynthia will send the task force the list with locations for the 11 agencies with drug drop boxes as well as Dana Walraven so the website can be updated.
	Walgreens: Same locations should be set. Texas is now done with drop box distribution within Walgreens. Dr. Teater Talks: returning March 20 – 24 th .	Michael will verify Texas locations for Walgreens
		Cynthia will send schedule for Dr. Teater's programs that are open to the public.
	Website Update : reviewed the original mock up and edited version. Only concern raised was in regards to liquid medications. Helen suggested graphics be created specifically for social media usage.	Michael will see how liquids are addressed at Walgreens drug drop boxes. Suggested duplicating liquids disposal instructions on website.



	DISCUSSION – SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
	Wallet Card: presented draft version of wallet card to the task force. It was suggested adding Poison Control contact information. Suggestion was well received due to their recognition in the community.	Amanda will follow-with Dana on best contact from Poison Control Center.
3. Drug Take Back	Next DEA Drug Take Back is to be held on Saturday, April 29, 2017 from 10 a.m. – 2 p.m. Flyer going out in March water bills. SKTC and Walgreens may have the opportunity to onboard new jurisdictions for the DEA event.	Debbie will ask Hilda to send the flyer.
4.NCTCOG 2017 Workshop	Helen advised the workshop is tentatively going to be scheduled in May. Tamara Cook is organizing event.	
5. CDC 2016 Guidelines & Drug Overdose Data	No updates at this time.	Amanda will follow-up with data from the 911 Call Center. Chastity can acquire crime analysis numbers.
6. Task Force Template	Reviewed with task draft template. Suggestions included adding: FWFD Lucas Funeral Home – Cynthia has contact Police Departments @ NCTCOG EMS Programs @ TCC Research Hospice Conference Meals on Wheels Additional edits on attached template	
7. Other business	Cynthia outlined an opportunity for a Regional Town Hall event. Group discussed attending the next event and considering hosting one afterwards. Cynthia will continue to gather information on the program.	
8. Next Meeting	March 21, 2017 9:00 a.m. Marion Center Conference Room B	



Meeting Notes March 21, 2017

Persons Attending		
Amanda Robbins, Suzy Gardner - FWESC	Cynthia Velazquez, Chair – Challenge of Tarrant County	
Debbie Branch - City of Fort Worth Waste Disposal	Helen Dulac – Dallas City Hall	
Catherine Colquitt – Tarrant County Public Health Dana Walraven – Cooks Children's		
Chastity Roberts - FWPD	Kimberlin Moore - THFW	

	DISCUSSION – SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
1. Call to Order	Welcome and Introductions.	Informational
2. Stakeholders	Fort Worth Take Back envelopes: Debbie advised the task force approximately 200 envelopes are available to be distributed. Med Drop Box Status:	Amanda will send Cynthia Senior Synergy information for possible sign ups to receive take back envelopes.
	Cook Children's: Has drop box currently located in the retail pharmacy in the consultation room. Signage would help direct customers to drop off box. Box is available 7 days a week from 8 a.m. to midnight.	
	FWPD: Five boxes have been in place since November. There has been 160 lbs. collected thus far.	Chastity will send flyer introducing drug drop boxes for FWPD.
		Cynthia to follow up for ribbon cutting; media blast for introductions of the locations.
	Walgreens: no updates at this time.	
	Dr. Teater Talks: March 20 – 24 th and returning in September due to popular demand.	Flyer will be sent to the task for Friday, March 24 th TCC NE Campus presentation by Dr. Teater.
	Website Update : content has been sent to IT department with anticipated launch first of June.	Dana will follow up for Poison Control for permission to use their logo.
	Wallet Card: cards to be printed in conjunction with the website.	
3. Drug Take Back	Next DEA Drug Take Back will be Saturday, April 29, 2017 from 10 a.m. to 2 p.m. Flyer sent out in March water bills. UNTHSC is providing volunteers for the event.	Helen will send link for the Dallas Drug Take Back initiative. Suzy will send flyer with minutes.



FORT WORTH, TX	Drug Overdose/Opiate Abuse Task Force		
	DISCUSSION – SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE	
4. FW Townhalls	Researching possible dates to hold at UNTHSC. Vision is to have 4 panelists comprised of TC Challenge, Healthcare, Law Enforcement, & Mental Health. MHMR might be interested in participating as well. Target audience would be anyone in the community. Topics could include Suboxone. FWPD is working on funding to provide 800 units to address overdose victims. Chastity has contacts discussing using overdose antidote she can invite to Town Halls. Town Halls might be better served offering CME's and including Multidisciplinary Teams.	Cynthia will reach out to Deirdre P. Browne, BA, LCDC Senior Director, Residential and Housing Services MHMR Tarrant Behavioral Health Division.	
		Chastity will provide Cynthia the whys and justifications provided to acquire Naloxone.	
5.NCTCOG 2017 Workshop	Helen advised the workshop is going to be scheduled in May.		
6. CDC 2016 Guidelines	No updates at this time.	Amanda will follow-up with data from the 911 Call Center. Chastity can acquire crime analysis numbers.	
7. Drug Overdose Data	No updates at this time.		
8. Task Force Template	No updates at this time.		
9. Next Meeting	April 18, 2017 9:00 a.m. Marion Center Conference Room B	Suzy will send minutes and next meeting notice.	



Meeting Notes
June 20, 2017

	Perso	ons Attending		
Cynthia Velazquez, Chair – Challenge of Tarrant County		Kimberlin Moore - THFW		
Amanda Robbins, Suzy Gardner - FWESC Hi		Hilda Zuniga - City of Fort V	Hilda Zuniga - City of Fort Worth Water Dept.	
Lawrence Cohen - UNTHSC	UNTHSC Dana Walraven – Cook Children's: Safe Kids		dren's: Safe Kids	
Catherine Colquitt – Tarran	nt County Public Health	Melony Ebel - FWPD		
Trista Ritchy, Gopal Pillai	JPS			
	DISCUSSION – SUGGESTION	S/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE	
1. Call to Order	Welcome and Introductions.			
2. Stakeholders	Fort Worth Take Back envelopment. Med Drop Box Status FWPD: Reports that FWPD words or media release for the Received take back totals from November 2016 to June 2011 collections have been 36 lbs.	vill not be doing a ribbon he take back kiosks. om FWPD's 5 locations from 7 = 502 lbs. June to date		
	collections have been 36 lbs. from West collection site. Cook Children's: Drug take kiosk installed at their outpatient pharmacy. Cynthia has funds to assist with PSA's and educating the community to the kiosk location. UNTHSC PD: no updates at this time.		Dana to follow up with Tim for lbs collected. Cynthia will follow up with	
	Website Update: Dana experavailable for review by June kiosks, PSA's and Billboards to various locations. Wallet Card: cards have bee distributed in conjunction will July. Dr. Teater Talks: upcoming September. Details to follow	ects the website to be 30 th . Consider signage on to educate the public to n printed and will be ith the website launch in collaborative efforts in	Michael for possible partnership in Lake Worth/Sansom Park area.	



NATIONAL SAFETY COUNCIL	Drug Overdose & Poisoiling P	revenuon rask rorce
3. HHSC's FW Townhall	HHSC's Prescription Drug Misuse Prevention Town Hall	Cynthia will contact CVS for
	was well received. Cynthia has several meetings	additional partnership
	scheduled to discuss partnerships with the DEA,	opportunities.
	Commissioner Brooks offices, Euless, Burleson, JPS,	
	TCU, UT Arlington, & Weatherford Colleges. Still	
	awaiting attendance numbers.	
	Hot water pouches will be purchased for distribution.	Cynthia will send information to
	Consider including hospice organizations, Jails, Parents	the task force on pouches.
	as Teachers, Foster Parents, UNTHSC Healthy Start	'
	program, Meals on Wheels, Nurse Family Partnerships,	
	mail order prescriptions, and Tarrant County Homeless	
	Coalition.	
4.NCTCOG 2017	Event went great however, representation of	Cynthia will invite the DEA contact
Workshop	pharmacist's would be helpful. Offering CE's would	to the task force meeting and
	entice them to attend. Research needed for who is the	provide partnership opportunities
	Walgreen's Health Care Supervisor for our area.	
	Educating pharmacists to the website would be helpful.	
5. CDC 2016 Guidelines	No updates at this time.	Richard will follow-up with
		MedStar data Naloxone use.
6. Drug Overdose Data	No updates at this time.	
7. Task Force Template	No updates at this time.	
8. Next Meeting	July 18, 2017	Suzy will send minutes and next
	9:00 a.m.	meeting notice.
	Marion Center Conference Room C	Cynthia will send flyer for July 19 th
		Bear Creek Park Back to School
		event.



Meeting Notes
July 17, 2017

	Perso	ons Attending		
Cynthia Velazquez, Chair– Challenge of Tarrant County Sheila Holbrook-White,		Sheila Holbrook-White, Ma	arisa Flores – MHMRTarrant	
Amanda Robbins - FWESC Da		Dana Walraven – Cook Chi	Dana Walraven – Cook Children's: Safe Kids	
Richard Brooks - MedStar				
	DISCUSSION SUCCESTION	c/colutions	ACTION ITEMS/	
1. Call to Order	DISCUSSION – SUGGESTION Welcome and Introductions.		PERSON(S) RESPONSIBLE	
2. Stakeholders	Fort Worth Take Back envelopes: no updates at this time. Debbie emails that information is up on their website.			
	Med Drop Box Status Cook Children's: Drug takeb outpatient pharmacy. No up FWPD: Totals from FWPD's 5 2016 to mid- July 2017 = 608 the first 2 weeks. Only 36 lbs location is still the busiest lo JPS Health Network Outpati Looking to specialize labels f prior to opening and release	dates. 5 locations from November 3.5 lbs. July had 106.5 lbs. in 5. in June. Marquita Drive cation. 6 lent Pharmacy: 6 or the box with MedReturn	Dana to follow up with Tim for lbs. collected.	
	Walgreens: no updates at the May need to follow-up with Future locations Update: Interest by Commissioner Breed Alzheimer Education event of deactivating envelopes for the Meddropbox.org wallet card Interest by Commissioner Fiedevent, Oct. 6th. They have his hosted by a pharmacy. Coordinates at the Market State of the Marke	rooks – on August 19 th will use hose in attendance. Is may also be used. ckes – Empowering Seniors storically used a drop box dination is under way with	Amanda to follow up with for lbs. collected. Cynthia will follow up with Michael or Keri K. for possible partnership in Lake Worth/Sansom Park area.	
	City of Euless PD to assist an Deactivating bags used for the Meddropbox.org wallet card	nose in attendance.		



NATIONAL SAFETY COUNCIL

Drug Overdose & Poisoning Prevention Task Force

Can we find out the components that are included in the medication pouches for deactivation? Concern for environmental welfare. **Cynthia** will follow up with company once HHSC identifies their supplier.

Where to place 4 boxes-discussion is in progress with the Commissioners. Next visit may be with the Sheriff's Department for partnership. A few PDs have requested or shown interest. Strategic placement is desired.

Sheila suggested contacting the 4 identified pharmacies in the county that fill Schedule C opiates. Those are locations where we may consider future boxes as well as advertising locations for drop boxes via Meddropbox.org.

Sheila H.-W. Will provide the locations of the 4 pharmacies identified for follow-up.

Meddropbox.org Website: Website is ready with three minor edits for site: Challenge logo needs higher resolution and JPS and UNTHSC times need added. Concern whether 'Time to Recycle' map will be managed to match growing locations.

Cynthia will provide logo file to Dana for website

For advertisement: consider signage on kiosks, PSA's and Billboards to educate the public.

Amanda to verify site times and follow-up on NCTCOG rep for the 'Time to Recycle' map.

Wallet Card: Do we survey at pharmacies to see how they dispose of medications? YES, this will help with metrics. Focus on the four pharmacies with class C medications--- for the surveys.

Debbie B. To provide survey template currently used for med take backs? This may be replicable for surveying at pharmacies.

Can we connect with the ISDs?
Wallet cards are printed and will be distributed in conjunction with the website launch in July.
Next batch to include the SKTC logo instead of the SK Worldwide logo.

Dana to provide SKTC logo to Cynthia for revision of the Wallet Cards.

Dr. Teater Talks – September Events: upcoming collaborative efforts in September. Details to follow. Info coming out

Cynthia will provide outline of events scheduled for Dr. Teater in September as available.

CVS partnership: need follow-up

Cynthia will contact CVS for additional partnership opportunities.

DEA Partnership: Lisa Sullivan at the DEA is interested for education, etc. for the community. Cynthia will continue that discussion to determine if that can be scheduled alongside Teater Talks.

Cynthia will follow-up with DEA, Lisa Sullivan



FORT WORTH, TX NATIONAL SAFETY COUNCIL	Drug Overdose & Poisoning Prevention Task Force		
	MHMR Tarrant Grant Response to a proposal for funding with First responders in opioid reduction – SAMSHA is very specifically interested in distribution and training of Narcan.	Sheila H-W provided MOU that will go out with meeting minutes. Any questions directly to Sheila – timeline for grant submission is before July 31st.	
	Some PDs are interested to provide with training. MedStar are willing to train. Focus FIRST on clearing the airway and call 9-1-1. Administration must be paired with medical care. Proposal needs to address what happens AFTER Narcan and overdose. The WHAT is unclear at this time. Proposal would be the following: Hire two licensed chemical dependency counselors to track and follow persons with opioid overdoses. Partnership would occur with first responders and the counselors with an aim for immediate entry into treatment as soon as able after Narcan and overdose event. MOU is a required part for the grant. MHMR Tarrant welcomes participation with all appropriate community groups.	MOU sent with Minutes*	
3. CDC 2016 Guidelines	Narcan Data 2012 – 2016 Data for Narcan used in the MedStar services area within Tarrant County presented. Narcan data to be sent with meeting minutes.	Data sent with minutes*	
4. Next Meeting	August 15, 2017 9:00 a.m. Marion Center Conference Rooms 1275 W. Terrell Ave, Fort Worth, TX 76104	Amanda will send minutes and next meeting notice.	



Meeting Notes August 15, 2017

Persons Attending				
Cynthia Velazquez, Chair – Challenge of Tarrant County		Soria Adibi – City of FW Code Compliance		
Corbin Santana - FWESC		Kimberlin Moore - THFW		
Richard Brooks - MedStar	chard Brooks - MedStar Catherine Colquitt - TCPH			
Chastity Roberts - FWPD				
			ACTION ITEMS/	
1. Call to Order	DISCUSSION – SUGGESTIONS Welcome and Introductions.	S/SOLUTIONS	PERSON(S) RESPONSIBLE	
2. Stakeholders	Fort Worth Take Back envelopes: no updates at this time. Debbie emails that information is up on their website. Med Drop Box Status Cook Children's: Drug takeback kiosk installed at their outpatient pharmacy. They are looking at putting up proper signage for kiosk. No other updates. FWPD: Totals from FWPD's 5 locations from November 2016 to July 2017 = 659 lbs. July was the second most productive month with a total of 140.5 lbs collected. Marquita Drive location is still the busiest location. JPS Health Network Outpatient Pharmacy: Ribbon cutting ceremony to be scheduled sometime in September. They are looking to nail down dates around Dr. Teater's time here in September. Box is to be setup at their campus police department. UNTHSC PD: Doing well! No updates at this time. Still no word on pounds collected. Walgreens: Debbie has emailed contact regarding their possible inability to do drug takeback days.			
			Dana to follow up with Tim for lbs. collected.	
			Cynthia to follow up and send out date on ribbon cutting ceremony once finalized.	
			Amanda/Corbin to follow up with for lbs. collected again.	
	Future locations Update: State wants to have drug tak community events, where law already be present. Ex. The unit of the North Richland Hills dropbox organized and has a sharps of	w enforcement may pcoming Air Show. style: Clean, well	Chastity to follow up on possible takeback at the upcoming Air Show.	



NATIONAL SAFETY COUNCIL	Drug Overdose & Poisoning Pr	evention Task Force
	Meddropbox.org Website: Up and running. For advertisement: consider signage on kiosks, PSA's	
	and Billboards to educate the public. Wallet Card: Do we survey at pharmacies to see how they dispose of medications? YES, this will help with metrics. Focus on the four pharmacies with class C medications for the surveys. Dropboxes can only be located at a pharmacy, hospital or law enforcement establishment per the DEA.*	
	Dr. Teater Talks – September Events: Scheduled to be in FW from September 18 th -22 nd . Set to speak at the MET at UNTHSC on the 18 th , Stop The Violence event on the 20 th and Lena Pope on the 21 st . The final details and flyer will be sent out by Cynthia. On the 18 th , Dr. Richmond with MedStar will be speaking on Narcan at UNTHSC as well.	Cynthia will provide outline of events scheduled for Dr. Teater in more detail in email.
	CVS partnership: Have not been able to get in touch. If anyone has contacts, send their info to Cynthia. DEA Partnership: Lisa Sullivan at the DEA is interested for education, etc. for the community. Cynthia will continue that discussion to determine if that can be scheduled alongside Teater Talks.	
	MHMR Tarrant Grant No updates at this time. International Overdose Awareness Day – August 31st	
	There will be an event on Thursday, August 31st, 11:00am-1:00pm at Keller ISD Education Center on 350 Keller Parkway. They will be showing a documentary called "Winning The Fight" and have a panel discussion following that. Anyone who can attend is encouraged to attend.	
3. CDC 2016 Guidelines	Narcan Data 2012 – 2016 Data for Narcan used in the MedStar services area within Tarrant County presented. Narcan data to be sent with meeting minutes.	Data will be sent with minutes*



FORT WORTH, TX
NATIONAL SAFETY COUNCIL

Drug Overdose & Poisoning Prevention Task Force

	Drug overdose & roisoning ri	evenuon rasivionee
4. Task Force Template Review	Consideration of changing the name of the task force: Data collection has been an issue due to the "Drug Overdose" title and the ambiguity the corresponding data carries. Send suggestions for name change to Amanda.	
5. Next Meeting	October 17, 2017 (September meeting canceled) 9:00 a.m. Marion Center Conference Rooms 1275 W. Terrell Ave, Fort Worth, TX 76104	Amanda/Corbin will send minutes and next meeting notice.





Meeting Notes Friday, February 10, 2017

Attendance

UNTHSC: Jennifer Severance (Chair), Kathlene Camp

Tarrant County Public Health: Darlene Rhodes Chester,

Cynthia Franklin

FW Emergency Services Collaborative: Amanda Robbins, Suzy

Gardner

60 and Better: Formerly Senior Citizens Services: Christina

Bartha

THFW: Kim McFarland JPS: Annabel Luna

Judge Whitley's Office: Kathryn Rotter

Meals On Wheels: Steven Cook TCU Intern – Beth Erickson

Synergy DFW: Dave Laurenzo

	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
Welcome and Introductions	Jennifer welcomed the task force.	
January Minutes	Sent via email. Reviewed, no questions.	
Status of Projects	 Fort Worth Fire Department Home Safety Assessment Workshop with FCNs 14 participants from 9 different faith based organizations attended. Reviewed results from Pre & Post surveys that were conducted. Nurses can reach out to the congregation to educate them on fall risks. Introduced the CDC based "Stay Independent" program and observed fall risks in the Magnolia classroom. Group discussed improvements for next training as recommended on surveys, including: more depth of resources available outside Tarrant Co., more hazards in the Magnolia Room, offering healthy snacks, tables, and more intimate room for interactions and conversations. Requested mission teams be assembled to conduct assessments and provided all resources to engage with church leadership. Data is to be provided. Need to evaluate this before planning another training. Looking for Diversity in participants and Faith Based organizations for next event. 	Amanda will follow up with Cheryl Mart in two weeks for status of mission team formation and home evaluations conducted.
	 Prescription Pad Project Not many calls are being received from the prescription pad distribution; objective is to increase referrals. FWFD had addresses that have been forwarded to ADRC & MedStar and awaiting feedback. FWFD has been attending AMOB classes since August to promote program. Prescription Pad Program has provided education and 	Amanda will follow-up with ADRC and MedStar on those evaluations of the program.



	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
	time to explore additional methods of increasing referrals. They may be useful for newer AMOB, HomeMeds or Home Evaluation implementation sites.	
	RPF program for Evidence Based (EB) falls prevention: Possible proposal on Otago. Traditional model is run by physical therapy – different models may be possible to integrate varied skill levels and coverage possibilities through Medicare. Kathlene has meeting next week to discuss lay training providing program with Tiffany Shubert. Maybe an issue for lay personnel. Some Home Health Care organizations have done training. If able to determine risk stratification with PT on first training there may be the potential to receive reimbursement from that visit and then move forward with lay personnel if stratification level is lower. More information available next meeting.	Kathlene to follow-up post-discussion with Otago lead, Tiffany Shubert on program possibilities.
Advisory Board Communication	Reviewed Task Force goals-one page template for 2017. Need for input on programs the task force can track. Outcome could be number of falls. Maybe increase measurement of community involvement by joining social organizations.	Jennifer & Amanda to update template attached. Need baseline established. Add SAGE and PA's training education in AMOB and falls prevention.
Next meeting	March 10, 2017 @ 8:30 a.m. Marion Center Conference Room B	



Meeting Notes Friday, May 12, 2017

Attendance		
UNTHSC: Jennifer Severance (Chair), Kathlene Camp, Ashlee	THFW: Kimberlin Moore	
Britting	JPS: Annabel Luna	
FW Emergency Services Collaborative: Amanda Robbins, Suzy	MedStar: John Farris	
Gardner	FWPD: Mike Kuzenka	
60 and Better: Gerrit Spieker	Texas Silver Hair Legislature: Richard Garnett	
TCPH: Cynthia Franklin	FWFD: Ricky Addington	
Judge Whitley's Office: Kathryn Rotter	Meals On Wheels: Steven Cook	

response and the more than 40 CAD systems in Tarrant county has been requested from the IT department. • Falls prevention activities and programs ideally will be collected by FWSCC partners (number of provided) monthly/quarterly. This will supplement the monthly template for the task force, help measure our reach within the community, and help efforts to promote fall prevention community services. Template data is used to prepare monthly Snapshot sent to all FWSCC members. • Tarrant Cares website review – the Falls Prevention Task Force gathered a subcommittee to look at the Falls Prevention portion on the Tarrant Cares site. the Tarrant Count 9-1-1. the Tarrant Count 9-1-1.		DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
Status of Projects Tracking Task Force Activity FWFD supplied requested data for 2016 as previously available in addition to breakdown per battalion. Requested to delineate repeat callers for falls/falls with injury at the same address. Mapping of the Tarrant County 9-1-1 mapping of response and the more than 40 CAD systems in Tarrant county has been requested from the IT department. Falls prevention activities and programs ideally will be collected by FWSCC partners (number of provided) monthly/quarterly. This will supplement the monthly template for the task force, help measure our reach within the community, and help efforts to promote fall prevention community services. Template data is used to prepare monthly Snapshot sent to all FWSCC members. Tarrant Cares website review - the Falls Prevention Task Force gathered a subcommittee to look at the Falls Prevention portion on the Tarrant Cares site. Amanda will send Falls Data summary to the task force with May minutes. Sherri H. (FWFD) request sent to delineate numbers as well as mapping of the Tarrant Count 9-1-1. John F. will follow-up to see if flow maps can be shared for use by the Task Force and request delineated numbers from MedStar visits additionally. Cynthia will send Falls Data summary to the task force with May minutes. Sherri H. (FWFD) request sent to delineate numbers as well as mapping of the Tarrant Count 9-1-1. John F. will follow-up to see if flow maps can be shared for use by the Task Force and request delineated numbers from MedStar visits additionally. Cynthia will send Falls Data summary to the task force with May minutes. Sherri H. (FWFD) request sent to delineate numbers as well as mapping of the Tarrant Count 9-1-1. John F. will follow-up to see if flow maps can be shared for use by the Task Force and request delineate numbers as well as mapping of the Tarrant Count 9-1-1. Cynthia will send Falls Prevention at the task force with May minutes.		Jennifer welcomed the task force.	
 FWFD supplied requested data for 2016 as previously available in addition to breakdown per battalion. Requested to delineate repeat callers for falls/falls with injury at the same address. Mapping of the Tarrant County 9-1-1 mapping of response and the more than 40 CAD systems in Tarrant county has been requested from the IT department. Falls prevention activities and programs ideally will be collected by FWSCC partners (number of provided) monthly/quarterly. This will supplement the monthly template for the task force, help measure our reach within the community, and help efforts to promote fall prevention community services. Template data is used to prepare monthly Snapshot sent to all FWSCC members. Tarrant Cares website review - the Falls Prevention Task Force gathered a subcommittee to look at the Falls Prevention portion on the Tarrant Cares site. 	April Minutes	Sent via email. Reviewed, no questions.	
are used in our community and convey a local message of Falls Prevention. Texas Falls Prevention Coalition and CDC STEADI are some of the resources to consider. Ashlee will lead subcommittee for a summary of recommendations to Tarrant Cares on behalf of Falls Task	Introductions April Minutes Status of	Sent via email. Reviewed, no questions. Tracking Task Force Activity FWFD supplied requested data for 2016 as previously available in addition to breakdown per battalion. Requested to delineate repeat callers for falls/falls with injury at the same address. Mapping of the Tarrant County 9-1-1 mapping of response and the more than 40 CAD systems in Tarrant county has been requested from the IT department. Falls prevention activities and programs ideally will be collected by FWSCC partners (number of provided) monthly/quarterly. This will supplement the monthly template for the task force, help measure our reach within the community, and help efforts to promote fall prevention community services. Template data is used to prepare monthly Snapshot sent to all FWSCC members. Tarrant Cares website review – the Falls Prevention Task Force gathered a subcommittee to look at the Falls Prevention portion on the Tarrant Cares site. Ideally, this site would house current EB resources that are used in our community and convey a local message of Falls Prevention. Texas Falls Prevention Coalition	to the task force with May minutes. Sherri H. (FWFD) request sent to delineate numbers as well as mapping of the Tarrant Count 9-1-1. John F. will follow-up to see if flow maps can be shared for use by the Task Force and request delineated numbers from MedStar visits additionally. Cynthia will send upcoming monthly classes scheduled for Matter of Balance. Upcoming AMOB and other falls prevention activities will be added monthly agenda. Ashlee will lead subcommittee for a summary of recommendations to



	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
	 Fort Worth Fire Department Home Safety Assessments ◆ Amanda R. reports meeting with FCNs. They have begun to engage with their church leadership, though action has been slow. Discussed possibility of setting up falls prevention rooms at the Five (5) congregations have been identified for further follow-up with 	Amanda will follow up with Cheryl M. and the identified FCNs and congregations for fall prevention room staging Follow up process needs to be
	 program initiation. Church health fairs were also discussed. Zero (0) home assessments were completed during the month of April 2017. Fall Prevention activities and other senior safety information can be distributed in quarterly newsletter and discussed at quarterly meetings. 	implemented to identify specific barriers for interested parties to complete the assessment.
	 Kathryn suggested adding to Senior Synergy for those attending churches. Presentations are well received when conducted at Matter of Balance classes. Evidence Based (EB) falls prevention programs in FW: 	
	OTAGO (OEP) –Looking at more of a one on one format and incorporating some Enhanced Fitness vs. group program thus keeping the program accessible & financially interesting to YMCA and other programs. More information in June.	
	Amanda and Jennifer responded to an RFP to UW for Collective Impact and systems change, submitted to create a database with reporting and mapping capabilities as has been discussed in previous meetings to advance the growth and educated expansion of falls prevention implementation sites and programs. Request for funding thru United Way is for a web based platform. Awaiting word on approval in July.	
Round Table	<u>Prescription Pad Project</u> - Tabled May 17 th MOW of TC will be providing a forum on how federal priorities may impact older adults. Official flyer and registration is pending.	Follow-up as needed next meeting
	June 2 nd 7 th Annual Southwest Conference on Hoarding: 75\$ registration and located in Dallas. www.mhadallas.org September 2017 - Tarrant County is planning Free Hoarding Conference. More to come.	Annabel will send flyer and more info on event once available.
	September 20 th – THFW NICHE Conference has requested a speaker from the Task Force on behalf of Fear of Falling. Ashlee B. has accepted that presentation.	Ashlee and Amanda will send flyer and more info if event is open to the public once available.
Next meeting	June 9, 2017 @ 8:30 a.m. Marion Center Conference Room B	Suzy will send minutes and meeting notice.



Meeting Notes Friday, June 09, 2017

Attendance

UNTHSC: Ashlee Britting (meeting lead)

60 and Better: Gerrit Spieker TCPH: Cynthia Franklin

Judge Whitley's Office: Kathryn Rotter

Synergy DFW: Dave Laurenzo UW/AAA: Jamie Harwell

ADRC: Beth Noah

THFW: Kimberlin Moore (FWESC liaison)

JPS: Annabel Luna MedStar: John Farris FWPD: Mike Kuzenka

Meals On Wheels: Steven Cook

YMCA Wellness Center: Kevin McKinnon

		ACTION ITEMS/
	DISCUSSION - SUGGESTIONS/SOLUTIONS	PERSON(S) RESPONSIBLE
Welcome and	Ashlee welcomed the members and started the meeting on	
Introductions	time; heavy rain delayed some members. There was a quick	
	introduction with members that were present.	
May Minutes	Sent via email. Reviewed, no questions.	
Status of	Tracking Task Force Activity	
Projects	 FWFD falls and falls with injuries calls – no report 	
	provided. Amanda with updates next month.	
	 Falls prevention activities and programs – A class 	
	schedule was provided for AMOB. A lot of classes start	
	this week - new participants must attend by the	
	second class to be in those new cohorts.	
	Open enrollment for 1st or 2nd class only. For THR	
	classes they must register. THR has direct line to	
	register. Other partners don't require this but they	
	need to call TCPH to check class availability. Kimberlin	
	will be scheduling 1 more class for 2017 through THFW.	
	I Tr W.	
	Tarrant Cares website review – Ashlee asked members	Ashlee provided recommendations for
	if anyone has had a chance to look at the site. She states	the Tarrant Cares on behalf of Falls
	it's a great resource, but the links are outdated, there	Prevention Task Force. FEEDBACK from
	are old PDF files, and there aren't local resources.	Task Force is requested.
	Ashlee looked at links, recommends ensuring links are	
	updated. For example there is a San Diego resource. We	
	are making strides for updates. Encouraged attendees	
	to visit site and provide updates as needed.	



DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
 Fort Worth Fire Department Home Safety Assessments FWFD: One assessment completed for the month of May 2017. FCN status of mission team formation: Amanda R. will be attending THR FCN meetings on June 20th. Mike K. has a meeting scheduled at Broadway Baptist. Amanda R. and Annabel L. will attend. Ashlee begun working with her congregation; they are working on a pilot and will hold quarterly education. Amanda R. has meeting at Brookdale with Karen Cone to set up fall room at their facilities. 	
 World Elder Abuse Awareness Day, June 14th WEAAD flyer is in the packet. Annabel L: The event is scheduled for June 14th 11a -1p. John F. states they are excited to bring a shred truck for awareness on shred scams. He spoke with Mayor Price on last Wednesday about the Certificate of Recognition from the City of Fort Worth. It will be a fun event, small but impactful. Held at East Regional Library. AARP will try to go over phone scams and there will be experts on those subjects. Elder Financial Fraud unit will be there on hand to answer questions. John F. met with them recently, very unique in how they will be effective. 	
NICHE presentation Fear of Falling presentation will be held at Rutledge Auditorium at THFW. There will be a mental health focus. Speakers are currently being finalized and information will be passed on soon. Fall Prevention Awareness Day On 9/22 is fall prevention awareness day. The link is: https://www.ncoa.org/healthy-aging/falls-prevention/falls-prevention-awareness-day/ Question posed to Task Force: What are current plans (so far) for Falls Prevention Awareness Day in our community? None are final at this time. AARP is interested for Age Friendly FW. Kathryn suggested we could do a proclamation in commissioner's court. She would be happy to assist. Broadcast from commissioners court and have falls room set up at Courthouse Task Force can come up with additional ideas. 2016 ideas were listed on the website.	ALL – review Falls Prevention Awareness Day website for ideas in Sept.



	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
	 Would this be an avenue to talk about real life fall rooms in homes? Having "real life" pictures of homes that have examples of problems seen during visits. A presentation can be used for awareness. Discussion of media connections for this day re: television, business press, possible article to include fall prevention tips. 	
Round Table	KR: SSE update – 2500+ attendees over 170 exhibitors, very successful event! Will keep the same layout for next year. Team will resume in August to begin planning 2018 event. Last year over 2400 attended. We kept a lot of people there with momentum from various workshops. People stayed for most of the day within the exhibit hall. Annabel/Kimberlin attended NCTTRAC workshop which was held at the RAC office, 600 Six Flags Drive. The committee will be working beyond Tarrant County. It is a new initiative. They discussed the mission of the falls prevention committee. They want to collaborate with many entities. NCTTRAC sent out a needs assessment form to be filled out by committee. Denton FD is offering SAIL stay active and independent for lifewhich is a strength, balance and fitness program for 65+.	Annabel will send NCTTRAC needs assessment form for the Falls Task Force to complete
	For their lift calls, after third time, there must be an intervention. They don't refuse services but want to be proactive and work with family. Per Steven C. Meals on Wheels clients can't get out to facilities to attend falls prevention. Is there any hope that they can get out to clients in the home? Need training for case workers (CW) going into the homes. The CW's need assistance to assess needs in the home R/T falls. There are 12 that need training. Annabel L said there are prescription cards available. KR asked if we do a workshop at Meals on Wheels during the week of 9/22offer CEU's? Any education that is relevant to their client base would be helpful. AAA- no updates at this time.	Ashlee will followup with MOW for scheduling in the fall with Case Workers r/t falls prevention and home safety assessments.
	TCPH – AMOB training coming up at TCPH. They have added new staff that need training at Baylor, Grapevine and THR need training. We are looking at dates for early August/Sept and classes most likely will be at TCPH. Beth brought the ADRC resource guide "Need Help but don't know who to call?" Putting the 1-page review for elders as a single resource. John said there has been some confusion. Unfortunately it is not updated frequently. It is a great resource. It should be updated yearly. Many phone numbers are	Beth to provide new ADRC resource guide.



	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
	automated with prompts that need to be followed which can be difficult for some. The state is moving toward toll free numbers, but we need local numbers. Maybe they could revise the document? A whole new set can be created with whatever numbers you want to add as a task force. New resource has basic information from utility assistance to housingit's in the works and coming soon. The group is eager to see the document. Meeting was adjourned at 0926.	
Next meeting	July 14, 2017 @ 8:30 a.m. Marion Center Conference Room B	Suzy will send minutes and meeting
	Marion Center Comerence Room B	notice.



Meeting Notes Friday, August 11, 2017

Attendance

UNTHSC: Jennifer Severance (Chair), Ashlee Britting, Kathlene

Camp

FWESC: Amanda Robbins, Corbin Santana 60 and Better: Gerrit Spieker, Christina Bartha

TCPH: Cynthia Franklin

Judge Whitley's Office: Kathryn Rotter

ie | JPS: Annabel Luna

MedStar: Chris Cunningham HealthSouth HEB: Lisa Roberson

AAA/UWTC: Don Smith ADRC: Beth Noah TSHL: Richard Garnett

	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
Welcome and Introductions	Jennifer welcomed task force and roundtable introductions were conducted.	Informational
July Minutes	Sent via email. Reviewed, no questions.	Informational
Status Updates	 Tracking Task Force Activity FWFD falls and falls with injuries calls/maps – Maps provided by FWFD are for falls with injury. Recidivism has not been removed from the maps. Overlays of maps desired based on economics and types of living facilities are still desired. Do we target marketing of resources to facilities? -Mandy Forbus at TH Alliance voiced some interest to impact the northern regions of FW. Next Steps: Pilot: breaking down by zip codes with the highest per battalion. Focus on faith communities in those zip codes along with living facilities. Also focus on increase of Falls Assessments through the FD while highlighting a zip code. Falls prevention activities and programs – TCPH provided the August calendar that was sent out to the Task Force already. There are expected to be 8 classes of AMOB in Sept. 	Amanda/Chris to follow-up on availability of MedStar data for falls. Amanda to pull notes together for Chris. Print out mapping for data usage to present to group as it becomes available.
	UWTC announced ACL grant awarding of \$600K over 3 years. Plan is to use the 16 counties in the DFW region to emphasize fall efforts. The 'No Falls' partnership included 12 partners, (including	



raiis Fleveiitioii lask fui	
DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
Sixty & Better, AAAs/UWTC, THR, JPS, Brookdale and others.) Evaluation will be done through Texas A&M. Project aims include geomapping, reaching Spanish and Vietnamese primary speakers and continuing to tie MCOs for reimbursement of AMOB participants.	
 Falls Prevention web-based resource: Tarrant Cares website review – Thank you Ashlee for taking the helm on recommendations on behalf of Falls Prevention Task Force. 	Ashlee to reach out to Rita S with revisions
Fort Worth Fire Department Home Safety Assessments Total volume of Home Assessments are extremely low. Efforts in the past have included rack cards, engagement with FD/MedStar and student interns to look at participation, and continued involvement through FWFD at AMOB classes. Gap exists to use this Assessment as a gateway to provide resources for equipment; entice the person to have the assessment.	Cynthia will provide the sign up information to have a home assessment that is provided at AMOB classes.
Consider using GIS maps to push these through a pilot focus battalion. Possible to tie in Home Health Agencies to increase attraction of resources in our community. • FCN/Faith Community Focus:	Ashlee/ Kathlene to follow up to find out if there is a national home health group to communicate with.
 University Christian Church has requested education to a class from 10AM – 11AM in August on 8/27. Amanda and Annabel are following up with site preparation and may request further participation from available task force members. 	Amanda/ Annabel to follow-up with University Christian Church
Fall Prevention Awareness Day – Subcommittee Updates 2017 theme, '10 Years Standing Together to Prevent Falls.' https://www.ncoa.org/healthy-aging/falls-prevention/falls-prevention-awareness-day/	SUBCOMMITTEE – Amanda/Corbin will reach out to schedule a meeting for coordination of 9/19 event and 11/10 event.



	rans i revention rask roi	
DISCI	USSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
Task	ities by subcommittee the FWSCC Fall Prevention Force into a few components included: . Gather the following for our Task Force Partners: Specifics about activities, lectures, # AMOB trainers trained, # AMOB participants and # AMOB courses in the month of September. Deadline of September 1st	ALL – submit to Amanda/ Corbin known classes, activities, events related to Falls Prevention for
	These will be used at the Proclamation event on 9/19 and also in reporting to TFPC for NCOA activities in Texas.	cataloguing BY SEPT 1st!
	Tues 9/19* FWSCC and Partners to seek Proclamation through Tarrant County Commissioners' Court. Court begins at 10AM. Will use the room beside the Courtroom to host a Faulty Room and provide information on the various activities that are occurring in the Month of September and beyond for Falls Prevention. This room would be open starting at 9 AM (8AM for set up) for visitation by the Court and community. We plan to advertise for The Falls Prevention Fair on November 10th. This would be a great start for a series on Falls in the Star Telegram. Have hard copies to list of activities for the Commissioners in advance.	ALL - Mark your calendars! 9/19/17 8AM (set up) 9AM meet the Court 10AM Court starts/ Proclamation
3	. FWSCC Falls Prevention Fair – November 10 th Veteran's Day observation? Timeframe: 10AM to 1PM Location: Resource Connection Gym & Magnolia Room Thank you to Darlene for confirmation of the date. Plans to highlight various Fall Risk screenings: Hearing, Osteoporosis, Neuropathy, Glucose,	Christina to follow-up with Operations, etc. at Sixty and Better to see about the audience and coordination. Ashlee is continuing to follow-up for student assistance through the universities in pharmacy, therapy and nursing.
	Vision, STEADI risk assessment, Home safety overview/FAULTY room, BP and orthostatic BP, Medication reviews, highlight community programs such as AMOB, etc. Possible speaker	



	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
	Target Audience: older adults and caretakers, potential field trip for Sixty and Better centers. They would need space for congregate meals.	
	NCTTRAC –Falls Coalition Next NCTTRAC MEETING will be sent out. It is located at 600 Six Flags Drive, Suite 160, Arlington, Texas 76011. The committee will be working beyond Fort Worth/Tarrant County. They want to collaborate with many entities. NCTTRAC sent out a needs assessment form to be filled out by committee.	Amanda to send NCTTRAC meeting date
Upcoming Events	August 23 rd , UNTHSC Grand Rounds, Reynolds Foundation's Visiting Geriatrics Scholar on Elder Abuse The Task Force is invited to a Meet and Greet with the Speaker from 10:45 AM to 11:45 AM before the rounds. To attend the Meet and Greet, please RSVP through Jennifer.Severance@unthsc.edu at UNTHSC. August 29 th , 4 th Annual Affordable Housing Seminar. Registration is by email or phone. Flyer provided. September 19 th , Fall Prevention Awareness Proclamation to Tarrant County Commissioner's court. This will begin with a pre-court event at 9 AM. Court at 10AM. Subcommittee will convene. September 20 th , 2 nd Annual Geriatric Symposium: Mental Health and the Older Adult. Flyer provided. Registration online at: https://www4.texashealth.org/form/thru.aspx September 21 st , Tarrant Area Hoarding Taskforce	All flyers provided will be available with meeting mins. ALL – RSVP to Jennifer as able to attend the Meet and Greet.
	Conference. Register for FREE through Eventbrite: https://www.eventbrite.com/e/tarrant-area-hoarding-taskforce-presents-hope-for-those-affected-by-hoarding-tickets-35442438287 September 22 nd , Fall Prevention Awareness Day	



	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
	November 10th , Falls Safety Fair at Resource Connection. Subcommittee will convene.	
Next meeting	Meeting Schedule September 8, 2017 @ 8:30 a.m. – 9:30 a.m. Marion Center Conference Rooms	Corbin will send minutes and meeting notice.



Meeting Notes Friday, September 9, 2017

Attendance		
UNTHSC: Jennifer Severance (Chair), Ashlee Britting, Kathlene	JPS: Annabel Luna	
Camp, John Farris	MedStar: Richard Brooks	
FWESC: Amanda Robbins, Corbin Santana	AAA/UWTC: Don Smith	
60 and Better: Gerrit Spieker, Christina Bartha	ADRC: Beth Noah	
TCPH: Darlene Rhodes	TSHL: Richard Garnett	
	THR/THFW: Kimberlin Moore, Kim McFarland	

	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
Welcome and	Jennifer welcomed task force and roundtable	Informational
Introductions	introductions were conducted.	
Review August Minutes	Sent via email. Reviewed, no questions.	Informational
Status Updates	Tracking Task Force Activity • FWFD falls and falls with injuries calls/maps – Maps provided by FWFD are for falls with injury. 1 home assessment done. Recidivism has not been removed from the maps. Overlays of maps desired based on economics and types of living facilities are still desired.	Amanda R. – follow-up on recidivism
	Next Steps: Pilot: breaking down by zip codes with the highest per battalion. Focus on faith communities in those zip codes along with living facilities. Also focus on increase of Falls Assessments through the FD while highlighting a zip code. MedStar to possibly look into recording the probable causes of falls and pull data as well.	Richard B. – follow-up on data availability/ reports from MedStar
	 THR Corporate, A&M and Tarrant County Public Health have been working on a Falls GeoMapping Task Force for positioning classes. This is new. Falls prevention activities and programs – TCPH provided the September calendar that was sent out to the Task Force already. There are 	Don S. – report back on needs/integration as Task Force mobilizes.
	 expected to be 8 classes of AMOB in Sept. Falls Free funding, \$600k ACL grant – Took the top 3 performing areas which were the Dallas 	



DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
 area, North Central Texas area and Tarrant County area, 3rd, 2nd and 1st respectively. More pay is awarded for classes in languages other than English (Spanish, Vietnamese and Urdu currently being pursued). Projection of 2500 over 5 years. Brookdale has offered to host more classes. Currently co-hosting classes with THR and collecting data. Falls Prevention web-based resource: Tarrant Cares website review – Thank you Ashlee for taking the helm and getting this updated and 	All: please go to Tarrantcares.org – review under Falls Prevention. Recommendations can be submitted via
running.	the Feedback link.
Fort Worth Fire Department Home Safety Assessments Total volume of Home Assessments are still low. Efforts in the past have included rack cards, engagement with FD/MedStar and student interns to look at participation, and continued involvement through FWFD at AMOB classes. Gap exists to use this Assessment as a gateway to provide resources for equipment; entice the person to have the assessment.	
FCN/Faith Community Focus:	
 University Christian Church class on 8/27 went well! About 12 attendees, 2 of which had taken AMOB classes before. Attendees were eager to look to extend AMOB classes to the congregation. To set up a class within a congregation, email Darlene or Christina 	
Fall Prevention Awareness Day – Subcommittee Updates	
2017 theme, '10 Years Standing Together to Prevent Falls.' https://www.ncoa.org/healthy-aging/falls-prevention/falls-prevention-awareness-day/	
Activities by subcommittee the FWSCC Fall Prevention Task Force into a few components included:	



	ACTION ITEMS /		
	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE	
	1. Falls Prevention Awareness Day, recognized 9/19 Tues 9/19 FWSCC and Partners to seek Proclamation through Tarrant County Commissioners' Court. Court begins at 10AM. We plan to advertise for The Falls Prevention Fair on November 10th. This would be a great start for a series on Falls in the Star Telegram. Have hard copies to list of activities for the Commissioners in advance.	Falls Subcommittee to update. Invitation sent to the falls prevention and elder abuse task forces, advisory committee, commissioners.	
	2. FWSCC Falls Prevention Fair – November 10 th Veteran's Day observation? Timeframe: 10AM to 1PM Location: Resource Connection Gym & Magnolia Room	Falls Subcommittee to update.	
	Thank you to Darlene for confirmation of the date. Plans to highlight various Fall Risk screenings: Hearing, Osteoporosis, Neuropathy, Glucose, Vision, STEADI risk assessment, Home safety overview/FAULTY room, BP and orthostatic BP, Medication reviews, highlight community programs such as AMOB, etc. Possible speaker		
	Target Audience: older adults and caretakers, potential field trip for Sixty and Better centers (up to 100 participants). They would need space for congregate meals. Brookdale is able to assist with hosting lunch.		
	NCTTRAC –Falls Coalition Next NCTTRAC Falls Coalition meeting is set for 9/28 at 1:30 pm. It is located at 600 Six Flags Drive, Suite 160, Arlington, Texas 76011.		
	This regional Coalition will be working beyond Fort Worth/Tarrant County. They want to collaborate with many entities.		
Upcoming Events	September 19th, Fall Prevention Awareness Proclamation to Tarrant County Commissioner's court. Court will begin at 10AM.	All flyers/links provided will be available with meeting mins.	
	1		



	DISCUSSION SUCCESTIONS (SOLUTIONS	ACTION ITEMS/
	DISCUSSION - SUGGESTIONS/SOLUTIONS September 20 th , 2 nd Annual Geriatric Symposium:	PERSON(S) RESPONSIBLE
	Mental Health and the Older Adult. Flyer provided.	
	Registration online at:	
	https://www4.texashealth.org/form/thru.aspx	
	September 21st, Tarrant Area Hoarding Taskforce	
	Conference. Register for FREE through Eventbrite:	
	https://www.eventbrite.com/e/tarrant-area-hoarding-	
	taskforce-presents-hope-for-those-affected-by-	
	hoarding-tickets-35442438287	
	September 22nd , Fall Prevention Awareness Day, 'The	
	Fall Prevention Incident' at noon at Burnette Plaza.	
	October 27th Cascial Cariors Front at the Alliance Air	
	October 27 th , Special Seniors Event at the Alliance Air Show. Noon in Alliance. Preregistration required for all.	
	Seniors, individuals with disability and companions can	
	call 817-927-1925 for registration. A light lunch	
	provided free of charge. Volunteers are needed and	
	may call the registration number or email Dave	
	Laurenzo directly dave@synergydfw.com.	
	November 10 th , Falls Safety Fair at Resource	
	Connection. Subcommittee will convene.	
Next meeting	Meeting Schedule	Corbin will send minutes and
	October 13, 2017 @ 8:30 a.m 9:30 a.m.	meeting notice.
	Marion Center Conference Rooms	



Meeting Notes Friday, February 10, 2017

Att	Attendance		
Fort Worth Emergency Services Collaborative:	UNT Health Science Center: Jennifer Severance, Brad		
Amanda Robbins, Suzy Gardner	Cannell		
Meals on Wheels : Steven Cook	Cigna: Terri Palomino		
Texas Silver Hair Legislature: Richard Garnett	Synergy DFW : Dave Laurenzo		
AAA (TCU Intern): Beth Erickson	JPS: Annabel Luna		
60 & Better (Formerly Senior Citizens Services):	Judge Whitley's office: Kathryn Rotter		
Christina Bartha	Tarrant County District Attorney Office: Johnny Newbern		
Tarrant County Public Health: Darlene Rhodes Chester	Texas Health Harris Methodist Hospital Fort Worth: Kim		
Congresswoman Kay Granger office: Nick Stanley	McFarland		
	AARP: Wes Chrocheron		

	DISCUSSION – SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON (S) RESPONSIBLE
1. Introductions	Amanda welcomed task force and roundtable	Informational
	introductions were conducted.	
2. Review	Minutes provided via email	Informational
January mins		
3. Status updates	<u>DETECT</u> : tool is moving forward. It is now integrated in	
	the MedStar charting and will run over the next year. The	
	initial results are very promising. More to come.	
	Legislature updates:	
	Dr. Garnett: Focusing on banking exploitations and	Dr. Garnett will send the bill
	educate the population on reporting suspected abuse.	number, talking points &
	caucate the population on reporting suspected abuse.	templated letter of support to the
		task force for approval.
	A lot of interest is being generated in this area. Dr.	(sending out with minutes)
	Garnett has spent time finding support data including	(**************************************
	one actual best practices report study on financial	AARP will request the home office
	exploitation and good information. TX Silver Hair	to endorse and provide letter of
	Legislature is requesting additional endorsements for	support as well.
	HB 959 - Financial Elder Abuse and Exploitation	
	Prevention Act. Silver Hair Legislature endorsed it.	
	Proposed this task force endorse this bill.	
	•	
	Working on HHSC training for aging caregivers &	
	disabilities to recognize the issue and to develop a	
	specific program.	
	F0	



	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON (S) RESPONSIBLE
	Amanda reviewed email requests and responses provided to Rep. Shawn Thierry's office (Dr. Garnett has already engaged with her office) and Edrea Au from TCPH, Center for Health Equity.	Wes Chrocheron will respond to Edreau Au's email and cc: task force
	Data repository needs to be looking for grant opportunities. There is a \$10k grant available with a March 24th deadline to support data repository. Brad is going to meet with UNTHSC to see the cost of a website. Another grant exists that is due to be released any day. One part exists that would provide a remedy to develop clinics for gaps in services. Possibilities exist to provide staff for the Office of Victims of Crimes. Letter of support from office of Kay Granger is possible. The goal is provide website with resources for older adults.	Brad Cannell will advise when to schedule a subcommittee meeting discuss numbers necessary. The data repository will provide exact resources; and how to contact these resources.
	Tarrant Cares site is designed to provide links for organizations. For more information Dr. Garnett and Kathryn Rotter are directly involved.	
4. Community Awareness Events/ Round	Amanda advised the task force the Elder Fatality Review Team will continue under the Office of CDA.	
Table	April TAGS luncheon for social workers. John & Brad are speaking. 30-50 attending. Flyer will be provided once available.	Terri will send flyer to distribute to the task force.
	Intolerable Care webcast from financial literacy Feb. 14 NIA/ACL/CDC March 1st What's new Dementia	Information will be sent to the task force for events.
	AARP Age Friendly is moving forward; more info to come Sr. Synergy May 4th sponsors & exhibitors signing up Looking for Diabetic support. Need vendors in this area.	
	March 30 th poverty simulation in HEB in one hour. 3 CEUs available for social workers. No charge.	Amanda will follow up with Drod
	Brad Cannell suggested a Disability Task Force.	Amanda will follow-up with Brad re: Disability Task Force.
	Alliance Air show is on Oct. 27th. More to come	



	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON (S) RESPONSIBLE
Upcoming	Meeting Schedule	Suzy will send minutes and
meetings	March 10, 2017 @ 9:30 a.m.	meeting notice.
	Marion Center Conference Room B	o o





Meeting Notes Friday, May 12, 2017

MedStar: John Farris (Chair) Fort Worth Emergency Services Collaborative: Amanda Robbins, Suzy Gardner Go & Better: Gerrit Spieker Judge Whitley's office: Kathryn Rotter FWPD: Mike Kuzenka Texas Silver Hair Legislature: Richard Garnett MedStar: John Farris (Chair) JPS: Annabel Luna Texas Health Fort Worth: Kimberlin Moore UNTHSC: Brad Cannell, Jennifer Severance Tarrant County District Attorney Office: Dawn Ferguson Synergy DFW: Dave Laurenzo Guardianship Svcs: Patty Poma Meals on Wheels: Steven Cook

		ACTION ITEMS/
	DISCUSSION - SUGGESTIONS/SOLUTIONS	PERSON (S) RESPONSIBLE
1. Introductions	John welcomed task force and roundtable introductions	Informational
	were conducted.	
2. Review April	Minutes provided via email	Informational
mins		
3. Status updates	<u>DETECT</u> : Brad advised the task force the tool is moving	
	forward in one year data collection phase; anecdotally	
	seeing an increase in reports.	
	<u>Legislature updates</u> :	
	Dr. Garnett informed the task force only 1% of the Bills	Suzy will scan reports Dr. Garnett
		provided to send with the minutes.
	passed with two weeks to go. He provided an oversight	
	of the current deadlines. Letter of recommendation was	
	sent unfortunately that Bill did not forward. Undue	
	Influence Bill #3921 Parker designed to collect data on	
	Elder Abuse partnership between facilities and APS	
,	might get approved.	
	<u>Data Repository:</u> funding concern at this time.	
	<u> </u>	
	TC Adult Fatality Review Team: Dawn advised the task	
		Dawn will research number of
	force Sharon Wilson has started an Elder Financial Fraud	cases that have injuries to adults
	3 man team unit of prosecutors dedicated to Elder	over 65 that could be considered
	Abuse. No meetings set.	elder abuse.
	AARP Age Friendly Update:	
	The document is being updated including finalizing	
	metrics to present to the WHO for approval end of June.	
	approvation of June	
1		



One Page Template Review: ADRC has a "Need Help' flyer that is produced annually. The task force discussed leveraging that pre-existing flyer and reviewing for additions and current resources. Also discussed that it can be used more widely. Community Awareness Events: June 15th World Elder Abuse Awareness Day WEADD (event pending). Offering of a "Scan Jam" shredding for WEAAD was well received. AARP and several partners of the task force will be involved with the events. Finalizing location of event and City Council proclamation content today. Tarrant Cares website review - the Elder Abuse Prevention Task Force subcommittee reviewed the Elder Abuse Prevention portion on the Tarrant Cares site. Recommended more local resources to be added vs. current San Diego information. Possibilities exist to track usage on the site. Judge Whitley's office maintains the site. Recommendations: Consider adding definitions of elder abuse - this information exists in the APS manual. Link manuals from the APS book. List links for references Place on the site request for edits. Suggest focus on health services and APS. May 17th MOW of TC will be providing a forum on how federal priorities may impact older adults. June 15th - World Elder Abuse Awareness Day (WEAAD) event pending June 2nd - 7th Annual Southwest Conference on Hoarding: 75\$ registration and located in Dallas. www.mhadallas.org		DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON (S) RESPONSIBLE
June 15th World Elder Abuse Awareness Day WEADD (event pending). Offering of a 'Scam Jam' shredding for WEAAD was well received. AARP and several partners of the task force will be involved with the events. Finalizing location of event and City Council proclamation content today. Tarrant Cares site: Tarrant Cares swebsite review - the Elder Abuse Prevention Task Force subcommittee reviewed the Elder Abuse Prevention portion on the Tarrant Cares site. Recommended more local resources to be added vs. current San Diego information. Possibilities exist to track usage on the site. Judge Whitley's office maintains the site. Recommendations: Consider adding definitions of elder abuse - this information exists in the APS manual. Link manuals from the APS book. List links for references Place on the site request for edits. Suggest focus on health services and APS. May 17th MOW of TC will be providing a forum on how federal priorities may impact older adults. June 15th -World Elder Abuse Awareness Day (WEAAD) event pending June 2nd - 7th Annual Southwest Conference on Hoarding: 75\$ registration and located in Dallas.		One Page Template Review: ADRC has a 'Need Help' flyer that is produced annually. The task force discussed leveraging that pre-existing flyer and reviewing for additions and current resources.	· ·
information. Possibilities exist to track usage on the site. Judge Whitley's office maintains the site. Recommendations: Consider adding definitions of elder abuse – this information exists in the APS manual. Link manuals from the APS book. List links for references Place on the site request for edits. Suggest focus on health services and APS. May 17th MOW of TC will be providing a forum on how federal priorities may impact older adults. May 17th MOW of TC will be providing a forum on how federal priorities may impact older adults. June 15th –World Elder Abuse Awareness Day (WEAAD) event pending June 2nd - 7th Annual Southwest Conference on Hoarding: 75\$ registration and located in Dallas.		June 15th World Elder Abuse Awareness Day WEADD (event pending). Offering of a 'Scam Jam' shredding for WEAAD was well received. AARP and several partners of the task force will be involved with the events. Finalizing location of event and City Council proclamation content today. Tarrant Cares site: Tarrant Cares website review – the Elder Abuse Prevention Task Force subcommittee reviewed the Elder Abuse Prevention portion on the Tarrant Cares site. Recommended	
Awareness Events/Round Table June 15th –World Elder Abuse Awareness Day (WEAAD) event pending June 2nd - 7th Annual Southwest Conference on Hoarding: 75\$ registration and located in Dallas.		 information. Possibilities exist to track usage on the site. Judge Whitley's office maintains the site. Recommendations: Consider adding definitions of elder abuse – this information exists in the APS manual. Link manuals from the APS book. List links for references Place on the site request for edits. Suggest focus on health services and APS. 	
September 2017 - Tarrant County is planning Free	Awareness Events/ Round	federal priorities may impact older adults. June 15th –World Elder Abuse Awareness Day (WEAAD) event pending June 2nd - 7th Annual Southwest Conference on Hoarding: 75\$ registration and located in Dallas. www.mhadallas.org	



	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON (S) RESPONSIBLE
	Oct. 27 th - Alliance Air show is on More to come May 3, 2018 next Senior Synergy event	
Upcoming meetings	Meeting Schedule June 9, 2017 @ 9:30 a.m. Marion Center Conference Room B	Suzy will send minutes and meeting notice.



Meeting Notes Friday, June 9, 2017

AttendanceMedStar: John Farris (Chair)JPS: Annabel Luna60 & Better: Gerrit SpiekerTexas Health Fort Worth: Kimberlin Moore (FWESC liaison)Judge Whitley's office: Kathryn RotterTarrant County District Attorney Office: Dale Smith, LoriFWPD: Mike KuzenkaVarnell

Texas Silver Hair Legislature: Richard Garnett

AARP: Wes Crocheron

ADRC: Beth Noah

Synergy DFW: Dave Laurenzo
Guardianship Svcs, Inc: Patty Poma
Meals on Wheels: Steven Cook

	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON (S) RESPONSIBLE
1. Introductions	John welcomed task force and roundtable introductions were conducted.	Informational
2. Review May mins	Minutes provided via email	Informational
3. Status updates	DETECT: Brad was not present to give DETECT update. Per John F. – Department of Justice grant to simplify detecting elder abuse in the field. Pilot phase now and looking to complete in January 2018. Need a few more months for data review. Data elements are under review; IT department is working on it. Interesting to see calls that are now being reported through DETECT that were not previously. Legislature updates: Annabel thanked Dr. Garnett for sending the House Bills and Senate Bills listing ahead of time for the task force to review prior to the meeting. Dr. G discussed that 6700 bills were filed this year and 1300 went to the governor. None have been vetoed so far to date. The freedom caucus blacked out several hundred bills. 1211 bills were signed by governor which is 19%. Bills can be tracked on my legislation. A question was posed on how do you find when the bills were submitted to governor? There is a way to look, and you have to go to HB section on the website.	Suzy will scan handout that Dr. Garnett provided to send with the minutes.



DISCUSSION CHECESTIONS (COLUMNO)	ACTION ITEMS/
DISCUSSION - SUGGESTIONS/SOLUTIONS UP2620 forgues on the clort system for notionts with	PERSON (S) RESPONSIBLE
HB2639 focuses on the alert system for patients with Alzheimer's. Alzheimer's group, senior groups, and disability groups all fight on who can get on the announcement board. Senior source in Dallas made a presentation on financial abuse of seniors. They had 5 bills that all dealt with exploitation, but HB3921 was the only one that made it through. Dr. G passed around a statistical page that has the 85th	TERSON (3) REST ONSIDEE
Legislative session on how many bills were introduced, passed, and vetoed. Silver Hair legislature is still looking at senior issue bills that did not make it. They will also host a public forum to have the general community to talk about senior issues. Will put it all together and determine manageable issues that will be taken to the legislature. It can be costly to be in the haired legislature because it takes time, energy, and money.	
HB3019 – Lori V. and John F. spoke in regards to prosecution of elder abuse. There is verbiage allowing prosecutors to take to the next level. It passed and was signed by the governor. The HB focused on nursing homes and certified facilities that exploit seniors in those facilities. It now includes boarding home facilities. You can be named as owner, operator, or employee of the facilities. This is a great start.	
Data Repository: Bill on repositories-SB497. It passed and got signed. We have experts but need location and funding. Looking into community agencies to help. TC Adult Fatality Review Team: There have been intimate partner violence meetings x2 this year. AARP Age Friendly Update: The next step –plan will be to submit to WHO. Indicates Fort Worth has met criteria	Richard G. will send out info on SB 497 for data repositories
to be formally designated as an age friendly city. Transportation will be affected by this.	



	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON (S) RESPONSIBLE
	One Page Template Review:	Beth to provide new ADRC resource
	ADRC has a 'Need Help' flyer that is produced annually	guide.
	which was brought to the task force to review. It was	
	discussed that the ADRC has a toll free number with	
	prompts. You must listen to select appropriate prompts.	
	Our ADRC has local numbers that is being worked on.	
	ADRC will send around the one that was just approved	
	that has numbers on it for those who need help with	
	basic needs. JF said that he refers people to the 2-1-1.	
	Tarrant Cares is a great website that is working to add	
	local resources.	
	local resources.	
	Community Awareness Events:	
	June 14th World Elder Abuse Awareness Day	
	(WEADD) event: Everyone is urged to attend and	
	support WEAAD at the East Regional Library. Scheduled	
	from 11a – 1p. Informal event, some media may be there	
	but not confirmed. This year it is about awareness of	
	fraud and kicking it out of this county.	
	<u>Tarrant Cares site:</u> JF states there are no updates at this	
	time.	
	Elder Abuse Task Force Goals: Ideas are listed on the	
	bottom of the agenda. Let us know if you have any	
	suggestions coming.	
4 Community	VD. CCE undete 2000 ettendese en 170 eskikir en	
4. Community Awareness	KR: SSE update – 2500+ attendees over 170 exhibitors, very successful event! Will keep the same layout for next	
Events/ Round	year. Team will resume in August to begin planning 2018	
Table	event. Last year over 2400 attended. We kept a lot of	
	people there with momentum from various workshops.	
	People stayed for most of the day within the exhibit hall.	
	Exhibitors were staying past lunch time which was a	
	satisfier. Acknowledged committee members KM, AL, AR	
	who helped make it a success.	
	Dale Smith, Chief of special victims unit spoke on	
	domestic violence issues where victims often need help	
	from the perpetrator and they don't always want to	
	press charges.	



		ACTION ITEMS/
	DISCUSSION - SUGGESTIONS/SOLUTIONS	PERSON (S) RESPONSIBLE
	Gerrit S. spoke on *61 featurephone company will put a number on block, only works with landline not cell phones.	
	Volunteer training is coming up for a money management program. It will be held on June 17th 9a -1p at Guardianship Services with lunch provided. Anyone who wants to be a volunteer for this program is encouraged to attend.	
	JF: Mayor Price is pleased with our task force work and thanks us for all of our hard work.	
	JF: Reported that resources provided in this task force helped a patient save over 6 figures. It was nice to see that we helped to provide the resources that allowed them to do that.	
	Meeting was adjourned @ 1032.	
Upcoming meetings	Meeting Schedule July 14, 2017 @ 9:30 a.m. Marion Center Conference Room B	Suzy will send minutes and meeting notice.



Meeting Notes Friday, August 11, 2017

Attendance

MedStar: Chris Cunningham

FWESC: Amanda Robbins, Corbin Santana 60 & Better: Gerrit Spieker, Christina Bartha

Judge Whitley's office: Kathryn Rotter

Texas Silver Hair Legislature: Richard Garnett

AARP: Wes Crocheron, Melodia Gutierrez

ADRC: Beth Noah

AAA/UWTC: Don Smith

JPS: Annabel Luna

TC Criminal District Attorney Office: Dawn Ferguson Guardianship Svcs, Inc: Lyn Scott, Elvira Munoz

UNTHSC: Jennifer Severance

Cigna: Terri Palomino

APS: Regina Burks, Adrianna Jackson

Credentials4U: Andrew Szabo

	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON (S) RESPONSIBLE
1. Introductions	Amanda welcomed task force and roundtable introductions were conducted.	Informational
2. Review July mins	Minutes provided via email	Informational
3. Status updates	<u>DETECT</u> : Pilot phase through January 2018. Still collecting data through MedStar.	Informational
	Legislature updates: Per Dr. Garnett, New committee chairs appointed. Financial needs are priority as they start to look at bills for the next legislative sessions.	Informational
	AARP Age Friendly Update: Melodia reports that the plan has been reviewed and accepted by the city. It is currently under review in DC. Hope to have approved and Age Friendly awarded by the WHO before November. Dallas is the host city this November an annual livability conference. It would be ideal to announce at this venue. Plans are for a 'pop-up' demonstration on livability in Fort Worth created for stationing by Nov. 1st.	Informational
	Annabel reported that Domain 8 of the plan includes two functions where FWSCC Elder Abuse Task Force are partners: 1) Strengthen education of elder abuse through Law Enforcement.	



DISCUSSION – SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON (S) RESPONSIBLE
 2) Provide education to customer service operators with elder abuse training. Plan is still waiting final approval. It is recognized that there is already movement with some of those points via FWSCC partners such as APS and through the TC Criminal District Attorney's EFF Unit and the new FEPC. Financial Exploitation Prevention Center of Tarrant County (FEPC): Guardianship Service, Inc., will continue to provide their 	Informational
current services. The new FEPC will be housed within their entity in partnership with the CDA of Tarrant County's Elder Financial Fraud (EFF) unit. End of September is the anticipated roll out date for FEPC. FWSCC is officially partnered with the FEPC. Leadership FW have chosen the FEPC as a project whereas 8 participants performing 300 consulting hours. Financial Fraud unit was recently been addressed in the local media:	
http://www.nbcdfw.com/news/local/Tarrant-County-District-Attorney-Seeks-Justice-for-Older-Victims-439546373.html Discussion re: persons living alone in the community	
with dementia are vulnerable. Potential may exist to speak with the Mayor's Committee on Persons with Disabilities. Segway for Fort Worth to seek Dementia Friendly in the future is possible. Training similar to what will be provided to Law Enforcement (LE) will be provided on August 29th. LE training is set for September 20th and 21st.	ALL Please contact Lyn if you are interested and have not received email re: training.
One Page Template Review – (ADRC): ADRC's 'Need Help' flyer was recently revamped into a new flyer for 'Frequently Accessed Resources.'	Melodia and Beth to discuss further possible partnership.



	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON (S) RESPONSIBLE
	The Caregiver resources manual from 2016-2017 is under revision at this time. Funding sources may be sought as booklets increase in size. Annabel mentioned the 2016-2017 are still plentiful at JPS and may be redistributed as the new book is under production. Melodia states this resource fulfills some of the AARP Age Friendly initiatives domain(s) and objectives. A soft copy may be possible to assist with updates and decrease printing costs. New sections will be added for Senior Synergy Expo, Medical bracelet alerts, FEPC and more.	Annabel and Beth to follow-up on redistribution of resource books. Beth to follow up on possible electronic version of manual for downloading.
	Tarrant Cares website: The taskforce will be revising the portion for Abuse. Dr. Garnett discussed that the site is under constant revision and edits should be submitted through the 'Feedback' link on the bottom right corner of each page of the site. Dr. Garnett has asked group to play with the website and give feedback if running into any issues.	Informational Informational
	OTHER: 2-1-1 as of September 1 st will no longer be managed through local call takers. This should have minimal/no impact on the end user. Changes are a result of centralizing calling centers that already use a central database.	Informational
Upcoming Events	August 23 rd , UNTHSC Grand Rounds, Reynolds Foundation's Visiting Geriatrics Scholar on Elder Abuse The Task Force is invited to a Meet and Greet with the Speaker from 10:45 AM to 11:45 AM before the rounds. To attend the Meet and Greet, please RSVP through Jennifer.Severance@unthsc.edu at UNTHSC. August 29 th , 4 th Annual Affordable Housing Seminar. Registration is by email or phone. Flyer provided.	All flyers provided will be available with meeting mins.



		ACTION ITEMS/
	DISCUSSION - SUGGESTIONS/SOLUTIONS	PERSON (S) RESPONSIBLE
	September 19 th, Fall Prevention Awareness	
	Proclamation to Tarrant County Commissioner's court.	
	This will begin with a pre-court event at 9 AM. Court at	
	10AM. Subcommittee will convene.	
	September 20th, 2nd Annual Geriatric Symposium:	
	Mental Health and the Older Adult. Flyer provided.	
	Registration online at:	
	https://www4.texashealth.org/form/thru.aspx	
	September 21 st , Tarrant Area Hoarding Taskforce	
	Conference. Register for FREE through Eventbrite:	
	https://www.eventbrite.com/e/tarrant-area-hoarding-	
	taskforce-presents-hope-for-those-affected-by-	
	hoarding-tickets-35442438287	
	September 22 nd , Fall Prevention Awareness Day	
	November 10 th , Falls Safety Fair at Resource	
	Connection. Subcommittee will convene.	
YY	Marking Calculate	
Upcoming	Meeting Schedule	Corbin will send minutes and
meetings	September 8, 2017 @ 9:30 a.m. – 10:30 a.m. Special Presentation by Guardianship Services, Inc.	meeting notice.
	opecial resentation by dual and ship services, inc.	
	Marion Center Conference Rooms	



Meeting Notes Friday, September 8, 2017

Attendance		
UNTHSC: John Farris (chair), Jennifer Severance,	JPS: Annabel Luna	
Kathlene Camp	TC Criminal District Attorney Office: Dawn Ferguson	
MedStar: Richard Brooks	Guardianship Svcs, Inc: Lyn Scott, Marnie Stites, Patty Poma	
FWESC: Amanda Robbins, Corbin Santana	Credentials4U: Andrew Szabo	
Sixty & Better: Gerrit Spieker, Christina Bartha	THFW: Kimberlin Moore, Kim McFarland	
Texas Silver Hair Legislature: Richard Garnett	TCPH: Darlene Rhodes	
AARP: Wes Crocheron, Melodia Gutierrez	Telschow Johnson Law PLLC: Karen Telschow	
ADRC: Beth Noah		
AAA/UWTC: Don Smith		

	DISCUSSION – SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON (S) RESPONSIBLE
1. Introductions	John welcomed task force and roundtable introductions were conducted.	Informational
2. Review August mins	Minutes provided via email	Informational
3. GSI Presentation	Partner presentation - PowerPoint regarding services offered by Guardianship Services, Inc. More information contact Lyn, lscott@guardianshipservices.org . http://www.guardianshipservices.org/	Presentation to be sent with meeting minutes
4. Status updates	DETECT: Pilot phase through January 2018. Still collecting data through MedStar. No updates likely until next year. Legislature updates: Silver Hairs having meeting/orientation in October. There are currently 1-2 vacancies in Tarrant County if candidates are known, follow-up with Dr. Garnett or Don Smith	Informational Informational
	AARP Age Friendly Update: Dallas is the host city for the annual livability conference from November 14th-16th. It would be ideal for FW to announce their status (one received) at this venue. Plans are for a 'pop-up' demonstration on livability in Fort Worth created for stationing by Nov. 1st.	Informational



	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON (S) RESPONSIBLE
	Financial Exploitation Prevention Center of Tarrant County (FEPC): Looking to go live within the next month after Law Enforcement training later this month. Partner organizations met to receive a shorter version of the training. One Page Template Review – (ADRC): Caregiver resource guide being created.	Informational
	Tarrant Cares website: The Falls taskforce section has been revised and are still looking to revise the portion for Abuse. The plan is to target individual sections of the Abuse section for editing. Dr. Garnett discussed that the site is under constant revision and edits should be submitted through the 'Feedback' link on the bottom right corner of each page of the site. Dr. Garnett has asked group to play with the website and give feedback if running into any issues.	ALL: go to Tarrant Cares website. Provide feedback for edits through 'Feedback' links
5. Future Objective Reviews	<u>Data Repository:</u> John discussed looking for suggestions on how to better collect data for a community wide, broad data repository for the community to pull information for legislative initiatives, etc.	Informational
Upcoming Events	September 14 th , 3 rd annual GSI's Legacy Luncheon. 12:00p-1:30p at Ridglea Country Club. \$75. (no flyer) September 19 th , Fall Prevention Awareness Proclamation to Tarrant County Commissioner's court. Court will begin at 10AM. Subcommittee will convene. September 20 th , 2 nd Annual Geriatric Symposium: Mental Health and the Older Adult. Flyer provided. Registration online at: https://www4.texashealth.org/form/thru.aspx	All flyers provided will be available with meeting mins.



	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON (S) RESPONSIBLE
	September 21st, Tarrant Area Hoarding Taskforce Conference. Registration closed: https://www.eventbrite.com/e/tarrant-area-hoarding- taskforce-presents-hope-for-those-affected-by- hoarding-tickets-35442438287 September 22nd, Fall Prevention Awareness Day, 'The Fall Prevention Incident' at noon at Burnette Plaza. October 27th, Special Seniors Event at the Alliance Air Show. Noon in Alliance. Preregistration required for all. Seniors, individuals with disability and companions can call 817-927-1925 for registration. A light lunch provided free of charge. Volunteers are needed and may call the registration number or email Dave Laurenzo directly dave@synergydfw.com. November 10th, Falls Safety Fair at Resource Connection. Subcommittee will convene.	Marnie/Lyn to follow up to find out if this event can be recorded.
Upcoming meetings	Meeting Schedule October 13, 2017 @ 9:30 a.m. – 10:30 a.m. Marion Center Conference Rooms	Corbin will send minutes and meeting notice.



Road Safety Task Force

Meeting Notes Friday, February 24, 2017

Attendance		
FW Emergency Services Collaborative: Amanda Robbins, Suzy	THFW: Amber Fogelman	
Gardner	City of FW: Packyen Wilson, Jeremy Williams	
Blue Zones: Brandy O'Quinn City of FW Councilwoman: Ann Zadeh		

	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
Welcome and Introductions	Amanda welcomed the task force.	
Recap	Amanda reviewed the campaign and last night's PBAC meeting. Ped safety is not a campaign that exists currently. Recap overview AJR	
	Data Availability: Kevin had NCTCOG data; MedStar has additional data as well. FWPD info feeds into COG; however not at same level of detail and/or time delayed. Brandy has been working on identifying priority locations. Thru this investigation all reports are not completed. PBAC is looking to identify hot spots and focus on those areas as well.	
	Another opportunity could be looking at data provided thru Trauma Registries; at least two adult trauma facilities in FW and Cook Children's. PBAC had requested breakdown of: location, time of day, day of week, situational things, and in comparison to growth in FW. Additional points may include age, known disability (all kinds).	Amanda will follow-up with trauma facilities and CCMC re: data per registries.
	TPW has looked at streets and efficiency of movement. There has been a sharing the road mentality: Complete Streets is in partnership with City of FW staff; creating implementation plan for staff. MedStar data suggests from 2014 to 2016 that auto vs. ped and auto vs. bike incidents have increased. Cook Children's trauma admin has noted multiple recent auto / ped accidents.	Brandy recommended data to review should have the same longitude and latitude as a starting point.
	On-system accidents are up per NCTCOG data. Jeremy has mapped accidents for 2011- 2015. Blue Zones has supported Safe Routes to Schools. Maps exist for 18 year olds and under. Amanda requested detailed maps from Jeremy for	Brandy will be reaching out to FWPD, NCTCOG, TPW, and MedStar to schedule a meeting to discuss identifying common intersections.
	day of the week, etc. would take several months to get reports. These maps could take months to acquire.	Suzy will email Matt's contact information to Brandy.
	Communications & marketing approach for the campaign: Brandy has visited with the BZ marketing manager and reviewed vision zero program. The goal would be distracting distracted driver; the belief is the Lookout Campaign is too involved. Brandy recommended Streams and Valleys Stacey's husband, Bryan to help with the program in the future.	



Road Safety Task Force

	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
	Next steps: Need to coordinate efforts with Community Outreach and FWISD. NCTCOG have met with FWISD to use Lookout Texas campaign. Invite Georgie and Catherine & Bike Friendly to the next meeting. Also members need to reach out to other individuals to attend this meeting. Perhaps partner with XTO as well. Partners suggested include: FWPD, FWFD, TCPH, FWISD, Hospitals, Bicycle shops, Luke's Locker, REI, Cowtown Marathon, Clear Channel Outdoor, The T, Near Southside, Inc. Downtown Fort Worth, Inc., Sporting Goods stores, Running Clubs, Higher Educational Institutions (TCC, TCU, UNTHSC) Parent Groups, other.	Brandy will prepare a slide deck presentation illustrating some other campaigns and work on preparing draft materials to present at the March 24th meeting. Jeremy will follow up with FWISD to be sure Lookout Texans campaign is being used in May.
Next meeting	March 24, 2017 @ 8:30 a.m. Marion Center Conference Room A	



Road Safety Task Force

Meeting Notes Friday, March 24, 2017

Attendance MedStar: Matt Zavadsky - Chair FW Emergency Services Collaborative: Amanda Robbins, Suzy Gardner Gardner Attendance JPS: Mary Ann Contreras City of FW: Packyen Wilson City of FW Councilwoman: Ann Zadeh

FitWorth: Noah Drew

	DISCUSSION SUCCESTIONS (SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
Welcome and Introductions	Amanda welcomed the task force.	reason(s) responsible
Data Availability	Discussion evolved around how existing data is not yet available to consistently identify hot spots. Meeting was held to discuss opportunities in data sharing with TPW, FWPD and MedStar. This conversation continues and can be pulled to campaign for specific high incident.	Brandy, Amanda, Matt follow-up from data meetings in April to communicate back to task force.
	Opportunities to recreate a one incident Master Crash Identification Number {MCIN} could help streamline the process of tracking crash incidents. Could be an ESOB project. Julian date would be ideal. This requires binary level involvement from such entities.	
	High use areas such as West 7 th and/or Sundance Square might be targeted to begin focus during refinement of data.	
Communications and marketing approaches for the campaign	Lookout Texas campaign believed to be soft in approach for educating drivers on distractions. Harder messages are believed to be best approach. Need to flush out 2-3 top messages. Suggested to focus on 'safe in YOUR neighborhood' approach, also focus on auto peds as an increasing risk using	Amanda will touch back with CCMC, THFW and JPS trauma numbers on Auto-Ped, Auto- Bike. Amanda will send out 21 point from Look Out Texans
	trauma registry data. Blue Zones has offered to assist with produce marketing campaign for education. Sundance Square has been interested to learn more about our focus and may also be of assistance.	MaryAnn will reach out to her contact at the state level to see if FW and local data for admissions and patients seen in FW hospitals associated with auto/peds or auto/bike traumas can be available.
	Opportunities exist to educate the population through Neighborhood Associations, Next Door, Downtown FW, Inc. – Public forum is suggested to engage public, spark interest and awareness. This to be discussed further at the Apr 7 th meeting.	Brandy will prepare a slide deck presentation illustrating some other campaigns and work on preparing draft materials to present at the April meeting.
		Subcommittee Meeting April 7 th @ 8 a.m. MedStar to identify top 3 Lookout Texans focus points.

Blue Zones: Brandy O'Quinn



	DISCUSSION - SUGGESTIONS/SOLUTIONS	ACTION ITEMS/ PERSON(S) RESPONSIBLE
Next Steps	 THREE key messages need to be chosen for campaign impact Trauma data availability needed 	
Partner Update	Expanding the width of the task force to include members from biking organizations, walking and running groups will increase public buy in to the program. Noah suggested participating in Rolling Town Halls to provide education on road safety.	Task Force members are encouraged to identify partners who should be included in the project and communicate them by the next meeting on April 28 th
Next meeting	April 28, 2017 @ 8:30 a.m. Marion Center Conference Room B	



Fort Worth SAFE COMMUNITIES **Coalition**

MONTHLY SNAPSHOT

August 2017

UPCOMING EVENTS



- September 18, 2017- Turning the Tide on the Opioid **Epidemic**
- September 19, 2017- Falls Prevention Awareness Proclamation at Tarrant County Commissioner's Court
- September 22, 2017 The Falls Prevention Incident at Burnette Park
- **September 29, 2017** Safety and Emergency Preparedness Fair at the Resource Connection
- November 10, 2017 Falls Prevention Fair

IMPORTANT



FWSCC Re-Accreditation is UNDERWAY!

Application will be submitted by Sept. 30th!

Surveys to FWSCC partners will be sent in the month of September regarding injury prevention efforts.



FWSCC currently has 81 organizational partners.

51 individuals attended Task Force Meetings last month.

DIGITAL PRESENCE





FACEBOOK



TWITTER 57

235 Followers Likes **WWW**

Visits

*new site

ROAD SAFETY TASK FORCE



SEPTEMBER 1st! New Texas Law! No Texting and Driving! #JUSTDRIVE

Fort Worth Street Safety Marketing Campaign concepts are being drafted for display throughout Fort Worth.

ELDER ABUSE TASK FORCE



AARP Age Friendly plan has been accepted by the city and is under review in D.C.

Financial Fraud is in the news!

http://www.nbcdfw.com/news/local/Tarrant-CountyDistrict-Attorney-Seeks-Justice-for-Older-Victims439546373.html

DRUG OVERDOSE & POISONING PREVENTIONTASK FORCE

<u>Meddropbox.org</u> up and running for your closest take back location!

More than 3,278.0 lbs. of medications have been securely collected within Fort Worth through July 2017.

Join us, September 18th from 2-4 pm at UNTHSC for <u>Turning the Tide on the Opioid</u> Epidemic!



FALLS PREVENTION TASK FORCE

A Matter of Balance (AMOB): 8 classes planned to start in September.

ACL grant for \$600k has been awarded for 16 counties in the DFW region to emphasize fall prevention efforts.

September 19th – Recognition of Falls Prevention Awareness Day will be held at Tarrant County Commissioners' Court from 9 AM to 11AM. Join Us!



DISASTER PREPAREDNESS TASK FORCE

September: National Preparedness Month!

KnoWhat2Do Safety and Emergency Preparedness Fair located at the Resource Connection, 2300 Circle Dr., on September 29th from 10AM to 2PM.



@FwSafe



facebook.com/fwscc



fwscc.org



817-250-4876



Standard Communications email to FWSCC Task Force Members and Partners post-meeting:

	۹	
þ	J	۰
		П

Mon 9/11/2017 8:23 AM Santana, Corbin

FWSCC Elder Abuse Prevention Task Force Meeting Minutes and Attachments for September

 beth.noah@unitedwaytarrant.org; □ Brad Cannell (brad.cannell@unthsc.edu); □ Dawn Ferguson (dnferguson@tarrantcounty.com); ■ Doneghy, Denise; □ Dr. Rid 	Adrianna Jackson; Amanda Applon (AApplon@TarrantCounty.com); Andrew Crim (Andrew.crim@unthsc.edu); Andrew Szabo; Anthony Suber (vaviibcas@gmail.com); Barbara Lentz (barbara.lentz@healthsouth.com); beth.noah@unitedwaytarrant.org; Brad Cannell (brad.cannell@unthsc.edu); Christina Bartha; Dale Smith (rdsmith@tarrantcountyx.gov); Darlene Rhodes (drhodes@tarrantcountyx.com); David Laurenzo (dave@synergydfw.com); David Lau									
Message 2017 NICHE Geriatric Symposium Registration.pdf (341 KB) GSI Guardianship Order example.pdf (403 KB)	2017-9-8 FWSCC Elder Abuse Prevention Minutes.docx (75 KB)	FWSCC_GSI Power Point Presentation.ppt (769 KB)								

FWSCC Elder Abuse Prevention Task Force:

Thank you all for your participation during our September meeting. Attached are the meeting minutes and a SEVERAL attachments and important dates coming up:

- September 19th FWSCC Falls Prevention Task Force Falls Prevention Awareness Day Proclamation, Tarrant County Commissioner's Court. (Court at 10AM arrive early to park)
- September 20th 2nd Annual Geriatric Symposium: Mental Health and the Older Adult. Registration online at: https://www4.texashealth.org/form/thru.aspx
- September 21st, Tarrant Area Hoarding Taskforce Conference Registration is now closed and on waiting list.
- September 22nd, Fall Prevention Awareness Day join the Falls Prevention Taskforce for 'The Fall Prevention Incident' at noon at Burnette Plaza.
- October 27th, Special Seniors Event at the Alliance Air Show. Preregistration required for all. Seniors, individuals with disability and companions can call 817-927-1925 for registration. A light lunch provided free of charge. Volunteers are needed and may call the registration number or email Dave directly dave@synergydfw.com.
- November 10th, FWSCC Falls Safety Fair at Resource Connection. Falls Subcommittee will convene * more details to come!

Thank you all for your time and commitment to our community!

Amanda Robbins, MS, RN, GCNS-BC

Program Director, Fort Worth Emergency Services Collaborative Co-Chair, Fort Worth Safe Communities Coalition

Amon G. Carter Medical Simulation Training Center at Texas Health Harris Methodist Hospital Fort Worth 1275 W. Terrell Ave., Fort Worth, Texas 76104 Office: 817-250-4876

Fax: 817-250-4418

Corbin Santana

Administrative Assistant, Fort Worth Emergency Services Collaborative Simulation Specialist, Amon G. Carter Medical Simulation Training Center

Amon G. Carter Medical Simulation Training Center at Texas Health Harris Methodist Hospital Fort Worth 1275 W. Terrell Ave., Fort Worth, Texas 76104

Office: 817-250-4874 Fax: 817-250-4418

FWSCC: Community Demographics – City of Fort Worth

Gender and Age in Fort Worth, Texas

The American Community Survey (ACS) for 2016 estimates over 854,000 residents in the City of Fort Worth.

The below, <u>Table 1.1 Gender and Age in the City of Fort Worth - 2015</u>, provides details on Fort Worth's demographics in comparison to Tarrant County, Texas and the United States. Dataset used is the American Community Survey (ACS) from 2015.

Gender.

In terms of gender, Fort Worth, Tarrant County, Texas, and the US are balanced in having slightly more female than male residents for all ages. There are more males than females in the City of Fort Worth under the age of 18 years. Conversely, for ages groupings 18 years and over females are greater in number than males; the gap of more women than men is seen to increase with age. This phenomenon is consistent across Tarrant County, Texas and the US.

Age.

Age distribution is markedly different for Fort Worth in comparison to Tarrant County, Texas and the U.S. Fort Worth has a higher percentage of residents under 18 years of age and a lower percentage of older adults compared to the US overall. In 2015, the median age of people in Fort Worth was 31.9 years which is younger that all comparison populations by two to six or more years.

TABLE 1.1 Gender and Age in Fort Worth, Texas - 2015

Subject	City of Fort	Worth	Tarrant Coun	ty, Texas	State of	Texas	United States	5
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Total population	796,614		1,914,526		26,538,614		316,515,021	
Male	387,317	48.60%	937,266	49%	13,171,316	49.6%	155,734,280	49.2%
Female	409,297	51.4%	977,260	51%	13,367,298	50.4%	160,780,741	50.8%
		<u>.</u>		<u>.</u>		<u>.</u>		
Under 5 years	66,573	8.4%	142,323	7.4%	1,951,305	7.4%	19,912,018	6.3%
5 to 9 years	65,407	8.2%	147,936	7.7%	2,001,014	7.5%	20,501,982	6.5%
10 to 14 years	62,754	7.9%	147,798	7.7%	1,957,971	7.4%	20,679,786	6.5%
15 to 19 years	56,267	7.1%	134,904	7.0%	1,908,468	7.2%	21,354,481	6.7%
20 to 24 years	58,196	7.3%	131,142	6.8%	1,954,713	7.4%	22,604,232	7.1%
25 to 34 years	128,584	16.1%	282,251	14.7%	3,840,350	14.5%	42,881,649	13.5%
35 to 44 years	112,847	14.2%	268,964	14.0%	3,602,462	13.6%	40,651,910	12.8%
45 to 54 years	99,691	12.5%	265,096	13.8%	3,465,858	13.1%	43,895,858	13.9%
55 to 59 years	41,854	5.3%	112,211	5.9%	1,560,704	5.9%	21,001,947	6.6%
60 to 64 years	33,732	4.2%	92,601	4.8%	1,327,537	5%	18,415,681	5.8%
65 to 74 years	40,368	5.1%	112,614	5.9%	1,737,257	6.5%	25,135,167	7.9%
75 to 84 years	21,083	2.6%	55,158	2.9%	890,652	3.4%	13,541,558	4.3%
85 years and over	9,258	1.2%	21,528	1.1%	340,323	1.3%	5,938,752	1.9%
Median age (years)	31.9	(X)	34	(X)	34	(X)	37.6	(X)
18 years and over	567,836	71.3%	1,392,002	72.7%	19,479,604	73.4%	242,831,196	76.7%
21 years and over	533,273	66.9%	1,315,368	68.7%	18,306,485	69%	229,290,987	72.4%
62 years and over	89,998	11.3%	241,793	12.6%	3,734,406	14.1%	55,282,983	17.5%
65 years and over	70,709	8.9%	189,300	9.9%	2,968,232	11.2%	44,615,477	14.1%
		1		1		1		
18 years and over	567,836		1,392,002		19,479,604		242,831,196	
Male	270,900	47.7%	671,349	48.2%	9,568,202	49.1%	118,079,504	48.6%
Female	296,936	52.3%	720,653	51.8%	9,911,402	50.9%	124,751,692	51.4%
65 years and over	70,709		189,300		2,968,232		44,615,477	
Male	29,611	41.9%	81,566	43.1%	1,311,157	44.2%	19,539,678	43.8%
Female	41,098	58.1%	107,734	56.9%	1,657,075	55.8%	25,075,799	56.2%

Dataset is the American Community Survey (ACS) from 2015.

FWSCC: Community Demographics – City of Fort Worth

Race and Ethnicity in Fort Worth, Texas

The below, <u>Table 1.2 Race and Ethnicity in Fort Worth, Texas – 2015</u>, provides details on Fort Worth's demographics in comparison to Tarrant County, Texas and the United States. Dataset used is the American Community Survey (ACS) from 2015.

Race and Ethnicity.

Fort Worth is increasingly diverse with a "minority majority" population. In 2015, there were 1.13 time more White residents in Fort Worth, TX than any other race or ethnicity. This is followed by Hispanic or Latino and Black or African American residents.

In comparison to Tarrant County, there is a higher percentage of Hispanic or Latino and Black or African American residents in the City of Fort Worth. There is a slightly lower percentage of Hispanic or Latino residents in the City of Fort Worth in comparison to the State of Texas.

In terms of race, Fort Worth has a significantly lower percentage of white, non-Hispanic residents and a significantly higher percent of African American residents than either Texas or the US. These statistics indicate that for safety promotion and injury prevention programs to be effective in many areas of Fort Worth, they must be culturally sensitive.

The <u>Graph 1.1 Race and Ethnicity in Fort Worth, Texas – 2015</u> is a bar chart showing the 8 races and ethnicities represented in Fort Worth, TX as a share of the total population in 2015.

TABLE 1.2 Race and Ethnicity in Fort Worth, Texas - 2015

Subject	City of	City of Fort Worth		unty, Texas	State of	Texas	United States		
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	
RACE									
Total population	796,614		1,914,526		26,538,614		316,515,021		
One race	772,110	96.9%	1,858,487	97.1%	25,885,552	97.5%	307,067,138	97%	
Two or more races	24,504	3.1%	56,039	2.9%	653,062	2.5%	9,447,883	3%	
White	546,525	68.6%	1,400,873	73.2%	20,431,817	77%	240,966,668	76.1%	
Hispanic or Latino (of any race)	273,582	34.3%	528,560	27.6%	10,196,367	38.4%	54,232,205	17.1%	
Black or African American	160,453	20.1%	315,779	16.5%	3,390,604	12.8%	43,587,193	13.8%	
American Indian and Alaska Native	11,709	1.5%	25,186	1.3%	321,654	1.2%	5,309,095	1.7%	
Asian	38,295	4.8%	111,728	5.8%	1,295,773	4.9%	19,167,716	6.1%	
Native Hawaiian and Other Pacific Islander	2,012	0.3%	5,748	0.3%	48,556	0.2%	1,262,434	0.4%	
Some other race	64,622	8.1%	115,591	6%	1,747,949	6.6%	16,559,996	5.2%	

Source: American Community Survey (ACS) from 2015.

Graph 1.1 Race and Ethnicity in Fort Worth, Texas - 2015



Source: DATA USA, Dataset is the American Community Survey (ACS) from 2015.

FWSCC: Community Demographics – City of Fort Worth

Poverty in Fort Worth, Texas

The below, <u>Table 1.3 Poverty in Fort Worth, Texas – 2015</u> (two pages), provides details on Fort Worth's demographics in comparison to Tarrant County, Texas and the United States. Dataset used is the American Community Survey (ACS) from 2015.

Poverty.

In 2015, 18.8% of the population in Fort Worth, TX lived below the poverty line, which is higher than Tarrant County, Texas and the national percentage of 15.5%.

Increased educational attainment demonstrates a decrease of those living in poverty, however for those high school graduates (including equivalency) aged 25 years and older a significantly higher percent are living below the poverty level than in Tarrant County, Texas and the United States.

In 2015, the percentage of persons employed and living in poverty is 8.7%. This is consistent with the State of Texas, yet greater than the national percentage of 7.3% and the Tarrant County percentage of 7.1%. Additionally, a higher percentage (4.9%) of those employed which worked full-time, year-round in the past 12 month were below the poverty line than in comparison to all other populations.

The <u>Graph 1.2 Poverty by Age and Gender in Fort Worth, Texas – 2015</u> is a bar chart shows the presence of poverty by age grouping in years and gender as represented in Fort Worth, TX in 2015. Females over the 18 years of age and in their childbearing years demonstrate a profoundly higher rate of poverty over male residents in the City of Fort Worth. The largest group living in poverty is Female 25-34, followed by Female 18-24 and then Male 6-11. Male residents under the age of 11 years are shown to have a higher rate of poverty than in all other male age groupings.

The <u>Graph 1.3 Poverty by Race and Ethnicity in Fort Worth, Texas – 2015</u> is a bar chart that shows the distribution of poverty among seven races and ethnicities in Fort Worth, TX as a share of the total population living in poverty. The most common race or ethnicity living below the poverty line in Fort Worth, TX is White, followed by Hispanic or Latino and Black or African American in 2015.

Implications for safety promotion and injury prevention programs include accessibility to people with very low incomes and those who lack insurance. Those living below the poverty level may opt out of or lack insurance, or do not have means to use preventative health care.

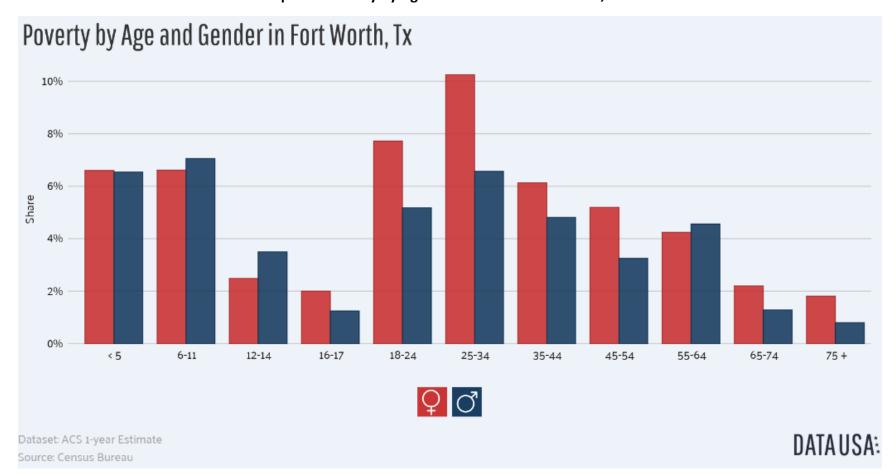
TABLE 1.3 Poverty in Fort Worth, Texas - 2015

Subject	Fo	rt Wor	th	Tarr	ant Cou	ınty		Texas		Un	ited State	es .
Population for whom poverty status is	Total	Below poverty level	Percent below poverty level	Total	Below poverty level	Percent below poverty level	Total	Below poverty level	Percent below poverty level	Total	Below poverty level	Percent below poverty level
determined	781,139	147,166	18.8%	1,889,101	283,264	15.0%	25,923,852	4,472,451	17.3%	308,619,550	47,749,043	15.5%
AGE												
Under 18 years	226,310	58,651	25.9%	516,535	111,173	21.5%	6,974,778	1,725,793	24.7%	72,540,829	15,760,766	21.7%
18 to 64 years	486,387	80,223	16.5%	1,189,121	156,709	13.2%	16,065,074	2,427,349	15.1%	192,765,185	27,929,918	14.5%
65 yrs and over	68,442	8,292	12.1%	183,445	15,382	8.4%	2,884,000	319,309	11.1%	43,313,536	4,058,359	9.4%
SEX												
Male	378,304	66,150	17.5%	923,853	129,036	14.0%	12,760,209	2,002,420	15.7%	151,033,476	21,410,511	14.2%
Female	402,835	81,016	20.1%	965,248	154,228	16.0%	13,163,643	2,470,031	18.8%	157,586,074	26,338,532	16.7%
RACE AND HISPANI		 I	45.40/	4 225 405	466.044	42.50/	40.462.206	2 000 465	45.00/	227.744.670	20.022.040	42.70/
White alone	515,554	79,421	15.4%	1,335,405	166,844	12.5%	19,462,386	3,090,465	15.9%	227,741,679	28,923,918	12.7%
Black or African American alone	147,196	40,984	27.8%	289,662	66,563	23.0%	3,014,154	710,752	23.6%	38,228,746	10,321,254	27.0%
American Indian and Alaska Native alone	4,460	685	15.4%	9,144	1,492	16.3%	122,619	26,388	21.5%	2,481,414	702,127	28.3%
Asian alone	30,535	6,109	20.0%	94,354	14,367	15.2%	1,110,053	128,356	11.6%	15,922,215	2,000,884	12.6%
Native Hawaiian and Other Pacific Islander alone	987	200	20.3%	3,360	527	15.7%	21,013	3,205	15.3%	530,274	111,137	21.0%
Some other race alone	58,361	15,522	26.6%	101,781	25,244	24.8%	1,557,425	398,363	25.6%	14,568,016	3,865,363	26.5%
Two or more races	24,046	4,245	17.7%	55,395	8,227	14.9%	636,202	114,922	18.1%	9,147,206	1,824,360	19.9%
Hispanic or Latino origin (of any race)	270,033	69,662	25.8%	523,219	122,351	23.4%	10,005,754	2,524,283	25.2%	53,139,879	12,915,617	24.3%
White alone, not Hispanic or Latino	316,515	27,562	8.7%	940,815	74,195	7.9%	11,375,835	1,047,845	9.2%	192,733,727	20,750,471	10.8%

TABLE 1.3 Poverty in Fort Worth, Texas – 2015 (continued)												
	Fo	rt Wort	h	Tar	rant Cou	nty		Texas		Ur	ited States	S
	Total	Below poverty level	Percent below poverty level	Total	Below poverty level	Percent below poverty level	Total	Below poverty level	Percent below poverty level	Total	Below poverty level	Percent below poverty level
EDUCATIONAL ATT	AINMENT											
Population 25 years and over	479,266	68,492	14.3%	1,197,713	134,861	11.3%	16,429,510	2,125,647	12.9%	207,907,972	24,917,618	12.0%
Less than high school graduate	91,665	27,366	29.9%	176,746	46,594	26.4%	2,915,855	841,302	28.9%	27,145,155	7,473,848	27.5%
High school graduate (includes equivalency)	117,578	20,719	17.6%	282,945	40,808	14.4%	4,098,111	610,422	14.9%	57,335,427	8,202,057	14.3%
Some college, associate's degree	137,854	14,765	10.7%	372,934	33,443	9.0%	4,814,215	478,366	9.9%	60,771,732	6,400,208	10.5%
Bachelor's degree or higher	132,169	5,642	4.3%	365,088	14,016	3.8%	4,601,329	195,557	4.3%	62,655,658	2,841,505	4.5%
EMPLOYMENT STA			ce 16 years a							ı		
Employed	363,027	31,500	8.7%	922,892	65,900	7.1%	12,057,353	1,038,577	8.6%	144,880,380	10,631,521	7.3%
Male	193,586	15,733	8.1%	497,749	33,294	6.7%	6,572,661	503,688	7.7%	76,145,598	4,830,104	6.3%
Female	169,441	15,767	9.3%	425,143	32,606	7.7%	5,484,692	534,889	9.8%	68,734,782	5,801,417	8.4%
Unemployed	29,292	10,951	37.4%	68,021	22,214	32.7%	903,045	294,100	32.6%	12,994,285	4,303,969	33.1%
Male	15,575	5,529	35.5%	35,607	10,589	29.7%	475,788	139,216	29.3%	7,012,236	2,123,843	30.3%
Female	13,717	5,422	39.5%	32,414	11,625	35.9%	427,257	154,884	36.3%	5,982,049	2,180,126	36.4%
WORK EXPERIENCE	- Populatio	n 16 years	and over									
Worked full-	- Populatio	ii 10 years	and over									
time, year-round in the past 12 months	270,055	13,184	4.9%	684,509	27,180	4.0%	8,874,369	384,328	4.3%	101,624,266	3,068,867	3.0%
Worked part- time or part-year in the past 12 months	130,056	28,980	22.3%	326,509	58,819	18.0%	4,425,881	928,813	21.0%	59,064,233	10,896,079	18.4%
Did not work	176,251	50,978	28.9%	416,953	95,415	22.9%	6,403,704	1,590,289	24.8%	83,677,806	19,553,182	23.4%

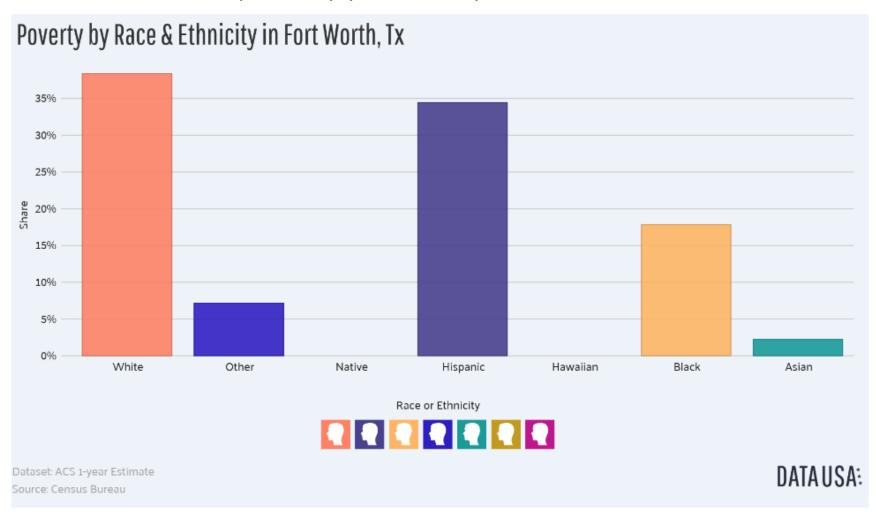
Source: American Community Survey (ACS) from 2015.

Graph 1.2 Poverty by Age and Gender in Fort Worth, Texas - 2015



Source: DATA USA, Dataset is the American Community Survey (ACS) from 2015.

Graph 1.3 Poverty by Race and Ethnicity in Fort Worth, Texas - 2015



Source: DATA USA, Dataset is the American Community Survey (ACS) from 2015.

FWSCC: Community Demographics – City of Fort Worth

Race and Ethnicity in Fort Worth, Texas

The below, <u>Table 1.4 Fort Worth Annual Dropout Rates</u>, by Grade Span, 2015-2016, <u>Graph 1.4 Fort Worth Education Attainment Breakdown</u> and <u>Graph 1.5 Fort Worth Higher Education Attainment</u>, provides details on Fort Worth's education attainment from no schooling though Doctoral degree in 2015. Dataset used is the American Community Survey (ACS) from 2015, and Texas Education Agency from 2015-2016.

Education.

In 2015, approximately 20% of Fort Worth residents age 25 years and greater have not graduated from high school or received an equivalent degree or certificate, though greater than half have some college. Of those that have completed a professional degree, 75% have attained a Bachelor degree or higher.

In the 2015-2016 school year more than 35,850 students in grades 7-12 dropped out from school, representing a 2.5% drop out rate.

Table 1.4 Fort Worth Annual Dropout Rates, by Grade Span, 2015-2016

Annual Dropout Rates, by Grade Span, 2015-16, Fort Worth ISD, District Number 220905, Tarrant County

Grade span	Dropouts	Students	Rate (%)
Grades 7-8	126	12,833	1.0
Grades 9-12	766	23,017	3.3
Grades 7-12	892	35,850	2.5

Texas Education Agency, Accountability Research Home, Completion, Graduation, and Dropouts, 2015-2016 (accessed online 9-24-2017).

Graph 1.4:

Fort Worth Education Attainment Breakdown

Some college or Associates Degree

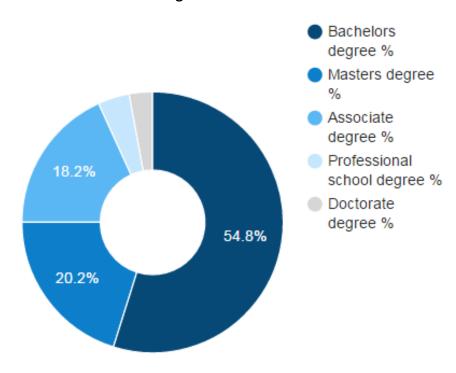
Bachelors Degree or higher

High School or GED

Less than High School

No schooling

Graph 1.5:
Fort Worth Higher Education Attainment



Source: 2016 American Community Survey

Source: 2016 American Community Survey

FWSCC: Community Demographics – City of Fort Worth

Employment in Fort Worth, Texas

<u>Graph 1.5: Employment by Occupations in Fort Worth, Texas – 2015</u>, provides insight on occupations employed in Fort Worth. Dataset used is the American Community Survey (ACS) from 2015.

Graph 1.6: Unemployment Rate in Fort Worth, Texas – July 2017 and Graph 1.6: Unemployment Rate in Fort Worth, Texas – July 2017 demonstrates the most currently' released unemployment rates for Fort Worth in comparison to Texas and the United States. Dataset used is from the U.S. Bureau of Labor Statistics from 2017.

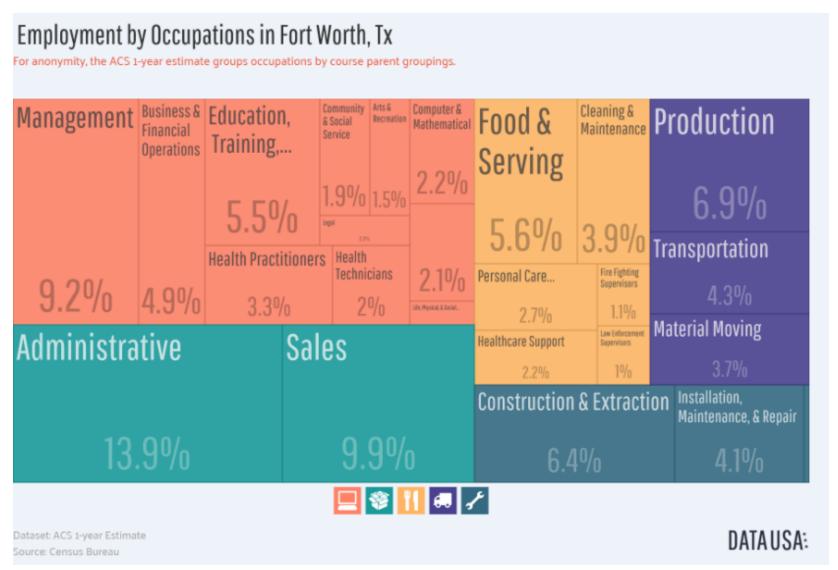
Employment by Occupations.

In 2015, one-third of all occupations were housed in three of the 24 areas of employment groupings. The three occupations with the highest percentage are: Administrative, Sales and Management.

Unemployment.

As of July 2017, Fort Worth's Unemployment Rate is at 4.00%, compared to 4.60% in 2016. This is lower than the long term average of 6.27%. Fort Worth and Texas have a slightly lower unemployment rate than the US. Employment has continued to trend down in a positive direction over the past seven years for Fort Worth, Texas and the US.

Graph 1.5: Employment by Occupations in Fort Worth, Texas – 2015



Source: DATA USA, Dataset is the American Community Survey (ACS) from 2015.

Graph 1.6: Unemployment Rate in Fort Worth, Texas – July 2017



Source: Google, Data from U.S. Bureau of Labor Statistics, Last Updates Sept. 14, 2017

395,279 Employed in Fort Worth, Texas, July 2017

16,499 Unemployed in Fort Worth, Texas, July 2017

Graph 1.7: Unemployment Rate Comparison – July 2017 (Not Seasonally Adjusted)



Source: Google, Data from U.S. Bureau of Labor Statistics, Last Updates Sept. 14, 2017

Lead Causes of Death and Injury-Related Deaths: What the data tells us.

Challenges in reviewing and aggregating data included:

- Each reporting system uses different definitions of data elements and different parameters for what data is included, making it unrealistic to simply aggregate all of these sources.
- Many registries collect data at the county level, and not at the city level.
- Injuries that do not result in death are more likely to not be clearly tracked in a consistent manner.

Figure 2.1 Top Five Leading Causes of Mortality, Age-adjusted Rates per 100,000 Population, Tarrant County, 2013-2015 demonstrates how 'accidents' as a top five leading causes of mortality in Tarrant County has decreased in its ranking as a lead cause of death from 2013 to 2015 when adjusted for age. This dataset is derived from the Center for Disease Control and Prevention, National Center for Health Statistics, Underlying Causes of Death 1999-2015 on CDC WONDER Online Database.

Conversely, **Figures 2.2, 2.3 and 2.4** are derived from the Texas Department of State Health Services. In these figures data is available based on age, gender and race/ethnicity most readily available for the year 2014 at the latest and leading causes of death are reported by number of deaths, percentage of total deaths and rate per 100,000 population age-adjusted to the 2000 U.S. standard population.

Due to differences in reporting of <u>Figure 2.1 and Figure 2.2</u>, 'Accidents' are still listed within the top five lead causes of death for Tarrant County residents overall and by gender in 2014.

Figure 2.2 Leading causes of death among Tarrant County residents overall and by gender, 2014 demonstrates that injury-related deaths in males are higher in total number than in females. Injury-related deaths also ranks as the 3rd (Accidents) and 7th (Suicide) most common causes of death for males in 2014, compared to females where the total number of deaths due to accidents ranked 6th and the total number due to suicide did not make the top 10.

Figure 2.3 Leading causes of death among Tarrant County residents by race/ethnicity, 2014. For the 4 categories of race and ethnicity, the top ten leading cause for death show that Hispanics are noted for the highest rate of death by any injury (accident, 8.1%) and are also the only grouping noted for assault (homicide) in the top ten causes for death. Non-Hispanic Blacks are the only category without suicide in the top ten causes for death.

Figure 2.4 Leading causes of death among Tarrant County residents by age group (in years), 2014 demonstrates that injury-related death is the leading cause of death for children and adults from ages 1-44 years old. For adults ages 45-64 years old, injury-related death ranks as the third most common cause. As for adults 65 years and older, injury-related death is not ranked in the top 10 for leading causes of death in Tarrant County.

Figure 2.1 Top Five Leading Causes of Mortality, Age-adjusted Rates per 100,000 Population, Tarrant County, 2013-2015

Rank	2013	2014	2015	
	Heart disease	Heart disease	Heart disease	
1	162.3	158.6	157.6	
	Cancer	Cancer	Cancer	
2	155.5	156.1	148.9	
	Chronic lower respiratory	Chronic lower respiratory	Cerebrovascular diseases	
	diseases	diseases	46.2	
3	45.3	45.7	46.2	
	Cerebrovascular diseases	Cerebrovascular diseases	Chronic lower respiratory	
	40.6	45.6	diseases	
4	40.0	45.0	44.6	
	Accidents	Alzheimer's disease	Alzheimer's disease	
5	29.1	31.3	41.2	

DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, 2013-2015

DATA SOURCE: TARRANT COUNTY HOSPITAL DISTRICT/JPS HEALTH NETWORK, 2017 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT, (accessed 9-26-17)

Figure 2.2 Leading causes of death among Tarrant County residents overall and by gender, 2014

Rank	Overall	Female	Male
	n (%, rate)	n (%, rate)	n (%, rate)
1	Cancer 2,617 (21.7, 161.3)		
2	Heart Disease	Heart Disease	Cancer
	2,523 (20.9, 166.0)	1,139 (19.0, 129.2)	1,382 (22.7, 197.8)
3	Stroke	Chr Lower Resp Dis	Accidents
	697 (5.8, 47.9)	413 (6.9, 48.6)	356 (5.9, 40.2)
4	Chr Lower Resp Dis	Stroke	Stroke
	696 (5.8, 47.5)	404 (6.7, 47.1)	293 (4.8, 47.8)
5	Accidents	Alzheimer's Disease	Chr Lower Resp Dis
	550 (4.6, 30.2)	328 (5.5, 38.8)	283 (4.7, 46.4)
6	Alzheimer's Disease	Accidents	Diabetes Mellitus
	450 (3.7, 33.4)	194 (3.2, 20.6)	194 (3.2, 27.7)
7	Diabetes Mellitus	Diabetes Mellitus	Suicide
	379 (3.1, 23.8)	185 (3.1, 20.8)	171 (2.8, 19.0)
8	Septicemia	Hypertension, etc.	Chr Liver Dis & Cirrhosis
	262 (2.2, 16.8)	139 (2.3, 15.6)	146 (2.4, 16.7)
9	Hypertension, etc.	Septicemia	Septicemia
	243 (2.0, 16.1)	132 (2.2, 15.1)	130 (2.1, 19.4)
10	Nephritis, etc.	Nephritis, etc.	Alzheimer's Disease
	243 (2.0, 16.1)	127 (2.1, 14.7)	122 (2.0, 23.8)

n= number of deaths; % = percentage of total deaths for that demographic category rate per 100,000 population age-adjusted to 2000 U.S. standard population Data source: Texas Department of State Health Services

Figure 2.3 Leading causes of death among Tarrant County residents by race/ethnicity, 2014

Rank	Hispanic n (%, rate)	Non-Hispanic Black n (%, rate)	Non-Hispanic White n (%, rate)	Other/Multiracial n (%, rate)
1	Cancer	Heart Disease	Cancer	Cancer
	227 (19.3, 110.2)	363 (21.8, 198.2)	1,931 (21.7, 171.9)	98 (27.8, 108.0)
2	Heart Disease	Cancer	Heart Disease	Heart Disease
	183 (15.6, 101.2)	361 (21.7, 185.7)	1,926 (21.6, 176.3)	51 (14.5, 71.7)
3	Accidents	Stroke	Chr Lower Resp Dis	Diabetes Mellitus
	95 (8.1, 21.3)	111 (6.7, 66.7)	600 (6.7, 55.8)	21 (6.0, 25.2)
4	Stroke	Diabetes Mellitus	Stroke	Stroke
	71 (6.0, 43.5)	84 (5.1, 50.6)	500 (5.6, 46.9)	15 (4.3, @)
5	Diabetes Mellitus	Accidents	Alzheimer's Disease	Accidents
	54 (4.6, 27.1)	74 (4.5, 24.9)	383 (4.3, 36.2)	15 (4.3, @)
6	Chr Liver Dis & Cirrhosis	Chr Lower Resp Dis	Accidents	Nephritis, etc.
	36 (3.1, 14.9)	66 (4.0, 41.3)	366 (4.1, 37.9)	13 (3.7, @)
7	Assault (Homicide)	Nephritis, etc.	Diabetes Mellitus	Chr Lower Resp Dis
	30 (2.6, 4.9)	51 (3.1, 29.1)	220 (2.5, 19.6)	11 (3.1, @)
8	Nephritis, etc.	Alzheimer's Disease	Septicemia	Suicide
	29 (2.5, 14.9)	39 (2.3, 33.5)	197 (2.2, 17.9)	10 (2.8, @)
9	Hypertension, etc.	Septicemia	Hypertension, etc.	Chr Liver Dis & Cirrhosis
	28 (2.4, 15.3)	36 (2.2, 20.9)	173 (1.9, 15.6)	9 (2.6, @)
10	Suicide	Hypertension, etc.	Suicide	Influenza & Pneumonia
	28 (2.4, 4.8)	35 (2.1, 20.2)	165 (1.9, 16.4)	8 (2.3, @)

n= number of deaths; %= percentage of total deaths for that demographic category rate per 100,000 population age-adjusted to 2000 U.S. standard population; @= numerator too small for rate calculation Data source: Texas Department of State Health Services

Figure 2.4 Leading causes of death among Tarrant County residents by age group (in years), 2014

Rank	< 1	1 to 14	15 to 24	25 to 44	45 to 64	65+
1	n (%, rate) Birth Defects 47 (22.9, 167.4)	n (%, rate) Accidents 15 (25.0, @)	n (%, rate) Accidents 73 (39.2, 26.3)	Accidents 161 (24.5, 28.9)	n (%, rate) Cancer 831 (29.7, 177.9)	n (%, rate) Heart Disease 1,872 (22.9, 988.1)
2	SIDS [†] 34 (16.6, 121.1)	Cancer 8 (13.3, @)	Suicide 33 (17.7, 11.9)	Cancer 86 (13.1, 15.5)	Heart Disease 556 (19.9, 119.0)	Cancer 1,684 (20.6, 888.9)
3	Maternal Factors & Complications of Preg, L&D 31 (15.1, 110.4)	Chr Lower Resp Dis 5 (8.3, @)	Assault (Homicide) 22 (11.8, 7.9)	Heart Disease 80 (12.2, 14.4)	Accidents 177 (6.3, 37.9)	Chr Lower Resp Dis 581 (7.1, 306.7)
4	Preterm & Low Birthweight 26 (12.7, 92.6)		Heart Disease 9 (4.8, @)	Suicide 68 (10.4, 12.2)	Chr Liver Dis & Cirrhosis 128 (4.6, 27.4)	Stroke 569 (7.0, 300.3)
5			Cancer 7 (3.8, @)	Assault (Homicide) 31 (4.7, 5.6)	Diabetes Mellitus 113 (4.0, 24.2)	Alzheimer's Disease 440 (5.4, 232.2)
6				Chr Liver Dis & Cirrhosis 22 (3.4, 4.0)	Stroke 111 (4.0, 23.8)	Diabetes Mellitus 251 (3.1, 132.5)
7				Stroke 15 (2.3, @)	Chr Lower Resp Dis 102 (3.6, 21.8)	Hypertension, etc. 190 (2.3, 100.3)
8				Diabetes/Septicemia 14 (2.1, @)	Suicide 83 (3.0, 17.8)	Septicemia 188 (2.3, 99.2)
9				Nephritis, etc./HIV 12 (1.8, @)	Septicemia 58 (2.1, 12.4)	Nephritis, etc. 182 (2.2, 96.1)
10				Birth Defect/Pregnancy, etc. 10 (1.5, @)	Hypertension, etc. 47 (1.7, 10.1)	Parkinson's Disease 141 (1.7, 74.4)

n= number of deaths; % = percentage of total deaths for that demographic category; less than five deaths not reported to protect confidentiality rate per 100,000 population (age group specific); @ = numerator too small for rate calculation

Data source: Texas Department of State Health Services

[†]SIDS = Sudden Infant Death Syndrome

Lead Mechanisms of Injury and Demographics of the Trauma Registry patient in Fort Worth.

Below <u>Figures 2.6 - Figure 2.9</u> detail the leading mechanisms of injury treated at the only Level I and Level II Trauma Centers in Fort Worth.

<u>Figure 2.6 Leading Mechanisms of Injury processed through the Trauma Registry from July 2014- June 2015</u> shows falls, motor vehicle collisions and assault as the most common mechanisms of injury seen at Texas Health Harris Methodist Hospital Fort Worth's Level II Trauma Center (THFW).

<u>Figure 2.8A Leading Mechanisms of Injury processed through the Trauma Registry, All Patients, from Jan. 2016 – Dec. 2016, shares the same common mechanisms of injury at JPS Health Network's Level I Trauma Center (JPS) as seen at THFW a year earlier.</u>

Alternatively, JPS experiences a volume of motor vehicle collisions than falls among all ages of trauma patients. This trend reverse in <u>Figure 2.8B</u> which breaks out trauma registry patients who are age 55 and greater.

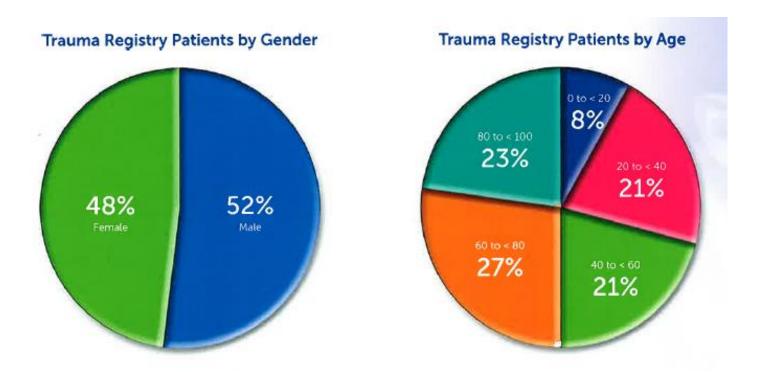
Demographics of trauma registry patients seen at both facilities cannot be adequately compared due to different reporting timeframes and age ranges, however it appears that JPS treats a significantly greater number of males than female, and THFW treats a greater number of females and patients 80 years of age and older trauma registry patients.

Figure 2.6 Leading Mechanisms of Injury processed through the Trauma Registry from July 2014- June 2015 at Texas Health Harris Methodist Hospital Fort Worth - Level II Trauma Center

E-code		Frequency	Percentage
E880-E888	ACCIDENTAL FALLS	1740	56.17
E810-E819	MOTOR VEHICLE TRAFFIC ACCIDENTS	650	20.98
E916-E928	OTHER ACCIDENTS	314	10.14
E960-E969	HOMICIDE AND INJURY PURPOSELY INFLICTED BY OTHER PERSON	129	4.16
E826-E829	OTHER ROAD VEHICLE ACCIDENTS	94	3.03
E820-E825	MOTOR VEHICLE NON-TRAFFIC ACCIDENTS	86	2.78
E900-E909	ACCIDENTS DUE TO NATURAL AND ENVIRONMENTAL FACTORS	49	1/58
E950-E959	SUICIDE AND SELF-INFLICTED INJURY	13	0.42
E830-E838	WATER TRANSPORT ACCIDENT	9	0.29
E890-E899	ACCIDENTS CAUSED BY FIRE AND FLAMES	4	0.13
E840-E845	AIR AND SPACE TRANSPORT ACCIDENTS	3	0.10
E980-E989	INJURY UNDETERMINED WHETHER ACCIDENTALLY OR PURPOSELY INFLICTED	3	0.10
E970-E979	LEGAL INTERVENTION	3	0.10
E800-E807	RAILWAY ACCIDENTS	1	0.03
TOTAL		3098	100.00

DATA SOURCE: Texas Health Harris Methodist Hospital Fort Worth, Trauma Annual Report 2016, (accessed 9-27-17)

Figure 2.7 Demographic Date for Trauma Registry Patient from July 2014 - June 2015 at Texas Health Harris Methodist Hospital Fort Worth – Level II Trauma Center



DATA SOURCE: Texas Health Harris Methodist Hospital Fort Worth, Trauma Annual Report 2016, (accessed 9-27-17)

Figure 2.8A Leading Mechanisms of Injury processed through the Trauma Registry, All Patients, from January 2016 - December 2016 at JPS Health Network – Level I Trauma Center

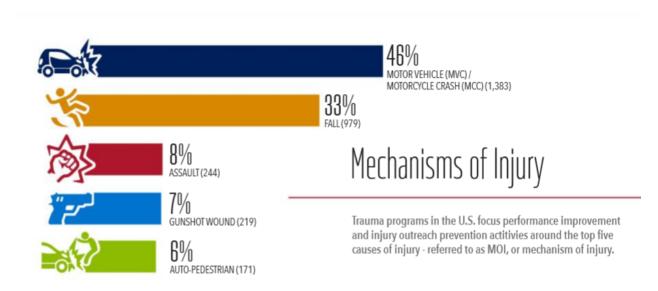
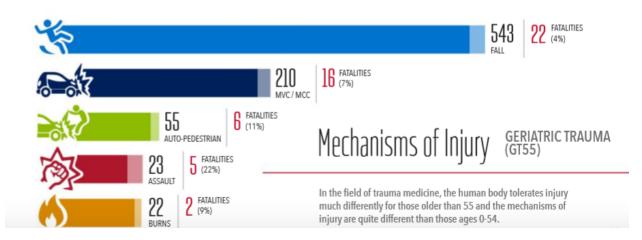
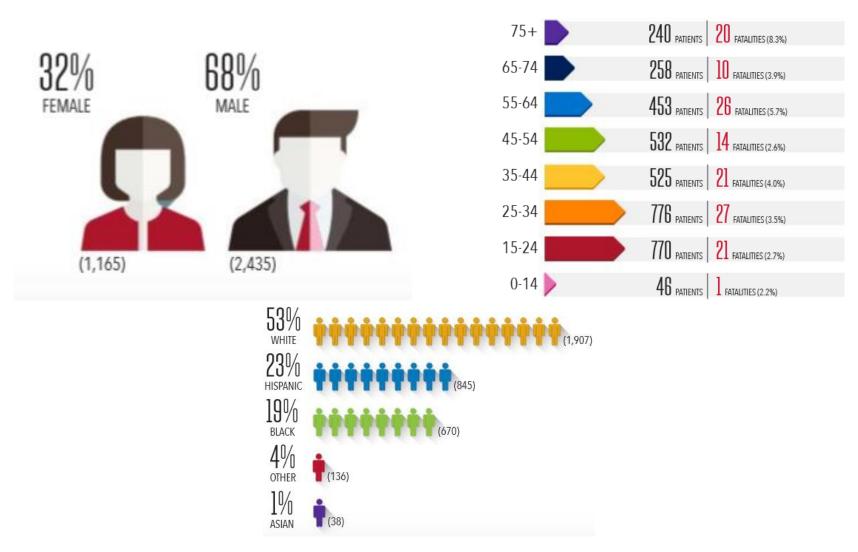


Figure 2.8B Leading Mechanisms of Injury processed through the Trauma Registry, Patients Age 55+, from January 2016 - December 2016 at JPS Health Network – Level I Trauma Center



DATA SOURCE: JPS HEALTH NETWORK, Trauma Annual Report 2016 (accessed 9-27-17)

Figure 2.9 Demographic Data for Trauma Registry Patient from January 2016 - December 2016 at JPS Health Network – Level I Trauma Center



DATA SOURCE: JPS HEALTH NETWORK, Trauma Annual Report 2016 (accessed 9-27-17)

Drug Overdose, Poisoning (Substance Use/Misuse)

Below <u>Figures 2.10 - Figure 2.15</u> demonstrate data related to Drug misuse, Drug Overdose & Poisoning, Narcan use and Medication Take Back initiatives in the City of Fort Worth and Tarrant County.

Opioids.

As seen in <u>Figures 2.10</u>, less than 2% of Fort Worth ISD high school students reported to have ever used heroin in 2015. Though quantitative data in <u>Figure 2.11</u> show that prescription drug use is more common with approximately 14% of high school students reporting to have ever taken prescription drugs without a doctor's prescription. White students were most likely to report prescription drug misuse (18%), followed by Black (15%), and Latino students (12%). This trend is concerning due to the correlation of prescription drug abuse addiction and heroin use as seen nationally through the Opioid Abuse Epidemic.

Overdose rates.

<u>Figure 2.12</u> shows that drug poisoning mortality (i.e. overdose) rates have remained steady since 2013, with 9.4 deaths per 100,000 population in the state of Texas, and 8.9 deaths per 100,000 population in Tarrant County.

Narcan.

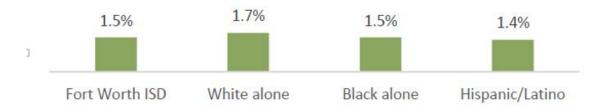
Reports of Narcan Utilization in <u>Figure 2.13</u> is provided through the City of Fort Worth's sole ambulance authority, MedStar Mobile Healthcare. Within Fort Worth and Tarrant County, 2012- June 2017, utilization is tracked by month and year. Though the variation is minimal, spring months tend to result in a higher need for Narcan at emergency medical response calls. Use in 2016 has not been seen since 2012.

<u>Figure 2.14</u> demonstrates age groupings and gender across months and years for Narcan use. The blue peaks tend to demonstrate that the need for reversal agent such as Narcan occurs at a younger age than with females as demonstrated in pink.

Take Back Efforts.

<u>Figure 2.15</u> is a historical perspective of the medication take back initiatives in the City of Fort Worth. Removal and safe disposal of medications that are unneeded or expired from the home is one manner that the City of Fort Worth, FWSCC and Coalition partners prevent intentional or accidental medication misuse and abuse.

Figure 2.10 Percent of Fort Worth ISD High School Youth Reports to Have Ever Used Heroin, by Race/Ethnicity, 2015

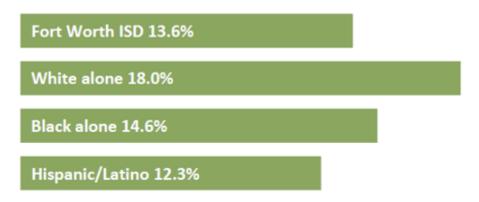


DATA SOURCE: Fort Worth ISD Youth Behavioral Risk Factor Surveillance Survey, 2015

NOTE: Insufficient sample size for Other/Multiracial

Figure 2.11 Percent of Fort Worth ISD High School Youth Reports to Have Ever Taken Prescription Drugs

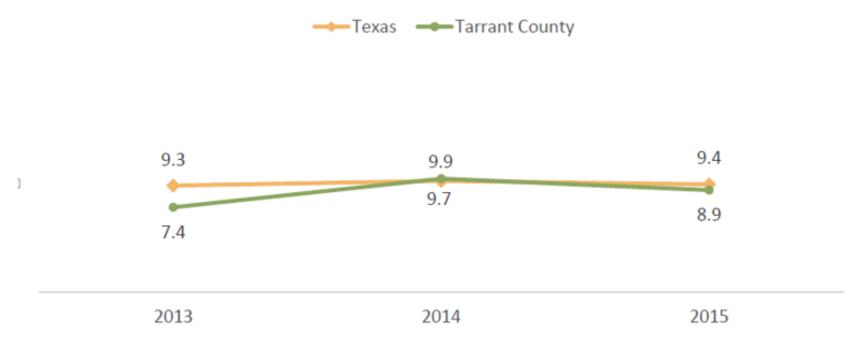
Without Doctor's Prescription, by Race/Ethnicity, 2015



DATA SOURCE: Fort Worth ISD Youth Behavioral Risk Factor Surveillance Survey, 2015

NOTE: Insufficient sample size for Other/Multiracial

Figure 2.12 Age-adjusted Drug Poisoning Mortality Rate per 100,000 Population, by Texas and Tarrant County, 2013-2015



DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, 2013-2015 NOTE: Includes ICD-10 Codes X40-X44, X60-X64, X85 and Y10-Y14

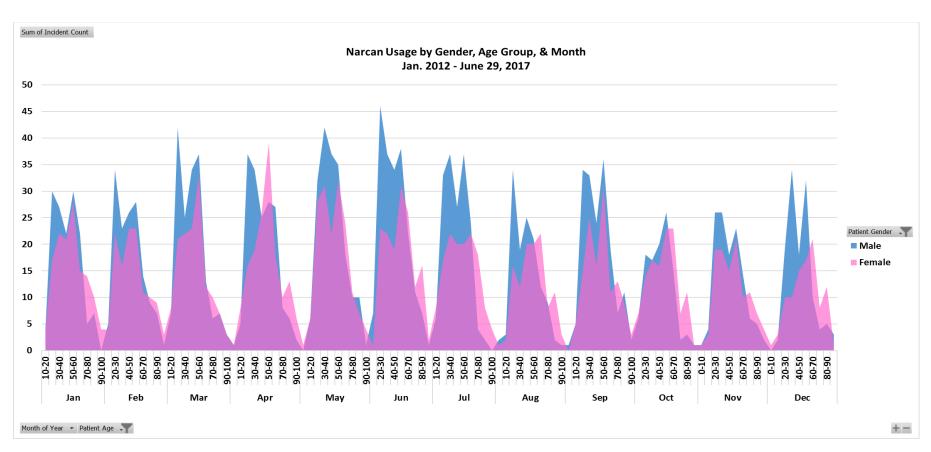
Figure 2.13 Report of Narcan Utilization in MedStar Mobile Healthcare region

Within Fort Worth and Tarrant County, 2012- June 2017

	Narca	an Usage p	er Year by	Month (Co	unt of Incid	lents)		Naro	an Utilizati	ion % by M	onth			
Month	2012	2013	2014	2015	2016	2017	2012%	2013%	2014%	2015%	2016%	2017%	Total Month %	Count Total
Jan	45	53	53	44	31	56	6%	9%	10%	9%	4%	16%	8%	282
Feb	51	50	39	33	54	42	7%	8%	7%	7%	7%	12%	8%	269
Mar	62	53	47	39	50	64	9%	9%	9%	8%	7%	18%	9%	315
Apr	57	48	39	51	77	60	8%	8%	7%	11%	10%	17%	10%	332
May	73	65	43	46	61	72	10%	11%	8%	10%	8%	20%	10%	360
Jun	63	75	39	44	71	64	9%	12%	7%	9%	10%	18%	10%	356
Jul	58	58	60	40	94	-	8%	9%	11%	8%	13%	-	9%	310
Aug	56	44	46	41	56	-	8%	7%	9%	9%	8%	-	7%	243
Sep	92	40	55	34	83	-	13%	6%	10%	7%	11%	-	9%	304
Oct	53	37	44	36	57	-	7%	6%	8%	8%	8%	-	7%	227
Nov	59	48	32	38	58	-	8%	8%	6%	8%	8%	-	7%	235
Dec	60	45	40	34	49	-	8%	7%	7%	7%	7%	-	7%	228
Total	729	616	537	480	741	358	100%	100%	100%	100%	100%	100%	100%	3,461
				DATA	ASOURCE:	MedStar M	obile Healt	hcare, (Na	rcan Repor	t July 2017).			

Figure 2.14 Report of Narcan Utilization by Age Group, Gender and Month in MedStar Mobile Healthcare region

Within Fort Worth and Tarrant County, 2012- June 2017

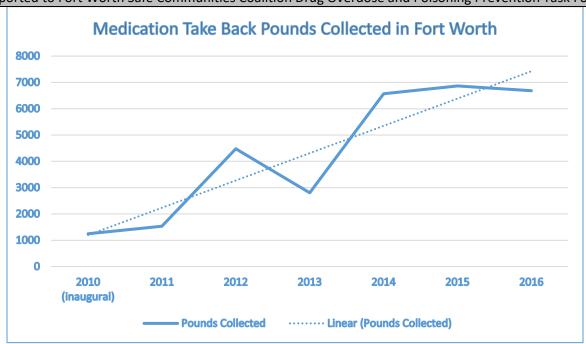


DATASOURCE: MedStar Mobile Healthcare, (Narcan Report July 2017).

Figure 2.15 History of Medication Take Back in the City of Fort Worth, 2010 – 2017 (updated Sept. 2017)

Year	Pounds Collected	Permanent Sites in FW	Alt Sites
2010 (inaugural)	1247	0	Take back x1
2011	1532	0	Take back x 2
2012	4479	0	Take back x 2
2013	2803	3 (end of year)	Take back x 2
2014	6566.8	3	Take back x2
2015	6866	1-4 sites	Take back x1
2016	6682	1-9 sites	Take back x 2, envelopes, Walgreen's unmeasured
2017 (YTD)	3423.2 (Jan – Aug)	9 sites	Take back x2 (pending Oct 28), envelopes, Walgreen's
			unmeasured

Data Source: DEA, North Texas Division; UNTHSC PD; FWPD; City of Fort Worth; Walgreens; Cook Children's Outpatient Pharmacy as self-reported to Fort Worth Safe Communities Coalition Drug Overdose and Poisoning Prevention Task Force.



Falls

Falls can be a cause for injury in all age ranges, however, it can affect morbidity and mortality greatest in older adults. For this reason, the older adults are often the focus for prevention programs and impact is evaluated for their age range accordingly.

Falls as cause of injury in Fort Worth.

<u>Figures 2.16 - Figure 2.17</u> demonstrate data related to Falls and Falls with injury in the City of Fort Worth and Tarrant County as reported by Fort Worth Fire Department from 2009 – 2016.

Total number of falls with injury for all ages decreased slightly from 2013 (7%) to 2016 (6.6%), however there was a significant increase in the total number of falls with injury for those age 60 years and greater from 2013 (49%) to 2016 (61%).

Although total numbers appear concerning for the older adults in Fort Worth, when considering population growth, a rate for falls with injury is seen to decrease for both age cohorts from 2013 to 2015. Age groupings for population estimates in 2016 are not yet available.

<u>Figure 2.18</u> presents data from the Fort Worth Fire Department's falls reports as seen per battalion. Battalion 5 experiences a significantly higher volume of call for falls and falls with injury. It was determined that this location in the city is dense with care facilities versus single homeowners which may account for the increase. A focus on independent and assisted living facilities is a probable focus to consider. <u>Fort Worth Fire Department Geomapping of Falls is attached to the end of this application.</u>

Falls in Trauma Centers.

As discussed in the top mechanisms of injury from our only Level I and Level 2 Trauma Centers in the City of Fort Worth, Falls remain at the top of the lists for all ages and for older adults.

Figure 2.16 Call Incidents for Falls to the Fort Worth Fire Department EMS, Total Numbers, 2009-2016

Fort Worth Fire Depar	tment EMS & Fa	lls Statistics, 20	09 - 2016					
	2009	2010	2011	2012	2013	2014	2015	2016
Total # of Incident codes	23,416	24,837	24,416	20,622	21,200	20,308	19,679	21,435
Total # (%) of falls resulting in injuries	1418 (6.1%)	1430 (5.8%)	1474 (6.0%)	1351 (6.6%)	1482 (7.0%)	1396 (6.9%)	1263 (6.4%)	1427 (6.6%)
Total # (%) of falls with injuries for adults age 60 and older	589 (42.0%)	567 (40.0%)	672 (46.0%)	672 (50.0%)	721 (49.0%)	770 (55.0%)	670 (53.0%)	870 (61%)
Total # (%) of assist invalid – lift help – non injury	1764 (7.5%)	2011 (8.1%)	2135 (8.7%)	2239 (10.9%)	2585 (12.2%)	3044 (15.0%)	3535 (18.0%)	3466 (16.2%)
Source: Fort Worth Fi	re Department							

Figure 2.17 Call Incidents for Falls to the Fort Worth Fire Department EMS, Rate per 100,000, 2009-2016

Fort Worth Population	estimates, 2009	9 - 2015						
	2009	2010	2011	2012	2013	2014	2015	2016
Total Population	679,077	741,206* CENSUS	724,699	743,865	761,092	778,573	796,614	854,113
		705,349 (-4.8% variance)						
Persons ≥60 years	80,810	89,272 *CENSUS 85,347	87,689	92,239	94,375	98,878	104,441	n/a
		(-4.4% variance)						
Falls resulting in injuries,	208.8	192.9* 202.7	203.4	181.6	194.7	179.3	158.5	167.1
Rate Per 100K								
Falls with injuries for adults age 60 and	728.9	635.1* 664.3	766.3	728.5	764.0	778.7	641.5	n/a
older, Rate Per 100K								
Assist invalid – lift help – non injury,	259.8	271.3* 285.2	294.6	301.0	339.6	391.0	443.8	405.8
Rate Per 100K		203.2						
Source: American Con	nmunity Survey	(ACS)						

Figure 2.18 Call Incidents for Falls to the Fort Worth Fire Department EMS, Total Numbers per Battalion, 2016

2016 FALLS BY BATTALION

	BATTALION 1	BATTALION 2	BATTALION 3	BATTALION	4 BATTALION	<u>5</u> <u>B</u> A	ATTALION 6	<u>.</u>
EMS calls total (321)	2683	2629	2726	3713	4199		1935	
Lift Asst (554)	684	<u>257</u>	<u>403</u>	<u>723</u>	<u>1095</u>		279	
321-554 Total	3367	2886	3129	4436	5294		2214	
Falls w/Injury	192	5.7% 165	5.7% 219	7% 207	4.7% 493	9.3%	143	6.4%
Falls w/injury >=60	109	57% 84	51% 129	59% 103	49.8% 366	74.2%	73	51%

^{***84} calls not included in these numbers were mutual aid responses in other jurisdictions (i.e. Westworth Village, Burleson, etc.)***

DATASOURCE: Fort Worth Fire Department Falls Report (received 2017)

Violence: Child Abuse, Elder Abuse, Disabled Adult Abuse, Homicide/Violent Crimes, Domestic Violence

Violence can be sectioned into various manners. There are great number of resources in Fort Worth and Tarrant County which partner to address specific sectors. Fort Worth Safe Communities is a leader in convening prevention efforts specific to Elder Abuse.

Child Abuse.

Child Protective Services (CPS) findings for completed abuse/neglect investigation from the Department of Family Protective Services for Tarrant County have declined from 14,122 total, 26.7 per 1,000 child investigations in 2015 to 12,469 total, 23.4 per 1,000 child investigations in 2016.

Homicide and Violent Crime.

Figure 2.19 demonstrates homicide deaths in Tarrant County per 100,000 people. Deaths from unintentional injuries (29.7) are more common than homicide (5.3) per 100,000 population in 2015.

Domestic Violence.

As reported by SafeHaven in Tarrant County, the largest and most comprehensive agency in Tarrant County to provide services at no cost to domestic violence victims: In 2015, Tarrant County ranked fifth in the number of deaths due to domestic violence in the State of Texas; the youngest victim was 22 years old; the oldest was 76 years of age.

Elder and Disabled Adult Abuse.

<u>Figure 2.20</u> demonstrates abuse in the community as reported by Adult Protective Services through the Department of Family Protective Services for Tarrant County from 2013 to 2016. Rates for 2016 are not available.

Total intakes for adults 19 to 64 years of age have fluctuated; rates are not available.

Intakes for adults aged 65 and older from 2013 to 2015 have increased by 15%. This increase is possibly a result of efforts associated with outreach, education to the public and healthcare providers. Additionally, new resources and programming focused on the prevention of elder abuse may have lent to the increase of reporting.

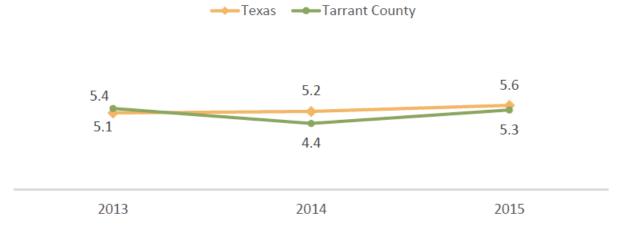
Assault.

As discussed in the top mechanisms of injury from our only Level I and Level 2 Trauma Centers in the City of Fort Worth, assaults remain at the top of the lists for all ages and for older adults entered into the those trauma registries.

Suicide.

As discussed in the Lead Causes of Death for Tarrant County from 2014, suicide is ranked as seven for male deaths. It is ranked second after accidents for the age group of 15 to 24 years of age, though is seen across the age spectrum.

Figure 2.19 Age-adjusted homicide Mortality Rate per 100,000, by Texas and Tarrant County, 2013-2015



DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, 2013-2015 NOTE: Includes ICD-10 Codes U01-U02, X85-Y09, Y87.1

<u>Figure 2.20 In-Home Alleged Abuse/Neglect Intakes from Texas Department of Family and Protective Services,</u>

<u>Adult Protective Services, 2013 - 2016</u>

TX DFPS/ APS In-Home Alleged Abuse/N	Neglect Intakes Statistics, 2013	- 2016		
	2013	2014	2015	2016
Total # of Intakes Age 65 and Older	1,867	2,135	2,439	2,334
	*29.2	*31.52	*34.36 (15% increase since 2013)	*pending 2016 estimate of age groupings
Total # of Intakes Age 18 – 64 with Disabilities	1,304	1,530	1,615	1,478
ALL APS intakes	3,171	3,665	4,054	3,812
Source: TX DFPS/ APS *Rate of intakes per 1000 pop	ulation			

Motor Vehicle Injury

Injuries resulting from collisions with motor vehicles may occur between two motor vehicles, or one vehicle and a pedestrian or bicyclist.

As reported in the TARRANT COUNTY HOSPITAL DISTRICT/JPS HEALTH NETWORK, 2017 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT, (accessed 9-26-17) from the Dataset: County Health Rankings, Source University of Wisconsin, for 2017.

- Driving Deaths Involving Alcohol in Tarrant County decreased from 32.5% in 2015 to 29.2% in 2017.
- Motor Vehicle Crash Deaths in Tarrant County decreased from 10.5 deaths per 100,000 people in 2015 to 9.8 deaths per 100,000 in 2017.

Despite these promising statistics, motor vehicle crashes on the whole continue to climb as seen in <u>Figure 2.21</u>. Auto-pedestrian crashes have also increased to be ranked as the fifth top mechanism of injury at JPS Health Network's Level 1 Trauma Center in Fort Worth, Tarrant County.

Crash Data.

As reported by MedStar Mobile Healthcare, the sole ambulance authority in the City of Fort Worth:

2016: Auto vs. Auto 10,976 crashes, 88 killed, 678 incapacitated, 2758 not capacitated, 6000 possible injuries

2016: Auto vs. Pedestrian: 482 crashes (217% increase since 2014) with 10 Dead on Scene 2016: Auto vs. Bicycle: 394 crashes (200% increase since 2014) with 4 Dead on Scene

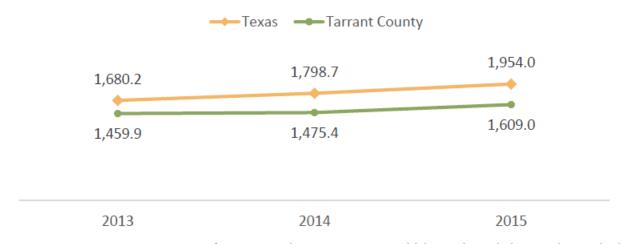
As reported by the Fort Worth Police Department:

In 2016, 89 deaths occurred in Fort Worth from auto crashes. Of these, 32 (more than one-third) were pedestrians.

Distracted driving and also distracted pedestrians are probable causes for these increases for injury and death. New legislation passed provides hope that drivers may be encouraged to not text while driving. Though this is a step in the right direction, the new legislation still allows for utilization of some features including hands-free technologies.

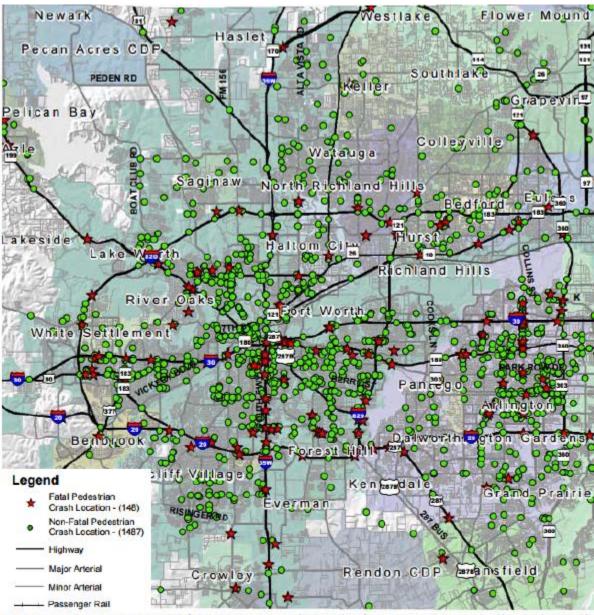
Figures 2.22 and 2.23 demonstrate the volume of crashes seen in Tarrant County between Auto-pedestrian and Auto-bicyclist.

Figure 2.21 Motor Vehicle Crash Rate per 100,000 Population, by Texas and Tarrant County, 2013-2015.



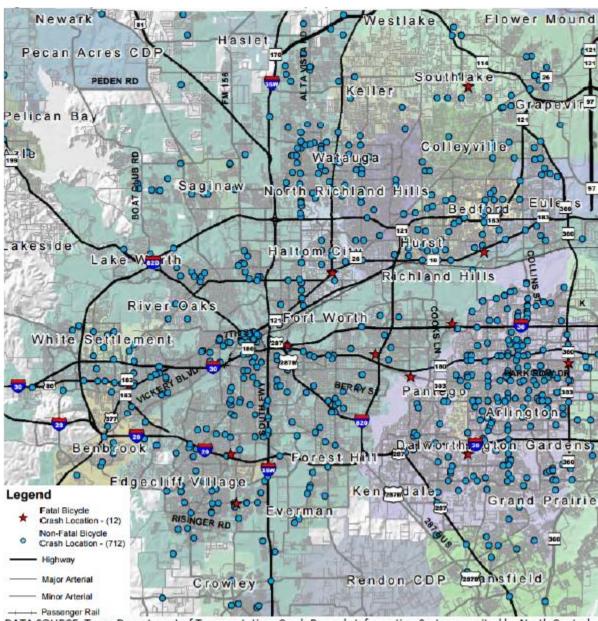
DATA SOURCE: Texas Department of Transportation, Texas Motor Vehicle Crash Statistics, Crashes and Injuries by County, 2013-2015

Figure 2.22 Pedestrian Crash Locations in Tarrant County, by Fatal and Non-Fatal Crashed, 2011-2015.



DATA SOURCE: Texas Department of Transportation, Crash Records Information System, as cited by North Central Texas Council of Governments, 2011-2015

Figure 2.23 Bicycle Crash Locations in Tarrant County, by Fatal and Non-Fatal Crashes, 2011-2015.



DATA SOURCE: Texas Department of Transportation, Crash Records Information System, as cited by North Central Texas Council of Governments, 2011-2015

Workplace Safety and Natural Disaster/Emergency Preparedness

Many injuries may occur in the workplace dependent on the type of industry, ergonomic structuring of the worksite, and mobile versus static worksites.

Preparing for Natural Disasters or an Emergency within the workplace is vital. Without emergency action plans and execution of such plans to hasten the recovery of business, employees and dependents may lack essential resources and an impact may affect the community's infrastructure.

The following are results of surveys completed at FWSCC disaster preparedness workshops indicating knowledge of an emergency action in the workplace by workshop attendees:

2014	47% of attendees state they would develop an emergency action plan.	
Feb 2016	63% of attendees indicated that their workplace has an emergency action plan.	
Sept 2016	72% of attendees surveyed indicated that their workplace has an emergency action plan.	
May 2017	67% of attendees surveyed in indicated that their workplace has an emergency action plan.	
June 2017	85.5% attendees surveyed in indicated that their workplace has an emergency action plan.	

An upward trend is noted for attendees' knowledge of an emergency action plan in the workplace. Whereas this is encouraging, knowledge of steps to activate within the plan is more important in the event of a disaster/emergency. Knowledge of a plan provides the starting point.



Instructions: Provide a brief overview of data trends for <u>ALL injury areas listed below</u>, as well as any additional injury areas relevant to your community. <u>View a sample table</u>.

Trend					
Falls (focus task force)					
The rate for falls with injury is seen to decrease for all ages (194.7 to 158.5 per 100,000) and among those age 60 years and greater (764.0 to 641.5 per 100,000) from 2013 to 2015.					
Road Safety (focus task force)					
Auto- pedestrian crashes have increased 217% and auto-bicycle crashed have increased 200% from 2014 to 2016 in the City of Fort Worth.					
Disaster Preparedness (focus task force)					
Percent of disaster preparedness workshop attendees self-reporting that their workplace has an emergency action plan increased from 4%-25.5% from 2016 to 2017.					
Drug Overdose & Poisoning Prevention (focus task force)					
Use of Narcan has risen 17% by our local EMS from 2013 to 2016.					
Elder Abuse (focus task force) - Alleged Intakes for abuse among adults aged 65 and older from 2013 to 2015 increased by 15%.					
Child Abuse — Child investigations for abuse decreased from 26.7 per 1,000 child investigations in 2015 to 23.4 per 1,000 child investigations in 2016.					
Homicide — Homicide mortality in Tarrant County is less than the State of Texas from 2013-2015.					
Suicide — Suicide is ranked as the second to accidents as the leading cause of death among those age 15 to 24 years of age, and just above assaults.					
Occupational Injury – See Disaster preparedness. Focus for employers is on Emergency plans.					



EFFECTIVE STRATEGIES TO ADDRESS INJURIES

Instructions: Include at least three coalition-supported initiatives for the application using the table format provided below.

View a sample table.

Injury Area #1: Disaster Preparedness							
Project Name	Project Goal	Project description	Is this promising or evidence based? Include the source.	Target group (age, gender, vulnerable population)	Length of project	Partners	
Disaster preparedness Workshops	Increase rate of employees with knowledge of an emergency action plan in their workplace	Education to public and employers regarding situational awareness, active shooters and emergency action plans.	Yes. https://www.ready.gov/make-a-plan	Workforce (16+ years), both gender, all public and businesses	Ongoing	Emergency management, private business sector, First responders	



Injury Area #2: Drug Overdose and Poisoning						
Project Name	Project Goal	Project Description	Is this promising or evidence based? Include source.	Target Group (age, gender, vulnerable population)	Project Length	Partners
Prescriber education	Increase the number of prescribers trained in appropriate prescribing practices	Hold free training sessions for prescribers in the community on safe opioid prescribing.	Promising practice encouraged by SAMHSA (Objective 1.4.1): https://store.samhsa.gov/shin/content/SMA11-4629/03-Prevention.pdf	Prescribers in the county, future and current healthcare providers, both genders.	Ongoing	Local hospitals, treatment coalitions, National Safety Council, local government.
Medication Take Back	Increase the number of take back medication sites for safe disposal.	Remove unneeded and expired medications from access to through take back sites for safe disposal.	Promising practice. https://www.cdc.go v/drugoverdose/pr escribing/resource s.html	Public, all ages, genders.	Ongoing	Local hospitals – child and adult, law enforcement, local government and treatment providers



Injury Area #3: <i>Elder Abuse</i>						
Project Name	Project Goal	Project Description	Is this promising or evidence based? Include source.	Target Group (age, gender, vulnerable population)	Project Length	Partners
D.E.T.E.C.T	Increase reporting of alleged elder abuse by emergency medical technicians	Evaluation of original research for a tool created for screening alleged elder abuse by emergency medical technicians	Pending. Questions embedded in tool are based off valid and reliable current tools in practice.	Target for use is the local EMS provider group. All adults 65 years and greater in the service area are targeted through documentation,	1-2 years left in grant period	UNT Health Science Center – Dr. Cannell, School of Public Health, Adult Protective Services, MedStar Mobile Healthcare

OPTIONAL Additional Priority Injury Area (s): Falls (Older Adults)						
Project Name	Project Goal	Project Description	Is this promising or evidence based? Include source.	Target Group (age, gender, vulnerable population)	Project Length	Partners
Older Adult Falls Prevention Classes	Reduce falls with injury among older adults in the City of Fort Worth	Offering of A Matter of Balance, 8 week- evidence- based course for older adults	Yes - https://www.ncoa. org/healthy- aging/falls- prevention- programs-for- older- adults/#intraPage Nav1	Older Adults with risk factors for falling.	Ongoing. Grant received in 2017.	United Way Tarrant County, Area Agency on Aging, Senior Activity Centers, Hospitals, County Health Department.



Injury Area #5: Road Safety						
Project Name	Project Goal	Project Description	Is this promising or evidence based? Include source.	Target Group (age, gender, vulnerable population)	Project Length	Partners
Auto vs. Pedestrian/ Bicycle Road Safety Campaign	Decrease number of auto-pedestrian and auto-bicyclist collisions	Education campaign designed to be inclusive with current resources in our community. In progress.	Pending. We are looking to use more Vision Zero initiatives. http://visionzerone twork.org/9-components-of-astrong-vision-zero-commitment/	All residents and visitors to be impacted	ongoing	City of Fort Worth, Blue Zones, MedStar Mobile Healthcare, Hospitals



Safe Communities America Application: Criteria IV – Fort Worth Safe Communities Coalition

EVALUATION METHODS

Instructions: Document how the coalition is measuring all the coalition-supported initiatives using the table format below. View a sample table.

Activities	Outcomes	Length	Indicator(s)	Method	Result
What did you (or will you) do?	What does success look like?	Short term, intermediate term or long-term outcomes?	What did you (or will you) measure?	How did you (or will you) measure it?	What did you find? (if applicable)
Disaster Preparedness Workshops (residents and employers/employees)	Increase percent of residents and employers/employees within the City of Fort Worth with knowledge of an emergency action plans in the workplace by 10% from baseline in 2016 to 2017. Baseline: 63% of surveyed workshop attendees indicated their workplace had an emergency action plan in Feb 2016.	Intermediate-term	Percent of workshop attendees self-reporting that their workplace has an emergency action plan.	Surveys from Task Force Workshop attendees.	Met goal with a 13.9 % increase. 2017: 76.9% of surveyed workshop attendees indicated their workplace had an emergency action plan in 2017. Next steps began to offer a series of disaster/ emergency preparedness to social service agencies.
Disaster/ emergency preparedness for social service agencies.	Increase number of social service agencies with knowledge of an emergency action plans in the workplace by 10%,	Intermediate-term	Number of workshop attendees from social service agencies self- reporting that their workplace has an emergency action.	Surveys from Task Force Workshop attendee	In 2017, we established our baseline: 67%, (30/46) of social support agencies attendees surveyed indicated that their workplace has an emergency action plan.



Safe Communities America Application: Criteria IV – Fort Worth Safe Communities Coalition

NATIONAL BAI	Safe C	ommunices America A	oplication: Criteria IV – Fort	. Worth Sale Communities	Coantion
	from baseline in 2017 to 2019.				Next steps includes a safety and preparedness fair located onsite with our largest volume of social service agencies in Fort Worth.
Permanent Medication Take-Back Sites	Increase permanent locations for safe disposal kiosks from one to a minimum of 3 sites by 2018.	Long-term	Number of kiosks installed & Pounds of medications collected (to demonstrate need/utilization)	Sites captured through meeting minutes. Pounds of medications collected is provided through report of site liaisons and DEA Take Back event data for Fort Worth.	Met goal with a total of 10 permanent safe disposal kiosks in Fort Worth from 2013 to 2017. Next steps began with creation of meddropbox.org site to provide further information on locations and safe use/safe storage/safe disposal. Will be monitoring site for utilization.
Elder Abuse Reporting by First Responders through D.E.T.E.C.T. documentation tool	Increase in reports of in-home alleged elder abuse/neglect intakes through local first responders by 100%, by 2018.	Intermediate-term	Number of reports to APS from first responder study participants.	Preliminary data from Coalition partners' D.E.T.E.C.T study	Preliminary data shared by the researcher suggests a 152% increase in overall reporting during the first year. Baseline reporting data cannot be shared at this juncture. Results pending study final projected in 2018.



Safe Communities America Application: Criteria IV – Fort Worth Safe Communities Coalition

		701111100 7 111101100 7 1			
Older Adult Falls Prevention Activities for Modifiable Risk Factors *Classes *Medication Review *Home Assessments	Reduce the rate of injury from falls in adults 60+ that live in Fort Worth by 10%, from initial accreditation year (2012 – 728.5/100K) to reaccreditation (2015 – 641.5/100K)	Long-term	Number of calls to FWFD for 'Fall as cause of injury.'	Annual report of calls 'code 321' by FWFD for Fall as cause of injury	We are currently at a 12 percent decrease in falls with injury. Successes in programs for modifying fall risk factors has lent to the awarding of a second ACL grant for the evidence-based offering of A Matter of Balance.
Prescription pad for Free Falls Prevention Resources	Increase home assessments from 2014 to 2016	Intermediate	Number of home assessments for modifiable and environmental fall risk	Reported back from FWFD, and AAA	This effort did not seem to work through our current structure. We are reevaluating the approach and training Faith Community Nurses to engage in Home assessments with their congregations. Fire Department continues to offer this service.
Auto vs. Pedestrian/ Bicycle Road Safety Campaign	Increase partner organizations in Fort Worth involved in a collaborative shared road education campaign by 20% from baseline (2016) to reaccreditation (2017).	Short-term goal for Long-term project	Number of partner organizations involved in Road Safety Campaign.	Partner organizations captured through meeting minutes.	In progress. A smaller workgroup formed to organize the campaign. The larger group of partner organizations which will push out to once campaign is ready.



COMMUNITY INVENTORY OF SAFETY AND INJURY INITIATIVES

Instructions: This section should be an audit of all the injury-related programs, policies, and practices available in your community. This should provide your community with a broad view of all the activities occurring in the community, identify duplicated efforts, and encourage cross collaboration between agencies in the community. Use the template to list all initiatives by injury areas. Include the initiative name and target population; add additional rows as needed. View a sample table.

Road/Traffic Safety

Name of initiative	Target group
Age-Friendly Fort Worth	All ages
Bicycle Helmets	Ages 0-14
Bike Fort Worth	All ages
Blue Zones Vision Zero Initiative	All ages
Car Seat Safety Checks	Ages 0-8
Child Passenger Safety for Healthcare Professionals	Healthcare Professionals
Child Passenger Safety Orientation for NICU Staff	NICU Staff
Children Riding in the Front Seat of a Vehicle	All ages
Children Riding Rear	All ages
Click it or Ticket	All ages
Defensive Driving	Ages 16+
Don't Drive Distracted	Ages 16+
Drive Sober or Get Pulled Over campaign	All ages
Drunk Driving - MADD	Adults 18+
DWI/DUI enforcement	All ages
Freeway DWI Interdiction	Adults 18+
My Ride Tarrant	All ages
Never Leave Your Child Alone in a car	Adults with children
Our Driving Concerns	Ages 16+
Reality Education for Drivers (RED) Program	14-16
Red Light Enforcement	Ages 16+
RED Program	Teenagers
Road Safety Campaign	All ages
Safe Riders	Ages 16+
Safe routes to schools	Ages 0-19
Safety in and Around Cars	Ages 16+
Shattered Dreams	High school
Transportation Program	All ages
TxDOT	All ages
Underage Drinking	Ages 16-20

Walk The Way	Ages 16+
,	

Falls Prevention

Name of initiative	Target group
A Matter of Balance	Adults 65+
Falls Prevention	Adults 65+
Home Assessments	Adults 60+
Medication Management - Home Meds	Ages 35+
Meals on Wheels	Adults 65+
Preventing Falls among older adults	Adults 65+
Senior Health lunch and learns	Adults 60+
STEADI	Adults 65+

Drug overdose, Poisoning and Substance Abuse Prevention

Name of initiative	Target group
Carbon Monoxide Safety	All ages
Drug Disposal/Takeback	All ages
Drug Impairment Training for Employers	Employers
Drug Lockboxes/Storage	All ages
Illicit Substance Use	All ages
Naloxone Use	All ages
Pain Management	All ages
Poison Control Hotline	All ages
Poisoning Prevention	All ages
Prescription Drug Use	All ages
Overdose	All ages
Safe Dosage	All ages
Treatment Centers/Counseling	All ages
Underage Drinking - MADD	Under 21

Workplace Safety or Disaster/Emergency Preparedness

Name of initiative	Target group	
Community Emergency Response Teams	Ages 18+	
Disaster Management	All ages	
Drowning Prevention/Water Safety	Ages 0-4, All ages	
Emergency Preparedness	All ages	
Emergency Shelter	All ages	
Fire Smoke Alarms/Detectors	All ages	
First Aid Training	All ages	
Fort Worth Drowning Prevention Coalition	All ages	

Hard Hats for Little Heads	Minors
Home Heating Fire Safety	All ages
KnoWhat2Do Adults/ Emergency Preparedness	Adults all ages
KnoWhat2Do Emergency Preparedness	All ages
KnoWhat2DoKids /Emergency Preparedness	All ages
Nixle	All ages
Project ADAM	School Age
Outdoor Warning Siren System	All ages
Safety Basics with Safety Bear	Ages 0-14
Severe Weather	All ages
Smoke Detector Program	All ages
Special Needs Assistance Program (SNAP)	All ages
SPORTS Symposium	Ages 0-14
Street Outreach Services	All ages
Swim Emler	All ages
Swimming Lessons	All ages
Trauma Talk	Healthcare professionals

Violence/Abuse or Suicide Prevention

Name of initiative	Target group
Annual Crime and Prevention Safety Fair	All ages
Bright Futures: Stop Gang Violence	All ages
Child Abuse Advocates	Ages 0-18
Child Abuse prevention	Ages 0-18
Citizens on Patrol	Ages 18+
Crime Stoppers	All ages
Cyber Bullying	All ages
Domestic Violence Prevention	All ages
Elder Abuse Prevention	Elderly adults
Financial Exploitation Prevention Center	Elderly adults
Guardianship Services	Elderly Adults
Life Skills Training	All ages
Little Ones: After School Safety Services for Elementary Students	Elementary students
The LOSS Team	All ages
Mental Health	All ages
Mobile Crisis Out Reach Team (MCOT)	All ages
Money Management	Ages 18+
Neighborhood Crime Watch	Ages 18+
PEARLS	Ages 14+
Period of Purple	New parents

Project Graduation	Hs seniors
QPR Training for Suicide prevention	All ages
Rape Crisis and Victims Services	All ages
Safe Council and Case Management for adults and children	All ages
Safe Response 24/7 Crisis Intervention	All ages
Sexual Assault/Violence	All ages
Shattered Dreams	High school
Strangulation	All ages
Suicide Prevention	All ages
The Jordan Elizabeth Harris Foundation/Depression and Suicide Prevention Coalition	All ages

RESEARCH ARTICLE

Open Access



Barriers in detecting elder abuse among emergency medical technicians

Jennifer M. Reingle Gonzalez^{1*}, M. Brad Cannell², Katelyn K. Jetelina¹ and Sepeadeh Radpour²

Abstract

Background: Elder abuse and neglect are highly under-reported in the United States. This may be partially attributed to low incidence of reporting among emergency medical technicians' (EMTs), despite state-mandated reporting of suspected elder abuse. Innovative solutions are needed to address under-reporting. The objective was to describe EMTs' experience detecting and reporting elder abuse.

Methods: Qualitative data were collected from 11 EMTs and 12 Adult Protective Services (APS) caseworkers that participated in one of five semi-structured focus groups. Focus group data were iteratively coded by two coders.

Results: Findings suggest a number of barriers prevent EMTs from reporting elder abuse to APS. Participants suggested that limited training on elder abuse detection or reporting has been provided to them. EMTs suggested that training, creation of an automated reporting system or brief screening tool could be used to enhance EMT's ability to detect and communicate suspected cases of elder abuse to APS.

Conclusions: Results from the present study suggest that EMTs may be uniquely situated to serve as elder abuse and neglect surveillance personnel. EMTs are eager to work with APS to address the under-reporting of elder abuse and neglect, but training is minimal and current reporting procedures are time-prohibitive given their primary role as emergency healthcare providers. Future studies should seek to translate these findings into practice by identifying specific indicators predictive of elder abuse and neglect for inclusion on an automated reporting instrument for EMTs.

Keywords: Elder abuse, Neglect, Exploitation, Older adult, Screening

Abbreviations: APS, Adult protective services; EA, Elder abuse, neglect, and exploitation; EMTs, Emergency medical technicians; FWSCC, Fort Worth [TX] Safe Communities Coalition; US, United States.

Background

Community-dwelling older adults in the United States who experience abuse or neglect have approximately 200–400 % greater odds of mortality when compared to older adults who do not experience abuse or neglect [1, 2]. Chronic morbidities, including depression or anxiety, chronic pain, high blood pressure and heart problems, are also more common among adults over 65 who are not abused or neglected [2–5]. And although the true economic costs of Elder Abuse have

yet to be quantified with certainty, estimates reach into the billions of dollars each year [6].

Despite these poor outcomes, elder abuse and neglect are highly under-reported in the United States (U.S.) [7–10]. Estimates suggest that between 1.6 and 11 % of older adults experience abuse each year [11], but only 1 in as many as 24 cases of elder abuse are reported to the authorities [7, 9, 12]. Similarly, using both APS records and self-report data, results from one of the most comprehensive epidemiological studies on the prevalence of elder abuse to date found that 76 out of every 1000 older adults in New York were confirmed victims of elder abuse between 2008 and 2009, and 141 of every 1000 older adults were victims of some form of elder abuse at least once since turning 60 [9]. Of these victims, only 3.24 per

Full list of author information is available at the end of the article



 $[\]hbox{* Correspondence: Jennifer.Reingle@UTSouthwestern.edu}\\$

¹Department of Epidemiology, Human Genetics and Environmental Sciences, UT School of Public Health, Dallas Regional Campus, 6011 Harry Hines Blvd. V.8.112. Dallas. TX 75390. USA

1000 older adults contacted social services or law enforcement for investigation and support. [9] Most of these cases were neglect by a third party (e.g., not self-neglect) (64 %) or abuse (19 %) [9]. Therefore, it is clear that new strategies that enhance detection are necessary to reduce the burden of abuse and neglect among older adults.

The Fort Worth [TX] Safe Communities Coalition (FWSCC) is a member of Safe Communities America, an accreditation program of the National Safety Council. FWSCC includes stakeholders from local government and almost 200 other organizations, including Universities located in the Dallas/Fort Worth metropolitan area. FWSCC is made up of multiple task forces that seek to use collaborative, evidence-based methods for injury prevention and health promotion across the city [13]. During a meeting of the FWSCC Elder Abuse Task Force, the authors identified an unexpected trend in elder abuse reporting among emergency medical technicians (EMTs) employed by the largest mobile healthcare provider in North Texas. Data from this provider suggest that only 23 incidents of suspected elder abuse were reported to Adult Protective Services (APS) by EMTs in 2013, despite statemandated reporting of suspected elder abuse, neglect or exploitation in Texas [14, 15]. During the same year, EMTs responded to more than 30,000 calls for emergency services for older adults. Given the prevalence rates described above, we would expect to observe 480-3000 cases of elder abuse and/or neglect that were not detected or reported [7, 12]. This is particularly concerning because social isolation, dementia, and health and functional status are risk factors for elder abuse [16], and may hinder older adults' ability to self-identify and self-report abuse or neglectful situations [17]. Alternatively, older adults with cognitive or functional limitations may fear retaliation by a family member or caregiver, and as a result, continue to live in abusive or neglectful situations.

Because older adults are four-times more likely to use in-home emergency medical services than younger adults [18], EMTs are uniquely positioned to identify potential abusive or neglectful situations. EMTs can identify indicators of abuse or neglect (such as family interactions, home upkeep, medication availability, safety concerns and sanitation) not available to other emergency personnel, social workers or health care providers. In an effort to increase reporting and detection of abuse and neglect in North Texas, we conducted a qualitative investigation to understand how EMTs might act as surveillance personnel to enhance the detection, reporting, and investigation of suspected elder abuse and neglect cases. The long-term purpose of this project is to develop a screening tool for use by EMTs to streamline identification of potentially abusive or neglectful situations, reporting these cases to APS, and APS investigation. The first step in this process was to identify the primary barriers that currently exist to reporting suspected cases of elder abuse as perceived by EMTs, and to determine whether EMTs would be use a screening tool if it was available.

Methods

Setting

Details related to the study design and adherence to qualitative research protocols are described in Table 1 [19]. Participants were conveniently recruited from two agencies: 1) a large mobile healthcare provider in North Texas; and, 2) a regional APS office that serves the same metropolitan area. The mobile healthcare provider employs 220 EMTs that provide advanced life support to residents over a 15-county region (>100,000 service calls annually). The provider also offers innovative, preventive services to the community, including home visits for patient navigation among those who use the emergency department frequently, in-home care management visits, and home health partnerships. APS was included in this study because they are charged with investigating cases of elder abuse, neglect, and exploitation reported by parties that suspect abuse, including EMTs. Therefore, an assessment of EMT-APS communication and barriers to detection and reporting of abuse would be impossible without APS input.

Study population

At each site, senior administrators at each agency sent an e-mail to all employees (APS caseworkers and EMTs) with an invitation to participate in this study. The invitation made clear that participation was voluntary, and that choosing not to participate would not impact their employment. The senior administrators scheduled focus groups, and participants were paid by their agency as an incentive for participation. Agency administrators were not involved in data collection, and only research personnel not affiliated with either agency hosted, transcribed, coded and analyzed focus group data. Transcripts were not shared with each agency in light of the legal consequences associated with EMTs' failure to generate a report to APS when elder abuse or neglect is suspected.

Data collection

Five semi-structured focus groups ranging in size from 2 to 8 participants each, including 11 EMTs and 12 APS caseworkers (Total $N\!=\!23$) were conducted. Although understanding barriers that EMTs face in reporting abuse was the focus of this study, APS was included in focus groups because they are charged with investigating any report of the abuse, neglect, or exploitation of an adult living with disability or an adult aged 65 or older

Table 1 Consolidated criteria for reporting qualitative studies (CORFO) checklist [19]

	Investigators (n = 2)	Graduate research assistants (GRAs; $n = 4$)
Domain 1: Research team and reflexivity		
Personal characteristics		
Interview/facilitator	At least one Investigator led each of the 5 focus groups	Three of the four project GRAs assisted in focus group administration as note-takers
Credentials	PhD	1) A doctoral candidate with a MPH degree
		2) A medical student
		3) M.S. student with experience in qualitative research
		4) Recent MPH graduate
Occupation	Assistant Professors at large research universities in the Dallas-Fort Worth area	All GRAs were current students during the time of the study
Gender	1 male; 1 female	1 male; 3 female
Experience and training	Both Investigators received a PhD in epidemiology from an accredited school of public health. One investigator has previously conducted and published qualitative research studies	All GRAs were required to read a training manual on qualitative research procedures. All GRAs had training in human subjects research
Relationship with participants		
Relationship established	No relationship with focus group participants b	efore study commencement
Participant knowledge of the interviewer	Participants had no knowledge of the researcher's personal goals or reasons for doing the research be focus groups were conducted.	
Interviewer characteristics	Participants were informed that the Investigators were researchers from local universities. G were introduced as research assistants. Participants were told that the focus groups were be conducted as part of a National Institute of Justice funded study to create a screening tool that would attenuate barriers to reporting elder abuse and neglect.	
Domain 2: Study design		
Theoretical framework	EMTs	APS
Methodological orientation and theory	Grounded Theory	
Participant selection		
Sampling	Participants were sampled conveniently	
Method of approach	All EMTs employed by the mobile healthcare prescrive staff members at each agency (not the	
Sample size	11	12
Non-participation	Executive staff members at the mobile healthcare provider and APS were responsible for recrui participants. Given the sensitivity of this topic, the research team was not provided identifia information about the participants (or potential participants) and information about non-participation could not be assessed.	
Setting		
Setting of data collection	Mobile healthcare provider office	Local APS branch office
Presence of non-participants	No persons other than the researchers and the	participants were present during data collection
Description of sample	Gender: 7 were men and 4 were women.	Gender: 11 were women, 1 man
	Race/Ethnicity: All were White, and one also identified as Hispanic.	Race/Ethnicity: One participant was White and the remainder were Black.
	Age: Mean was 40 years old (range 20-67)	Age: Mean of 39 years (range 23-63)
	Experience: Mean paramedic-level EMT for 7 years (range 2-22 years)	Experience: APS employee for 10 years (range <1-35)
Data collection		
Interview guide	The authors provided questions and prompts. However, the focus groups were semi-structured in nature and the conversation commonly deviated from the script.	
Repeat interviews	No repeat interviews were carried out.	

Table 1 Consolidated criteria for reporting qualitative studies (COREQ) checklist [19] (Continued)

Audio/visual recording Audio, but not visual, recording was used to collect data. After recording were transcribed by a GRA and verified by an Investigator, recordings were destroyed. Field notes The secondary interviewer took field notes during each focus group. Duration 1 - 1.5 h The research team discussed data saturation after the first 3 focus groups and again after 2 Data saturation additional focus groups. Data collection continued after the first 3 focus groups because the transcripts did not reflect saturation (new themes were being identified in focus group 3). After 5 focus groups, data collection was deemed complete, as no new themes were identified after transcript examination. Transcripts returned Transcripts were not returned to participants for comments or corrections, as no identifiable information about participants was collected. Domain 3: Analysis and findings Data analysis Number of coders Two coders coded data (one Investigator and one trained GRA) Description of the coding tree There was no a priori coding tree created due to the limited theoretical knowledge base in this area. The two coders used a 'two rivers' approach to coding and identifying themes [33] Derivation of themes Themes were derived from the data and not identified in advance Software Dedoose 2.0 was used for data management Participant checking Participants did not provide feedback on the findings. However, executive staff members at the mobile healthcare provider organization were provided a list of major themes. Reporting Quotations presented Participant quotations are presented to illustrate themes. Data and findings consistent There was consistency between the data presented and study findings. Clarity of major themes All major themes relevant to the research question are discussed Clarity of minor themes Minor themes/diverse cases are discussed where relevant in the text.

[20]. If needed, APS provides services to the older adult and takes steps to prevent further harm [20]. Therefore, our understanding of barriers to abuse reporting would be impossible and largely incomplete without APS input.

EMT (n = 3) and APS (n = 2) focus groups were conducted on-site at each agency's location between May and June, 2015. No administrators were present during data collection. When participants arrived for their scheduled focus groups, written informed consent was obtained, and participants completed a brief demographic questionnaire. A member of the research team informed participants that the purpose of these focus groups is to understand EMT experiences about elder abuse, barriers that might exist to reporting elder abuse, and identify methods for enhancing communication and reporting of potential elder abuse or neglect cases with APS. To minimize social desirability biases, a member of the research team instructed participants that there are no right or wrong answers, and that identifiable information will not be linked with their responses in any way.

Semi-structured focus groups lasted slightly longer than one hour (see Additional file 1 for interview guide). Focus groups began with a general discussion about case(s) of elder abuse encountered (for EMTs) or working with EMTs on a case that they reported (for APS) to encourage group discussions about field experiences [21]. EMTs were queried about why they did/did not report suspected cases of elder abuse, barriers to reporting, and whether they believe that it is "hard to determine" if elder abuse is occurring. At the end of each focus group, participants were asked to comment on how a hypothetical screening tool (if developed) might enhance: 1) the ease of reporting suspected cases of elder abuse or neglect by EMTs, 2) transmission of case information to APS, and 3) successful investigation.

All sessions were audio recorded and transcribed by a trained research assistant immediately after each focus group. To ensure anonymity, all participants were assigned a number that would be used in place of their name for the duration of the focus group. The Institutional Review Board at the University of North Texas Health Science Center approved the data collection protocol.

Analytical methods

Systematic procedures of qualitative data analysis included: intensive reading of the text and group discussion of the transcripts by all members of the research team, coding by two investigators (a study co-Investigator and trained graduate student), inductive thematic identification, data reduction, and interpretation. These processes were iterative and coding occurred during the same time

period for both coders (May-July, 2015). Inconsistencies in the coding process and findings were resolved by the research team. After the fifth focus group session, no new themes emerged in the transcripts (e.g., saturation was achieved) and no further focus groups were scheduled. All excerpts were coded by both coders without predetermined themes in mind to minimize introduction of bias. Dedoose was used for all coding, organization and data reduction [22].

Results

Demographic information about participants is provided in Table 1. Ninety-one percent of EMTs made at least one report of suspected elder abuse to APS during their lifetime. All EMTs expressed a desire to work more closely with APS and believed that they have a "...responsibility [to report suspicions of elder abuse]. You take on a certain degree of responsibility if you don't report it." When cases go un-reported, EMTs felt guilt, as illustrated by an EMT saying "I actually should have [reported a case to APS] and I didn't. I actually feel guilty."

The aim of the present study was to understand EMTs' experience detecting and reporting elder abuse to APS. Findings suggest at least five barriers inhibited EMT's ability to detect and/or report abuse or neglect. First, EMTs noted that older adults may elect or even prefer to live in environments that EMTs perceive as intrinsically neglectful. This reduces the EMT's confidence in making the decision to report abuse, as "The older adult is] willingly living in a house with their daughter or niece, granddaughter, whoever, and it's filth and you have roaches crawling allover the walls... and you sit there and [think], 'is this really abuse?" In other words, EMTs perceive that the living conditions are normative to the older adult, or that the older adult might prefer to live in a neglectful lifestyle rather than being placed in a nursing home:

"... They grew up in [that environment] and that's what they're used to, and that you know the 65-year-old, the woman ... [who] was living in piles of trash, she wanted to live there and didn't want to move out, she was fine living in that, and its not fair [to assume abuse or neglect] you know?"

Similarly, one EMT reported:

"APS has been out there and determined it was an [unsafe] situation and... removed the patient from the house and put them in a nursing home, and I have been out there for that... The patient is going ballistic all over them, 'You can't take me away from my house,' and it's just a sad case."

Second, the decision to report a suspected case to APS weighs heavily on EMTs, as they bear the moral burden of "wrecking someone's life" based upon "gut" instincts that abuse may be occurring. EMTs also highlighted the consequences associated with reports of suspected elder abuse to APS. One EMT stated, "How much do you want to invade their life, with getting the state involved, to maybe tear everything apart?" EMTs were hesitant to judge older adult's living conditions as abusive or neglectful given the consequences of reporting, but suggested that training or a checklist to guide their reporting decision would alleviate some of the emotional burden associated with reporting to APS.

Third, EMTs reported that time restrictions prevent them from reporting all cases of abuse that they encounter. For instance, because EMTs are dispatched immediately from one call to another, they have little time to locate a phone number for APS and transmit all of the details necessary to report a case. One EMT reported that a single phone report to APS "...[has] taken me an hour to even get someone on the line...I had that time to actually sit. In the streets, you don't have that time. So it is really frustrating," and this time commitment was corroborated by EMTs in each focus group. As a result, a situation "has to be pretty outstanding for me [an EMT] to report it." Although an electronic reporting option is available, it is unreliable for EMTs, as they "usually have to wait until after your shift [to contact APS], [be]cause the internet on the truck is spotty and it disconnects ... so if I start a report and the network goes down, then everything I've done is deleted." In general, the current methods available to report suspicions of elder abuse and neglect to APS were repeatedly deemed as frustrating, time consuming, and burdensome. APS caseworkers also noted that telephone communication could be a barrier to reporting for EMTs, particularly in light of EMT's time constraints. Because all calls to APS are routed through a central office (not local APS regional offices), systemic modifications to enhance communication between APS and EMTs are necessary.

Fourth, at the end of a 12-h shift, EMTs reported difficulty recalling sufficient information about a patient during a call to APS ("It's trying to remember enough, so when I call four hours later when I get off shift and get APS all the information they need") and,

"Information is lost because in four hours, that's four new patients, four new houses, four new calls"

"The past few nights we get back to back to back calls for the first 6-7 h of our shift, and then next five hours we're not doing much, but how are you supposed to distinguish details between the first and last call?"

As a result, "you mix up information on a patient [from] another call," and data relayed to APS may not be accurate and result in an unfounded investigation. The fast-paced nature of the mobile healthcare industry requires user-friendly reporting protocols. When EMTs were asked if an automated reporting program, such as a checklist or screening tool would help them report cases, the response was overwhelmingly positive: "If [reporting cases of suspected elder abuse to APS] were easier to do, I would report it every time I suspected it." Therefore, the data clearly suggest that the volume of patients seen by EMTs over the course of a single shift inhibits their ability contact APS and provide detailed information to file a report in a timely fashion. If new training or reporting programs were developed that could enhance EMTs' ability to report suspected cases promptly and accurately, these more complete reports could lead to more successful APS investigations.

Finally, at the end of the focus groups, facilitators prompted EMTs to discuss the utility of a brief checklist or screening tool that could automatically generate and transmit a report to APS. Participants suggested that this type of instrument would increase their confidence in reporting potential cases of elder abuse or neglect to APS. EMTs noted that there is substantial "grey area," (or uncertainty about reporting, the final barrier) and when they are fatigued after a long shift, subtle signals that could represent abuse or neglect might be overlooked. A checklist or screening tool would help ensure that EMTs were attentive to the circumstances that might warrant an APS report.

APS caseworkers sympathized with the barriers that prevent EMTs from reporting cases. In both APS focus groups, caseworkers noted that it is "time consuming to submit a report either online or [via the hotline]," and that "EMTs just don't have time [to report]." Caseworkers agreed that calls to their hotline may last upwards of an hour, and that EMTs simply do not have the time to report all cases given their employment responsibilities.

In summary, EMTs consistently noted that, "[contacting APS] was not an easy process... I had to bend backwards to do it." Notably, not a single EMT suggested that APS is easy to contact, or that reports can be generated in a timely manner. All EMTs agreed that they would "definitely" or "probably" use a screening tool if one were available, and EMTs agreed that training on the indicators of abuse and neglect is needed. These consistent findings highlight the need for an integrated reporting system that could automatically flag potential abusive or neglectful situations and generate a report transmitted to APS without addition burden on the EMT.

Discussion

Findings from this study suggest that EMTs are eager to work with APS to address the under-reporting of elder abuse and neglect, but the current reporting procedures are time-prohibitive given their role as emergency healthcare providers. EMTs were largely supportive of new training programs or development of a brief checklist that would enable them to easily identify and communicate specific details about potential cases with APS during or immediately following calls for service while details are clear in their minds. Currently, EMTs receive only thirty minutes or less of training on elder abuse and neglect during their basic certification course. Therefore, additional continuing education courses should be focused on training EMTs to identify potential elder abuse or neglect and communicate the details of these cases with APS [23].

Almost all participating EMTs agreed that elder abuse is difficult to detect, and that there is "grey area" that may inhibit their ability to accurately detect situational and living conditions that may constitute abuse or neglect, particularly when they are fatigued at the end of their shifts. This finding is consistent with a previous qualitative study, which found that EMTs in Michigan reported only 27 % of suspected cases of abuse or neglect to authorities [23]. All EMTs agreed that a brief checklist would increase their confidence level in reporting to APS, and as a result, reduce their moral anxiety. These new protocols (e.g., training and checklists) could simplify and automate the processes associated with reporting suspected cases to APS, and as a result, link older adults in potentially dangerous situations with assistance.

Several screening tools for EA currently exist, but none to our knowledge are appropriate for use by EMTs in their current form [24–30]. For example, some existing tools require that questions be asked of the caregiver and/or the older adult [31]. If a caregiver is not present when EMTs enter a residence, these tools that require a caregiver response could not be completed. Other tools were designed for physicians and are simply not practical for prehospital care, field-based settings [24, 27]. In the field, EMT's goal is to provide medical care; detection of elder abuse is ancillary. However, it is important to note that existing screening tools, such as the Elder Abuse Suspicion Index (EASI) [27], incorporate clinical judgement into the final assessment. Finally, other tools are very lengthy and cannot reasonably be completed in a field setting [32]. The limitations of previous developed screening tools highlight the need for a validated tool that relies upon EMT's contextual observation rather than questionnaires.

Strengths & limitations

Although results from this study were consistent across five focus groups, it is important to consider that data were collected from a small number of EMTs and APS caseworkers from North Texas. Future research on this topic should replicate these findings across other populations. Second, the long-term goal of this project was to develop a screening tool for EMTs, and this was briefly mentioned during informed consent ascertainment. Participants were told that the investigators seek to understand their unbiased opinions, but it is possible that the brief mention of the study purpose could have biased the discussion in favor of the screening tool. Participants were asked to provide very specific information about what factors would make them more or less likely to actually use a screening tool and many deterrents were identified (e.g., too many items, too many open-ended questions, questions are too long, etc.). Therefore, because focus group participants provided critical information (in addition to positive suggestions), we are confident that social desirability biases were minimized.

In light of these limitations, a number of strengths should be considered. First, this topic has great potential for large-scale public health impact if a method was developed to enhance the detection, reporting and successful investigation of elder abuse and neglect nationally. Second, the authors were able to gain stakeholder support from EMT and APS leadership, which allowed for this uncensored discussion of elder abuse and neglect reporting, a highly sensitive subject.

Conclusion

Further developmental research is currently underway to identify which specific indicators of elder abuse and neglect identified from these focus groups are best suited for inclusion on a screening tool for EMTs. Using these indicators, randomized trials should be conducted to determine whether the screening tool truly enhances APS caseworkers' ability to successfully investigate cases. Overall, results from the present study suggest that EMTs may be uniquely situated to serve as elder abuse and neglect surveillance personnel.

Additional file

Additional file 1: Interview Guide. A semi-structured interview guide for APS and EMT focus groups. (DOCX 32 kb)

Acknowledgements

The authors wish to acknowledge MedStar, Adult Protective Services, John Farris, Amanda Robbins, and the Fort Worth Safe Communities Coalition for their continuing support and dedication in this project.

Funding

This project was supported by Award No. 2014-MU-CX-0102, awarded by the National Institute of Justice, Office of Justice Programs, U.S. Department of

Justice. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect those of the Department of Justice.

Availability of data and materials

The data will not be shared due to the level of security necessary and proper for the protection of study participants.

Authors' contributions

JMRG conceptualized the study, oversaw data collection and transcription, coded, and analyzed all focus group data. JMRG also drafted the first iteration of this manuscript. MBC is the principal investigator on this study, oversaw data collection, and coordinated all focus group data collection with EMTs and APS caseworkers. MBC also assisted in drafting the introduction and provided feedback throughout the development of this study. KKJ assisted in the transcription of focus group data and provided ongoing feedback and development for this study.SR edited and revised manuscript drafts. All authors have read and approved the final version of the manuscript.

Competing interests

The authors declare that they have no competing interests. The authors alone are responsible for the content and writing of the paper.

Consent for publication

Not Applicable.

Ethics approval and consent to participate

Informed consent was obtained from all participants. Human subjects research approval was obtained by the IRB at the University of North Texas Health Science Center.

Author details

¹Department of Epidemiology, Human Genetics and Environmental Sciences, UT School of Public Health, Dallas Regional Campus, 6011 Harry Hines Blvd. V.8.112, Dallas, TX 75390, USA. ²Department of Biostatistics and Epidemiology, University of North Texas Health Science Center, Fort Worth, TX, USA.

Received: 19 February 2016 Accepted: 26 August 2016 Published online: 02 September 2016

References

- Lachs MS, Williams CS, O'Brien S, Pillemer KA, Charlson ME. The mortality of elder mistreatment. JAMA. 1998;280(5):428–32.
- Comijs HC, Penninx BWJH, Knipscheer KPM, van Tilburg W. Psychological distress in victims of elder mistreatment: The effects of social support and coping. J Gerontol. 1999;54B(4):240–5.
- Bitondo Dyer C, Pavlik VN, Murphy KP, Hyman DJ. The high prevalence of depression and dementia in elder abuse or neglect. J Am Geriatr Soc. 2000;48:205–8.
- Burt M, Katz B. Rape, robbery, and burglary: Responses to actual and feared criminal victimization, with special focus on women and the elderly. Victimology. 1985;10:325–58.
- Dong X, Simon M, Mendes de Leon C, et al. Elder self-neglect and abuse and mortality risk in a community-dwelling population. JAMA. 2009;302(5):517–26.
- Connolly M, Brandl B, Breckman R. The elder justice roadmap: a stakeholder initiative to respond to an emerging health, justice, financial and social crisis. Washington, D.C: Department of Justice; 2014.
- Acierno R, Hernandez MA, Amstadter AB, et al. Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: the National Elder Mistreatment Study. Am J Public Health. 2010;100(2):292–7.
- National Research Council. Elder mistreatment: Abuse, neglect, and exploitation in an aging America, page 73. Washington, D.C: The National Academies Press: 2002.
- New York Department for the Aging. Under the Radar: New York state elder abuse prevalence study. New York: Weill Cornell Medical Center, Cornell University; 2011.

- Ziminski CE, Rempusheski VT. Examining barriers to self-reporting of elder physical abuse in community-dwelling older adults. Geriatr Nurs. 2014;35:120–5.
- 11. Cooper CD, Selwood A, Livingston G. The prevalence of elder abuse and neglect: a systematic review. Age Ageing. 2008;37(2):151–60.
- Lachs MS, Williams C, O'Brien S, Hurst L, Horwitz R. Risk factors for reported elder abuse and neglect: a nine-year observational cohort study. Gerontologist. 1997;37(4):469–74.
- Robins A [personal communication]. Co-Chair of Fort Worth Safe Communities Coalition. Fort Worth: 2014.
- 14. Texas Human Resources Code. Chapter 48. §§ 48.002, 48.051, 48.052; 2009.
- Texas Penal Code. Texas Mandatory Reporting Requirements. §§ 12.21, 48.052 2009.
- Pillemer KA, Mueller-Johnson KU, Mock SE, Suitor JJ, Lachs MS. Interventions to Prevent Elder Mistreatment. In: Doll L, Bonzo S, Mercy J, Sleet D, Haas E, editors. Handbook of injury and violence prevention. New York: Springer Science + Business Media; 2007. p. 241–54.
- National Center of Elder Abuse. Elder Abuse: The size of the problem. Washington, DC: Department of Health and Human Services; 2014.
- Shah MN, Bazarian JJ, Lerner EB, et al. The epidemiology of emergency medical services use by older adults: an analysis of the National Hospital Ambulatory Medical Care Survey. Acad Emerg Med. 2007;14(5):441–7.
- Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International J Qual Health Care. 2007;19(6):349–57.
- Texas Department of Family and Protective Services. DFPS- About Texas
 Adult Protective Services. Austin: Texas Department of Family and Protective
 Serivces: 2015.
- 21. Morgan DL. Focuse Groups as Qualitative Research. Newbury Park: Sage; 1988.
- Dedoose. Web application for managing, analyzing, and presenting qualitative and mixed method research data. In. Version 5.0.11 ed. Los Angeles: SocioCultural Research Consultants, LLC; 2014.
- 23. Jones JS, Walker G, Krohmer JR. To report or not to report: emergency services response to elder abuse. Prehosp Disaster Med. 1995;10(2):96–100.
- Ferguson D, Beck C. HALF—A tool to assess elder abuse within the family. Geriatr Nurs. 1983;4(5):301–4.
- Neale AV, Hwalek MA, Scott RO, Sengstock MC, Stahl C. Validation of the Hwalek-Sengstock elder abuse screening test. J Appl Gerontol. 1991:10(4):406–18.
- Reis M, Nahmiash D. Validation of the caregiver abuse screen (CASE). Can J Aging. 1995;14(S2):45–60.
- Yaffe MJ, Wolfson C, Lithwick M, Weiss D. Development and validation of a tool to improve physician identification of elder abuse: the Elder Abuse Suspicion Index (EASI). J Elder Abuse Negl. 2008;20(3):276–300.
- Fulmer T, Paveza G, Abraham I, Fairchild S. Elder neglect assessment in the emergency department. J Emerg Nurs. 2000;26(5):436–43.
- 29. Johnson D. Abuse of the elderly. Nurse Pract. 1981;6(1):29-34.
- Tomita SK. Detection and treatment of elderly abuse and neglect: a protocol for health care professionals. Phys Occup Ther Geriatr. 1983;2(2):37–51.
- Reis M, Nahmiash D. Validation of the indicators of abuse (IOA) screen. Gerontologist. 1998;38(4):471–80.
- Fulmer TT, Cahill VM. Assessing elder abuse: a study. J Gerontol Nurs. 1984;10(12):16–20.
- Rubin HJ, Rubin IS. Qualitative interviewing: The art of hearing data. Thousand Oaks: Sage; 2011.

Submit your next manuscript to BioMed Central and we will help you at every step:

- We accept pre-submission inquiries
- Our selector tool helps you to find the most relevant journal
- We provide round the clock customer support
- Convenient online submission
- Thorough peer review
- Inclusion in PubMed and all major indexing services
- Maximum visibility for your research

Submit your manuscript at www.biomedcentral.com/submit



School of Public Health

HOME (HTTPS://WWW.UNTHSC.EDU/) > SCHOOL OF PUBLIC HEALTH (HTTPS://WWW.UNTHSC.EDU/SCHOOL-OF-PUBLIC-HEALTH) > DETECTING ELDER ABUSE

Detecting Elder Abuse

(https://www.unthsc.edu/school-of-public-health/wp-content/uploads/sites/8/Detecting-elder-abuse-2.jpg)According to the Centers for Disease Control and Prevention (CDC), more than 500,000 older adults are believed to be abused or neglected each year across the U.S. To address this growing public health concern, Dr. Brad Cannell received a grant from the U.S. Department of Justice, National Institute of Justice, to develop an elder abuse screening tool for emergency medical personnel responding to 911 calls. The new screening tool, called DETECT (Detection of Elder Abuse Through Emergency Care Technicians), guides



EMTs through an objective tool to identify warning signs that suggest the need for a referral to Adult Protective Services (APS). Dr. Cannell collaborates with the Elder Abuse Task Force of the Fort Worth Safe Communities Coalition, MedStar, Texas Adult Protective Services, and Dr. Jenn Reingle from the University of Texas School of Public Health on this project. MedStar Mobile Healthcare in Fort Worth, the community's primary 911 responder, is piloting the development of the tool. It is expected to be available later for other responders nationwide, including police and fire fighters.

For more information, read this UNTHSC news story (https://www.unthsc.edu/newsroom/story/a-more-effective-way-to-identify-elder-abuse/)

This page was last modified on June 16, 2017

Health and Human Services Commission Prescription Drug Misuse Prevention Town Hall



Thursday, June 1st 2017 2:00-5:00 PM UNT Health Science Center MET 125 S 3500 Camp Bowie Blvd., Fort Worth TX 76107

Presenters will include:

- John R. Parker, U.S. Attorney, Northern District of Texas
- Dr. Catherine Colquitt, Medical Director, Tarrant County Public Health
- Amanda Robbins, Program Director Fort Worth Safe Communities Coalition
 - Cynthia Velazquez, Program Director- Challenge of Tarrant County
 - Dr. Carol Nati, Medical Director My Health My Resources







National Experts on Opioid and Other Addictions Equip Faith and Community Leaders.



Live from Washington D.C., the U.S. Department of Health and Human Services will convene national leaders and experts to talk about the opioid epidemic and other addictions via Livestream to raise awareness, encourage compassion, and reinforce the role of community and families in long-term recovery and prevention.

Challenge of Tarrant County will host a post-broadcast conversation with local experts to discuss approaches that will foster healing for individuals and families and align regional efforts to address this public health epidemic.

Wednesday, September 27, 2017 11:30 am-2:00 pm

Lunch Provided

Hurst Conference Center 1601 Campus Drive Hurst, TX 76054

CEUs available for Social Work, LCDC, and LPC. To register, go to https://opioidepidemicandfaithandcommunityleaders.eventbrite.com

SPONSORED BY:





















Situational Awareness and Decision Making

by Fort Worth Safe Communities Coalition - Disaster Preparedness Task Force

Free

DESCRIPTION

This free seminar is provided to protect you, your employees and ultimately your business.

Establishing a method for situational awareness, learning to evaluate the behaviors of others and your surroundings then taking decisive action are first steps in the prevention of an adverse event.

Event is hosted by the FWSCC Disaster Preparedness Task Force.

Doors open thirty minutes prior to the event. Pre-registration is required. Free parking is available onsite.

Offered: June 27, 2017 9AM-11AM or 1PM-3PM

Questions? Contact us at info@fwscc.org.

LOCATION

TCC Corporate Training Center AllianceTexas 13600 Heritage Parkway, Suite 100 Fort Worth, Texas 76177 View Map



https://www.eventbrite.com/e/situational-awareness-and-decision-making-tickets-33293106578

Disasters Don't Plan Ahead. You Can!

Tarrant County Resource Connection

2300 Circle Drive Fort Worth, Tx. 76119

Friday, September 29, 2017 10a.m. to 2p.m.





KnoWhat2Do Emergency Preparedness

Demonstration

Stop the Bleed Training

Information tables

- KnoWhat2Do
- Catholic Charities
- MedStar
- American Red Cross
- MHMR Tarrant
- And more

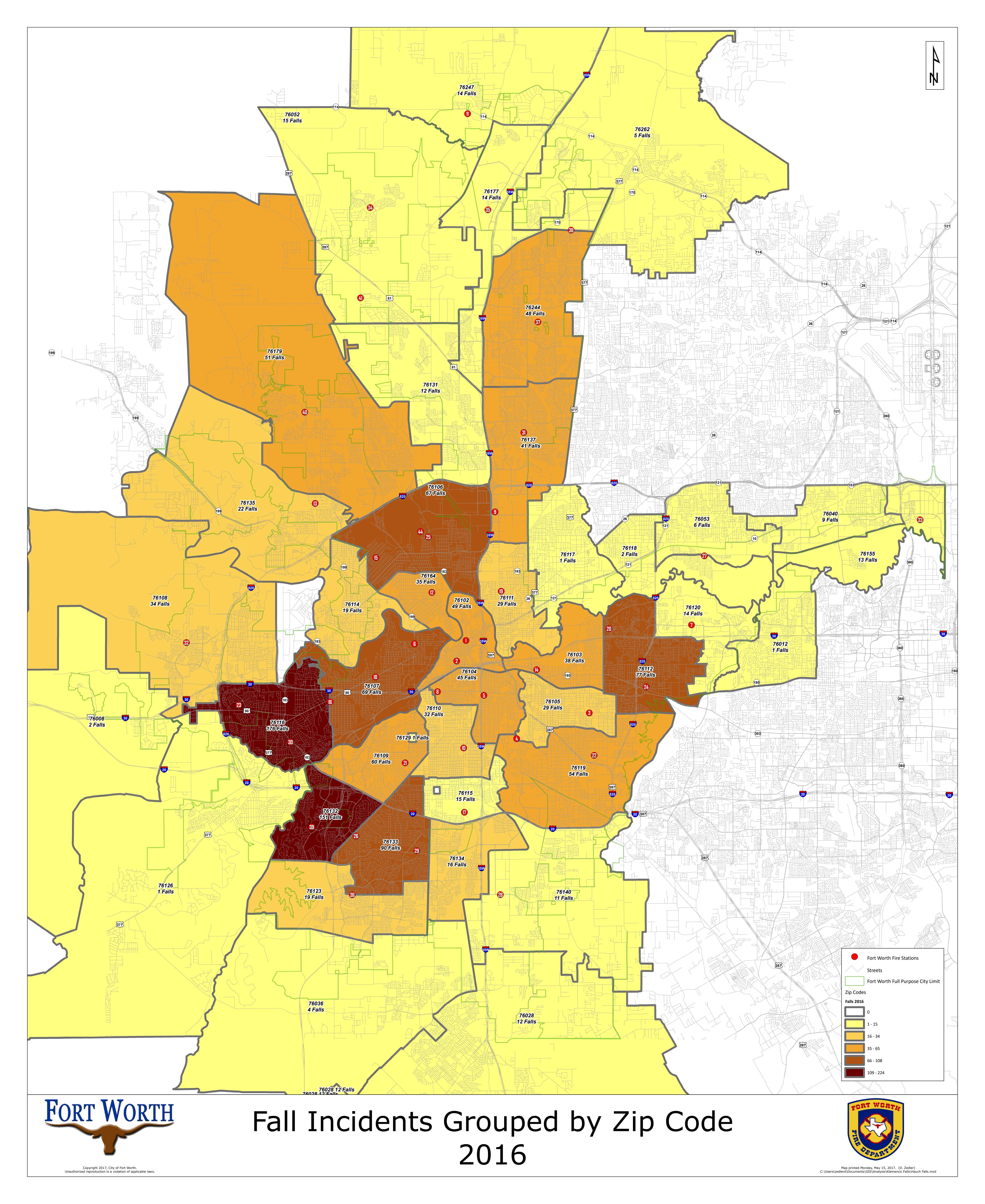


Think.Prepare.Act.



Food available for purchase Free parking

For more information, contact Corbin at 817-250-4874





HELP US IMPROVE Street Safety

Since 2011, Fort Worth has been listed by the Federal Highway Administration's Pedestrian-Bicycle Safety Focus cities due to our high number of pedestrian fatalities. In fact, ONE out of FOUR traffic fatalities in our city involves a pedestrian. The City of Fort Worth, Blue Zones Project, and Fort Worth Safe Communities are seeking community input for the development of a street safety education campaign. This public forum is open to all walkers, runners, cyclists, and anyone interested in creating a safer community for all users and all abilities.













