



“Trauma Nurses Talk Tough” Program Classes & Effectiveness

REV: 3/16

Mission Statement: The Trauma Nurses Talk Tough program mission is to teach the public how and why it is important to take responsibility for personal safety through injury prevention education.

Begun in 1987, the “Trauma Nurses Talk Tough” (TNTT) program teaches reasons for ‘risk avoidance’ integrated with asset/skill building and provides empowerment education. TNTT teaches people of all ages to take control of the risks in their lives. To motivate behavioral change, the presentations integrate fear appeal using negative and positive images and stories to make the threat immediate, real, and relevant, accompanied by equally impactful prevention messages and easily implemented prevention tools applying the protocol of EMPATHY-EMOTION-EMPOWERMENT as recommended by The Human Dynamics of Injury Prevention 2016.

Classes consist of slide/lecture presentations that are designed for pre-school children through elderly adult audiences. Information is structured in age appropriate stages and intensified presentation style. Some programs include a Parent Educator and/or Victim Speakers. The information is factually presented, based on real life stories about real people who have been injured. TNTT presentations illustrate the consequences of both safe and unsafe behavior including the physical, emotional, legal and financial aftermath confronting individuals, the family and community. Emphasis focuses on providing knowledge about the reasons for and importance of following laws and includes updated safety trend information for all ages.

Attendees of TNTT programs receive the following:

- ◆ Empowerment education
- ◆ Increased knowledge of what contributes to and the effects of high risk behavior
- ◆ Recommendations and information for injury prevention
- ◆ Asset-building recommendations for children, teens, and adults
- ◆ Increased communication between family members with strategies and ideas to increase safety

Pre and post, and for some programs, follow-up surveys have indicated effectiveness in self-reported behavior changes after attending TNTT programs.

Program information and materials revised as new data becomes available. An annual “Trauma Nurses Talk Tough” Day Conference for TNTT network members provides an opportunity to disseminate new materials and information, to provide training for new TNTT network members and to problem solve any challenges network members may experience.

TNTT provide workshops for statewide and national safety conferences to make materials and training available to develop TNTT Program classes.

Contact 503-413-4960 to be directed to the appropriate TNTT Program Coordinator

Initial TNTT Program including materials:

- ◆ **Digital version: \$200.00 includes written material and the videos**
- ◆ **Annual updates: \$50.00 on CD for existing TNTT network members**
- ◆ **Hosting TNTT Trainings *may* have further benefits. Call 504-413-4960 for details.**



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TNTT School Classes- pre-school, elementary, middle and high schools

Injuries are what kill and maim children. A Trauma Nurse, Medic, EMT, or Physicians presents injury causation and prevention information that is ***age appropriate*** for the attendees.

Replication: School programs are available in forty-eight (48) locations in Oregon as well as throughout the United States.

Effectiveness:

School Testing by Grade Level Results

Elementary

- ◆ **58%** of elementary school students indicated they had made a change to improve their safety as a result of the TNTT presentation
- ◆ **51%** indicated they were already safe and **3%** indicated it is not important
- ◆ **92% pretest indicated always buckled up, 33% posttest** reported buckling up more often
- ◆ **36%** reported wearing their helmet more often
- ◆ **39%** reported driving their bike more safely
- ◆ **37%** reported following the “rules of the road” more often
- ◆ **36%** reporting reminding other to buckle up more often.

Middle School

- ◆ **48%** reported making changes to improve their safety as result of the TNTT presentation
- ◆ **51%** reported already being safe and **2%** reported that they did not change their behavior because it wasn't important
- ◆ **93% pretest indicated always buckled up, 29% posttest** of the students reported buckling up more often
- ◆ **17%** reported driving their bike more safely
- ◆ **19%** reported wearing their helmet more often
- ◆ **24%** reported following the “rules of the road” more often
- ◆ **33%** reported reminding others to buckle up more often.

This age group is very challenging. We will continue to try to improve these results.

High School

- ◆ **57%** of the high school students reported changing their behavior as a result of seeing the TNTT presentation
- ◆ **40%** of the students reported no change due to already practicing safe behavior and **3%** reported that there was no change because it was not important
- ◆ **87% pretest indicated they always or almost always buckled up, 38% posttest** of the students reported buckling up more often
- ◆ **28%** reported reminding others to buckle up more often
- ◆ **26%** reported following the “rules of the road” more often

The percentages were much lower regarding the bike safety questions, but improved over previous years testing;

- ◆ **20%** reported driving their bike more safely and **15%** reporting wearing their helmet more frequently.

By this age, motor vehicle driving behaviors are clearly the most important issue, since motor vehicle crashes are the number one killer.

Overall, over **50%** of the all students seeing a TNTT presentation report a positive change in their traffic safety behavior.

Funding: Begun in 1984 with volunteers then segued to a Federal 402 grant in 1990; 1995 transitioned into a state funded grant and supported by Court Ordered classes.



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Court Referred Classes

For traffic-law violators referred by Law Enforcement or following Court appearances.

Safety Belt Class-traffic - court referred **Target Audience: 18-Adult**

This is a hospital based class developed to educate those drivers and passengers over the age of 16 years old who have been cited for not using safety belts. Collaborative efforts of TNTT slide presentation, uniformed police officer and video emphasize the difference between personal responsibility v/s personal rights, societal expense, the reason and the importance for following and enforcing laws, including the influence and impact on families and friends.

Replication: There are over 10 Safety Belt Class programs in Oregon and Washington. NHTSA funded a demonstration research project by an independent research organization replicating the TNTT Safety Belt Class at a hospital in a rural county in North Carolina. The study found that the course could be duplicated and conducted in a more rural setting than Portland, Oregon.

Effectiveness: After initiating a safety belt class for one county with a 17% safety belt use, data showed an increase to 94% use 6-months later. Males under age 25 had fewer traffic citations after attending classes. Oregon’s safety belt use rate was 50% before the law passed and is now over 98%. Most other states with primary enforcement laws only and without education DO NOT attain this level of use. TNTT contributed to Oregon now being number one in the nation for safety belt use.

The North Carolina study demonstrated an observed increase of 5-9% of safety belt use in the county, depending on the observation site, which was statistically significant. Post surveys also showed positive changes in attendees’ opinions about seat belt use, enforcement of seat belt laws, and improved knowledge of basic highway safety information after completing the class.

Development and Funding: Coordination in 1990 with Oregon DUII Task Force members of Judges, Court Administrators and Police along with involvement in lobbying for primary enforcement of safety belt laws began the community partnership to find funding and support for referral into the classes; self-sustained by class fee: \$20

High Risk Driver Class - court referred **Target Audience: 18-Adult** for speed 15>MPH over limit, careless, multiple citations history, traffic crimes, and crashes

Most HRD class referrals come from citing law enforcement officers and the courts. Other referrals to the class include: Lawyers, insurance agents, parents, interested individuals or in civil agreements.

A Trauma Nurse is the HRD education class primary instructor and guest speaker moderator. The class informs drivers of the risk and consequences of high-risk behavior in order to decrease injuries and fatalities, especially for young drivers, as a sentencing alternative. The class is a hospital based, eight-hour course that shares the very real consequences of risk taking behavior, inexperience and poor choices. Panel guests made up of People Affected by Traumatic Injuries (P.A.T.I.), Portland and Portland Police are included with the TNTT presentations.

Replication: Available to any community the class is replicable preferably in a hospital or EMS setting that cares for trauma patients.

Effectiveness: 98% of course Emanuel Hospital participants said the course was worthwhile with 14% indicating improved understanding of the reasons for and importance of following laws.

Funding: HRD originally funded with a City of Portland grant in 1992; became self-supporting within one year and sustained by class fees. Class fee is \$50.



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Driving Under the Influence of Intoxicants Victims Impact Panel - DUII VIP Court referred Target Audience: 18-Adult

Legacy Emanuel Hospital Trauma Nurses Talk Tough (TNNT) program provides the Driving Under the Influence of Intoxicants Victims Impact Panel (DUII VIP) for Multnomah County in the state of Oregon. TNNT assumed responsibility for administering the DUII VIP in November 2008 at the request of the Multnomah County Circuit Court. The DUII VIP is a two-hour class with presentations by a trauma nurse, and a victim’s panel, moderated by a Multnomah County Circuit Court Judge or Referee. DUII offenders are mandated by the Court to attend these classes as a part of a diversion program or sentencing following a conviction for driving under the influence in the State of Oregon.

An instructor from Legacy’s Trauma Nurses Talk Tough presents the first hour of the DUII VIP. Information covered includes: the effect of alcohol and other drugs on the brain; how drugs (including alcohol) affect driving; the medical consequences of crashes leading to injury, disability or death; and the impact to others due to alcohol/drug related crashes. The consequences of these crashes affect the drunk driver, their loved-ones, as well as placing many others at risk. The facts and stories of trauma patients graphically detail the physical devastation; emotional, financial and legal impacts to individuals, families as well as the entire community illustrate the consequences of drunk driving.

The second hour of Legacy’s DUII VIP involves people with lives affected by drunk drivers. Panelists are crash survivors or family members of loved-ones killed by drunk drivers who share their story of life-changing injuries and the trauma of lost lives for their family. Some panel participants are convicted DUII perpetrators sharing the life-changing stories and consequences of their choice to drink and drive. Most of the perpetrators have spent prison-time, but the focus of the presentation is the damage their choices caused to their victims. A Multnomah County Circuit Court Judge or Referee moderates the panel. The moderator comments and summarizes the messages shared from the panel as well as their own experience with DUII offences in the community and courtroom.

Replication: The State of Oregon mandates all drivers cited for driving under the influence of intoxicants that are eligible for DUII diversion or convicted of DUII attend a VIP. Victim panels are available throughout the state.

Effectiveness:

Post class surveys demonstrate empathy for victims of drunk driving and a greater understanding of the negative effects of drinking and driving.

Funding: Legacy TNNT’s DUII VIP class funded by fee: \$50



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MIP 18-20 year olds and Adult Furnisher or Purveyor Class-court referred Target Audience 18-Adult

A hospital based 3 hour class designed as an effort to provide education BEYOND fines to anyone cited with furnishing alcohol or providing a place to consume alcohol to minors for the first time or youth 18-20 years old cited with Minor in Possession, Adult Furnishers or Purveyors.

Replication

Presently in two locations: Legacy Emanuel Hospital and Columbia Memorial Hospital in Astoria.

Effectiveness

Emanuel Hospital self-reported post survey results of attendees following the class show:

Youth

- ◆ 100% plan to make a life-style change
- ◆ 79% indicate they will no longer furnish alcohol to a minor
- ◆ 65% indicate they will postpone drinking to age 21
- ◆ 71% indicate will suspend use for 90 days to access possible addiction
- ◆ 79% will increase alcohol-free activities

Emanuel Hospital self-reported post survey results of attendees following the class show:

Adult Furnishers

- ◆ 100% will host age 21 and over parties only
- ◆ 100% will no longer furnish to minors
- ◆ 66% plan a life-style change

Purveyors

- ◆ 99% of Purveyors report a plan to take more time to verify I.D.

Funding: Originated in collaboration with Juvenile Court and DUII Task Force; self-sustained by class fee: \$50.

Share the Road Safety Class - court referred

The Share the Road Safety (SRSC) class was developed by a coalition of safety advocates as a volunteer committee and continues as a collaborative effort with the Multnomah County Courts, Portland Department of Transportation, Portland Police Bureau, Bicycle Transportation Alliance, Oregon Walks and Legacy’s Trauma Nurses Talk Tough.

The Share the Road Safety Class focuses on traffic law and safety issues as they relate to bicyclists, pedestrians and motorists using the public right-of-way in a safe and lawful manner.

SRSC is a two-hour hospital based class presentation delivered by community partners comprising of lecture, digital slides/videos focusing on traffic law and safety, and concluding with a Q&A session.

Replication: Offered twice monthly at Legacy Emanuel Hospital due to large number of referrals.

Effectiveness: Class evaluations demonstrate greater than 97% stating the class is worthwhile and should be continued. Pre and Post testing shows 20% increase of test scores regarding knowledge of the laws and safety issues.

Funding: Originated in March 2007, supported by an ODOT grant, sustained by class fee: \$30



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Court Referred Family Education Programs

New research data indicates that the key to increased safety in families *requires parental* awareness and involvement.

17/Under Minor-In-Possession Class-juvenile court referred

Target Audience 10-17+ Parents

This hospital based 3-hour class is for youth cited for Minor in Possession; open container or other drug related offenses *and their parents*. The class includes education about the science to support the drinking law remain at 21 and the consequences of making bad choices under the influence. This is a collaborative project with TNTT, TNTT Parent Education, Multnomah County Juvenile Community Justice, and Clackamas County Juvenile Department, Oregon Youth Court Association. Class fee is \$50/ reduced to \$20 when Parent accompanies the youth.

Replication: for outlying communities that do not have access to Level 1 trauma centers, the class has been modified to 2-hours and is available in 4 locations in Oregon.

Effectiveness:

MIP classes at Emanuel Hospital, self-reported post survey results of attendees following the class show:

Youth

- ◆ 71% of **youth** reported plan to stop using alcohol until 21 years old
- ◆ 80% of **youth** reported plan to *increase* alcohol-free activities

Parents

- ◆ 89%, of **parents** reported plan to monitor the alcohol kept in the home
- ◆ 67% of **parents** reported plan to keep family events alcohol-free
- ◆ 67% of **parents** reported plan to suspend youth’s license until sobriety and Pre Frontal Cortex brain maturation can be determined

Funding: Originated as collaboration with Juvenile Court and DUII Task Force; self-sustained by class fees

Young Driver Improvement Class-traffic court referred or by request Target Audience 15-18 + Parents

This Hospital or Fire Department based 3-hour class is an effort to provide educational response for the young driver between the ages of 15-17 upon receiving his/her *first* moving violation or safety belt violation. A TNTT nurse and TNTT Family Educator use this opportunity to convince the young driver of the seriousness and responsibility of driving and parents of the importance of their role in helping the young driver develop good driving skills, maturity and attitude. Class fee \$20 with mandatory parent or legal guardian attendance with the youth. Under rare circumstances, youth are allowed to attend the class without adult attendance for \$50 fee.

Replication: Modified to 2-hr class in outlying areas and presently in three locations: Legacy Emanuel Hospital, Eugene Fire/Rescue and Cottage Grove Hospital.

Effectiveness:

Post survey self-reported results based on what they learned in the class:

Youth

- ◆ 76% of **youth** indicate they will be making a safety change
- ◆ 99% of **youth** report they believe they may need more time to develop solid Pre Frontal Cortex brain development and maturity
- ◆ 76% of **youth** indicate they will now be driving the posted speed
- ◆ 80% of **youth** report they agree parents should return to supervise his/her driving



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Parents

- ◆ 100% of **parents** indicate plan to RE-MEASURE Driving readiness based on Pre Frontal Cortex brain development and maturity
- ◆ 82% of **parents** agree to return to supervising the youth’s driving for at least one-two months to help the youth develop better driving skills, maturity and behavior
- ◆ 81% of **parents** indicate plan to drive the posted speed after attending the class

Funding: Originated in 2001-2006 with an ODOT grant; funded by a City of Portland grant in 2006-2012. Presently self-sustained by class fee; additional in-kind support from AAA Oregon/Idaho since 2005



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Family Driver Education-School Driver Education Classes Target Audience 14-18

School driver’s education teacher provides the opportunity to include parent attendance to one class in a series. A TNTT nurse and TNTT Family Educator present a 3-hour class familiarizing parents and youth with factual information to illustrate the consequences of both safe and unsafe driving behavior and the physical, emotional, legal and financial aftermath weeks and years after the initial crises which must be faced. Emphasis focuses on providing knowledge about the reasons for and importance of following traffic laws and includes updated safety and adolescent trend information, including a review of the Graduated Licensing Laws and considerations recommended beyond the law.

Replication: As of **10/06:** This class has been ***modified*** to a TNTT Nurse-only classroom presentation with or without Parents in attendance and is serving Multnomah, Clackamas, Columbia & Washington Counties

Effectiveness:

Pre/Post survey self-reported results by attendees:

- ◆ 94% of **youth** reported the class encouraged them to practice ***beyond*** GDL requirements
- ◆ 84% of **youth** reported the class increased their understanding of and reasons for traffic laws
- ◆ 94% of **youth** agreed parents should return to supervise driving if the youth is cited
- ◆ 89% of **parents** report they will practice driving with youth ***beyond*** GDL requirements
- ◆ 92% of **parents** indicate they will delay transporting of siblings for the first 2 months after licensing the teen

Funding: Originated with an ODOT grant in 2001-2006; funded by a City of Portland grant in 2006-2012 Additional in-kind support from AAA Oregon/Idaho since 2005.

Graduated Driver’s Licensing (GDL) Workshops Target Audience 14-18 + Parent

This school located workshop provides an evening opportunity for Youth and Parents to become familiar with WHY the GDL and HOW TO UTILIZE THE GDL EFFECTIVELY for the 70% of Youth who DO NOT enroll in a formal school based or professional driver’s education course. A TNTT nurse and TNTT Family Educator, Judge and/or Attorney present a 3-hour class familiarizing parents and youth with factual information to illustrate the consequences of both safe and unsafe driving behavior and the physical, emotional, legal and financial aftermath weeks and years after the initial crisis. The workshop includes updated safety and adolescent trend information, including a Teen Driving Contract Building unit and encouragement to enroll in a formal driver’s education program.

Replication: 10/06: The GDL Workshops will serve the Portland Area High Schools and materials are available in the 8th Edition of the TNTT Program

Effectiveness: Graduated Driver’s Licensing Workshop

Youth

- 80% Youth plan to allow enough time for Pre-Frontal Cortex development to support the responsibility of driving
- 88% Youth plan to drive posted speed
- 88% Youth plan to follow traffic signs consistently

Parents

- 100% Parents agree to work with teen beyond GDL requirement until comfortable
- 95% Parents agree to add peer passengers incrementally and 96% will delay sib transport
- 95% Parents say based on class they will be making driving safety changes



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Funding: Originated with a City of Portland grant from 2006-2012. Additional in-kind support, sponsor and donation support by AAA Oregon/Idaho since 2007. As of 2013: Supported in-kind by Legacy Emanuel Medical Center and registration fee.

Bike Wheels to Steering Wheels: Middle School Earth Science Project

Middle School Science Class and MESA (Math, Engineering, Science Achievement) Club earth science curriculum unit focuses on the connection of Newton’s Laws of Motion and Traffic Safety to help youth gain ‘hands on’ experience and ‘real life’ application with related classroom projects. A TNTT nurse classroom presentation illustrates the ‘real world’ outcomes of challenging or ignoring Newton’s Laws of Motion when moving faster than a human being can walk or run by connecting the lessons with biking, swimming, diving, and motor vehicle safety.

Replication:

B-2-S now taught in Monroe County NY

Effectiveness:

2009 PPS District integrated B-2-S curriculum into all Middle Schools

2010-Present: B-2-S Curriculum integrated Statewide into District Middle Schools

2012 Beaverton School District integrated B-2-S curriculum into Middle Schools

Funding: Originated with an ODOT grant from 2005-2012.

“NOT MYKID” (NMK) Campaign Target Audience youth 10-18 and their Parents

Surveys show that the earlier parents receive awareness information the better prepared they may be to meet the challenges of their child’s teenage years. Two-hour NMK Forums, held at Middle and High Schools for youth and parents, includes collaboration by local law enforcement, health experts and community representatives from insurance industry, legal representatives, youth and victims and a family educator to provide awareness education about the hazards, consequences and liabilities when good kids mix bad decisions with alcohol, other drugs, driving and recreation.

Replication: 1/05-Due to lack of funding for ATOD projects, most NMK Campaign locations are no longer active.

NMK Forum Coordination in the greater Portland area is available for an honorarium of \$750.00.

NMK Materials and Consultation are available for \$25.00.

Effectiveness-

2004 Post survey self-reported results from **Parent** attendees of NMK forums show:

- ◆ 80% plan to increase Parent Networking
- ◆ 86% plan to insist on the NEED TO KNOW information (who, what, when, where)
- ◆ 83% plan to monitor the alcohol brought into the home
- ◆ 97% plan to **visibly** chaperone teen parties
- ◆ 62% plan to keep *family events* alcohol-free
- ◆ 71% plan to limit sleeping over night at a teen’s peer home

Funding: Originated and supported with an ODOT grant in 1997-2000. Sustained with honorarium from 2000-2006, presently un-supported but NMK materials are available through TNTT.



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Safety Fairs and Community Events

Bicycle Helmet Program

This program teaches people how to properly fit and adjust bicycle and multi-sport helmets, and provides a source/supply of inexpensive helmets to community groups while building expertise on helmet safety among healthcare providers and other agency members interested in child safety which is imperative when testifying against repealing existing helmet laws, motorcycle helmet laws in particular. The program encourages collaboration between Legacy Health Systems and the following partners:

- ◆ Schools and PTA/PTO's
- ◆ Cycling Clubs and organizations such as Northwest Bicycle Safety Coalition (NEBSC)
- ◆ Oregon Epilepsy Association
- ◆ Oregon Chapter of the American Academy of Pediatrics
- ◆ Police, Fire departments and Ambulance companies
- ◆ State and local traffic safety agencies
- ◆ Local retailers, radio and TV stations, insurance companies
- ◆ The Red Cross and the Marine Board
- ◆ Oregon Trial Lawyers Association (OTLA)
- ◆ The Community Cycling Center
- ◆ Bike Farm (non-profit & do-it-yourself bike repair & training)

Replication: Bike Helmet Education Campaign and sales held throughout the year at various safety fairs at hospitals, places of business and other community events including apartment complex tenant education. At each event volunteers are taught how to properly fit and adjust bicycle helmets, and then teach the helmet user proper adjustments.

Effectiveness: TNTT slide presentation education and helmet distribution showed increased helmet use in apartment tenants from 17% to 67% in two separate follow up studies. Legacy's Helmet Program distributes 8000-10,000 helmets annually. Approximately 1/3 of these helmets are provided at no cost with the balance provided at or below cost. Distributed helmets, safety education and proper fitting and adjustment is provided along with the discounted or free helmet

Funding: Originated in 1990 and sustained with TNTT Traffic Safety class fees, Legacy Trauma Services, Randall Childrens Hospital, and generous grants from the Legacy Foundations, and the Oregon Trial Lawyers Association (OTLA)



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Senior Falls

Stepping On

Stepping-On is a hospital based two-hour workshop offered once a week for seven weeks at Legacy Emanuel Medical Center to address fall prevention for Senior Adults.

Subjects covered include:

- ◆ Exercises to improve strength and balance
- ◆ Medication review
- ◆ Home safety
- ◆ Safe footwear
- ◆ Vision
- ◆ Sleep

The highly participative small-group workshop sessions to foster mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives. Workshops use adult education and self-efficacy principles.

The Impact Stepping-On improves the quality of life of participants by improving their confidence in their own abilities to reduce the risk of falls.

Improvement Measurement: The participant's walking speed is measured and timed at the first and seventh week of the workshop then again 3-months later at the booster session to measure continued improvements in confidence, balance and speed.

Effectiveness

The program's evaluation and results were published in the September 2004 issue of the Journal of American Geriatrics Society. The study found that those completing Stepping-On experienced a 31% reduction in falls. This demonstrated that the program was highly effective in preventing falls in community-residing older adults. Relationships with fellow participants often last well beyond the workshops, creating a support system across the community. Entire families often benefit too, as participants bring home new ideas and integrate healthy behaviors into their families.

Funding: Originated with a grant from Oregon Public Health Division 2012.

Take the Right Steps

Falls Prevention Program for older Adults held at churches, senior centers and other locations serving senior adults

The out-reach presentation is scheduled through identifying organizations, churches, senior groups and centers that serve adults 65+. The 1-hour Take the Right Steps PowerPoint presentation educates older adults with a concern about falling; have a fear of falling or have fallen in the past. This is a community based injury prevention program designed to help active older adults improve and maintain their independent lifestyle.

The goals of the program are:

1. To reduce the number of fall deaths and injuries to the senior adult population
2. To help maintain independent lifestyle through identifying specific fall risks
3. To maximize community support and available resources.

Self-reported Effectiveness: Provided with a check list to assess their homes and risk-taking behavior, Participants commit to making environmental and behavioral changes.

Funding: Originated with Legacy's Trauma Services 2012.