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# 9-1-1 Caller

Advisory Commission on State Emergency Communications



*In Texas, When Seconds Count . . .*

*Inside Focus*

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# Motorist-Aid Call Box Test Program

By Steve Barbre, ACSEC

School is out and summer has begun. As vacationers take to the road, there will be some added security located along Texas highways in three select areas of the State.

Call boxes installed in Hale, Tarrant, and Cameron Counties became operational on May 28 to begin a 12-month test program to study how this technology will aid stranded motorists and enhance emergency service response to citizens along Texas highways.

## Hale County

The Hale County cutover ceremony, like the brisk morning West Texas wind, was a refreshing and satisfying beginning to the Texas Motorist-aid Call Box Test Program. State and local officials joined Nelda Laney, wife of Speaker of the House Pete Laney, and County Commissioner Roy Borchardt to introduce the Call Box program to West Texas. After remarks by Mary Boyd, Advisory Commission on State Emergency Communications (ACSEC) Executive Director; Ron Harris, Collin County Judge and Chair of the ACSEC; and Gary Trietsch, Director of Maintenance and Operation for the Texas Department of Transportation (TxDOT); presentations were made to GTE-Government Information Services, Southwestern Bell Telephone Company, and Cellular 3 for their participation and sponsorship of the Hale County test site. Following the presentation ceremony, Mrs. Laney made the first official call from a Texas call box located adjacent to the ceremony site.

The Hale County test site is located just North of Lubbock between Abernathy and Hale Center. This 15-mile stretch of Interstate Highway 27 will have call boxes every mile on

opposing sides of the highway within line of sight for the motorist.

## Tarrant County

Even though the traffic noise was deafening, you could have heard a pin drop as the Honorable Richard Greene, Mayor of the City of Arlington, pushed the call box button to initiate the first call in Tarrant County. The ceremonial first call came after remarks by Mayor Greene and Bill Munn, Executive Director of the Tarrant County 9-1-1 District. Also speaking were Mary Boyd, Ron Harris, and Gary Trietsch. Presentations were made to GTE-Government Information Services, Southwestern Bell Telephone Company, Cellular One, and Southwestern Bell Mobile Systems for their participation and sponsorship of the Tarrant County test site.

The Tarrant County test site will encompass seven and one-half miles of Interstate Highway 30 between Loop 820 in Fort Worth and State Highway 360 in Arlington. The call boxes are placed at one-half mile intervals.

## Cameron County

As the salty Gulf breeze blew inland, the Cameron County test site was unveiled along the Vietnam Veterans Memorial Highway before an eager gathering of state, regional and local officials. As temperatures rose, so did the anticipation of the first call to be placed by the Mayor of San Benito, the Honorable Charles Weekley. Sharing the podium with Mayor Weekley were Mary Boyd; Ron Harris; Carlos Lopez, Special Projects Engineer with TxDOT;

*Continued on page 10*

# Legislative Update

Contributions by ACSEC staff Joe Kirk, Brian Millington, Darla Parker, and Velia Williams.

The Regular Session of the 73rd Legislature is behind us now, but not without having left an impact on ACSEC. Invitations from Senators Steve Carriker and John Whitmire plus Representatives Bill Carter and Leticia Van de Putte allowed the ACSEC commissioners and staff to provide assistance on 9-1-1 related issues surrounding proposed legislation. The experience was most valuable and one that helped us to gain a better understanding of the legislative process in Texas government. We are very appreciative of the opportunities afforded ACSEC.

The following are legislative updates to bills which have been of interest to ACSEC and other emergency communications colleagues.

**Senate Bill 384, related to the management and control of state finances.** Effective September 1, 1993, gifts and grants from the public and private sources can be accepted by the Commission for purposes of the Commission; the ACSEC shall comply with state laws applicable to other state agencies that require appropriation requests be submitted to the Legislative Budget Board and Governor; and a strategic plan must be developed by the ACSEC for agency operations. Effective August 31, 1994, all funds held by the Commission and collected in the future will be deposited in an account in the General Revenue Fund until they are allocated to regional planning commissions; and amounts necessary to fund approved plans of regional planning commissions and to carry out the Commission's duties shall be appropriated to the Commission from the same account.

**House Bill 1674 (Companion Bill SB 1193), extends liability protection related to the participation of appraisal districts in emergency communications programs.** In many Texas counties, tax appraisal districts have been interested and active in the local street addressing effort which will help complete the

necessary physical location database for 9-1-1 system use. For appraisal districts which are actively involved in either assigning new street addresses or maintaining addresses, some districts were concerned about their possible liability should there be an address error on their part, particularly if the error delays the response of emergency providers to a 9-1-1 call.

Concern for this liability prompted some appraisal districts to halt addressing activity while others continued their efforts awaiting either a definitive civil court's decision or action by the Texas Legislature.

Thanks to unanimous House and Senate passage of this bill, appraisal



districts are now included as public agencies and are provided the same liability treatment extended to service providers as defined in Health and Safety Code, Chapter 771.

With the passage of House Bill 1544, we are well along the way toward being able to provide fully enhanced 9-1-1 emergency telephone service to stations behind a private switch. The bill passed with some relatively minor amendments that will be beneficial in the long run. We owe much appreciation to Rep. Bill Carter and Sen. Steve Carriker, and their staffs, for getting the bill passed.

**HB 1544 makes it mandatory September 1, 1994, for businesses providing telephone service to residential end-users through stations behind a private switch (PBX) to offer the same level of 9-1-1 service as is being offered to the surrounding community.** Similar service for other business users remains optional. The bill further allows for collection of the 9-1-1 fee from those stations behind a private switch.

Institutions of higher learning (both

public and private colleges, universities, etc.) will have to comply with the law by September 1, 1995; for dormitories served behind a PBX, or obtain a waiver from the Advisory Commission on State Emergency Communications. ACSEC, in cooperation with the Texas Higher Education Coordinating Board, will be inventorying school dormitory phone facilities before September 1, 1994, to determine what will be necessary for compliance.

Tariff Application 11962-T to provide the necessary private switch 9-1-1 intraexchange trunks has been filed at the PUC. Southwestern Bell is seeking approval for offering the trunks in its Private Line Service Tariff. Thus, since all other Texas local exchange telephone companies concur in SWB's Private Line Service Tariff, other companies will be able to offer the trunks without seeking separate rate approval at the PUC. However, the other companies can seek their own rates if they so desire. Final approval of the SWB offering is expected by the end of September, 1993.

**House Bill 1885 (Companion Bill SB 773), related to the creation of regional poison control centers.** This act of legislation will have more of an impact on 9-1-1 emergency communications operations than any other legislation recently passed.

People can get quick relief (and/or instructions on follow-up care/treatment) by calling a poison control center when they suspect someone may have ingested, been exposed to, or may be experiencing adverse reactions and interactions to potentially dangerous drugs and materials. The centers provide expert advice to the general public and health care professionals on toxicology and poison control and prevention, including referral service.

The legislation, cited as Chapter 777 Regional Poison Control Centers,

*Continued on page 5*

# COG Highlights

*This series continues with four more regional councils in the spotlight. With Strategic Planning underway, many COGs will be putting 9-1-1 system plan goals into motion. As mentioned in the first series, several phases of 9-1-1 implementation have been demonstrated throughout the state. While planning continues to upgrade 9-1-1 systems to ALI, there are a few COGs who are fully enhanced and addressed and are looking into the future as new technology is introduced to enhance 9-1-1 PSAP equipment and explore new addressing applications.*

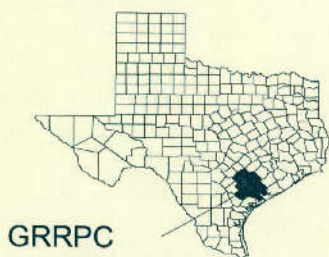
The East Texas Council of Governments is located in Kilgore, serving 14 counties with a mixture of urban and rural areas in this region. There are nine participating counties in the statewide program which have implemented 9-1-1 with fully enhanced ALI level of service. Four counties in the region are served by Emergency Communication Districts. Marion County

has opted not to participate in the 9-1-1 program at this time. The COG is providing assistance to all counties that are interested in implementing an addressing program in this region.

Glynn Knight, Executive Director  
Gary Price, 9-1-1 Coordinator  
Helen Sommers, ACSEC Systems Analyst



ETCOG



GRRPC

Golden Crescent Regional Planning Commission is located in Victoria and serves seven counties. This region has successfully implemented enhanced 9-1-1 systems with ALI level of service and has completed addressing projects for all counties in the region. The Calhoun County E9-1-1 Emergency

Communication District provides 9-1-1 service to residents in Calhoun County.

Pat Kennedy, Executive Director  
Robert Kirk, 9-1-1 Coordinator  
Helen Sommers, ACSEC Systems Analyst

The Heart of Texas Council of Governments, with offices in Waco, has six member counties in the region. McLennan County Emergency Assistance District serves as the administrator for the 9-1-1 systems in McLennan County with ALI level of service. The remaining counties have implemented 9-1-1 systems with ANI level of service. Freestone has upgraded to ALI level of

service and will be 50% to 55% complete with its rural addressing project by August of this year. The COG will provide assistance to counties coordinating addressing efforts in this region.

Leon Willhite, Executive Director  
Elaine Lewin, 9-1-1 Coordinator  
Vander Phelps, ACSEC Systems Analyst



HOTCOG

The Houston-Galveston Area Council administers the 9-1-1 statewide program which includes nine participating counties. The four remaining surrounding counties are served by four Emergency Communications Districts. This region has implemented 9-1-1 systems which include a mixture of ANI and ALI levels of service. Colorado County is scheduled to implement 9-1-1 service in October of this year.

Addressing pool funds have been allocated to Chambers and Walker Counties. H-GAC will provide assistance to those counties in the region interested in implementing an addressing program.

Jack Steele, Executive Director  
Susan Bortzfield, 9-1-1 Coordinator  
Carey Spence, ACSEC Systems Analyst



H-GAC

# A Holdup? Press 1 Now

## NY Police Try Automated Operators in Response to Flood of Calls to 9-1-1

Reprinted with Permission from the Associated Press, April 1, 1993

NEW YORK (AP) -- Dial 1 for murder?

Starting Monday, calls to certain New York City police stations to report anything from murder to mischief will get a uniform response: "If you have a touch-tone phone, press 1 now."

The increasingly familiar disembodied voice of automated answering will be heard during a 90-day test in three of the Police Department's 75 precincts.

If, as hoped, it overcomes log-jams at busy switchboards, it could be expanded to the department, said Michael Amarosa, director of police communications.

"There's a lot of frustration in the public and even the department, getting through to the precincts," Police Commissioner Raymond Kelly said Wednesday.

He said that often when calls come in, there is "nobody really available to hand them off to."

Police in Portland, Oregon, and a number of smaller departments, including Salem, Oregon, and Vallejo, California, have adopted the system. San Francisco considered installing such a system early this year, but instead is concentrating on overhauling 9-1-1 service.

At New York's test precincts--in the Bronx, Brooklyn and Queens--after the caller presses 1, the voice will offer this menu:

- *For reporting a crime in progress or other emergency, press 1. (This automatically transfers the call to the 9-1-1 emergency line and its live operators.)*
- *To reach the complaint room to get case numbers or reports, press 2.*

· *To leave a message for a beat cop, press 3.*

· *To talk to a community affairs officer, press 4.*

· *To talk to a detective, press 5.*

· *All other matters, press 6.*

Callers with rotary dials are advised to hang on until someone answers, but this applies to only about 15 percent of the phones in New York, Amarosa said.

Initially, the recorded voice will speak English only, but Kelly said the system can be programmed to respond in other languages.

Among the hoped-for benefits would be a reduced load for 9-1-1, which last year handled 9.3 million calls.

The initial cost for the system is \$160 per station to set up, then \$200 a month to operate, Amarosa said.



### Legislation, Continued from page 3

provides for the creation, powers, duties, and funding of regional poison control centers.

The bill designates up to seven regional poison control centers, with six to be located at The University of Texas Medical Branch at Galveston; the Dallas County Hospital District/North Texas Poison Center; The University of Texas Health Science Center at San Antonio; R.E. Thomason General Hospital, El Paso County Hospital District; Northwest Texas Hospital, Amarillo Hospital District; and the Scott and White Memorial Hospital in Temple.

The poison control centers will coordinate activities within the designated health and human services regions for the state. The Texas Department of Health and the Advisory Commission on State Emergency Communications will jointly adopt rules designating the

region of each poison control center. Each center will provide 24-hour toll-free telephone information and referral services with access to health care professionals in accordance with the requirements of the American Association of Poison Control Centers.

Each 9-1-1 regional service area will have direct telephone access to at least one poison control center. In addition to providing poison information, recommending treatment, and conducting telephone follow-ups, the poison control centers will provide community education programs, professional and technical assistance, and consultation services.

The bill establishes an Advisory Coordinating Committee on Poison Control and a grants program for funding the regional poison control centers. The bill imposes an increased 9-1-1 equalization

surcharge on each customer receiving intrastate long-distance telephone service, including customers in an area served by an emergency communication district. The revenue received from the poison control portion of the surcharge will be appropriated to the ACSEC for the purpose of funding poison control center operations.

The timelines for implementing this program are as follows:

Before January 1, 1994, the ACSEC shall set the amount of the surcharge designated for implementation;

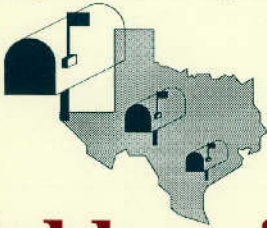
Before March 1, 1994, the Texas Department of Health (TDH) and the ACSEC shall adopt the criteria for awarding grants; and

Before September 1, 1994, the TDH shall award grants as provided under Chapter 777, Health and Safety Code.

## Map News

When it comes to maps for addressing, most counties are looking for a map with current and accurate features. In the last issue of the 9-1-1 Caller, the Census TIGER maps were featured as maps useful in the addressing process. That particular mapping project is available anytime to any county by contacting Darla Parker or Steve Barbre.

Another useful map is the County Map Series from the Texas Department of Transportation. Digitized for all of Texas, these maps display the road network, sans private roads, and are available in paper or digital form from the Texas Natural Resource Information System (TNRIS), telephone 512/463-8337. The state's mapping information is coordinated out of the TNRIS office which is recognized as the one-stop visit or telephone call for map inquiries.



## Addressing and Street Sign Costs

Counties are finding their street sign costs can come close to 25% of total addressing costs. But good news awaits: new sign manufacturing methods are dropping the costs of producing signs. At least one vendor is actively promoting sign machines in Texas to regional councils and districts, showing a savings of almost half over the traditional sign-making methods. For this and other vendors news, contact the ACSEC or the COG 9-1-1 coordinator in your region.

## Funding for Digital Base Map for Texas

In 1992, an intense effort began among key state agencies to draft a "wagon-wheel" concept for building and using a statewide digital base map. Among the spokes on this wheel would be regional councils and other governmental entities instrumental in accessing current state, regional, and local map information. For 9-1-1 purposes, such a map has value in the maintenance of maps once addressing is complete.

For readers who have been following the progress of state government to coordinate and prioritize map and data acquisition, the GIS Planning Council was not successful in its search for general revenue funds to support such acquisition. But, like any cloud with a silver lining, agencies are eager to move forward this summer to seek outside funds and work towards targeted progress in the following priority areas:

*Continued on page 10*



Mr. Sidney Mabry from Irion County received ACSEC recognition and award at the May Commission meeting for the first county to update Census TIGER county maps. Presenting the award are Commissioner Bill Munn, left, and Chairman Ron Harris, right.

Addressing Workshop in Laredo hosted by the Webb County Addressing Committee on March 3, 1993.



# TAD and TENA/ APCO--A Good Team

By Toni Dunne, ACSEC

President of the Texas Association of the Deaf (TAD), Kent Kennedy, and four members of TAD's 9-1-1 Ad Hoc Committee went to Beaumont to serve on a panel at the recent APCO/TENA Spring Conference. The purpose of the session was to provide 9-1-1 professionals an opportunity to learn more about deaf people and what the TAD is doing to assist 9-1-1 centers to be better prepared in handling emergency calls on the TDD. A similar session was offered at the fall conference and was so popular that TAD was invited back.

Kennedy provided information about the history and overview of TAD. Panelists Brian Barwise of San Antonio,

Connie Ferguson of Bryan/College Station, Kathy Walters of Tyler and Bob McMahon of Dallas each talked (signed) about their background and shared specific goals and activities for their region. They emphasized the need for conducting TDD test calls. Two areas of the state have developed an approach that has been very successful. ETCOG and Denco have each taken a "team" approach and established a subcommittee where members are given the responsibility of working with a specific PSAP. Arrangements have been made with the PSAPs for conducting test calls. The committee member records the result of each call on a log form. If there are areas

that need improving, the Deaf individual, 9-1-1 coordinator and PSAP get together to look for solutions.

TAD is a nonprofit organization. Recognition goes to the Districts that provided the necessary funding to bring these individuals to our conference. The ADA requires us to include people with disabilities when making decisions in the provision of services. The TAD 9-1-1 Ad Hoc Committee has representatives from all over the state. If you are unaware of your area representative, contact your local Council of Governments' 9-1-1 Coordinator, Emergency Communication District, or Toni Dunne for names and telephone numbers.

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## Accessibility to Recorded Messages

By Toni Dunne, ACSEC

In our daily use of the telephone, we frequently find ourselves connected with voice mail, answering machines, or some other form of voice recording system. Additionally, some telephone emergency services utilize automatic call distributors (ACDs), and if all telecommunicators are busy, the caller will receive a voice recording. This creates a serious problem for the citizen using a TDD to call for help. The indicator light will flicker, showing that the call has been answered with voice. The Deaf caller will not know they are "seeing" a recording and have been put "on hold" or into queue. The caller believes he or she is not getting appropriate response (i.e., TDD) from the agency. In the 9-1-1 environment, this may result in hang ups, repeated

calls to 9-1-1, and possibly complaints against the agency.

The solution is simple. Agencies using this method of call handling should consider adding a TDD message to the recording. Begin with the voice message and include "the following messages are for the hearing impaired." Then add a brief TDD message, "911 BUSY PLS HD." This assures all callers will understand what is happening on the telephone line, thus providing the same level of service. TDDs are designed to coexist with the voice based communication network. Although there is limited time for the recorded message, the TDD message can be added following the voice message in English and Spanish by pre-programming the TDD. For those sys-

tems utilizing a handset to record the message, simply place the handset into the TDD coupler. TDD modems will transmit and receive tones when the handset is placed within approximately one inch of the coupler. Dallas and Austin have accomplished an environment of "equal access" by including English, Spanish, and now TDD, within the allowable 30 seconds.

We need to be sensitive to barriers that are created with technology and look for solutions. Through the self evaluation process required by ADA, we discover those areas that need improvement. Dallas and Austin are to be commended for being the first in Texas to address this issue of "voice" recordings in the ACD environment!

# Statewide Market Analysis Results



By Carey F. Spence, ACSEC

The Statewide 9-1-1 Market Analysis study conducted by Creative Consumer Research of Stafford, Texas, was completed in April 1993. The results of the study were presented to the Advisory Commission on State Emergency Communications at its May 5 Commission meeting.

The research contained many objectives for examining 9-1-1 awareness among the following target groups identified in the study:

- *Non-English speaking population;*
- *Children ranging in ages 5 to 18 years;*
- *Adults ranging in ages 65 and over;*
- *Special needs groups, such as the hearing impaired;*
- *General population segment ranging in the median age of 30;*
- *Rural population; and*
- *Urban population.*

The study was necessary in order to (1) determine the strengths and weaknesses of existing 9-1-1 communications strategy and materials; (2) identify the factors which influence a person's or group's awareness of 9-1-1; (3) measure current awareness and comprehension levels of the 9-1-1 emergency communications systems; (4) determine what, if any, improvements are needed in the education materials; (5) develop a demographic profile of the populations; (6) identify language communication barriers among target populations; (7) identify the media habits of the responders; and (8) determine how to improve targeting of key populations.

In order to better examine the research objectives, the methodology used in the study consisted of quantitative and qualitative approaches. The three phases of the project included Focus Group Research (qualitative); Telephone Inter-

viewing (quantitative); and Mall One-on-One Intercepts (quantitative).

The first phase of the project involved a total of nine focus group sessions. The profile of the focus group participants was matched exactly to the 1990 census data. These groups consisted of the targeted populations to explore the attitudes and opinions held about 9-1-1; to determine how 9-1-1 services have been communicated to the public; and to serve as a foundation for the quantitative research design.

The second phase of the project was conducted by telephone research. Approximately 1,300 telephone interviews were conducted statewide. Again, the participant profile matched the census data by region and county. For example, in Texas, the population breakdown by gender is 49% male and 51% female. As a result, the interviews were conducted to match that percentage distribution.

This approach was utilized not only by gender, but also by age and ethnicity.

The third phase, mall one-on-one intercept, was chosen for children ranging in ages 5 to 12 years. The participants were not only questioned about 9-1-1, but were also asked to demonstrate how they would access 9-1-1 with a telephone set.

In all, the three approaches provided some interesting results:

**59% of the general population and the hearing-impaired community are aware of 9-1-1 availability;**

**95% of the children segment are aware of 9-1-1 availability;**

**60% of the general population were not aware of 9-1-1 availability throughout the entire state;**

**49% of the general population were aware that 9-1-1 calls from public telephones are free;**

**26% of the general population have called 9-1-1 in the past; and**

**74% of those who have called 9-1-1 were satisfied with the response time.**

ACSEC is closely examining the findings and considering future educational campaign development based on this research.

Some of the observations noted by Creative Consumer Research were that the responses obtained from the general population telephone study, the hearing-impaired telephone study, and the children study were extremely consistent from one segment to the next. In addition, when participants were presented unaided questions (where 9-1-1 was not mentioned), the majority of all groups mentioned they would call 9-1-1 for emergency assistance. However, in all segments, the responders associated 9-1-1 more closely with emergency medical assistance than with law enforcement.

When participants were aided on the questions, the percentage of 9-1-1 awareness jumped to 98%. This demonstrates that when people are reminded, cued, or educated about 9-1-1, they are more likely to remember to dial 9-1-1 in emergencies.

A detailed report containing data on regional and county levels will be prepared for distribution in the fall of 1993. The information will help to assist ACSEC 9-1-1 planners in the development of future educational campaigns. For more information, contact Carey Spence at 512-327-1911.



# Effective Trauma Systems Prevent Many Deaths

By David R. Smith, M.D., Texas Commissioner of Health

As Published in the Texas Department of Health, *Commissioner's Commentary*, December 18, 1992

Serious trauma is perhaps the worst kind of surprise an individual can undergo. But also startling to all Texans should be the state's current lack of effective, timely care for trauma victims.

This state's victims of injury and sudden illness desperately need a fully developed continuum of trauma care, including preventive programs, 9-1-1, emergency medical services, cooperation between local health authorities and facilities, state-of-the-art communications, designated regional trauma centers and rehabilitation services. We also need data systems which will ensure that in designing the trauma continuum, we are not groping in the dark.

Injury prevention already is a major part of the Texas Department of Health's (TDH) strategy to protect and improve public health. We know that safety programs and persistent alerts to health hazards are vital to containing costs, both in lives and in precious dollars.

But injury and sudden illness prevention programs at best can avert only some tragedy. Other serious trauma is a fact of human life and death. When it occurs, survival can hinge on access to prompt people and technology at every stage along the service continuum of a sophisticated trauma system.

Although such systems are on TDH's drawing board, the Texas public and our lawmakers need a better grasp of the forces making advanced--and yes, costly--trauma care necessary.

Most of us wrongly take for granted that in case of potentially deadly injury

or sudden illness, modern transportation and emergency services stand ready to assure us the best chance of survival. Our upbringing, even our entertainment, seems to perpetuate the myth.

In childhood, we learn that skinned knees mean Band-Aids and comfort. Movies and TV, full of daring rescues and heroic recoveries, reinforce our faith in happy endings to pain and peril. So for many of us, until we witness or become victim to real trauma, our true vulnerability goes unimagined.

But consider these grim realities:

In Texas, nearly 11,000 people die each year from traumatic injuries--an average of 30 a day. Of those, as many as 45 percent could be saved if given appropriate care within the first "golden hour" after the traumatic incident.

Among Texans 44 and younger, accidents and homicides are the leading cause of death. In addition, for every fatality, five other people sustain serious injury.

In rural areas, which comprise 205 of the state's 254 counties, the number of hospitals with emergency services continues to dwindle. Texas leads the nation in the number of rural health facility closures. Fifty-one of the 91 hospitals to close in Texas since 1985 were rural.

Trauma victims from 56 counties with no hospitals, or transfers from 126 counties with fewer than 100 hospital beds, pose a double problem. Not only must they spend dangerously excessive time in transport to available care, they

*Continued on page 10*

## MEETINGS AND CONFERENCES

*July 6-7 and July 13-14  
ACSEC Committee and  
Commission Meetings  
Austin, Texas*

*Contact: Velia Williams  
512-327-1911 for all ACSEC  
Meetings*

*August 8-13  
APCO's 59th Conference &  
Exposition  
New Orleans, Louisiana  
Contact: 904-322-2500*

*September 9-10  
ACSEC Committee and  
Commission Meetings and  
9-1-1 Day in Texas Ceremonies  
Austin, Texas  
Contact for 9-1-1 Day: Carey  
Spence, 512-327-1911*

*September 29-October 1  
TARC (Texas Association of  
Regional Councils) Annual  
Conference  
El Paso, Texas  
Contact: Sheila Jennings,  
512-478-4715*

*October 19-21  
County Judges and Commissioners  
Association Annual Training  
Conference  
Amarillo, Texas  
Contact: 915-758-5411*

*November 22-24  
Texas EMS Conference  
Fort Worth, Texas  
Contact: Alana Mallard,  
512-834-6740*

*Trauma, Continued from page 9*

also contribute to overcrowding in the state's remaining 320 hospitals.

Compounding the problem in rural areas are spare resources for EMS services. Four counties have no ambulance, and many areas have only one. Response times averaging more than 25 minutes and transport times of more than an hour are considered normal in these areas. Also, poor communications between EMS and hospitals sometimes result in unannounced ambulance arrivals at unprepared or inadequately staffed hospitals.

In urban areas, the health facilities are overloaded. And even metropolitan areas lack health specialists for some types of trauma. For example, Austin's Brackenridge Hospital, serving a 10-county area, turned away neurological patients for 10 days last year because one of its neurosurgeons resigned.

Also, because of higher crime and growing gang violence rates in our cities, urban hospitals also see a large proportion of the state's intentionally inflicted wounds. On average, the severity of such wounds is increasing. Last year for the first time, penetrating injuries—gunshot and stab wounds—exceeded the number of blunt traumas in the state's emergency rooms.

All of the above factors indicate trends which may confront us for decades. Since success in trauma prevention depends upon societal behavior changes, such efforts are frustratingly slow and difficult to sustain. Meanwhile, though life-saving technologies continue to advance, our access to them is increasingly hampered by outdated communications or logistics.

The department's Bureau of Emergency Management is at a crucial first stage of creating a statewide trauma care network. That includes first learning what resources already exist, from prevention programs through rehabilitative services. Already it is clear that the state's regional resource map sadly needs to be redrawn.

Since 1989, when the Texas Legislature passed the Omnibus Rural Health

Care Rescue Act, the bureau has been creating the state's trauma systems, designating regional trauma centers and establishing a statewide registry to gather data on costs and causes of trauma.

Although the legislature did not fund the task, the bureau staff completed rules for passage by the Texas Board of Health in January last year. Just recently, the bureau was able to disperse the first federal grants to local areas for the next planning stages of the project.

By August, the bureau had selected the North Texas Regional Advisory Council as the first of 22 proposed regional authorities to design and oversee trauma care in their areas. Essential to effective trauma care planning is delegating regional planning to authorities in those areas—councils familiar with local resources, needs and problems.

In October, TDH won a federal grant of slightly more than \$200,000, part of \$4 million distributed to 23 states by the Public Health Service, to help fund more comprehensive trauma care planning.

*Map, Continued from page 6*

***Enhanced U.S. Census Data (ACSEC/Census Map Project with Counties)***

***Surface Water Features (U.S.G.S. 1:24,000 DLG hydrography layer)***

***Transportation/Political Boundaries (Digital Line Graphs and Digital Orthophotoquads)***

***Original Texas Land Surveys (Railroad Commission data converted to GIS)***

As the above mapping efforts receive funding, an update will be provided in the Caller. If local efforts are planned to enhance the above data, please contact Darla Parker or Steve Barbre at the ACSEC offices, 512-327-1911.

Our progress has been slow, and progress is not success. We will have begun to succeed when we can announce a sharp drop in trauma fatalities—directly credited to working trauma systems throughout the state.

In the meantime, TDH and local health authorities need public support for modern trauma care, and legislative funding for guaranteeing every Texan access to that care.



*Call Box, Continued from page 2*

and Carlos Acevedo, Executive Director of the Cameron County 9-1-1 District. Preceding the first call were presentations to Cubic Communications Inc. and U.S. Commlink Ltd., co-sponsors for the call box equipment, and Southwestern Bell Telephone Company, Cellular One, and Southwestern Bell Mobile Systems.

The Cameron County test site stretches along US Highway 77/83 between San Benito and Brownsville for ten miles with the boxes spaced at one mile intervals. These boxes, as in Hale and Tarrant counties, are also placed on opposing sides of the highway for the motorists' safety.

**A Special Thanks!**

This program is coordinated by the Advisory Commission on State Emergency Communications. A special thanks to the Texas Department of Transportation; the Texas Department of Public Safety; Hale, Tarrant, and Cameron Counties; GTE-Government Information Services; Cubic Communications Inc.; U.S. Commlink Ltd.; Southwestern Bell Telephone Company; Cellular 3; MetroCel Cellular; Southwestern Bell Mobile Systems; Cellular One; the South Plains Association of Governments; the Tarrant County 9-1-1 District; and the Cameron County 9-1-1 District.

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# Request for Nominees for Telecommunicator of the Year Award

**Help Us To Honor These Unsung Heroes!**

Use this form to nominate a telecommunicator you feel is deserving of this special award. In reporting the individual's performance, give consideration to skills and knowledge exhibited in the areas of communication, use of equipment, leadership abilities, and special circumstances. Please provide a written description of the incident(s) and feel free to furnish any supporting documentation.

Name of Nominee: \_\_\_\_\_

Position Title: \_\_\_\_\_

Employer Business Name, Address, and Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Nomination Submitted by: \_\_\_\_\_

Address and Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Nominee deserves to be recognized because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

(Attach additional sheets if necessary)

Nominations are due at the ACSEC offices no later than July 28, 1993.



9-1-1 Caller is a publication of the Advisory Commission on State Emergency Communications.

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