



The National Action Plan for Child Injury Prevention - Webinar IV Education

January 30, 2013 – 3:00-4:15 p.m.

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Meeting Orientation Slide

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Moderators



Ellen Schmidt

***Assistant Director, Children's Safety Network
National Injury and Violence Prevention
Resource Center***



Calondra Tibbs

***Director of Maternal, Child and Adolescent
Health and Injury and Violence Prevention
National Association of County and City
Health Officials (NACCHO)***



www.ChildrensSafetyNetwork.org





Presenter



Dr. Julie Gilchrist

20 | Celebrating
the past,
protecting
the future
YEARS



Launching a Roadmap for Injury-Free Childhood – **National Action Plan**

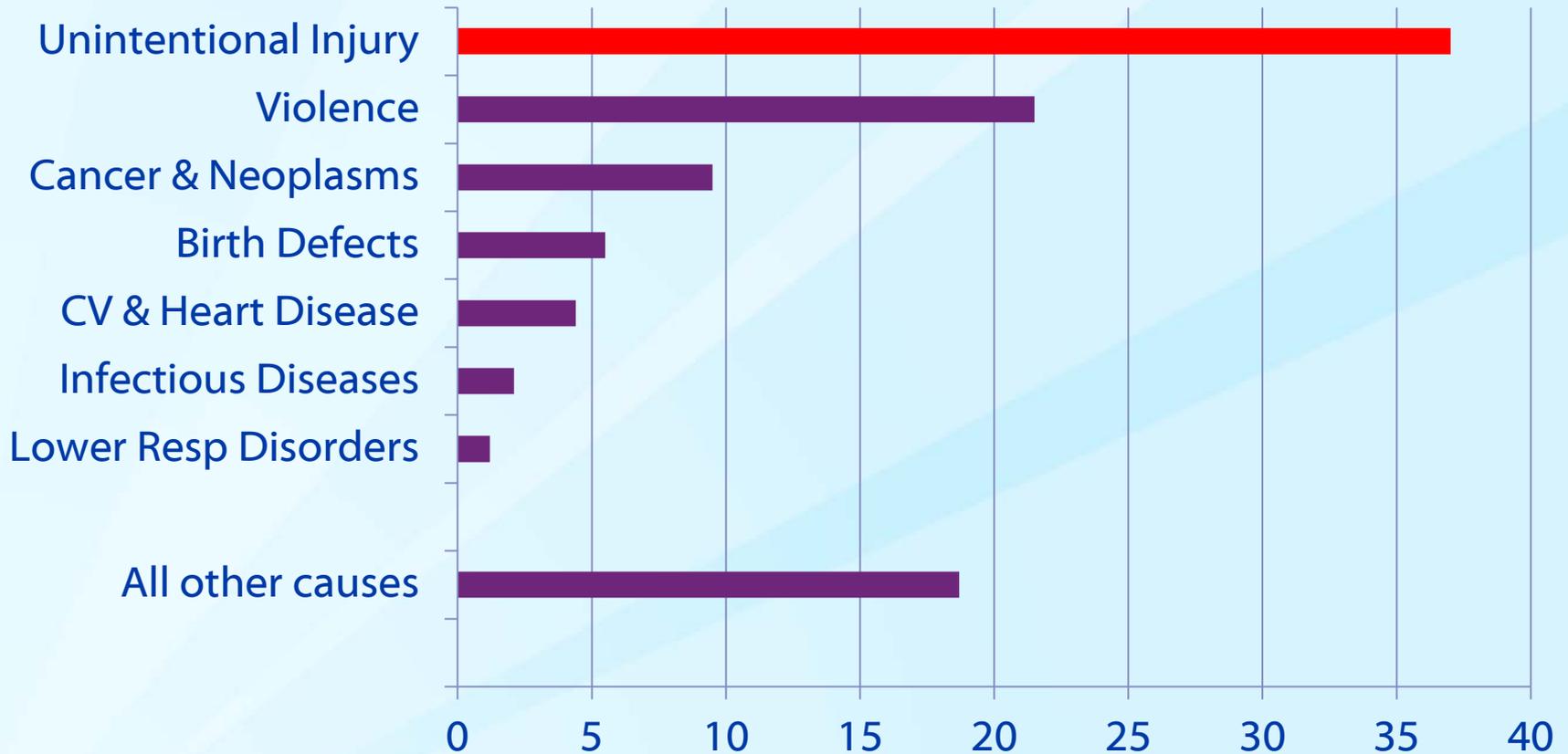
Julie Gilchrist, MD

Medical Epidemiologist

National Center for Injury Prevention & Control
Centers for Disease Control & Prevention

January 30, 2014

Percent of All Deaths Among Children 1-19 Years



From: WISQARS 2010 data. Cancer includes benign neoplasms; Birth Defects includes other perinatal mortality and pregnancy complications; Infectious Diseases includes influenza, HIV, meningitis

INJURY

The #1 killer of children in the US



For every **1** child that dies there are...



25

hospitalizations



925

treated in ER

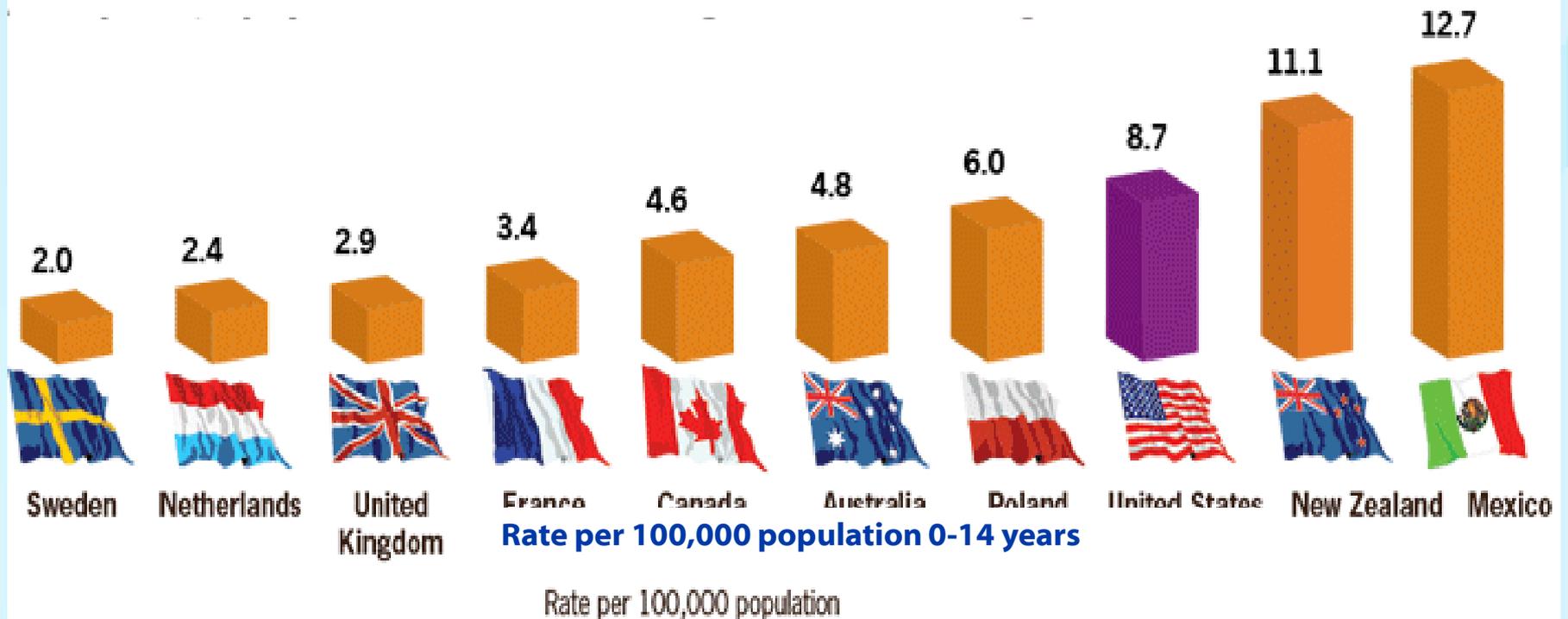


Many

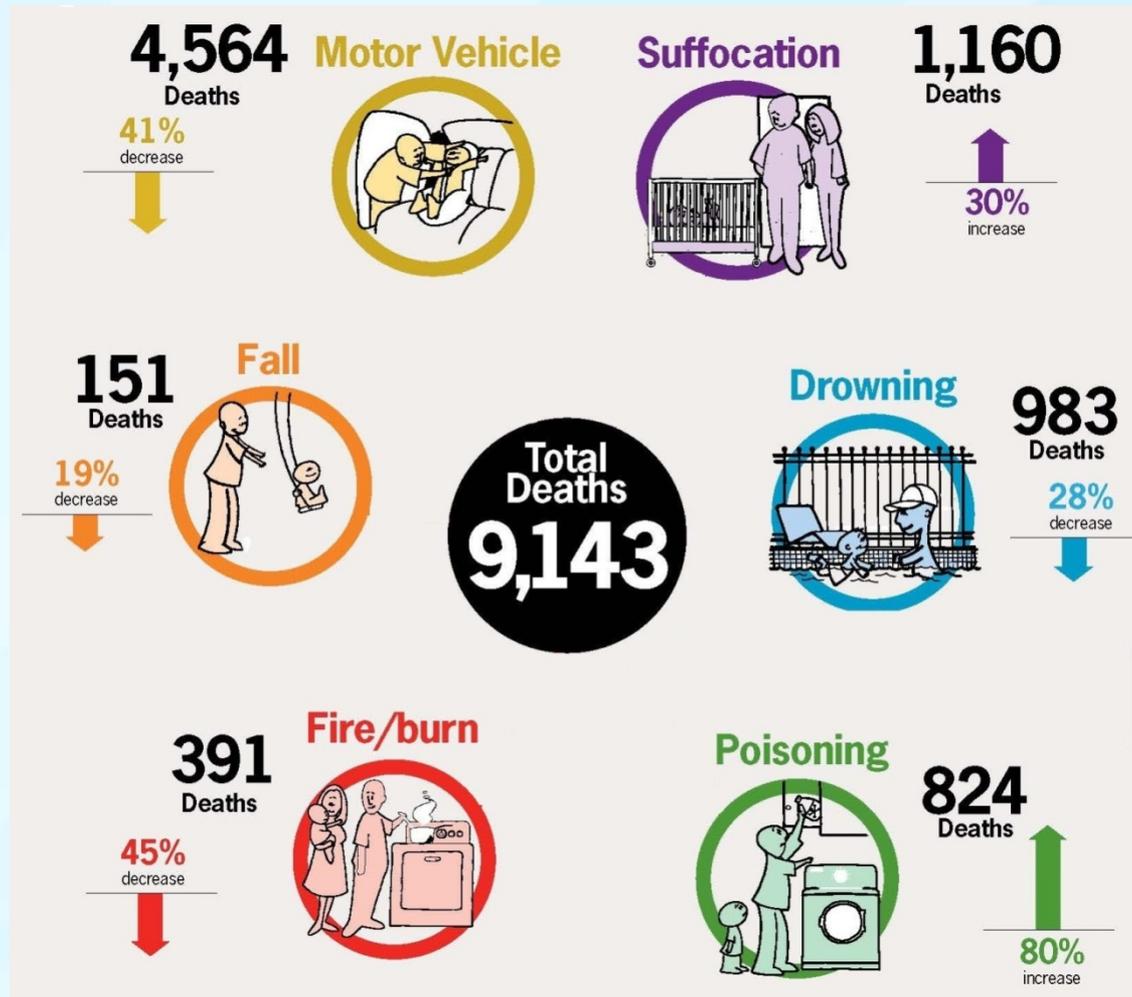
more treated in
doctors' offices



US Rates Poorly Compared with Others



Unintentional Injury Deaths and Trends among U.S. Children 0-19 Years



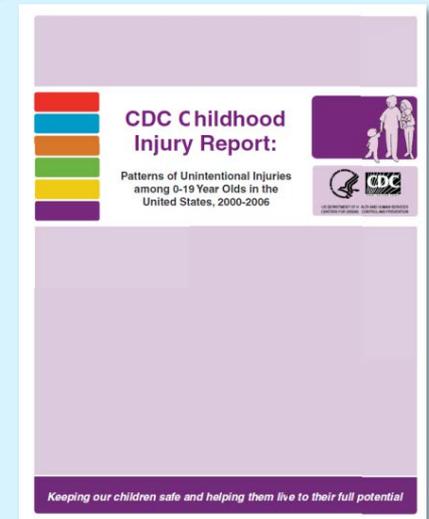
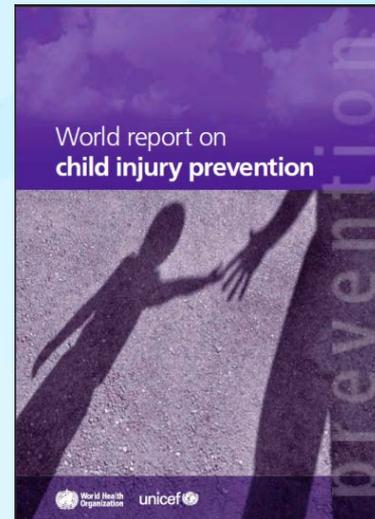
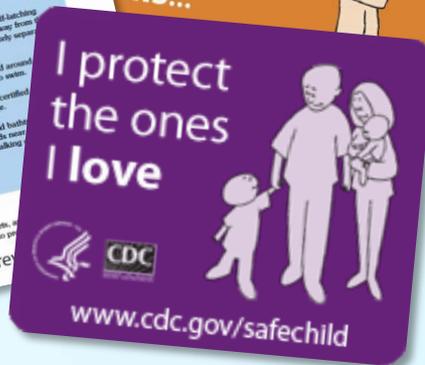
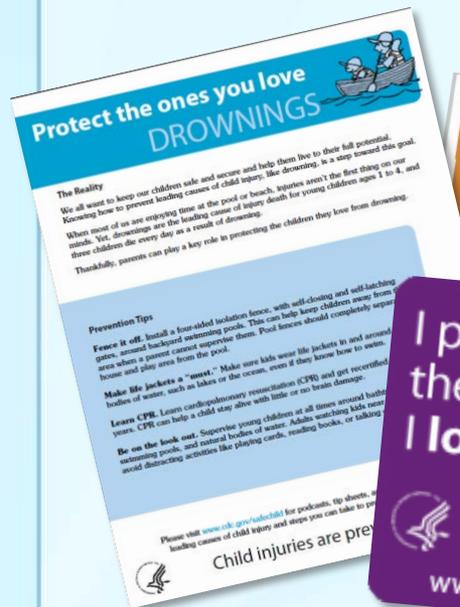
SOURCE: CDC Vital Signs, 2012; deaths – 2009, trends – 2000-2009

CDC's Role

- ❑ Identify and share data, tools and strategies
- ❑ Support organizations and individuals

Protect the Ones You Love

World Report on Child Injury Prevention & CDC Childhood Injury Report



National Action Plan for Child Injury Prevention

- ❑ Raise awareness
- ❑ Highlight prevention solutions
- ❑ Mobilize action



A Framework for Action

- ❑ Data & Surveillance
- ❑ Research
- ❑ Communication
- ❑ **Education** & Training
- ❑ Health Systems & Health Care
- ❑ Policy



EDUCATION



Education vs. Training

- ❑ Education improves knowledge necessary to influence behaviors, change policies, modify environments and design products
- ❑ Education is a primary, cross-cutting intervention
- ❑ Training is used to improve skills and to apply knowledge
- ❑ Target: children and those who interact with families



Educate the public about injury risks and effective strategies to prevent child injuries

- ❑ Integrate injury prevention education into broader child health promotion efforts (e.g., MIECHV)
- ❑ Educate decision makers about the burden of child injuries, the importance of prevention
- ❑ Educate textbook and periodical publishers, newspaper editors, and free-lance writers about the importance of child injury prevention



Develop and test evidence-based materials, tools, and resources

- ❑ Develop and incorporate specific materials into schools of education, public health, medical and allied fields, and safety professions
- ❑ Develop health and safety education curricula and programs for use at all school levels
- ❑ Develop resources to assist concerned citizens to promote child injury prevention in their communities
- ❑ Develop criteria for national, state, and local injury report cards to bring focus to improving scores
- ❑ Establish a clearinghouse to catalogue and provide access to accurate information and resources
- ❑ Catalogue all available curricula and create an evaluation framework



Implement and disseminate injury education programs in allied health professions

- ❑ Improve coverage of child injury prevention in undergraduate and graduate education programs
- ❑ Incorporate child injury prevention information in health, education, and safety professionals training by offering continuing education credits
- ❑ Include child injury prevention into minimum standards for competency for selected credentialing, licensing, and certification in health and safety



Develop venues for delivering child injury education programs

- ❑ Establish child injury prevention internship opportunities at agencies and organizations
- ❑ Use technology such as the Internet to improve access to child injury prevention training
- ❑ Provide training that is relevant to child injury in fields such as engineering, architecture, environmental science, and transportation safety.
- ❑ Provide education and training in child injury prevention and emergency response to all expectant mothers and their families, pre- and post-term

Use community-based organizations to educate the public

- ❑ Support nonprofit organizations to promote education at local, state, and national levels
- ❑ Integrate prevention education into community health programs that serve at risk families
- ❑ Further integrate child safety education into pediatric & well-baby visits, and post-partum discharge
- ❑ Design and disseminate education materials to educate employees about family safety off-the-job through corporate health and wellness programs
- ❑ Engage community-based organizations, voluntary groups, and merchants in sponsoring injury prevention events and educational campaigns



IMPLEMENTATION

NAP Implementation Projects

- ❑ Funded nine pilot projects
- ❑ Test the feasibility of implementing specific actions in the NAP
- ❑ Identify potential next steps and new avenues



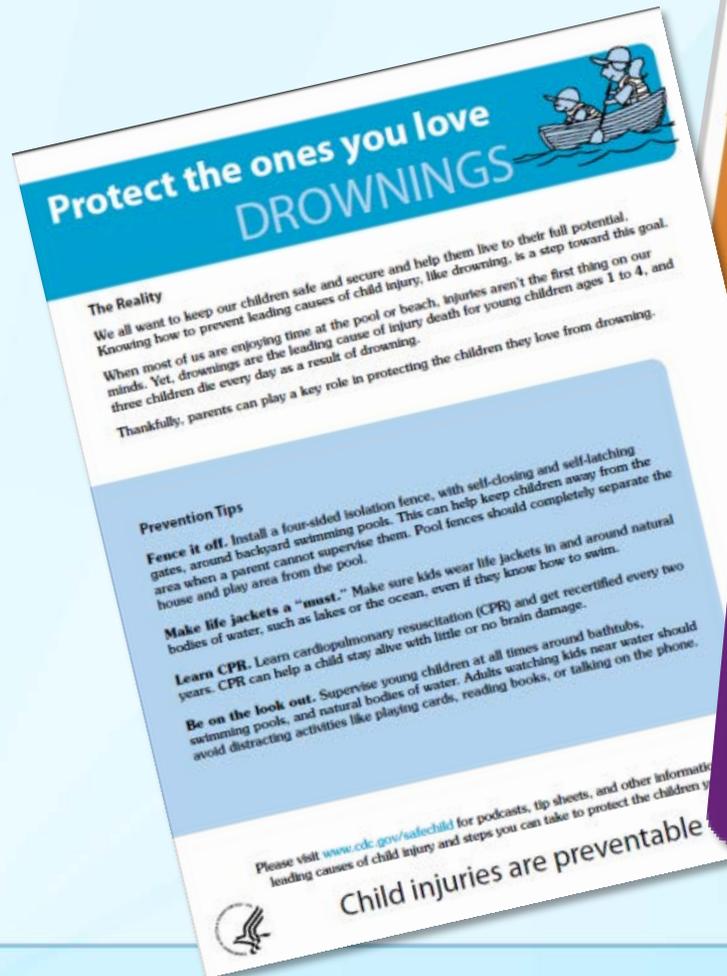


Implementation Projects

- ❑ EDC is working to engage health plans in child injury prevention
- ❑ NSC is working with employers to develop quick, effective materials to influence the employee off-the-job safety of their families
- ❑ ACPM is working to develop a simple home safety checklist with brief intervention for home visiting professionals
- ❑ EVMS is working to develop a path to approval for continuing education for evidence-based programs
- ❑ CIPA is working to improve the consistency and reach of safety messages through a national collaboration

CDC Resources

- **Protect the Ones You Love: www.cdc.gov/safechild**



Protect the ones you love
DROWNINGS

The Reality
We all want to keep our children safe and secure and help them live to their full potential. Knowing how to prevent leading causes of child injury, like drowning, is a step toward this goal. When most of us are enjoying time at the pool or beach, injuries aren't the first thing on our minds. Yet, drownings are the leading cause of injury death for young children ages 1 to 4, and three children die every day as a result of drowning. Thankfully, parents can play a key role in protecting the children they love from drowning.

Prevention Tips

- Fence it off.** Install a four-sided isolation fence, with self-closing and self-latching gates, around backyard swimming pools. This can help keep children away from the area when a parent cannot supervise them. Pool fences should completely separate the house and play area from the pool.
- Make life jackets a "must."** Make sure kids wear life jackets in and around natural bodies of water, such as lakes or the ocean, even if they know how to swim.
- Learn CPR.** Learn cardiopulmonary resuscitation (CPR) and get recertified every two years. CPR can help a child stay alive with little or no brain damage.
- Be on the look out.** Supervise young children at all times around bathtubs, swimming pools, and natural bodies of water. Adults watching kids near water should avoid distracting activities like playing cards, reading books, or talking on the phone.

Please visit www.cdc.gov/safechild for podcasts, tip sheets, and other information on leading causes of child injury and steps you can take to protect the children you love.

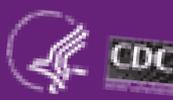
Child injuries are preventable



When it comes to protecting children from falls...



I protect the ones I love



www.cdc.gov/safechild

CDC Resources

- Parents are the Key



CDC Resources

- **Framing Guide**



Adding Power to Our Voices
A Framing Guide for Communicating About Injury

www.cdc.gov/injury/framing/CDCFramingGuide-a.pdf

“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”

~Margaret Mead

Julie Gilchrist, MD (jrg7@cdc.gov)

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: <http://www.cdc.gov>

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

National Center for Injury Prevention and Control
Division of Unintentional Injury Prevention





Polls





Presenter

Michael Bernstein
Health Educator for Injury
Prevention at the Southern Nevada
Health District



Southern Nevada Health District

Child Drowning Prevention Public Information
Campaign

Michael Bernstein, M.Ed.
Health Educator II/Injury Prevention

History

- Data collected on child drowning (14 years old and younger) by EMS office starting in 1994 through 1998
- Data showed drowning death rate of children 0-4 years of age two to four times national
- EMS staff shared data with OCDPHP staff
- Data then presented to Chief Health Officer

- Chief Health Officer asks staff to work together to develop program to address problem and educate the public
- First Public Information Campaign 1999 – Infant shoe floating in pool – “It only takes Seconds”
 - Brochures – distributed throughout community with help of Clark County Safe Kids
 - Bus stop Shelters
- Got attention of Clark County Commission
- SNHD received \$20,000 grant for 2000 P I Campaign

Expansion of Child Drowning Campaign in 2000

- SNHD hired (bid process) media company to assist OCDPHP Programs
- Developed ABC & D's of Drowning Prevention
 - Adult Supervision (active supervision)
 - Barriers (for your pool)
 - Classes (swim lessons and CPR)
 - Devices (life jackets, rescue tools and safety drain covers)
- With help of media company we solicited program sponsorship from four local businesses
- Additional funding allowed us to:
 - Develop TV and radio spots and fund media campaign from May – Labor day
 - Print 20,000 brochures in English, 10,000 in Spanish

- Worked with Clark County Safe Kids and local Fire Departments to distribute ABC & D's of Drowning Prevention information
- Over the next decade ABC & D's of Drowning Prevention became branded in County
- New partners recruited including local Building Departments
- Southern Nevada Pool Code (developed by committee of local building department representatives) added requirement of secondary barriers to residential pools built after April 2003

MEDICWEST

Prevent drowning!

It's as easy as A-B-C-D

A = adult supervision

B = barriers

C = classes

D = devices



"We Care"

561

Continued Program Development

- SNHD EMS developed Submersion Incident Report Form (SIRF) to increase data collection including ethnicity in 2006
- Ethnicity data showed disproportionate number of Hispanic children involved in submersion incidents
- Public Information campaign developed more Spanish language materials for distribution

Legislation Proposed

- CC Building Department called a meeting of community drowning prevention advocates in late 2008
- Group included Public Health, Building Departments, Fire Departments, Pool Builders, Safe Kids, interested parents and additional child drowning prevention advocates.
- This group formed the Pool Barrier Steering Committee
- Legislation proposed to require all new residential pools to have secondary barrier in place and older homes to meet the new law upon resale
- Bill opposed and defeated by Nevada Realtors Association during 2009 session

SNCDPC Formed

- Steering Committee met during late 2010 and formed the nucleus of the Southern Nevada Child Drowning Prevention Coalition
- SNCDPC was officially formed in 2011 and has filed the paperwork to become a 501 (c) 3 non profit organization
- Mission of SNCDPC is to educate all citizens of the dangers backyard swimming pools pose to young children – in particular children 4-years old or younger – in order to ensure a safe pool environment for Southern Nevadans of all ages

SNCDPC continued

- Coalition has adopted and officially promotes the ABC & D's of Drowning Prevention
- Additional advocates have joined to promote water safety awareness and education to prevent drowning and water-related injuries in pools, lakes, rivers as well as bathtubs, buckets and other sources of water.
- Hispanic sub-committee has formed to directly address the child drowning problem through Hispanic community resources

Some Numbers

- Clark County has over 101,000 residential swimming pools and 5000 public pools
- Average Drowning Death rates for Children 4 years old and younger per 100,000
- 1994 – 1999 (prior to SNHD PI Campaigns) 9.2
- 2000 – 2013 - 4.4
- National average 1994 – 2010 – 2.74
- Since formation of SNCDPC 2011 – 2013 – 2.79

For More Information

- SNHD OCDPHP site

<http://www.gethealthyclarkcounty.org/be-safe/drowning-prevention-abcd.php>

- SNCDDPC

www.sncddpc.org

- Mike Bernstein - (702) 759-1268

bernstein@snhdmail.org



Presenters



Emilie Crown

Program Manager

Montgomery County Fire Rescue



Larry Branche

*Corporate Manager (Director of Child
Passenger Safety Program)*

Fitzgerald Auto Malls

Engaging Communities in Injury Prevention

Emilie Crown, RN
Program Manager
Montgomery County Fire Rescue
Gaithersburg, MD

This is the
crash in 1999
that really
started our
program





In the Beginning

- Started in 2000
- Four Full Time staff
- Seat checks done twice a week
- 1 large open seat check a month
- 6-8 certification classes a year
- Hotline number started

By mid 2007

- One FT staff + one Light duty firefighter (CPS Tech)
- Seat checks five times a week at four different locations, total of 20 hours a week. Walk-in appointments are limited, plus one large open seat check each month
- 6-8 certification classes as well as multiple update classes with CEU's, a renewal and CSHN class yearly
- Multiple Outreach events attended
- Loaner program, includes some CSHN
- Trainings for County employees who transport children at work
- English and Spanish hotline numbers
- Voucher seats for \$25 each for low-income families
- Internet based scheduling program

At Fitzgerald's monthly open seat checks the fire department always sent techs to help



We have press events whenever possible



Our Program as of Today

- Certification classes and seat checks continue
- Only one full time person left
- Paid tech hours for fire personnel cut by 2/3
- More outreach requests being turned down for lack of staff
- Donations continue to come in, but have decreased in size.
- More requests for weekend and evening classes

AUTO DEALERS AND CHILD SAFETY SEAT PROGRAMS

How did we begin?



DEALERSHIP PROGRAMS HAVE TO START AT THE TOP



- Dealer
- General Manager
- Executive

DEALERSHIP BENEFITS



- Community service
- High degree of satisfaction
- Ability to reach out to different communities
- Provides a valuable resource with low cost
- Builds trust between dealership and community
- Saves lives!
- Partnering with local, state and federal agencies

DEALERSHIP START UP

- Select Candidates for Certification
(Longevity, Communication, Passion)
- Design process for appointments, staffing,
- marketing, location & maintaining supplies.





STARTED A CHILD PASSENGER SAFETY PROGRAM IN 1999

- Over 45,000 Child Seats installed
- National record for most seats in 1 day (777) & most by a private company
- 51 CPS Technicians on staff
- Seats by appointment & monthly events
- CPS Hotline for information & scheduling along with internet appointments
- Provide support to other agencies



Current Challenges

- Adequate staffing at seat checks
- Funding
- Keeping volunteers motivated
- Keeping technicians current with changes in field



Our Accomplishments

- Techs are updated regularly via email and with hands-on classes
- Incentives distributed
- Appointments made based on staffing available
- Websites for information
- We have kept seat checks on same dates for consistency



Our Major Partners

- Auto Dealerships: Fitzgerald's
- Retail stores
- Kiwanis
- Montgomery County Police
- Hospitals
- Health and Human Services
- Maryland Kids in Safety Seats



Suggestions for starting a program

- Start small
- Get technicians trained
- Start with appointments only
- EVERY SEAT INSPECTED MAKES A DIFFERENCE
- Location selection



Questions?



Thank you for your participation

Please take a moment to complete our short
evaluation:

[https://www.surveymonkey.com/s/NAP_Webina
rIV_013014](https://www.surveymonkey.com/s/NAP_WebinarIV_013014)