

2009 Forging New Frontiers: “The Road to Best Practices in Injury Prevention”







The 14th Annual Conference of The Injury Free Coalition for Kids jointly sponsored with
Columbia University College of Physicians and Surgeons
November 29 - December 1, 2009



This year’s conference will be jointly sponsored by the Injury Free Coalition for Kids® and Columbia University College of Physicians and Surgeons, the Robert Wood Johnson Foundation and the Allstate Foundation to Sofsurfaces and Little Tikes. The main support for this conference is conference registration fees with additional support from Little Tikes and SofSurfaces. For fourteen years, members of the Injury Free Coalition for Kids, located in Level I Trauma Centers, have met to collaboratively address ways to prevent injuries in communities across the country. Forging New Frontiers, the annual conference of Injury Free Coalition for Kids®, has become a valuable meeting to foster collaborative research, develop best practices and address challenges in the field of injury prevention and epidemiology. This year, for the first time, the Conference will be opened to all who are interested in the development of best practices in the field of injury prevention.

The attendees are principal investigators (physicians), program coordinators (nurses, health educators, social workers, community leaders and researchers). The conference is designed to focus on ways to build best practice injury prevention programs that have sustainability and longevity. It will examine resources for effective interventions and programs. Some specific areas to be explored include: Population and Community Injury Prevention; Child Passenger Safety Initiatives; Evaluation of Programmatic Impact; Working with Limited English Proficiency Population; and, Increasing Public Awareness and the Effective Dissemination of Injury Prevention Information. Those in attendance will experience and explore intervention techniques, learn about the most current injury prevention research, and share the latest advocacy efforts.

The objectives of the 2009 Annual Conference are to provide participants with an opportunity to:

-  Learn about designing, planning and building healthy communities.
-  Share and explore challenges and successes in community-based injury prevention programming with a goal of helping other institutions develop and improve injury prevention programs
-  Share information on innovative injury prevention programs promoting best practices
-  Describe how institutions, particularly trauma systems can develop and evaluate community-based injury prevention programs.
-  Identify opportunities for cross site projects and research as well as opportunities to learn more about translating research into practice in minority and resource-limited communities.
-  Provide Injury Free members with the opportunity to revitalize their spirit, creative energies and stamina in order to continue to innovate and sustain healthy communities.

Participants will be able to earn 10.75 AMA PRA Category 1 CME Credit(s)[™] for the conference.

ACCREDITATION STATEMENT: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the College of Physicians and Surgeons of Columbia University is accredited by the ACCME to provide continuing medical education for physicians.

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Dear Conference Participants,

Welcome to the 14th Annual Injury Free Coalition for Kids Conference, Forging New Frontiers, The Road to Best Practices in Injury Prevention. At last year's meeting, I had the great honor of being elected President to succeed our founder and mentor, Dr. Barbara Barlow. After a year of heading an Advisory Council to research how best to organize Injury Free as we move toward becoming a freestanding organization, I came to intimately know what a talented and committed group of Program Coordinators and Principal Investigators we have in our Coalition. A number of them are now serving as our current Board of Directors.

The ensuing year has been a busy one. Among other things, E. Lenita Johnson and DiLenny Roca-Dominguez of the National Program Office worked with the Board to help organize this meeting, select the abstracts that will be presented and to explore partnership opportunities with other organizations and corporate entities. We're continuing to strive for fiscal autonomy and the ability to pursue our mission of reducing injuries to children.

Understanding that this has been billed as the Year of health Reform, Injury Free stands ready to push injury prevention as an important component of wellness promotion and health care cost reduction in the decades to come. Dr. Barlow has taught us well. All of us know that the vaccination against the scourge of injury is education based on surveillance data, coalition-building, sound interventions and evaluation. Your presence here will help ensure that this work will continue. It will also help to ensure, that we will have a wonderful time here in sunny Florida, strengthening our friendships, recharging our batteries, and renewing our commitment to the cause we hold so dear.

Thanks for coming and for your work to help make Injury Free such a vibrant and forward-thinking organization. It has been my pleasure to serve you and I look forward to an even better and more productive year in 2010 leading up to the presidency of Dr. Barbara Gaines next year.

Sincerely,

Michael P. Hirsh, MD, MPH
Professor of Surgery and Pediatrics, University of Massachusetts Medical School
Chief, Division of Pediatric Surgery and Trauma, Associate Director,
Pediatric Intensive Care Unit and Surgeon-in-Chief,
UMASS Memorial Children's Medical Center of UMASS Memorial Health Care System
Co-Principal Investigator, Injury Free Coalition for Kids, Worcester, MA
Board President, Injury Free Coalition for Kids



Dear Conference Attendees,

I am so proud of all of the work you've accomplished this year and the direction in which you are taking Injury Free. When we began working in injury prevention years ago, I knew that what we were doing was important. However, I believe the urgency of our work then pales in comparison to the challenges being faced today. What we are doing is imperative when it comes to the health and safety of children. The devastation of our economy and the state of health care have made this a pivotal time in injury prevention, and I can't think of a better team to lead us into the future than the board and members of Injury Free.

It gives me so much pleasure and pride to see the dedication and passion with which you are working to move Injury Free forward. You have worked hard to put together a good conference and to lay a solid foundation on which the Coalition can build. I could not ask for more.

I look forward to spending time with you and watching you grow.

Thank you for all of the work you have done, and that which you will do in the future.

Sincerely,

Barbara Barlow, MD
Professor of Surgery, College of Physicians and Surgeons, Columbia University
Professor of Surgery in Epidemiology, School of Public Health, Columbia University
Harlem Hospital Center, Chairperson Department of Surgery
Executive Director, Injury Free Coalition for Kids



David Hemenway, Ph.D.
2009 Keynote Speaker
Author:
While We Were Sleeping:
Success Stories in Injury and Violence Prevention

David Hemenway, Ph.D., is an economist and Professor at Harvard School of Public Health (HSPH) and a James Marsh Visiting Professor at Large at the University of Vermont. He is Director of the Harvard Injury Control Research Center and the Youth Violence Prevention Center. He was President of the Society for the Advancement of Violence and Injury Research and in 2007 received the Excellence in Science award from the injury section of the American Public Health Association.

Dr. Hemenway has written over 130 journal articles and is sole author of five books. Recent books include *Private Guns Public Health* (U Michigan Press 2006) and *While We Were Sleeping: Success Stories in Injury and Violence Prevention* (U California Press 2009). Dr. Hemenway has received ten HSPH teaching awards.

Book review:

While We Were Sleeping: Success Stories in Injury and Violence Prevention

Public health has made our lives safer—but it often works behind the scenes, without our knowledge, that is, “while we are sleeping.” This book powerfully illuminates how public health works with more than sixty success stories drawn from the area of injury and violence prevention. It also profiles dozens of individuals who have made important contributions to safety and health in a range of social arenas. Highlighting examples from the United States as well as from other countries, *While We Were Sleeping* will inform a wide audience of readers about what public health actually does and at the same time inspire a new generation to make the world a safer place.

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Schedule at a Glance

Sunday, November 29		Room
3:00 pm	Registration	Caribbean Registration Desk
6:00 - 7:00 pm	Welcome Reception	Dunes-Coconut Terrace
7:00 - 9:00 pm	Board Meeting	Miami Room
Monday, November 30		
7:00 - 9:00 am	Breakfast/Posters	Caribbean Ballroom IV
9:00 - 9:15 am	Welcome	Caribbean Ballroom V
9:15 - 10:00 am	“Success Stories and Heroes in Injury Prevention”	
10:00 - 11:30 am	Population and Community Injury Prevention Panel Discussion	
11:30 - 1:30 am	Lunch	Dunes-Coconut Terrace
1:30 - 3:00 pm	Child Passenger Safety Panel Discussion	Caribbean Ballroom V
3:00 - 4:30 pm	Business Meeting	Caribbean Ballroom V
6:00 - 7:00 pm	Reception	Dunes-Coconut Sunrise Terrace
7:00 - 10:00 pm	Banquet	Caribbean Ballroom V
Tuesday, December 1		
7:00 - 8:30 am	Breakfast/Posters	Caribbean Ballroom IV
8:30 - 10:00 am	Limited English Proficiency Panel Discussion	Caribbean Ballroom V
10:00 - 11:30 am	The Great Outdoors Panel Discussion	
11:30 - 1:30 pm	Lunch	Caribbean Ballroom I-III
1:30 - 3:30 pm	Can You Hear Me Now...Getting the Word Out Panel Discussion	Caribbean Ballroom V
	Closing Remarks	
	Conference Adjourned	
3:30 - 5:30 pm	Special Sessions	
	Concerning Communications	Caribbean Ballroom V
	Adolescent Injuries and Alcohol	Caribbean Ballroom VII-VIII
	Home Safety	Caribbean Ballroom I

Agenda

Monday, November 30, 2009		Room
7:00 - 9:00 am	Breakfast/Posters	Caribbean Ballroom IV
9:00 - 9:15 am	Welcome Speaker: Michael Hirsh, MD Injury Free Coalition for Kids Board President	Caribbean Ballroom V
9:15 - 10:00 am	Keynote Speaker, David Hemenway, PhD “Success Stories and Heroes in Injury Prevention”	
10:00 - 11:30 am	“Population and Community Injury Prevention” Panel Discussion Moderator: Steven C. Rogers, MD Assistant Professor, Pediatrics, Emergency Medicine, Connecticut Children’s Medical Center Co-PI Injury Free Coalition for Kids, Hartford, CT	
<p>The Population and Community Intervention panel will share and explore objective ways to assess the injury prevention needs of your community or a specified population through data and/or network mapping. There will be a comparison of hospital vs. community based interventions by presenting a specific case example. Finally there will be discussion on translation of injury prevention efforts into a meaningful educational experience for the future healthcare providers in our communities.</p> <p>This session will enable the attendees to:</p> <ol style="list-style-type: none"> 1) Explore different methods of assessing your communities injury prevention needs; 2) Compare hospital vs community based injury prevention efforts; 3) Discuss how to translate injury prevention activities into a meaningful educational curriculum for resident physicians. <p>Presenters:</p> <ul style="list-style-type: none"> Steven C. Rogers, MD: Using trauma registry data to guide injury prevention program activities Lorena Chavez, MPH: Finding gaps in injury prevention through network mapping: a community exercise Lois K. Lee, MD, MPH: The safer homes program: a comparison of a community based and hospital clinic based home visitor home safety intervention program Sarah Atkins, MD, MPH: Introducing advocacy and injury prevention curriculum to a pediatrics residency program 		
11:30 - 1:30 pm	Lunch	Dunes-Coconut Terrace
1:30 - 3:00 pm	“Child Passenger Safety” Panel Discussion Moderator: Kathy Monroe, MD Professor of Pediatrics, Children’s Hospital of Alabama at University of Alabama, Birmingham Co-PI, Injury Free Coalition for Kids, Birmingham, AL	Caribbean Ballroom V

This section of the Injury Free National meeting will focus on a variety of CPS programs and how they work. We will discuss hospitalized children including special health care needs for CPS and how one institution assures appropriate CPS for their patients upon discharge. We will discuss community based programs in culturally diverse areas as well as rates of appropriate CPS in patients being brought to a pediatric Emergency

Department. We will learn how parents get CPS information and finally we will learn what quality improvement tools are and how they can be applied to CPS programs.

This session will enable the attendees to:

- 1) learn about CPS In-patient and community based programs;
- 2) learn how parents obtain their knowledge in CPS;
- 3) learn about quality improvement tools and how they can be applied to CPS programs.

Presenters:

Mariann Manno MD: Analysis and redesign of a child passenger safety (CPS) program

Michelle Dean: A pilot inpatient child passenger safety program

Kathy Monroe MD: Analysis of child passenger safety in patients of a pediatric emergency department

Mary Beth Moran PT, MS, MEd: The use of quality improvement tools to measure program outcomes: case example; child passenger safety for high risk populations

3:00 - 4:30 pm	Business Meeting	Caribbean Ballroom V
6:00 - 7:00 pm	Reception	Dunes-Coconut Sunrise Terrace
7:00 - 10:00 pm	Banquet	Caribbean Ballroom V

Tuesday, December 1, 2009		Room
7:00 - 8:30 am	Breakfast	Caribbean Ballroom IV
8:30 - 10:00 am	<p>“Limited English Proficiency Invited Panel Discussion” Moderator: Karen Sheehan, MD, MPH Associate Professor of Pediatrics, Northwestern University’s Feinberg School of Medicine Medical Director, Injury Prevention and Research Center Children’s Memorial Hospital Principal Investigator - Injury Free Coalition for Kids, Chicago, IL</p>	Caribbean Ballroom V

Language and cultural differences often present a challenge in delivering injury prevention messages to parents of minority children. In 30 years, “minority” children are predicted to make up the “majority” of children. Even now, 20% of children are immigrants or children of immigrant parents. To decrease childhood injury, it is essential to develop linguistically and culturally appropriate interventions to reach Limited English Proficient (LEP) communities. In this panel, we will discuss our experiences in working with LEP populations.

This session will enable the attendees to:

- 1) Delineate the mission of mutual aid associations; learn how they can be partners in injury prevention
- 2) Explore 3 examples of working with LEP communities
- 3) Summarize lessons learned; identify best practices that can be translated into other communities

Presenters:

- Terri McFadden-Garden, MD: Working with LEP in occupant/child passenger safety - Injury Free Atlanta, GA
Pamela W. Goslar, PhD: Empowering the community to produce DVDs that address LEP - Injury Free Phoenix, AZ
Karen Sheehan, MD, MPH: Working with community groups to address LEP Injury Free Coalition for Kids, Chicago, IL

10:00 - 11:30 am

“The Great Outdoors”

Panel Discussion Moderator: Garry Lapidus, PA-C, MPH

Associate Professor, Pediatrics and Public Health,
University of Connecticut School of Medicine
Director, Injury Prevention Center Connecticut Children’s
Medical Center and Hartford Hospital
Program Coordinator, Injury Free Coalition for Kids, Hartford, CT

The “Great Outdoors” panel will include four presentations. The first presentation will describe the local implementation of a CDC youth sports concussion program (Heads Up). The second presentation shares the results from a retrospective urban emergency department chart review describing the epidemiology of pediatric forearm fractures. The third presentation is a prospective study that identifies risk factors associated with urban pediatric motor vehicle pedestrian and bicycle collisions. The final presentation presents the results of a survey to determine whether urban parents are restricting their child’s outdoor play due concerns of safety and violence.

This session will enable the attendees to:

- 1) To understand current guidelines regarding concussion management and be able to describe local implementation of a national program.
- 2) To understand the epidemiology and prevention of pediatric forearm fractures.
- 3) To understand the epidemiology and prevention of pediatric motor vehicle pedestrian and bicycle collisions.
- 4) To understand the relationship between neighborhood safety and outdoor play in children.

Presenters:

- Amy Teddy: Heads Up - concussion in youth sports
Garry Lapidus PA-C, MPH: Outdoor play: a survey of parents perceptins of their child’s safety
Deborah Levine, MD: New York City children struck by motor vehicles: a prospective study to assess risk factors
Leticia Manning Ryan, MD: Epidemiology of pediatric forearm fractures in Washington DC, 2003-2006

11:30 - 1:30 pm

Lunch

Caribbean Ballroom I-III

1:30 - 3:30 pm

“Can You Hear Me Now...Getting the Word Out”

Caribbean Ballroom V

Panel Discussion Moderator: Beverly Miller, MEd

Associate Director of Research,
Center for Applied Research and Evaluation,
University of Arkansas for Medical Sciences College of
Medicine, Pediatric Injury Prevention Center
Injury Free Coalition for Kids of Little Rock, AR

Increasing awareness of preventable injury within targeted communities or populations requires careful tailoring of messages. Literacy, learning channels, and perceptions of the intended audience must be taken into consideration for effective communication. Presentations from this panel will describe the development and evaluation of four educational strategies for distinctive audiences.

This session will enable the attendees to:

- 1) Identify social marketing strategies applied in formative and outcome evaluation processes.
- 2) Discuss the selection and application of multimedia strategies for the intended audience.
- 3) Determine feasibility for replication in their local community setting.

Presenters:

- Beverly Miller, MEd: Increasing public awareness and capacity through injury prevention tool kits
- Lorena Chavez, MPH: A drowning prevention campaign in a Vietnamese community
- Barbara Solomon, MD: Do perceptions of effective distractive driving public service announcements (PSAs) differ between adults and teens?
- Brent Kaziny, MD: Never leave your child alone

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Closing Remarks

Conference Adjourned

3:30 - 5:30 pm

Special Sessions

Concerning Communications

Caribbean Ballroom I

E. Lenita Johnson, MA, and Walter Rice

This meeting will be used to answer questions about the Injury Free Coalition for Kids Website and to distribute and show attendees how to use a new communications CD containing templates with updated letter head, PowerPoint slides and other communication tools. Each site should have a representative attend this session.

Adolescent Injuries and Alcohol

Caribbean Ballroom VII-VIII

Michael Mello, MD, MPH

This meeting is for the participants of the Centers for Disease Control and Prevention grant entitled Studying Alcohol Screening and Brief Intervention Services for Injured Adolescent Patients. The meeting will be led by Michael Mello, MD, MPH of Injury Free Providence. The study will examine the adoption, implementation and maintenance of alcohol screening and brief intervention and referral to treatment (SBIRT) services for injured adolescent patients at seven pediatric level 1 trauma centers (nationwide). Participating sites include: Rady's Children's Hospital and Health Center in San Diego; Cincinnati Children's Hospital Medical Center; Children's Hospital of Wisconsin in Milwaukee; Children's Hospital of Michigan in Detroit; Children's Hospital of Pittsburgh; Connecticut Children's Medical Center in Hartford; Riley Hospital

for Children in Indianapolis.

Caribbean Ballroom V

Home Safety

Joyce Pressley, PhD, MPH

This meeting headed by Joyce Pressley, PhD, MPH will discuss home safety funding initiatives aimed at improving knowledge of housing related health and safety hazards and developing new hazard assessment and control methods. The focus is on key residential health and safety hazards of homes where children reside with an offshoot benefit of improving safety to other age groups, including elderly residing in public or low income housing units. This session is open to all conference attendees.

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DISCLOSURE

As an accredited sponsor, the College of Physicians & Surgeons must ensure balance, independence, objectivity, and scientific rigor in its educational activities. All faculty participating in this activity are required to disclose to the audience any significant financial interest and/or other relationship with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in his/her presentation and/or the commercial contributor(s) of this activity. When unlabeled uses are discussed, these will also be indicated.

FACULTY		FACULTY	
Sara Atkins, MD, MPH	NONE	Leticia Manning Ryan, MD	NONE
Loren Chavez, MPH	NONE	Mariann Manno, MD	NONE
Michelle Dean, BS	NONE	Terri McFadden-Garden, MD	NONE
Pamela W. Goslar, PhD	NONE	Beverly Miller, MEd	NONE
Micheal P. Hirsh, MD	NONE	Kathy Monroe, MD	NONE
David Hemenway, PhD	NONE	Mary Beth Moran, PT, MS, MEd	NONE
Brent Kaziny, MD	NONE	Steven C. Rogers, MD	NONE
Garry Lapidus, PA-C, MPH	NONE	Karen, Sheehan, MD, MPH	NONE
Lois K. Lee, MD, MPH	NONE	Barbara Solomon, MD	NONE
Deborah Lavine, MD	NONE	Amy Teddy, BS	NONE

None of the speakers intend to discuss unlabeled uses of a commercial product or an investigational use of a product not yet approved for this purpose.



2009 Forging New Frontiers:
“The Road to Best Practices in Injury Prevention”

Abstracts

Introducing advocacy and injury prevention curriculum to a pediatrics residency program

Sarah Atkins MD; Michele Nichols MD; Kathy Monroe MD

Introduction/Background:

The American Council on Graduate Medical Education requires structured education experience to prepare residents for the role of child advocate. We evaluated our new injury prevention/ child advocacy (IPCA) education program.

Methods:

Every first-year resident participated in a required, one-week experience and five senior residents participated in an elective one-month experience. The experience consisted of didactic sessions and experiential opportunities (school presentations, car seat checks, writing letters to politicians/editors, health fairs, free clinic work, a mock media television interview, and an individual learning project). Each participant underwent pre and post interviews gauging their comfort with each of the topics and evaluated the experience anonymously through E-value. We also had a debriefing of staff members who participated.

Results:

Eighteen first-year residents and five senior residents participated in the curriculum. Fourteen completed the anonymous survey. Fifty percent rated the overall experience to be great; and thirty-five percent rated the overall experience very good. The mean rating for overall impression was 4.26 of five. Greater than 70% found it extremely interesting (mean 4.5) and extremely "enjoyable" (mean 4.64). All reported more comfort with every topic (especially the mock media interview which had a high "pre" discomfort level). All 14 staff members felt this was a beneficial activity and wished to continue to expand the program.

Conclusions:

The integration of a required IPCA experience was successful and well-received. The exposure to community resources and education in topics promoting the health of children outside the clinic or hospital is extremely important for future pediatricians.

Objectives:

Attendees will learn:

- 1) to review pediatric residency requirements for Injury Prevention and Child Advocacy education;
- 2) to share an experience with a new program both in education format and in evaluation of the program;
- 3) to discuss the use of the hospital media department in education of residents;
- 4) to discuss the use of community programs in resident education.

Finding gaps in injury prevention through network mapping: a community exercise

Brian Johnston, MD, MPH, Lorena Chavez, MPH, CHES

Introduction/Background:

Effective injury prevention programs are often developed by building connections with community organizations and individuals, targeting resources where they are most needed and minimizing duplication of services. Injury Free - Seattle conducted an organizational mapping activity to learn about the current work of other organizations and to explore opportunities for injury prevention projects and community partnerships.

Methods:

Informants from Seattle's community, health and injury prevention sectors were invited to the mapping activity. Sixty informants were contacted via email and given a reference article on network mapping. The activity was held at a centrally located community center and a total of 20 informants attended. Informants who were unable to attend were given the option of e-mailing information to be added to the map

Results:

Results: Three maps were hand-drawn and later digitized using a social network analysis program (<http://analytictech.com/ucinet6/ucinet.htm>).

Map 1. Select injury-related issues and organizations working on those issues

Map 2. Select populations and organizations working with those groups
Map 3. Connections between organizations (weighted)

Two months later, a group of nine informants met to review the maps. After some discussion, the group decided to focus on the issue of positive youth development (PYD) - a relevant topic for all organizations represented at the meeting. Due to elevated injury risk among Central and South Seattle children and teens, the group chose to limit mapping activities to individuals, ages 0 to 24, who live in this area.

Plans for future work: We will gather information for all child and youth serving organizations in Central and South Seattle and add them to the PYD map. We will also recruit a group of adolescents from the target areas to conduct an asset map. We will use all maps as a tool to bridge injury prevention service gaps and identify opportunities for future partnerships.

Conclusions:

Network mapping is a useful strategy to identify gaps in service provision and to focus resources where they are most needed.

Objectives:

Attendees will learn:

- 1) about a community exercise that can be used to learn more about the strength of an injury prevention network, potential gaps in service provision and opportunities for partnerships;
- 2) to be able to explore free-trial software resource.
- 3) to see how a community used the results of a mapping exercise to create a program planning resource and to strategically seek and establish new partnerships.

The safer homes program: a comparison of a community based and hospital clinic based home visitor home safety intervention program

Walia T, BA, Mooney DP, MD, MPH, Dean ME, BA, Damian FJ, MS, RN, Lee LK, MD, MPH

Introduction/Background:

Residential injuries are common in young children, and those from low-income communities are at greater risk. The Safer Homes Program was developed as a home safety intervention program using home visitors for at-risk families. Safer Homes first used a community based home visiting organization, and then used a hospital clinic based model.

Methods:

In the Safer Homes Program, trained home visitors performed an initial home safety assessment, provided home safety kits/equipment, and educated families. Follow up home visits were performed 2-3 months afterwards to observe changes in home safety practices.

Results:

The community organization based Safer Homes Program conducted 46 baseline and 36 follow up home visits from 12/04-08/06. Significant increases in the use of cabinet locks, Poison Center stickers, and outlet covers as well as improvements in fire safety were demonstrated. The hospital clinic based Safer Homes Program conducted 49 baseline and 9 follow up visits from 7/08-2/09. At baseline, 14% of families had Poison Center stickers, 10% had outlet covers, 30% had water temperatures ≥ 130 degrees, and 29% had a fire escape plan. There were no differences in the use of stair gates, window guards, or a fire escape plan whether families owned or rented the home or lived in public housing.

Conclusions:

There were challenges in family recruitment in both the community-based home visitor and the hospital

clinic based programs; there was more difficulty conducting follow up visits in the hospital based program. The distribution of home safety products may improve some home safety practices.

Objectives:

Attendees will learn:

- 1) to describe two different models of a home visitor home safety intervention program in an at-risk community (community organization based and hospital primary care clinic based);
- 2) to describe challenges of a home visitor home safety intervention program in an at-risk community;
- 3) to discuss the needs for home safety intervention programs in at-risk community and the use of home safety products.

Using trauma registry data to guide injury prevention program activities

Steven Rogers, MD, Brendan Campbell, MD, Kevin Borrup, JD, MPA, Hassan Saleheen, MBBS, MPH, Jocelyn Gasuk, RN, Garry Lapidus, PA-C, MPH

Introduction/Background:

Injury prevention programs/policies are influenced by many factors including financial support, media attention and local/national events. Developing programs based on objective information is important especially in times of limited financial resources. Our efforts should be based on objective local and national data which can be challenging to identify and analyze.

Methods:

Trauma registry data (2004-06) from a Level 1 Pediatric Trauma Center was used to describe the local epidemiology of injury and guide injury prevention programs/policies.

Results:

1,874 trauma patients were identified. Most admissions were white males, age 11-15 years occurring in summer on Saturday/Sunday evenings. Blunt injuries (92%) and fractures (56%) predominated. Most injuries occurred to upper extremities (32%), lower extremities (20%), and brain injury (12%). Mean ISS=5.9. A moderate ISS (9-15) was highest among 11-15 years and lowest >15 years ($p<0.01$). There were 270 motor vehicle injuries: 50% occupants, 27% pedestrians, 15% bicyclists, and 8% motorcyclists. 52% (70/134) of occupants were restrained; 15% (6/40) of bicyclists helmeted; 24% (5/21) of motorcyclists helmeted. 58% (23/40) of ATV riders helmeted. 46% (99/215) of cases identified as struck by or against, were sports related. Falls, cut or pierce, ATV, and off-road motorcycle ranked highest in the Injury Prevention Priority Score.

Conclusions:

A significant proportion of children at our Pediatric Trauma Center were not using proven effective injury prevention devices. This information helped guide our injury prevention programs, policies and future research.

Objectives:

Attendees will learn:

- 1) to better understand some of the current means of guiding injury prevention efforts;
- 2) to see an objective means of guiding injury prevention policies, programs and research;
- 3) to discuss objective injury prevention guidance versus the influence of funding sources, the media and national/local events.

A pilot inpatient child passenger safety program

Dean ME, BA, Walia T, BA, Damian FJ, MS, RN, Twomey MA, MS, RN, Lee LK, MD, MPH

Introduction/Background:

Despite motor vehicle crashes being the leading cause of injury death for US residents 1-18 years, children are not always appropriately restrained in a car seat, including children with special health care needs (CSHCN). The long term objective of the Inpatient Child Passenger Safety Program is to ensure that every hospitalized child who leaves our institution by car is safely restrained.

Methods:

From February-July 2009 a pilot for the Inpatient Child Passenger Safety Program was instituted on three inpatient units. After completion of online training, the nurses assessed the car seat needs for patients newborn to eight years using a standardized form as part of the admissions process. Necessary car seats were provided. Follow up calls were conducted to the families two weeks after hospital discharge for program evaluation.

Results:

359 patients were assessed. 51 (14%) required car seats: 34 for children with spica casts or CSHCN (14 Hippos for spica casts, 8 EZ-On vests, 1 car bed, 11 other) and 17 regular car seats (3 infant, 4 convertible seats, 4 combination, 6 booster). Nurses reported time constraints and discomfort with their child passenger safety knowledge as barriers to patient car seat needs assessment. Follow up calls were attempted to all who were assessed with 51 responses. 72.5% of these parents reported the program was helpful.

Conclusions:

There is a need for the Inpatient Child Passenger Safety Program at our institution, especially for CSHCN. Parents found the program useful. Barriers to assessing patients' car seat needs must be further explored and addressed.

Objectives:

Attendees will learn:

- 1) to better understand a pilot program for an Inpatient Child Passenger Safety Program, including the kind of children needing seats and the types of seats they require;
- 2) to see the challenges to implementing an Inpatient Child Passenger Safety Program;
- 3) to recognize nursing training necessary for implementing an Inpatient Child Passenger Safety program.

Analysis and redesign of a child passenger safety (CPS) program

Mariann Manno MD, Leanore Bona JD, Carol Carpenter, Michael Hirsh MD

Introduction/Background:

Universal use of properly installed car seats is a priority of the UMass Children's Medical Center's injury prevention efforts. Despite a well established UMass hospital based child passenger safety (CPS) program at the UMass Worcester Emergency Medical Service (WEMS) garage, a community based initiative was undertaken to broaden our child passenger safety (CPS) efforts in order to reach culturally diverse and underserved communities in the greater Worcester area.

Methods:

During 2007, all CPS checkpoints and the distribution of all free car seats occurred at the WEMS hospital based site. Review of CPS statistics revealed a gap in CPS activity in areas with lower household incomes and those that were culturally diverse (African American, Haitian, Vietnamese, Cambodian, and Latino communities). A redesign of our hospital-based approach to CPS inspections was undertaken to address this unmet need in the following ways: 1) The Worcester County CPS Coalition was formed during the summer of 2008 to identify areas with greatest need. It included regional health care providers, CPS technicians, police and fire departments. 2) The IP office provided in-service programs in one of three City of Worcester community health centers (HCs) to facilitate outreach to underserved populations. 3) Hospital based CPS inspections were halved from

weekly to bi-weekly in order to shift resources to new venues.

Results:

Efforts of the Worcester County CPS Coalition resulted in CPS checkpoints and distribution of free car seats in the following new venues: community HCs, police stations, health care provider offices and women's shelters. Following the Coalition's establishment, 105 (vs 0 before the Coalition) free car seats were provided in these new settings during the summer and fall of 2008. Overall, 174 free car seats were distributed during 2008 (vs. 43 in 2007). The number of free car seats distributed at the UMass hospital based site did not change between 2007 (n = 48) and 2008 (n = 43).

Conclusions:

A community based coalition was formed to assess and modify the outreach efforts of the UMass hospital based CPS program. This resulted in CPS checkpoints, distribution of free car seats and access to vehicular safety education in underserved populations previously not reached by the UMass CPS program.

Objectives:

Attendees will learn:

- 1) to describe the development of partnerships with community-based health and safety providers and CPS certified technicians to modify and increase the effectiveness of existing CPS program;
- 2) to illustrate this partnership as a means of decentralizing decision making from hospital based program to community;
- 3) to show how increased access to CPS check points, CPS education and free carsseats for underserved populations - who are less likely to travel to and to utilize a hospital based CPS program - resulted in increase in free car seat distribution.

Analysis of child passenger safety in patients of a pediatric emergency department

Alan T. Cease MSII; William D. King RPH, MPH, DrPH;
Kathy Monroe MD

Introduction/Background:

To determine the number of children properly restrained during transit to a pediatric Emergency Department (ED) for care. To ascertain parental knowledge of Alabama Laws and American Academy of Pediatric (AAP) guidelines and where they obtain this information.

Methods:

An ED waiting area, convenience sample of Alabama parents who have children <,= 13 years of age were surveyed over a five week period. Appropriate use of CPS restraints was determined using Alabama law and AAP recommendations. Use of Car Seat Checks provided by Children's Hospital and Safe Kids, knowledge of Alabama laws and CPS guidelines and the source of information used by parents were ascertained.

Results:

Among 525 patients identified, 520 (99.0%) participated. Appropriate use per Alabama Law and AAP guidelines was 72.3% and 60.6%, respectively. 5.0% were unrestrained. Booster seats were the most commonly misused restraint (8.3% correct). Car seats were reportedly used correctly 81.9%. Parents who had used the Car Seat Checks program had significantly higher correct booster seat and car seat use (91.2% and 94.6%, respectively). Unfortunately, only 31.2% of patients had knowledge of the Car Seat Checks program and only 40.6% knew the current law. Most often parents stated that the hospital where their child was born was the primary (and sometimes only) source of CPS information.

Conclusions:

This study illustrates the need for improving parental knowledge of appropriate child passenger restraint use, (especially booster seats) and car seat checks programs. Car seat program assistance is associated with high levels of appropriate use.

Objectives:

Attendees will learn:

- 1) to review current child passenger safety guidelines;
- 2) to discuss beneficial use of car seat checks;
- 3) to discuss how parents obtain knowledge on child passenger safety.

The use of quality improvement tools to measure program outcomes: case example; child passenger safety for high risk populations

Mary Beth Moran

Introduction/Background:

Quality improvement tools are used routinely to measure the outcomes of clinical systems. The tools are equally valuable for measuring programmatic outcomes and serve as a mechanism for continuous program development and improvement. This paper will describe and demonstrate the utility of the balanced scorecard, value compass, logic model, flow charts and PDSA (Plan-Do-Study-Act) cycles to provide metrics and

qualitative outcomes for a specific population. The case example will illustrate how disparities can be addressed in child passenger safety in under served and high risk populations.

Methods:

This program evaluation employed logic modeling to formulate the overall outcome and purpose of activities. We categorized activities into a balanced scorecard to ensure that all relevant parameters were equally weighted and measured. Flow charts were used to operationalize activities and assign accountability. PDSA cycles were enabled to continuously assess programs and modify activities as warranted.

Results:

To date process data has been collected on numbers of Spanish speaking technicians trained (n=20), number of families served in fiscal year 2009 (n=565), special needs patients served, (n=30), low income seats distributed (n=55), providers educated (n=45). Using the gantt timeline charting system, several programs are in process with no data available at this time.

Conclusions:

Quality improvement metrics can provide valuable information on programmatic outcomes. Employing these tools can evaluate access and services rendered by providing a systematic and comprehensive approach to measuring activities.

Objectives:

Attendees will learn:

- 1) to identify quality improvement tools to measure process and summative goals;
- 2) to apply the balanced scorecard and patient value compass to at least one program at their institution;
- 3) to formulate new program initiatives upon observing outcome of one PDSA cycle.

Heads Up - concussion in youth sports

Amy Teddy

Introduction/Background:

According to the CDC, as many as 3.8 million sports & recreation-related concussions are estimated to occur in the US each year. The mismanagement of these concussions can have life-long, possibly fatal, consequences.

Heads Up - Concussion Workshop encourages a “culture of safety” among staff, athletes and the community.

Methods:

Utilizing the CDC Heads Up - Concussion in Youth Sports Program and recent studies we developed a 20 minute youth athletic coach workshop. This workshop is offered during mandatory pre-season orientations, FirstAid trainings and other coach meetings. The workshop includes a powerpoint presentation, “Heads Up Concussion in Youth Sports” materials created by the CDC and clipboard cheat-sheet stickers.

Results:

Post-workshop surveys are sent to all participants via an on-line survey instrument. The results of this tool have revealed: increase in the level of knowledge of concussions; change in attitude about seriousness of concussions; change in ability to identify a child/athlete with concussion; new coaching initiatives that would be “very likely” as a result of this training: remove child from play when concussion is possible and notify parents to seek medical attention; insist on permission from health care provider before allowing child to return to play; encourage “culture of safety” among athletes & parents. Misconceptions held prior to presentation included: symptoms only occur immediately; concussions are just a “ding” or a “bell-ringer” and not that serious.

Conclusions:

Coaching requirements and training regarding concussion prevention, recognition, treatment and recovery are limited.

Providing coaching staff with clear and concise information on concussions can lead to a dramatic increase in the level of knowledge, recognition and concern regarding concussion.

The Heads Up - Concussion in Youth Sports curriculum and support materials can easily be adopted and adapted by community for effectively increasing the understanding of concussions.

Objectives:

Attendees will learn:

- 1) to review the latest developments/research/news in concussions among youth athletes.
- 2) about an evaluated program that they can replicate at their location;
- 3) to coordinate & encourage a “culture of safety” among athletes & parents.

Outdoor play: A survey of parent’s perceptions of their child’s safety

Meredith A. Kalish, MD, Leonard Banco, MD, Georgine S. Burke, PhD, Garry Lapidus PA-C, MPH

Introduction/Background:

Anecdotal reports suggest that in urban environments parents may be restricting outdoor play in response to a perceived lack of safety and fear of violence and crime. We hypothesized that parents who perceived their neighborhood as unsafe would be most likely to restrict their child’s outdoor play and that these parents would report the greatest worries related to neighborhood characteristics.

Methods:

A convenience sample of primary caregivers of children 5 to 7 years old were recruited from a pediatric primary care center based at an urban academic children’s hospital. Study participants completed a 23 question survey available in English and Spanish.

Results:

Two hundred fifty-four participants completed the survey. Most respondents completed the English version of the survey (69%), were female (89%) and between 21 and 35 years of age (76%). Nearly two-thirds of parents (62%) reported that they let their child play outside in their neighborhood often or sometimes; while 19% reported never allowing their child to play outside. Parents were less likely to allow outside play as their degree of worry increased about: traffic ($p < 0.0001$), rundown parks ($p < 0.003$), crime ($p < 0.0001$), witnessing violence ($p < 0.0001$), being a victim of violence ($p < 0.0009$), drugs ($p < 0.0001$), gangs ($p < 0.004$) and weapons ($p < 0.003$). Frequency of outdoor play was not correlated with the gender or age of the child, or the number of children in the family. Spanish Speakers were less likely to say they allowed outside play ($p < 0.008$) but also reported that a child playing outside was more often unsupervised ($p < 0.03$).

Conclusions:

Decreased frequency of outdoor play correlated with increased parental concerns about safety, however many parents still report allowing outdoor play at least sometimes.

Objectives:

Attendees will learn:

- 1) to describe the characteristics of outdoor play for children;
- 2) to understand whether urban parents restrict outdoor play among their school-aged children and if so what factors influence their decision;
- 3) to see some of the studies that have explored the relationship between neighborhood safety and outdoor play or physical activity in children.

New York City children struck by motor vehicles: a prospective study to assess risk factors

Deborah A. Levine MD, Dekeya Slaughter-Larkem BS, Spiros Frangos MD MPH, Ronald Simon, MD, Sally Jacko RN MPH, Mollie Marr BA, Omar Bholat MD, Michael Tunik MD, George Foltin MD.

Introduction/Background:

Thousands of pediatric pedestrians and cyclists are injured by motor vehicles in NYC annually. Current NY State trauma registry data is retrospective and includes only admissions.

Methods:

We conducted a prospective study enrolling all pedestrians and cyclists who presented to Bellevue Hospital Center from 12/24/08- 7/26/09. Information was obtained from patient, family, witnesses, emergency medical providers and police officers.

Results:

Of 362 patients enrolled, 47 (13%) were < 19 years. Of these, 42 were pedestrians (89%) and 5 were cyclists (11%). The majority were males (72%). The mean age was 11 years, with one-third aged 6-12 years. Of these 6-12 year olds, half were unsupervised. Most occurred on weekdays (72%) with 45% in late afternoon or evening. Eleven percent reported cell phone or Ipad use. Two teens were intoxicated: one with alcohol, one with cocaine. English was not the primary language for 47%. Of the pedestrians, 80% were in the street (15% within crosswalk against traffic light; 44% crossing midblock). 30% darted into street and were struck. Of the cyclists, less than half wore helmets and none wore padding. One-quarter of injuries involved taxicabs. One-quarter occurred within two blocks of school. One-quarter of patients were admitted, with 11% to the ICU. There were no deaths.

Conclusions:

Multiple factors contribute to pediatric pedestrian and cyclist injuries by motor-vehicles, which include unsafe

crossing practices and distracting behavior. Lack of protective gear is common among pediatric cyclists. Multilingual education and enhanced supervision may reduce these injuries. By clearly eliciting involved risk factors for these collisions, injury prevention modalities may be optimized.

Objectives:

Attendees will learn:

- 1) about the gathering of prospective comprehensive data from patient, family, witnesses and emergency medical responders;
- 2) to see how prospective comprehensive data from patient, family, witnesses and emergency medical responders can be used to delineate risk factors that are preventable;
- 3) how understanding risk factors can help with the development of interventions to reduce pediatric injuries and deaths from motor vehicles.

Epidemiology of pediatric forearm fractures in Washington, DC, 2003-2006

Leticia Manning Ryan, MD, Rachel Wood, BS, Steven Singer, MD, Kimberle Searcy, MPH, Joseph Wright, MD, MPH, James Chamberlain, MD

Introduction/Background:

Pediatric forearm fractures result in substantial morbidity and costs. Despite the success of public health efforts in the prevention of other injuries, the incidence of pediatric forearm fractures is increasing. Our objective is to characterize the epidemiology of forearm fractures in Washington, DC, children evaluated in an urban pediatric emergency department (ED).

Methods:

This retrospective study includes Washington, DC, children, ages 0-17, treated for an isolated forearm fracture in the Children's National Medical Center ED from 2003-2006. Patients with bone mineralization disorders and repeat ED visits for the same fracture event were excluded. Chart review was done to obtain demographic and clinical data. Descriptive epidemiologic and bivariate analysis was conducted.

Results:

This preliminary analysis included 931 patients. The majority of patients are male (64%) and African-American (80%). The mean age (+ SD) is 8.5 years (+ 3.5). Weight-for-age percentile is 95% in 24.1% of cases. Most forearm fractures occurred during the spring season. The most common mechanism of injury (MOI) was fall-related (83%) whereas direct trauma

caused 10% of fractures. “Fall from monkey bars” was the specific MOI in 17% of all cases. Of the 653 cases in which a detailed MOI was described, 463 fractures (71%) resulted from minor trauma.

Conclusions:

Falls from monkey bars and minor trauma are implicated in the majority of childhood forearm fractures. Prevention strategies should target playground safety. Further research is needed to evaluate factors, including obesity and bone health, which may contribute to forearm fracture risk associated with minor trauma.

Objectives:

Attendees will learn:

- 1) to review published data on the increase in pediatric forearm fracture rates in children as well as the factors implicated in risk;
- 2) to characterize the epidemiology of forearm fractures in Washington, DC, children evaluated in an urban pediatric emergency department;
- 3) to highlight opportunities for primary and secondary injury prevention efforts to reduce forearm fractures in children.

Increasing public awareness and capacity through injury prevention tool kits

Williamson H, Miller BK, Mullins SH, McCormick E, Nixon J, Aitken ME

Introduction/Background:

Train-the-trainer models have been shown to be effective in disseminating health education and information. Training sessions are essential for fidelity in these curricula, especially for those that have certification and/or outcome evaluation components. The burdens of participant time and registration costs often prohibit participation. Tool kits with visual aids and facilitator guides may be an effective and less expensive alternative to help community groups and schools incorporate injury prevention.

Methods:

Focus groups on all-terrain vehicle (ATV) safety were conducted with youth and adult riders to determine educational materials that would be acceptable to target audiences. Educational materials produced in response to this input were disseminated for use in a variety of settings. Satisfaction surveys and debriefing with group leaders indicated a need for supplemental information to assist in generating discussion. A tool kit was developed around an educational DVD with the theme of hunter safety to appeal to rural ATV riders.

Results:

A tool kit was produced that contains brochures, posters, a DVD, discussion guides, and classroom lesson plans for the 8th grade level. Contents are compatible with national standards for health education and Arkansas educational frameworks as an incentive for school-based use. Individual components can be used independently. Utility of the tool kits will be evaluated in hunter safety courses in South Carolina and in public schools in Louisiana during late 2009. The school setting will also include an evaluation of knowledge change among students. Arkansas educators are also piloting the tool kit and will provide qualitative feedback for further refinements. A final product will be produced in 2010 for dissemination.

Conclusions:

An easily used and adaptable tool kit has generated much interest in community-based education on all-terrain vehicle safety. Further testing will be conducted to determine effectiveness and utility of the materials. Additional tool kits on teen driving, water, and pedestrian safety are planned.

Objectives:

Attendees will learn:

- 1) to discuss qualitative evaluation measures required to produce targeted educational materials;
- 2) to identify multi-dimensional educational strategies used in the tool kits;
- 3) to discuss the benefits of a menu-type educational program that can be delivered by a variety of public health or educational professional.

A drowning prevention campaign in a Vietnamese community

Linda Quan, MD, Elizabeth Bennett MPH, CHES, Elena Shephard, MD, MPH, Do Peterson, MS.

Introduction/Background:

Child death review data showed that WA State Asian American children had the highest drowning death rate. Based on feedback from focus groups and community leaders, we conducted a community based campaign to increase water-safe behaviors, skills, and access to resources in a Vietnamese community. It promoted 3 messages: swim in a lifeguarded area, learn to swim; and wear a lifejacket.

Methods:

We developed and distributed informational presentations at language schools, Head Start, churches and temples, and bilingual posters and brochures of locations of lifeguarded beaches/pools to local businesses and to Vietnamese newspapers; provided

free Vietnamese family swim sessions; worked with State Parks to reinstate lifeguards at popular parks, translate life-jacket loaner boards and free swim voucher information, and to recruit Asian-Americans as aquatic personnel.

Results:

A bilingual survey of Vietnamese parents evaluated the effectiveness of the three key messages. Surveys were conducted pre and post intervention in Seattle (n=241, 316) and after the intervention in a control city, Portland (n=126). Significantly more post-intervention compared to pre-intervention Seattle parents recalled having heard water safety advice in the prior year, at local sites (40% vs. 0%), in the media (31% vs. 21%), or at schools (8% vs. 2%), and were significantly more likely to report attending lifeguarded sites at lakes/ rivers (84% vs. 66%, $p < 0.01$)

Conclusions:

Tailored community campaigns for different groups may be a useful strategy for effectively reaching families with information and resources.

Objectives:

Attendees will learn:

1) to share experiences in reaching a non-English speaking community and the evaluation process.

Do perceptions of effective distractive driving public service announcements (PSAs) differ between adults and teens?

Barbara Solomon, MD, Pam Taylor, MSN, RN, Phyllis Hendry, MD, Colleen Kalynych, MSH, EdDc, and Joseph J. Tepas, MD

Introduction/Background:

The leading cause of death and disability in teenagers is motor vehicle crashes. Laws such as graduated licensing, legal drinking age of 21, zero tolerance, and mandatory restraints have been successful in reducing crashes and fatalities. Media safety campaigns have been less successful. The study's purpose was to determine if teens and adults differ in selection of effective PSAs.

Methods:

Six PSAs designed by high school students to address adolescent vehicular safety were evaluated by students attending an annual municipal student safety exposition. Students ranked PSA effectiveness according to interest, understandability, believability, and effect on driving behavior on an agreement Likert

scale. Students also determined agreement with ten top published driving distracters.

Results:

Of the 330 surveys collected, 221 students aged 14-19 selected at least one choice and 181 rank-ordered more than one PSA. The mostly adult committee chose PSA 3 while teens selected PSA 1 (33.66%) and PSA 3 (33.66%) equally; resulting in PSA 1 or 3 chosen 67% (CI 60.82-73.82) of the time. While PSA 3 was chosen by both, PSA 1 was not considered effective by adults. Student age, race, gender, or grade did not produce statistically significant differences. An average of 171 teens responded to each nationally noted driving distracter with 99%-100% agreeing with the distractions. Eating and applying cosmetics were additional distracters noted by students completing the survey.

Conclusions:

Preventative media messages should include teen stakeholder review. Components of effective adolescent safety messages continue to require further study.

Objectives:

Attendees will learn:

- 1) about how adults and teens can perceive public service announcement messages differently;
- 2) the importance of the use of teen stakeholder review in creating preventative media messages in order to maximize effectiveness;
- 3) what teens perceive as driving distracters in preventive messages.

Never leave your child alone

Brent D. Kaziny, MD, Janet B. Brooks, MD, Charles W. Pruitt, MD

Introduction/Background:

The purpose of this new program is to increase awareness and educate caregivers as to the dangers of leaving children unattended in a vehicle. Between 1998 and 2007, approximately 360 US children died as a result of being left alone in a car. When left in a vehicle, a child's body temperature can increase three to five times as fast as an adult's.

Methods:

Primary Children's Medical Center, Advocacy Department, utilized focus groups to determine the public's perception of this problem. These data, and current published literature, were compiled. With the help of a public relations firm a multimedia campaign was created, including both print materials

and television public service announcements. The information presented included prevention steps and safety facts.

Results:

The campaign has achieved widespread regional exposure by emphasizing the following safety facts and tips: Never leave your child alone in a vehicle. Don't risk your child's life by leaving them in the car. Multiple dangers exist for children left unattended in a vehicle even if only for a few minutes. A car's internal temperature can increase by 19° F in only 10 minutes. Cracking your vehicle's windows has little effect on temperature. Parents should make a habit of checking the vehicle before leaving it. Parents should use cues, such as a stuffed animal, to remind them that a child is in the vehicle.

Conclusions:

Through the continued partnership between public and private organizations, a valuable statewide safety campaign was created and successfully executed.

Objectives:

Attendees will learn:

- 1) about a new safety program designed to increase awareness and educate caregivers as to the dangers of leaving a child unattended in a vehicle;
- 2) how a multimedia campaign created through the cooperative effort of private and public organizations can achieve widespread regional exposure;
- 3) to understand the value of the use of focus groups in aiding the creation of a new safety program.

Forging New Frontiers: “The Road to Best Practices in Injury Prevention”

*The 14th Annual Conference of The Injury Free Coalition for Kids jointly sponsored with
Columbia University College of Physicians and Surgeons
November 29 - December 1, 2009*

FACULTY LIST

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2009 Forging New Frontiers:
“The Road to Best Practices in Injury Prevention”

Bios

Bios

Sarah Atkins, MD, MPH

**Pediatric Chief Resident, University of Alabama at Birmingham
Injury Free Coalition for Kids, Birmingham, AL**

Sarah W. Atkins is a pediatrician in a private practice group in Raleigh, North Carolina.

She went to medical school at the University of North Carolina and then trained in the Department of Pediatrics Residency Program at University of Alabama at Birmingham. It was during residency that she became interested in injury prevention research and advocacy efforts. She presented research on drowning events in Alabama at the IFC conference two years ago. In her role of chief resident, she had the opportunity to participate in the development of injury prevention education in the pediatrics residency program, as well as participate in community education efforts directed at injury prevention.

Barbara Barlow, MD

**Professor of Surgery, College of Physicians and Surgeons, Columbia University, Professor of Surgery in
Epidemiology, School of Public Health, Columbia University, Harlem Hospital Center, Chairperson Department of
Surgery, Executive Director,
Injury Free Coalition for Kids National Program Office, New York City, NY**

Dr. Barbara Barlow, Director of Surgery at Harlem Hospital Center in New York City, is also Director of the Injury Free Coalition for Kids. Injury Free is a coalition of Injury Prevention Programs in Pediatric Trauma Centers located in major cities in the United States. The Injury Free Program reduces injury through education, construction of safe play areas, and the development and support of safe supervised activities with strong adult mentors. Major injury admissions of community children in Harlem have decreased by more than 60% since the program started in 1988. The Program and Dr. Barlow have received awards from the American Hospital Association, the American Academy of Pediatrics, the U.S. Department of Transportation, the National Highway Traffic Safety Association, the National Safety Council, the American Trauma Society, the National Association of Public Hospitals, Society of Public Health Educators of the American Public Health Association, Johnson and Johnson Foundation, Allstate Foundation, the Hospital Association of New York, the American Association of Medical Colleges' David E. Rogers Award, the Renaissance Woman Award from the Foundation for Women in Medicine, the Distinguished Career Award from the American Public Health Association Section on Injury Control and Emergency Health Services, and the Sloan Public Service Award from the Fund for the City of New York. Dr. Barlow's research has focused on traumatic injury to children and on injury prevention for the past twenty-five years. She is a former member of the American College of Surgeons Committee on Trauma and the American Academy of Pediatrics Committee on Pediatric Emergency Medicine. Dr. Barlow received a B.A. from Vassar College, an M.A. in Psychology from Columbia University and an M.D. from Albert Einstein College of Medicine where she was elected to Alpha Omega Alpha. Her general surgical training was completed at Bronx Municipal Hospital followed by a Fellowship in Pediatric Surgery at Babies Hospital, Columbia Presbyterian Medical Center. She is currently a Professor of Surgery in Epidemiology at Columbia University and the Mailman School of Public Health.

Lorena Chavez, MPH

**Injury Prevention Coordinator, Harborview Medical Center,
Program Coordinator, Injury Free Coalition for Kids, Seattle, WA**

Lorena joined the Injury Free Coalition for Kids of Seattle in February 2009. Her professional interests include injury prevention, social network analysis and health communication. Lorena's recent domestic and international research focused on intimate partner violence and women's reproductive health. Lorena received a Master of Public Health from the Johns Hopkins Bloomberg School of Public Health and a Bachelor of Science in Psychology from the University of Washington.

Michelle Dean

**Injury Prevention Program Community Liaison,
Program Coordinator, Injury Free Coalition for Kids, Boston, MA**

Michelle Dean is an Injury Prevention Community Liaison at Children's Hospital Boston (CHB). She received a Bachelor of Arts Degree from Grinnell College. Before joining CHB Michelle worked at the Boston Public Health Commission's Childhood Injury Prevention program as a Program Coordinator. She planned and implemented community wide programs to teach families about bicycle safety, window falls prevention and child passenger safety. At CHB Michelle helped implement the pilot Inpatient Child Passenger Safety program, a program where patients car seats needs are addressed. Michelle has been a Certified Car Seat Technician for five years and is now a Senior Car Seat Technician with special needs training.

Pamela W. Goslar, PhD

**Injury Epidemiologist, St. Joseph's Hospital and Medical Center,
Co-Principal Investigator, Injury Free Coalition for Kids, Phoenix, AZ**

Dr. Pamela Goslar is currently Injury Epidemiologist with the St. Joseph's Hospital and Medical Center, a Level 1 Trauma Center located in Phoenix, Arizona. Her work for the past five years has focused on developing an injury prevention and outcomes research component within St. Joseph's Trauma Program. Dr. Goslar earlier served as an injury epidemiologist with the Arizona Department of Health Services (ADHS) and also was principal investigator for the CDC funded Arizona Traumatic Brain and Spinal Cord Injury Surveillance grant. While at ADHS she completed data acquisition, merge, and edit analysis for the second edition of the Arizona Child and Adolescent Injury Data Book using merged nine-year death and hospitalization data. Additional ADHS experience includes Maternal and Child Health epidemiology and developing a strategic evaluation plan for the Arizona Tobacco Education and Prevention Program. Dr. Goslar has presented nationally and regionally addressing data employment for planning, supporting, and evaluating injury prevention programs.

David Hemenway, PhD

**Professor of Health Policy Department of Health Policy and Management, Harvard School of Public Health,
Director, Harvard Injury Control Research Center and Youth Violence Prevention Center**

David Hemenway, PhD, is an economist and Professor at Harvard School of Public Health (HSPH), Boston, MA, and a James Marsh Visiting Professor at Large at the University of Vermont. He is Director of the Harvard Injury Control Research Center and the Youth Violence Prevention Center. He was President of the Society for the Advancement of Violence and Injury Research and in 2007 received the Excellent in Science award from the injury section of the American Public Health Association.

Dr. Hemenway has written over 130 journal articles and is sole author of five books. Recent books include Private Guns Public Health (U Michigan Press 2006) and While We Were Sleeping: Success Stories in Injury and Violence Prevention (U California Press 2009). Dr. Hemenway has received ten HSPH teaching awards.

Michael Hirsh, MD

**Professor of Surgery and Pediatrics, University of Massachusetts Medical School, Chief, Division of Pediatric Surgery and Trauma, Associate Director, Pediatric Intensive Care Unit and Surgeon-in-Chief, UMASS Memorial Children's Medical Center of UMASS Memorial Health Care System, President,
Injury Free Coalition for Kids Board, Co-Principal Investigator, Injury Free Coalition for Kids, Worcester, MA**

Dr. Michael Hirsh was born in New York City. After attending Bronx High School, he matriculated at Columbia College of Columbia University where he obtained a BA in 1975. He graduated summa cum laude and Phi Beta Kappa. He then went to Harvard Medical School where he graduated in 1979. He then began surgical residency training at Columbia Presbyterian University Medical Center from 1979 to 1984 and completed a pediatric surgical fellowship at St. Christopher's Hospital for Children of Temple University in Philadelphia in 1986. Thereafter, he spent six years at the University of Massachusetts Medical Center and from 1988 to 1992 was co-director of the Trauma Center there. He also was co-director of the Pediatric Critical Care Unit.

In 1992, Dr. Hirsh left Worcester, Massachusetts, to take a position first at Allegheny General and later at Mercy Hospital of Pittsburgh. He worked there from 1992 to 1997 where he began directing a program of consortium of injury prevention sites led by Robert Wood Johnson Foundation, based in New York City. In 1997, Dr. Hirsh transferred his work to Mercy Hospital of Pittsburgh where he worked until he returned to University of Massachusetts Memorial Medical Center in 2000. He is a Professor of Pediatrics and Surgery at the University of Massachusetts Medical School and Director of the Divisions of Pediatric Surgery and Trauma of the University of Massachusetts Memorial Children's Medical Center. He also became Associate Director of Pediatric Critical Care. He became Co-Director of the Injury Free Coalition for Kids of Worcester Injury Prevention Program in the year 2001.

Dr. Hirsh has been Co-Director of the Trauma program as well and served as overall Trauma Director for patients of all ages from 2004-2007. During this time, UMMHC received its accreditation as a Level 1 Adult and Pediatric Trauma Center (2005). Dr. Hirsh currently serves as President of the Injury Free Coalition for Kids, a consortium of 44 Injury Prevention sites based at Level 1 Pediatric Trauma Centers. He also is serving as the Vice-President of the Worcester District Medical Society. He has been happily married for 30 years to wife, Julianne and has 2 children, Scott, 26 and Esty, 21. He has been intimately involved in the development of a bio-terrorism response program for the city of Worcester Disaster Medical Assistance Team, Worcester DMAT II, part of the National Agency and our local Defense System, NDMS. Dr. Hirsh has been very involved in trying to develop a pediatric-based response for bio-terrorism and also a psychological response for the resuscitation of children traumatized by the news of bio-terrorism.

Brent D. Kaziny, MD

**Pediatric Emergency Medicine Fellow, Primary Children's Medical Center, University of Utah
Injury Free Coalition for Kids , Salt Lake City, UT**

Dr. Brent D. Kaziny obtained his Bachelor of Science degree at Duke University and his doctorate at The University of Texas Medical School at Houston. He completed his internship at Tulane University in New Orleans and the remainder of his training in general pediatrics at Baylor College of Medicine. While at Tulane, Dr. Kaziny received the Hurricane Katrina Code Grey Hero Award for his work done at Tulane Hospital during and after Hurricane Katrina. He is currently a Pediatric Emergency Medicine Fellow at the University of Utah, School of Medicine. His research interests include disaster preparedness, relief, and recovery. In particular his focus has been on special needs patients and children with chronic illness in the setting of disaster preparedness.

Garry Lapidus PA-C, MPH

**Associate Professor, Pediatrics and Public Health, University of Connecticut School of Medicine, Director, Injury Prevention Center Connecticut Children's Medical Center and Hartford Hospital,
Program Coordinator, Injury Free Coalition for Kids, Hartford, CT**

Mr. Lapidus is the Director of the Injury Prevention Center, Connecticut Children's Medical Center and Hartford Hospital. He is an Associate Professor of Pediatrics and Public Health at the University of Connecticut School of Medicine.

Mr. Lapidus is past Chair of the Injury Control and Emergency Health Services section of the American Public Health Association and served on the advisory boards for the National EMSC Data Analysis Resource Center and for the Society for Advancement of Violence and Injury Research.

Mr. Lapidus is the instructor for the "Injury and Violence Prevention" course offered at the University of Connecticut School of Medicine. He also serves as a preceptor for medical and public health graduate students engaged in injury research and practicum projects. In 1994, Mr. Lapidus was chosen as a national Gimbel Child and Family Scholar for recognition of his work in the area of youth violence prevention. He is also a recipient of the 1996 Safety Leader Award by the Advocates for Highway and Auto Safety.

Lois K. Lee, MD, MPH

**Instructor in Pediatrics, Harvard Medical School, Director, Injury Prevention Program, Children's Hospital of Boston
Co-Principal Investigator, Injury Free Coalition for Kids, Boston, MA**

Lois Lee is the Director of the Injury Prevention Program and an attending physician in the emergency department at Children's Hospital Boston. She received her undergraduate degree from Emory University and her medical school

degree from the University of Pennsylvania School of Medicine. She completed her residency in pediatrics at the Children's Hospital of Philadelphia and her fellowship in pediatric emergency medicine at Children's Hospital Boston. Under a T32 training grant in pediatric emergency medicine she completed her MPH from the Harvard School of Public Health. Dr. Lee's areas of research include injury epidemiology, submersion injuries, and home safety as well as pediatric trauma.

Deborah Levine, MD

Clinical Assistant Professor of Pediatrics and Emergency Medicine, NYU Langone Medical Center/Bellevue Hospital Center, New York, NY

Deborah A. Levine, MD, FAAP is Clinical Assistant Professor of Pediatrics and Emergency Medicine of New York School of Medicine and an Attending Physician of Pediatric Emergency Medicine at Bellevue Hospital Center . She completed her pediatric residency at New York Presbyterian Hospital - Cornell Medical Center and her fellowship in pediatric emergency medicine at Bellevue Hospital Center . Dr. Levine has research experience in the field of pediatric infectious disease and has retained industry-sponsored grants. She has published extensively on injury prevention, namely scooter injuries in children as well as all-terrain vehicles and trampolines. She has actively participated in bicycle and scooter safety prevention within Bellevue Hospital Center and has procured funding for helmet distribution to children on a yearly basis. Dr. Levine is currently a co-investigator for a New York State grant-funded project entitled, "Safe Streets NYC". This project involves the creation of a comprehensive prospective database of children and adult pedestrians or cyclists injured by motor vehicles who present to an urban trauma center. This project and future endeavors hope to delineate areas for injury prevention interventions.

Leticia Manning Ryan, MD, MPH

**Assistant Professor of Pediatrics and Emergency Medicine, George Washington University
Co-Principal Investigator, Injury Free Coalition for Kids, Washington, DC**

Leticia Manning Ryan, MD, is an attending physician in the Division of Emergency Medicine and a principal investigator in the Center for Clinical and Community Research. After completing pediatric residency, pediatric chief residency, and a pediatric emergency medicine fellowship at Children's National Medical Center, Dr. Ryan joined the faculty in 2006 as an assistant professor of Pediatrics and Emergency Medicine at the George Washington University School of Medicine and Health Sciences. Her research interests include injury epidemiology and injury prevention. Dr. Ryan is the recipient of a K23 Mentored Patient-Oriented Research Career Development Award from the National Institutes of Health National Center for Research Resources to investigate the role of bone health in forearm fractures in African-American children.

Mariann Manno, MD

**Associate Professor of Clinical Pediatrics and Emergency Medicine, University of Massachusetts Medical School
Chief, Pediatric Emergency Medicine and PediPlace Urgent Care Center, UMass Memorial Children's Medical Center
Co-Principal Investigator, Injury Free Coalition for Kids, Worcester, MA**

Mariann Manno, MD is the Division Director of Pediatric Emergency Medicine at the Children's Medical Center at UMASS Memorial Health Care and Associate Professor of Pediatrics and Emergency Medicine at the University of Massachusetts Medical School. She is a graduate of Fordham University and New York University School of Medicine. She trained at the University of Massachusetts Pediatric Residency Program where she was the Pediatric Chief Resident for two years. At UMass, Dr. Manno is the Program Director of the Post-Baccalaureate Program for Underrepresented Minorities and Disadvantaged Students and a Physician Quality Officer. She is the Director of the UMass Pediatric Advanced Life Support Certified Training Center and has served as National and Regional Faculty of the American Heart Association. She is the Co-Director (with Dr. Michael Hirsh) of Injury Free Coalition for Kids-Worcester. Important accomplishments of this program include: Goods for Guns, construction of the Bell Hill Playground, an extensive Car Passenger Safety Program, Mobile Safety Street and Teen RIDE.

Terri McFadden-Garden, MD

**Assistant Professor of Pediatrics, Emory University School of Medicine Director, Ambulatory Pediatrics, Hughes Spalding Hospital
Co-Principal Investigator, Injury Free Coalition for Kids, Atlanta, GA**

Terri McFadden-Garden is Co-Principal Investigator for The Injury Free Coalition for Kids of Atlanta. She is a general pediatrician and assistant professor at Emory University School of Medicine. She has a Bachelor of Science degree from Spelman College and a medical degree from Johns Hopkins School of Medicine. Dr. McFadden-Garden serves as Director of Ambulatory Pediatrics for Hughes Spalding Children's Hospital of the Grady Health System. In addition to her administrative responsibilities at Hughes Spalding Children's Hospital, she teaches medical students and pediatric residents in the outpatient and inpatient settings. She also sees her own patients as part of the Emory Pediatric Faculty practice. Dr. McFadden-Garden's academic and community outreach interests include childhood injury prevention and preschool literacy promotion. She is also co-founder of the Ready Set Read literacy program at Hughes Spalding Children's Hospital.

Beverly Miller, MEd

**Associate Director of Research, Center for Applied Research and Evaluation, University of Arkansas for Medical Sciences College of Medicine, Pediatric Injury Prevention Center
Program Coordinator, Injury Free Coalition for Kids of Little Rock, AR**

Beverly Miller, MEd, is the Associate Director of Research at the Injury Prevention Center at Arkansas Children's Hospital. Ms. Miller has over 30 years experience working in health promotions for high risk populations in numerous public health areas, including substance abuse and violence prevention, cancer control, and injury control. In addition to working in the academic and pediatric settings, Ms. Miller has experiences working in a non-profit organization, mental health, and public schools.

Arkansas Children's Hospital became a member of the Injury Free Coalition for Kids in 2002. Since that time, Ms. Miller has worked closely with the faculty at the University of Arkansas for Medical Sciences and Arkansas Children's Hospital to develop translational research for populations most vulnerable for preventable injuries, most notably low-income, minority, and/or rural children. Current studies include a booster seat intervention in rural communities, innovative educational strategies for ATV riders in rural communities, and motor vehicle safety for teens. Successful awards for injury control include funding from the Allstate Foundation, the Centers for Disease Control and Prevention, and HRSA Targeted Issues in Maternal and Child Health.

Ms. Miller earned a Masters in Education with an emphasis on special education for the severely emotionally disturbed from the University of Arkansas.

Kathy Monroe, MD

**Professor of Pediatrics, Children's Hospital of Alabama at University of Alabama, Birmingham
Co-Principal Investigator, Injury Free Coalition for Kids, Birmingham, AL**

Kathy W. Monroe, MD is a Professor of Pediatrics at the Children's Hospital of Alabama where she is an attending physician in the Emergency Department.

Her job consists of Clinical (actively seeing patients in the Pediatric Emergency Department), Research (currently the PI for the Injury Free Coalition for Kids) and Co-PI for the Resident Education in Injury Prevention and Advocacy Project (internal funding).

Dr. Monroe is the chair for the Alabama Academy of Pediatrics Committee on Injury Prevention. In this role she has created a listserv for her committee to routinely discuss issues and topics of importance. She is working with the state AAP office and the Children's Hospital of Alabama to promote legislative changes in the teen driving bill and to do outreach education in the area of All Terrain Vehicle Safety. She is actively involved in outreach injury prevention activities in an area of high risk in Alabama and is working toward expanding those efforts to the rest of the state.

Mary Beth Moran, PT, MS, MEd

Program Manager, Injury Prevention Center, Rady Children's Hospital, Program Coordinator, Injury Free Coalition for Kids, San Diego, CA
Program Coordinator, Injury Free Coalition for Kids, San Diego, San Diego, CA

Mary Beth joins the injury prevention community at Rady Children's Hospital from a clinical background as a physical therapist. After 20 years of treating injuries after the fact she decided to use her background in health care, education and evaluative sciences toward preventative interventions.

Mary Beth is a lifelong learner and began her education with a Bachelor of Science in Biology which she then applied towards another Bachelor of Science in Physical Therapy which she received from New York University in 1988. She continued her education with a Masters Degree in Education, focus International Education, from George Washington University in 1996. She used that degree to assist in the development of a new Physical Therapy program, developing clinical sites and teaching Health Promotion to graduate physical therapists. She concurrently served several tours of international work in both South Africa and Vietnam through Health Volunteers Overseas. Recently she completed another Master of Science Degree from Dartmouth College in Evaluative Clinical Sciences. She enjoys using every aspect of her education in further developing the injury prevention programs at Rady Children's Hospital.

Currently the injury prevention program is expanding their new Safety Store and its associated community outreach programs, implementing a Safe Routes to School program and developing Additional hospital based services. The center is focused on employing sound public health and scientific principles so that all programs can be evaluated and shared. Mary Beth has specific interest in disaster preparedness in low income families, sports injury prevention, injury prevention strategies for pre-teens and teens and bike safety advocacy.

Mary Beth is a recent transplant to the west coast after 21 years in large east coast cities. Taking full advantage of the perfect weather of San Diego she enjoys biking, hiking, scuba and horseback riding alongside her husband John. Together they hope to raise a dog to contribute to the canine therapy team.

Steve Rogers, MD

Assistant Professor, Pediatrics, Emergency Medicine, Connecticut Children's Medical Center
Co- Principal Investigator, Injury Free Coalition for Kids, Hartford, CT

Dr. Rogers is an Attending Physician in the Emergency Department at Connecticut Children's Medical Center and serves as Co-Principal Investigator for the Injury Free Coalition for Kids of Hartford. Dr. Rogers received his medical degree from New Jersey Medical School and was a pediatric resident at Childrens Hospital Los Angeles. Prior to joining Connecticut Children's, Dr. Rogers was a Pediatric Emergency Medicine Fellow at Primary Children's Medical Center in Utah. His current injury prevention and research efforts include projects on pedestrian and teen driving safety as well suicide and obesity prevention.

Karen Sheehan, MD, MPH

Associate Professor of Pediatrics, Northwestern University's Feinberg School of Medicine, Medical Director, Injury Prevention and Research Center Children's Memorial Hospital
Principal Investigator - Injury Free Coalition for Kids, Chicago, IL

Karen Sheehan, MD, MPH is an Associate Professor of Pediatrics at Northwestern University's Feinberg School of Medicine. She is the Medical Director of the Children's Memorial Hospital's Injury Prevention and Research Center and serves as the Associate Chair of Advocacy for the Department of Pediatrics. She is a founding volunteer of the Chicago Youth Programs, a community-based organization that works to improve the health and life opportunities of at-risk youth. She divides her clinical time between directing the Chicago Youth Programs Clinic at Children's Memorial Hospital and attending in the Pediatric Emergency Department. She has served as PI on projects supported by EMSC, MCHB, state agencies, and various foundations. Her areas of research are community-based injury prevention and youth development.

Barbara Solomon, MD

**Fellow, Pediatric Emergency Medicine, University of Florida Health Science Center/Jacksonville
Injury Free Coalition for Kids, Jacksonville, FL**

Dr Solomon graduated from McGill University Medical School in 1998. She completed her residency in Pediatrics at the Montreal Children's Hospital in 2002. Dr Solomon practiced as a general pediatrician in Texas and Florida for 5 years before returning to postgraduate studies as an Emergency Medicine Fellow in 2007.

Amy Teddy

**Pediatric Trauma Program Manager,
University of Michigan C.S. Mott Children's Hospital, University of Michigan
Program Coordinator, Injury Free Coalition for Kids, Ann Arbor, MI**

Amy Teddy is the Injury Prevention Program Manager for the University of Michigan C.S. Mott Children's Hospital in Ann Arbor, Michigan. She graduated in 2000 with a Bachelors of Science in Community Health Education with a minor in Psychology from Central Michigan University. Amy has been with the hospital since August 2007. Prior to this time, Amy was the Public Education Specialist for South Metro Fire Rescue in Centennial, Colorado, for 6 years.

Amy has been a Certified Child Passenger Safety Technician since 2001 and an Instructor since 2002. She is also a Certified Fire & Life Safety Educator & Instructor.

Heather Williamson, OT, MBA

**Associate Director, Injury Prevention Center at Arkansas Children's Hospital
Injury Free Coalition for Kids of Little Rock, AR**

Heather Williamson, OT, MBA is the Associate Director of the Injury Prevention Center at Arkansas Children's Hospital. She received her Bachelor of Health Science in Occupational Therapy from the University of Florida and her Masters of Business Administration from the University of South Florida. Ms. Williamson's previous experiences include executive leadership in a non-profit organization for persons with disabilities and clinical experience as a pediatric occupational therapist, both of which provide an excellent foundation for her understanding of outcomes of poor injury control behaviors and policy. In her current role she is responsible for coordinating all public awareness, community education, and coordinating the implementation of effective injury prevention strategies through outreach activities in Arkansas.

Evaluation

We continually strive to make this conference the best that it can be. Your evaluations help us with that process. This year's evaluations will be done online. Please go to the Injury Free Coalition for Kids website located at: www.injuryfree.org and share your comments.

Accreditation

Attendees of this year's conference are eligible for up to 10.75 *AMA PRA Category 1 CME Credit(s)*[™]. Upon completion of the evaluation, those needing a CME certificate will be able to access them at the end of the conference when evaluations are completed online. If you have questions, please contact E. Lenita Johnson at 816-651-7777.

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