2011 Forging New Frontiers:

"Creating Safe Communities for Children & Their Families"

The 16th Annual Conference of the Injury Free Coalition for Kids jointly sponsored with Cincinatti Children's Hospital Medical Center
November 11 - 13, 2011

The 2011 Forging New Frontiers conference is jointly sponsored by the Injury Free Coalition for Kids® and Cincinnati Children's Hospital Medical Center. The main support for the conference is registration fees and additional support from Little Tikes, SofSurfaces and the Allstate Foundation. For sixteen 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. This year, for the second year, the conference is being extended to non-member individuals and agencies concerned about injury prevention. This annual conference of the Injury Free Coalition for Kids is a valuable effort to foster collaborative research, develop best practices and address challenges in the field of injury prevention and epidemiology.

The attendees are principal investigators (physicians), and 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 examines resources for effective interventions and programs. Some specific areas to be explored include intentional and unintentional injury and prevention, violence prevention, safe teen driving, sports and recreational injury prevention, and child passenger safety initiatives. 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 2011 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 centers, 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.
- Provides Injury Free members with the opportunity to revitalize their spirit, creative energies and stamina in order to continue to innovate and sustain healthy communities.

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 Cincinnati Children's Hospital Medical Center and The Injury Free Coalition for Kids. Cincinnati Children's is accredited by the ACCME to provide continuing medical education for physicians.

Cincinnati Children's designates this live activity for a maximum of 16.25 (Friday-4.0; Saturday-6.75; Sunday-5.5) *AMA PRA Category 1 Credit(s)* ™. Physicians should claim only the credit commensurate with the extent of their participation in the activity

Disclosure Statement

Cincinnati Children's requires all clinical recommendations to be based on evidence that is accepted within the profession of medicine and all scientific research referred to, reported or used in support of or justification of patient care recommendations conform to the generally accepted standards of experimental design, data collection and analysis. All faculty will be required to complete a financial disclosure statement prior to the conference and 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 commercial contributor(s) of this activity.

Table of Contents

Table of Contents, Cont.

Dear Conference Participants:

Welcome to the 16th Annual Conference of the Injury Free Coalition for Kids. We are excited to see you here in Cincinnati, and look forward to seeing old friends and making new ones. This year's conference promises to be the best ever—with panels and workshops that will address some of the major issues and challenges facing pediatric injury prevention today. Our invited speakers are truly leaders in their respective fields. This year, for the first time, we have a session focusing on the vital role performed by the Program Coodinators, and as always, there will be networking opportunities for all.

At this time, I'd like to update you on the state of Injury Free. We are alive and well, albeit a little different than in the past. We remain a coalition of individual sites committed to a partnership between hospitals and the community in the prevention of pediatric injury. Despite these difficult economic times, the vast majority of our sites have chosen to pay the Institutional membership fee.

Recognizing that some sites may not be able to make this commitment, and that there are others not directly affiliated with a site that would like to participate in Injury Free, the Board has revised the membership criteria to include individual members. In addition, the criteria for new sites to become members of Injury Free have been updated. We are pleased to report that the University of Mississippi has recently applied for membership in the coalition. Other work of the Board over the past year includes exploration of the issues related to becoming an independent nonprofit organization, and our continued investigation of funding resources. Finally, the National Program Office, with the support of the Allstate Foundation has completed playgrounds in New Orleans and most recently, one in Tucson, in honor of Christina Taylor-Green who was killed in the January shooting that also injured Representative Gabrielle Giffords.

This Conference could not have happened without the support of our sponsors, including Little Tikes, SofSurfaces, and the Allstate Foundation. In addition, special thanks are due to Dr. Michael Gittelman, our local arrangements coordinator, the Cincinnati Children's Hospital for providing the continuing education credits, and Dr. Joseph Tepas, who continues to support the publication of the proceedings in the Journal of Trauma. Again welcome to Cincinnati and the Conference. I'm sure that you will leave here with new energy, ideas, and friends!

Barbara Gaines, MD
Director of Trauma and Injury Prevention
Program Director, Pediatric Surgery Residency
Children's Hospital of Pittsburgh of UPMC
Associate Professor of Surgery
University of Pittsburgh School of Medicine

Dear Conference Attendees,

Welcome to the 16th Annual Forging New Frontiers conference of the Injury Free Coalition for Kids®. This year's conference is undeniably the best in the history of the organization. For the second year in a row, the conference has been opened to outside participation and we have had an overwhelming response from individuals and agencies concerned about injuries among young people. Abstract submissions were at an all time high this year. In addition to the excellent response to the call for abstracts, we've assembled a group of keynote speakers that are second to none when it comes to addressing the safety and well being of this country's children. They will both challenge and support our efforts to look at the issues that are plaguing our young people.

Keeping injury prevention at the forefront of the nation's mind is crucial. Efforts to do so are waning as federal budget cuts, a floundering economy and massive layoffs captivate the country and divert attention away from injury, our children's number one cause of death and hospitalization. Our keynote speakers: Dr. Carolyn Cumpsty Fowler has been a part of the Johns Hopkins Summer Institute Principles and Practice of Injury Prevention since 1998 through which she has been an integral part of injury prevention programming and evaluation across the country; Dr. Linda Degutis is the Director of the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention, and Lanny A. Breuer is the Assistant Attorney General of the Criminal Division U.S. Department of Justice. Ask questions, learn from them and take everything you can back to your communities.

In addition to getting everything that you can from our keynote speakers, learn from each other. This is a wonderful opportunity to network. Make sure you talk about what doesn't work as well as what does. This is the only way that we can make the most of our resources.

In addition, take time to see the city. This is the first time we have come to Cincinnati to hold our conference. I hope that you will enjoy yourselves and that you make the most of your time together.

Professor Emerita of Surgery and Epidemiology
Mailman School of Public Health at Columbia University
Injury Free Coalition for Kids Founder & Executive Director

Carolyn Cumpsty Fowler, PhD, MPH

Johns Hopkins Summer Institute Principles and Practice of Injury Prevention
Faculty Director
2011 Keynote Speaker

Dr. Carolyn Cumpsty Fowler is an Assistant Professor and the Evaluation Coordinator at the Johns Hopkins University School of Nursing. She holds a joint appointment at the Johns Hopkins Bloomberg School of Public Health and is core faculty of the Mid Atlantic Public Health Training Center, where she is Associate Director for Core Public Health Skills Training. Since 1993, she has been on the faculty of the Johns Hopkins Center for Injury Research and Policy, has served as faculty director for the Johns Hopkins Summer Institute Principles and Practice of Injury Prevention since 1998.

Following training in nursing, midwifery and community health at the University of Cape Town (UCT), Dr Fowler began her career in injury prevention, completing a PhD at UCT and a post-doctoral fellowship with Professor Susan Baker at Johns Hopkins. From 1999 to 2010, Dr. Fowler led the injury prevention program and Child Death Review Team at Baltimore County Department of Health. She remains engaged in public health practice, and serves on the Maryland Injury Prevention Partnership Advisory Board. Dr. Fowler is former chairperson of the Advisory Committee for Injury Prevention and Control at CDC, and now serves as Chair of the Board of Scientific Counselors for the National Center for Injury Prevention and Control at CDC.

Linda C Degutis, DrPH, MSN

Director
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Dr. Linda Degutis is currently Director of the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC). Prior to this, she was Associate Professor of Emergency Medicine and Public Health at Yale University. She was the Research Director for the Department of Emergency Medicine, and also served as Director of the Yale Center for Public Health Preparedness at Yale School of Public Health. In addition, she directed the Connecticut Center for Public Health Workforce Development.

A native of Chicago, IL, Dr. Degutis received her BS from DePaul University in Chicago, and her MSN and DrPH from Yale University. She was a Robert Wood Johnson Foundation Health Policy Fellow, and worked in the office of the late Senator Paul Wellstone (D-MN). Dr. Degutis' research interests have focused on injury, alcohol and other drug problems, and trauma, with a particular interest in policy issues. Recently, she collaborated on projects related to developing a research agenda for public health systems and services research, and initiatives with HHS in the area of quality improvement in public health. Her research has been funded through several federal agencies and the Robert Wood Johnson Foundation. She was President of the American Public Health Association, a member of the APHA Executive Board, and served two terms as chair of the Executive Board.

Currently, Dr. Degutis serves on the Robert Wood Johnson Health Policy Fellowship Advisory Board, and the editorial boards of the journals Injury Prevention, and Disaster Medicine and Public Health Preparedness. In addition, she served as the Co-Chair of the Connecticut Coalition to Stop Underage Drinking, and worked on a number of community-based efforts focused on improving public health through coalition development and action.

Karen Seaver-Hill

Director
Child Advocacy at National Association of Children's Hospitals and Related Institutions

Karen Seaver-Hill is Director, Child Advocacy at the National Association of Children's Hospitals and Related Institutions (NACHRI) in Alexandria, VA. In this capacity, Hill works to develop programs, products and professional connections for NACHRI's over 200 member hospitals to advance their work in preventative health and community health education. She works to position the Association and its members as leaders in prioritizing advocacy issues –injury prevention, child maltreatment and childhood obesity – among affinity organizations and allied governmental agencies.

Hill has built her career in nonprofit, issue-based advocacy work. Prior to joining the NACHRI staff, she managed the Service as a Strategy initiative of the Partnership for National Service. Here, she worked with community, private and tribal foundations nationwide to leverage private-sector funds in support of community and national service. In addition, Hill spent seven years on staff at the Children's Defense Fund, the nation's premier child advocacy organization. She served the Children's Defense Fund in several capacities over those years, most notably as director of the Child Watch Visitation Program.

Peggy Lehner

Ohio Senator

Peggy Lehner is currently serving her first term as the state senator for the 6th Ohio Senate District, which encompasses portions of Montgomery County. She is no stranger to public service, having served one term in the Ohio House of Representatives as well as 10 years as a member of Kettering City Council, during which she was chosen as vice mayor. During that time she also founded and chaired the Dayton First Suburbs Consortium.

Senator Lehner's committee assignments will put her interests in health care, aging and local government to work on behalf of her constituents this General Assembly. She has been named chair of the Senate Education Committee and will play a major role in the development of the state's two-year operating budget as a member of the Finance Committee. Lehner has also been assigned to the State and Local Government and Veterans Affairs Committee, the Highways and Transportation Committee and the Judiciary-Criminal Justice Committee.

An active participant in her community, Lehner has been a member of the National League of Cities, the Greater Dayton Regional Transit Authority and the Senior Resource Connection, which in 2001 recognized her for Outstanding Service to the Senior Community by an Elected Official.

Senator Lehner attended both American College in Paris and St. Mary's of the Woods College, where she obtained a degree in history. She and her husband James reside in Kettering and have five grown children and 10 grandchildren.

Lanny A. Breuer, JD

Assistant Attorney General
Criminal Division
U.S. Department of Justice

Lanny A. Breuer was confirmed as Assistant Attorney General for the Criminal Division on April 20, 2009. As head of the Criminal Division, Mr. Breuer oversees nearly 600 attorneys who prosecute federal criminal cases across the country and help develop the criminal law. He is a national leader on a range of federal law enforcement priorities, including financial fraud, health care fraud, public corruption, and violence along the Southwest Border.

He has also been a leading voice on policy issues related to criminal law enforcement, including the scope of prosecutors' discovery obligations in federal criminal cases and sentencing disparities between crack and powder cocaine offenses. For his work as Assistant Attorney General, the National Law Journal recently named Mr. Breuer a "Visionary" in the Washington, D.C. legal community, and he was recently ranked eighth on Ethisphere's list of The 100 Most Influential People in Business Ethics.

Mr. Breuer received his B.A. from Columbia College in 1980 and his J.D. from Columbia Law School in 1985.Mr. Breuer began his legal career in 1985 as an Assistant District Attorney in Manhattan, where he prosecuted violent crime, such as armed robbery and gang violence, white collar crime, and other offenses. In 1989, he joined the law firm of Covington & Burling LLP, where he worked until 1997, when he joined the White House Counsel's Office as Special Counsel to President William Jefferson Clinton. As Special Counsel, Mr. Breuer assisted in defending President Clinton in the Senate impeachment trial. Mr. Breuer returned to Covington in 1999 as co-chair of the White Collar Defense and Investigations practice group, where he specialized in white collar criminal defense and complex civil litigation and represented individuals and corporations in matters involving high-stakes legal risks. Mr. Breuer has been recognized as a leading litigator by numerous publications, including American Lawyer ("45 Under 45"), Chambers USA, The Best Lawyers in America, and Washingtonian ("Big Guns"). He is a Fellow of the American College of Trial Lawyers and a member of the American Law Institute.

2011 Forging New Frontiers:

"Creating Safe Communities for Children & Their Families"

The 16th Annual Conference of the Injury Free Coalition for Kids jointly sponsored with Cincinatti Children's Hospital Medical Center

November 11 - 13, 2011

Schedule at a Glance

Friday, November 11			Room
10:00 am -	12:30 pm	Registration	Buckeye Foyer
10:00 am -	12:45 pm	Poster Set Up	Sungarden/TBD
12:45 am -	12:50 pm	Charge to Action: Barbara Barlow, MD	Buckeye AB
12:50 pm -	1:00 pm	Welcome/Introduction of Speaker: Barbara Gaines, MD	Buckeye AB
1:00 pm -	2:00 pm	Keynote Speaker: Carolyn Fowler, PhD, MPH	Buckeye AB
2:00 pm -	3:30 pm	Panel: Community Programming	Buckeye AB
3:30 pm -	3:45 pm	Break	Buckeye Foyer
3:45 pm -	5:15 pm	Panel: "Where the Rubber Meets the Road: Collaboration & Coordination to Optimize Injury Prevention"	Buckeye AB
6:30 pm -	7:30 pm	Opening Night Reception	Sungarden
	7:30 pm	Board Meeting	Hoosier AB

Saturday, November 12			
7:00 am -	8:00 am	Breakfast/Posters	Regency E
8:00 am -	8:05 am	Acknowlegements: Barbara Gaines, MD	Regency FG
8:05 am -	8:10 am	Introduction of Speaker: Michael Mello, MD, MPH	Regency FG
8:10 am -	9:00 am	Keynote Speaker: Linda Degutis, DrPH, MSN	Regency FG
9:00 am -	10:30 am	Panel: Drive By the Rules. Keep the Privilege.	Regency FG
10:30 am -	10:45 am	Break	Regency E
10:45 am -	12:30 pm	Panel: Progress and Challenges in ATV Safety	Regency FG
12:30 pm -	2:00 pm	Lunch	Sungarden
2:00 pm -	3:30 pm	Panel: Injuries in Young Children: Risk Factors and Prevention Interventions	Regency FG
3:30 pm -	3:45 pm	Break	Regency E
3:45 pm -	4:45 pm	Panel: Water Safety	Regency FG
	6:30 pm	Reception	Regency North Foyer
	7:30 pm	Dinner: Speakers Karen Seaver-Hill, Director, Child Advocacy & Peggy Lehner, Ohio Senator	Regency A

Sunday, November 14			
7:00 am -	8:00 am	Breakfast/Posters	Regency E
8:00 am -	9:30 am	Panel: **Ostrich Policy Be Gone**: Approaches to the Prevention of Injuries from Interpersonal Violence	Regency FG
9:30 am -	9:45 am	Break	Regency E
9:45 am -	11:15 pm	Panel: Youth and Dating Violence: Research and Practice	Regency FG
11:15 am-	11:20 am	Introduction of Speaker: Michael Hirsh, MD	Regency FG
11:20 am-	12:15 am	Keynote Speaker: Lanny Breuer, JD	Regency FG
12:15 pm-	1:45 pm	Lunch	Sungarden
1:45 pm -	2:30 pm	Business Meeting	Regency FG
2:30pm -	4:00 pm	Panel: CARS 2: Prevention "Matters"	Regency FG
	4:00 pm	Cross-Site Meetings	Regency FG Bearcat Musketeer

Agenda

Friday, November 11, 2011		Room
10:00 am - 12:45 pm	Poster Set Up	Buckeye Foyer
12:45 pm - 12:50 pm	Charge to Action: **Barbara Barlow, MD** Injury Free Coalition for Kids Founder & Executive Director	Sungarden/TBD
12:50 pm - 1:00 pm	Welcome/Introduction of Speaker: **Barbara Gaines, MD** Injury Free Coalition for Kids Board President	Buckeye AB
1:00 pm - 2:00 pm	Keynote Speaker: **Carolyn Fowler, PhD, MPH** "Protecting our children from injury in a changing world: is it time for a new perspective?" Childhood injury is a huge problem but alarmingly under-prioritized. Why? There is a growing evidence-base about effective prevention strategies; yet we see ineffective programs implemented again, and again, and again. Why? Passionate injury prevention advocates invest time, talent and resources, but frequently experience frustration or failure. Why? Even within child-focused professions, we experience resistance to injury prevention. Why? Sadly, as we struggle to answer these questions and overcome the many challenges to injury prevention, children continue to pay the price. In this time of rapid social change, can and should we keep doing business the same way? In this session we will explore these questions, and ways to reframe and sell the critical importance of creating safe communities for children. This session will enable participants to: 1) Describe the possible risks of maintaining a traditional approach to childhood injury prevention. 2) Describe the importance of context and relevance when engaging and persuading key stakeholders. 3) Recognize alternate frames that can be used to sell injury prevention. 4) Recognize how well-positioned the Injury Free Coalition for Kids is to advance this change process.	Buckeye AB
2:00 pm - 3:30 pm	Panel Discussion: **Community Programming** This panel focuses on a variety of innovative methods to expand the reach of injury prevention initiatives and education in a climate of funding cuts and doing more with less. The participants will hear about using the "train the trainer" approach to extend staffing, utilization of local law enforcement and emergency medical services to reach a larger population of the community, and the importance of understanding the target audience. These methods can be replicated in other communities for injury prevention programs across the country. This session will enable participants to: 1) Discuss challenges related to the expansion of injury prevention programs. 2) Describe the "train the trainer" approach to extending the reach of injury prevention. 3) Identify community partners to facilitate programs. 4) Discuss the relevance of knowing the target group. 5) Describe a variety of approaches to engaging mothers, fathers and youth in injury prevention efforts.	Buckeye AB

Agenda, cont.

Room

Panel Discussion Moderator: **Chris Vitale, RN, MSN**
Children's Hospital of Pittsburgh
University of Pittsburgh Medical Center
Injury Prevention Coordinator
Injury Free Coalition for Kids of Pittsburgh
Program Coordinator

Presenters:

Alison Rose, MPH: Expansion of Safety Baby Showers via Technology, Training, and Technical Assistance

Melanie Stroud, RN: Implementing Injury Prevention Curriculum/Tools for Local Boot Camp for New Dads MUSC Children's Hospital

Julie Philbrook, RN, MA: "I Got Caught" Bike Helmet Incentive Program

Robin Denise Schier, DNP, APRN, CPNP: Barriers and Facilitators of All-Terrain Vehicle Education and Safety Training for Youth Under 16 Years of Age

3:30 pm - 3:45 pm — Break — Buckeye Foyer

Panel Discussion: **"Where the Rubber Meets the Road: Collaboration & Coordination to Optimize Injury Prevention"**

Less funding and fewer resources can weaken efforts to reduce injuries. However, organizations that join forces may be able to demonstrate ways to maximize their efforts. This panel consists of four initiatives which examine the virtues and challenges of collaborative injury prevention efforts. One examines the establishment of a systematic approach to defining and developing the role of an injury prevention coordinator. It identifies key activities involved in coordinating a prevention program. Another describes successes with utilizing trained injury prevention volunteers from "the community" to increase program capacity and improve the diversity of a child passenger safety seat program. A third describes and evaluates how a child passenger safety seat program benefits from a collaborative partnership between the fire, police, and health departments in an 11 county area. The fourth initiative describes a collaborative effort used by a hospital media relations department, local media partners and a trauma center team as they work to promote injury prevention messages and share objective data.

This session will enable participants to:

1) Develop and use injury prevention program strategies and evaluation techniques.
2) Describe the feasibility of utilizing a volunteer corp of locally recruited community members.
3) Build program capacity and remove cultural barriers.
4) Examine the feasibility of creating a national corps of injury prevention community volunteers.
5) Demonstrate how a mature Fitting Station Program can be an effective way to engage community partners in an injury prevention program.
6) Discuss current trends regarding falling televisions and furniture.

3:45 pm - 5:15 pm — Panel Discussion Moderator: **Susan Cox, RN, MS, CEN, PHN** — Buckeye AB
Trauma and Volunteer Services Director
Rady Children's Hospital, San Diego
Injury Free Coalition for Kids of San Diego
Principal Investigator

Presenters:

Helen Arbogast, MPH, CHES: Pediatric Injury Prevention: Addressing Injury Prevention Through a Coordinated Approach

Agenda, cont.

Room

Ana Everett, MPA, MPH: A Field Report: Review of Program Delivery Strategy Utilizing Trained Injury Prevention Volunteer Corps to Build Program Capacity and Improve Diversity of Program Outreach

Suzanne Moody, MPA: Improving Correct Installation of Child Restraint Systems: A Collaborative Approach

Susan Cox, RN, MS, CEN: A Collaborative Approach Between Media Relations and the Trauma Service in a Level I Pediatric Trauma Center in Disseminating Trending Data and Injury Prevention Education to the Public.

6:30 pm - 7:30 pm	Opening Night Reception	Sungarden
7:30 pm	Board Meeting	Hoosier AB

Saturday, November 12, 2011

7:00 am - 8:00 am	Breakfast/Posters	Regency E
8:00 am - 8:05 am	Acknowlegements: **Barbara Gaines, MD**	Regency FG
8:05 am - 8:10 am	Introduction of Keynote Speaker: **Michael Mello, MD, MPH**	Regency FG
8:10 am - 9:00 am	Keynote Speaker: **Linda Degutis, DrPH, MSN**	Regency FG

Injuries are the leading cause of death for children older than 1 year of age, with approximately 12,175 children between the ages of 1 and 18 years dying of injury every year. In addition, approximately 9.2 million children receive treatment for injuries in hospitals each year. The evidence base for prevention strategies is strong, and dissemination and implementation of these strategies is critical if we are to decrease the toll that injury takes on our children each year. Community based strategies provide opportunities for partners from diverse arenas to work together in childhood injury prevention in order to create safer communities for children and their families. CDC has key activities in the area of child injury prevention including the upcoming launch of the National Unintentional Injury Action Plan, which will provide guidance on activities that can be implemented to prevent injuries in children. This presentation will include discussion of the burden of injuries in children, approaches to preventing injuries, and opportunities for partner and stakeholder engagement in child injury prevention activities.

This session will enable participants to:
1) Discribe the health and economic burden of injuries on the nation's children.
2) Discuss evidence-based policy and programmatic approaches to preventing injuries among children.
3) Identify opportunities for partner and stakeholder engagement to prevent childhood injuries.

9:00 am - 10:30 am	Panel Discussion: **Drive By the Rules. Keep the Privilege.**	Regency FG

Motor vehicle crashes are the leading cause of death for teens in the United States. By eliminating known distractions and risks, the novice driver will be safer. Participants in this workshop will be presented with practical and evidence-based information to improve teen driving safety through parental responsibility. Topics include teen access to alcohol, drinking and driving, seat belt use, distracted driving, passenger limits, and nighttime driving.

Agenda, cont.

Room

This session will enable participants to:
1) Recognize strategies used to teach safe teen driving.
2) Discuss the factors that affect risk taking in teen drivers.
3) Discribe common errors in teen driving fatalities.
4) Examine ways to get information on teen driving to parents.
5) Recognize how hospital intervention programs and programs like driver's education affect teen drivers.

Panel Discussion Moderator: **Kathy Monroe, MD**
Professor of Pediatrics
Children's Hospital of Birmingham
Injury Free Coalition for Kids of Birmingham
Principal Investigator

Presenters:

Joyce Pressley, PhD, MPH: Driving Errors In High School-Aged Teen Drivers of Motorized Vehicles Involved in a Passenger or Occupant Fatality on U.S. Public Roadways

Adam Carlisle, MSIII: Graduated Drivers License Law Knowledge: Do Driver's Education Courses Improve Knowledge?

Holly Choate, MPH: Identifying Strategies to Increase Parental Responsibility in Enforcing Principles of Graduated Driver Licensing: A Community Demonstration Project

Ryan Hirschfeld: Reality Bites: Recidivism Rates in Teens Sentenced to a Teen Driving Educational Intervention

10:30 am - 10:45 am — Break — Regency E

10:45 am - 12:30 pm — Panel Discussion: **Progress and Challenges in ATV Safety** — Regency FG

Injuries from recreational use of All-Terrain Vehicles (ATV) represent a growing public health concern. Children under the age of 16 years represented about 22% of all documented ATV fatalities and 25% of all ATV injuries (1982-2009). Combating all-terrain vehicle injury has been extremely challenging for injury control. Substantial research is still required to identify effective strategies to reduce injuries and deaths. This session illustrates the variety of approaches underway in Injury Free sites nationwide to add to this knowledge base from improved surveillance, educational efforts, intervention development, and policy approaches.

This session will enable participants to:
1) Review current research in ATV-related injury for children by Injury Free sites.
2) Understand how improved surveillance and use of trauma data can assist with ATV safety program development.
3) Understand the potential impacts and limitations of educational campaigns for ATV safety.
4) Better understand barriers to use of ATV safety helmets among end-users.
5) Review the advocacy process in the context of a state's success in ATV policy development.

Panel Discussion Moderator: **Mary Aitken, MD, MPH**
Associate Professor of Pediatrics
University of Arkansas College of Medicine &
Arkansas Children Hospital
Injury Free Coalition for Kids of Little Rock
Principal Investigator

Agenda, cont.

Room

Presenters:

Purnima Unni, MPH, CHES: Using Trauma Registry Data to Guide ATV Injury Prevention Efforts in Middle Tennessee

Nan Frascogna, MD: Trends in All-Terrain Vehicle Injuries in Alabama Before and After an Educational Campaign

Lauren Anderson, MD: Barriers to All-Terrain Vehicle Helmet Use

Lois Lee, MD, MPH: Preventing All-Terrain Vehicle Injuries with Coalition Building to Pass Legislation

12:30 pm - 2:00 pm — Lunch — Sungarden

2:00 pm - 3:30 pm — Panel Discussion: **Injuries in Young Children: Risk Factors and Prevention Interventions** — Regency FG

According to the CDC – National Center for Injury Prevention and Control, unintentional injury is among the leading causes of morbidity and death in children aged 0-4. This panel will address injuries in young children. Risk factors and prevention interventions will be examined. The first study will address modifiable risk factors incurred during sleep that possibly contributed to or caused sudden infant death. The second study looks at the major mechanisms of injury that result in hospitalization in children 1-4 years of age and risk factors for sustaining those injuries. The next study evaluates the effectiveness of an educational home safety video in improving parental knowledge of home safety practices and determines subgroups which might benefit most from the intervention. The final study looks at an innovative way for injury prevention specialists to partner with state agencies to address child passenger safety in child care vehicles throughout one state.

This session will enable participants to:

1) Educate health care providers on the importance of communicating and adhering to safe sleep guidelines.
2) Recognize that the safe sleep guidelines are still not universally implemented, given the incidence of infant deaths in unsafe sleep environments.
3) Examine the major mechanisms of injury that result in hospitalization in children 1-4 years of age as well as demographic and socioeconomic differences between the mechanisms.
4) Recognize that parental knowledge of safety hazards is lacking but can be improved with education, particularly in certain at-risk populations.

Panel Discussion Moderator: **Wendy Pomerantz, MS, MD**
Associate Professor of Clinical Pediatrics
Cincinnati Children's Hospital Medical Center
Division of Emergency Medicine
Injury Free Coalition for Kids of Greater Cincinnati
Co-Principal Investigator

Presenters:

Henry Krous, MD: Unsafe Sleep Associated with Sudden Infant Death in San Diego County

Wendy Pomerantz, MS, MD: Poisoning In 1-4 Year Olds: What Are the Risk Factors and How Do They Differ From Those of Other Major Unintentional Injuries?

Shruti Kant, MD: Infant and Toddler Home Safety: An Educational Intervention

Susan Pollack, MD: A Safer Child Care Transportation Fleet for Kentucky

3:30 pm - 3:45 pm — Break — Regency E

Agenda, cont.

Room

3:45 pm - 4:45 pm — Panel Discussion: **Water: Danger At Any Depth** — Regency FG

Center for Disease Control statistics show that drowning is a major cause of death for children under the age of 14. This session will include a review of U.S. data concerning childhood drowning and water related injuries. There will be an emphasis on regional data used to support water safety interventions. Effective intervention programs across the country will be highlighted and examined. A successful regional program will be discussed in detail.

This session will enable participants to:
1) Discuss the importance of drowning in national and regional childhood mortality.
2) Describe the importance of water related injuries in national and regional morbidity.
3) Characterize an effective drowning intervention/water safety program.
4) Identify and describe the most successful drowning intervention/water safety programs.
5) Describe in detail a successful regional water safety program.

Panelists:

Charles Pruitt, MD
Pediatric Emergency Medicine,
University of Utah and Primary Children's Medical Center
Principal Investigator, Injury Free Coalition for Kids, Salt Lake City

Catherine Groseclose, MS
Violence and Injury Prevention Program,
Utah Department of Health

6:30 pm — Reception — Regency North Foyer

7:30 pm — Dinner: Speakers **Karen Seaver-Hill**, NACHRI Child Advocacy Director; **Peggy Lehner**, Ohio, Senator — Regency A

Sunday, November 13, 2011

7:00 am - 8:00 am — Breakfast and Posters — Regency E

8:00 am - 9:30 am — Panel Discussion: **Ostrich Policy Be Gone: Approaches to the Prevention of Injuries from Interpersonal Violence** — Regency FG

Coordinated efforts to address intentional violence have been few and far between. However, that appears to be changing. This panel will feature experts in the injury prevention arena who will discuss the approach to interpersonal violence as it pertains to firearm violence and bullying. Approaches will include legislative, public awareness/education and advocacy programs on a local, state, regional and national level.

This session will enable participants to:
1) Discuss the background of firearm injuries.
2) Describe the logistics of gun buybacks.
3) Realize the efficacy of anti-bullying programs.
4) Recognize threats to the efforts of physicians trying to keep firearm injury a matter of public health.
5) Describe efforts physicians are making to maintain firearm injury prevention efforts. within the public health arena

Panel Discussion Moderator: **Michael Hirsh, MD**
Surgeon-in-Chief, UMASS Memorial Children's Medical Center
Professor of Surgery and Pediatrics
UMASS Medical School
Chief, Division of Pediatric Surgery and Trauma
UMASS Memorial Health Care System
Past-President, Injury Free Coalition for Kids
Injury Free Coalition for Kids of Worcester
Co-Principal Investigator

Presenters:
Judy Schaechter, MD: Physician Gag Law: Florida's Ban on Screening for Access to Firearms
Matthew Masiello, MD, MPH: Bullying Prevention: A Large Population Implementation, Impact and Cost Analysis
Laura Marinelli: Connecticut's Gun Buyback Program: Are We Hitting Our Mark?
Michael Hirsh, MD: National Gun Buy Back Day, December 3, 2011

9:30 am - 9:45 am — Break — Regency E

9:45 am - 11:15 am — Panel Discussion: **Youth and Dating Violence: Research and Practice** — Regency FG

There are distinct characteristics that categorize different types of intentional violence, and the interventions to address each kind must match. During this session, our panelists will provide research that demonstrates the relationship between youth violence and dating violence, as well as showcases a brief screening tool that can be used in an emergency department to screen for youth violence. On the practice side, we will showcase a project that is providing primary violence prevention in a school setting and a project that intervenes with youth victims of violence in a hospital setting.

This session will enable participants to:
1) Describe the relationship between dating violence and community violence.
2) Describe the development of a school-based violence prevention curriculum.
3) Describe a violence screening instrument to be utilized in an emergency department setting.
4) Differentiate the differences between primary and secondary violence prevention.
5) Describe the resources needed to implement a community-linked violence. intervention program at your hospital.

Panel Discussion Moderator: **Marlene Melzer-Lange, MD, MPH**
Medical College of Wisconsin
Professor of Pediatrics
Children's Hospital of Wisconsin
Pediatric Emergency Medicine Specialist
Injury Free Coalition for Kids of Milwaukee
Co-Principal Investigator

Presenters:
Leslie Davidson, MD, MSc: Dating Violence and Community Violence in NYC Adolescents
Toni Rivera-Joachin, MS: Project Staying Alive
Steven Rogers, MD: Is Brief Violence Screening in the ED Feasible?
Marlene Melzer-Lange, MD, MPH: Project Ujima: Working Together to Make Things Right.

Agenda, cont.

		Room
11:15 am - 11:20 am	Introduction of Speaker: **Michael Hirsh, MD** **Injury Free Coalition for Kids Board Past-President**	Regency FG
11:20 pm - 12:15 pm	**Keynote Speaker: Lanny Breuer, JD** "Department of Justice: Keeping Children Safe"	Regency FG

Mr. Breuer will address the Justice Department's efforts to help ensure that our communities are kept safe for children, including the Department's work to fight violent crime, enforce child exploitation statutes, and hold human traffickers to account. Criminal prosecution, violence prevention, and reentry programs for prisoners are the three key components of the Attorney General's anti-violence strategy, and each plays a critical role in the Department's effort to keep America's children safe.

This session will enable participants to:
1) Discuss the Department of Justice approach to community violence.
2) Recognize the correlation of violence prevention with community wellness.
3) Recognize ways human trafficking, family violence, and child exploitation can be successfully combated.

12:15 pm - 1:45 pm	Lunch	Sundgarden
1:45 pm - 2:30 pm	Business Meeting	Regency FG
2:30 pm - 4:00 pm	Panel Discussion: **CARS 2: Prevention "Matters"**	Regency FG

Whether they are walking, on bikes or in motor vehicles new efforts to address injuries among children are being developed and put to the test. This panel will highlight new research and programmatic efforts to advance the field in protecting children from motor vehicle-related injury. Attendees will hear about efforts in Ohio to promote bike helmet usage and learn whether the emergency room is truly a place to promote injury prevention. Data from New York will be shared looking into the differences in injury between bicyclists and pedestrians. And the latest crash data will be presented on how drinking drivers endanger childen with a focus on the states with the worst records and opportunities for prevention. Time will be provided for questions and answers at the end of the session.

This session will enable participants to:
1) Describe the methods of developing a statewide bicycle helmet program which may be replicable.
2) Review media successes and failures of having a specialized day dedicated to bicycle helmet safety.
3) Discuss whether the acute ED care of an injury truly represents a teachable moment for prevention.
4) Explore how injuries differ between bicyclists and pedestrians presenting to a Level 1 trauma center.
5) Recognize the significant variation in the risk of drinking driver-related child passenger deaths by state. This may urge new state-specific legislative efforts to prevent these deaths.

Panel Discussion Moderator: **Kyran Quinlan, MD, MPH**
Erie Family Health Center in Chicago Pediatrician

Presenters:

Sarah Denny, MD: A Statewide Educational and Implementation Strategy to Promote Bicycle Helmet Safety

Michael Gittelman, MD: Is An Emergency Department Encounter For A Motor Vehicle Collision Truly A "Teachable Moment?"

Nina Glass, MD: Pedestrians and Cyclists Struck by Motor Vehicles Represent Two Distinct Entities

Kyran Quinlan, MD, MPH: Child Passenger Deaths Involving Alcohol Impaired Drivers, 2000–2009: National And State Patterns

4:00 pm — Cross-site meetings — Regency FG, Bearcat, Musketeer

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 Cincinnati Children's Hospital Medical Center and The Injury Free Coalition for Kids. Cincinnati Children's is accredited by the ACCME to provide continuing medical education for physicians.

Cincinnati Children's designates this live activity for a maximum of 16.25 (Friday-4.0; Saturday-6.75; Sunday-5.5) *AMA PRA Category 1 Credit(s)* ™. Physicians should claim only the credit commensurate with the extent of their participation in the activity

Disclosure Statement

Cincinnati Children's requires all clinical recommendations to be based on evidence that is accepted within the profession of medicine and all scientific research referred to, reported or used in support of or justification of patient care recommendations conform to the generally accepted standards of experimental design, data collection and analysis. All faculty will be required to complete a financial disclosure statement prior to the conference and 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 commercial contributor(s) of this activity.

2011 Forging New Frontiers:

"Creating Safe Communities for Children & Their Families"

The 16th Annual Conference of the Injury Free Coalition for Kids jointly sponsored with
Cincinatti Children's Hospital Medical Center
November 11 - 13, 2011

ACKNOWLEDGEMENT

This conference is supported by exhibits from

SofSurfaces, Inc
Little Tikes Commercial
and
The Allstate Foundation

DISCLOSURE

Cincinnati Children's requires all clinical recommendations to be based on evidence that is accepted within the profession of medicine and all scientific research referred to, reported or used in support of or justification of patient care recommendations conform to the generally accepted standards of experimental design, data collection and analysis. All faculty will be required complete a financial disclosure statement prior to the conference and 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 commercial contributor(s) of this activity.

FACULTY		FACULTY	
Mary Aitken, MD, MPH	NONE	Matthew Masiello, MD, MPH	NONE
Lauren Anderson, MD	NONE	Marlene Melzer-Lange, MD	NONE
Helen Arbogast, MPH, CHES	NONE	Kathy Monroe, MD	NONE
Barbara Barlow, MD	NONE	Suzanne Moody, MPA	NONE
Lenny Breuer, JD	NONE	Julie Philbrook, RN, MA	NONE
Adam Carlisle, MSIII	NONE	Susan Pollack, MD	NONE
Holly Jones-Choate, MPH	NONE	Wendy Pomerantz, MD, MS	NONE
Susan Cox, RN, MS, CEN	NONE	Joyce Pressley, PhD, MPH	NONE
Sarah Denny, MD	NONE	Charles Pruitt, MD	NONE
Ana Everett, MPA, MPH	NONE	Kyran Quinlan, MD, MPH	NONE
Carolyn Fowler, PhD, MPH	NONE	Ryan Hirschfeld	NONE
Nan Frascogna, MD	NONE	Steve Rogers, MD	NONE
Micheal Gittelman, MD	NONE	Alison Rose, MPH	NONE
Nina E. Glass, MD	NONE	Judy Schaechter, MD	NONE
Micheal Hirsh, MD	NONE	Robin Schier, DNP, APRN, CPNP AC/PC	NONE
Shruti Kant, MD	NONE	Melanie Stroud, RN	NONE
Henry Krous, MD	NONE	Purnima Unni, MPH, CHES	NONE
Lois Lee, MD, MPH	NONE	Chris Vitale, RN, MSN	NONE
Laura Marinelli	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.

2011 Forging New Frontiers:

"Creating Safe Communities for Children & Their Families"

Abstracts

Expansion of Safety Baby Showers via Technology, Training, and Technical Assistance

Alison Rose, MPH, Mary Aitken, MD, MPH, Hope Mullins, MPH, Heather Williamson, MBA, OTR/L, Amy Phillips, MD

Introduction/Background:
Safety baby showers (SBS) have demonstrated effectiveness in educating expectant mothers on evidence-based practices to reduce infant mortality and injury. Successful pilot projects in two communities resulted in interest in expanding the project to additional areas of the state. To address challenges related to statewide expansion of SBS to areas outside the capitol city, including limitations in staff time, expertise, and funding, we developed a technical assistance (TA) model for SBS dissemination. This model facilitated effective replication by community-based organizations with limited experience in injury prevention.

Methods:
Pilot project evaluation resulted in standardization of content to reflect state data on infant death and injury during the first year of life, focusing on safe sleep, abusive head trauma, child passenger safety and home safety. Funding was provided by the state's Center for Translational Science Award (CTSA) grantee for training and TA outreach. Utilizing the state's extensive telemedicine network, an overview of the community-driven model for SBS planning and implementation was conducted. A follow-up survey gauged the level of readiness among participants, with responses used to develop a second video conference, focused on assessing program need, building capacity for implementation, and planning local projects. Training of Trainers (TOT) sessions were held in multiple locations for SBS educators, and included observation of a SBS and distribution of tool kits for each participant. Ongoing TA is provided through phone and electronic communications, and via written program guidance.

Results:
As a result of the outreach, over 50 individuals, representing hospitals, county health departments, community health centers, school districts, and others participated in one or more formal TA sessions. In addition to the original two pilot communities, 4 county-wide, ongoing SBS projects are now in place, and several other groups have held single county-wide projects. Groups in 12 other counties have built adequate capacity and are currently seeking funding to initiate their SBS. The educators who participated in the Training of Trainers sessions held thus far increased their knowledge about infant injury risk and relevant prevention strategies, as evidenced by improvement in mean pre/post test score of 64 percent (pre=24.8%, post=88.9%). Self-rated efficacy of trainers in framing injury prevention topics for parents increased nearly threefold, from 3.33 (pre) to 9.67 (post) out of a possible 10. In addition to the above, local teams are in various stages of planning SBS to serve pregnant women in another 12 counties.

Conclusions:
Training and TA for local organizations may be an effective strategy to expand injury prevention programs. Community replication is enhanced by written guidance and ongoing TA offered in multiple formats, including distance learning. Future evaluation will examine the impact of the training and TA on program replication and SBS participant outcomes. Remaining challenges include sustaining local program funding and expanding efforts to address additional determinants of mothers' decision-making around infant safety, such as social influences.

Objectives:
Attendees will learn:
1) How to discuss challenges related to expansion of injury prevention programs to remote areas.
2) How to describe the development of a training and technical assistance model to facilitate effective replication of Safety Baby Showers by community based organizations.
3) How to provide an overview of written guidance prepared for Safety Baby Shower replication by community-based organizations.

Implementing Injury Prevention Curriculum/ Tools for Local Boot Camp for New Dads MUSC Children's Hospital

Christian Streck, MD, Melanie Stroud, RN, Kristin Greeson

Introduction/Background:
Boot Camp for New Dads® (aka Daddy Boot Camp®) is a unique father-to-father, community-based workshop that inspires and equips men of different economic levels, ages and cultures to become confidently engaged with their infants, support their mates and personally navigate their transformation into dads. The scope and magnitude of problems children face that are associated with absent, disconnected or abusive fathers are staggering according to the National Fatherhood Initiative's Father Facts. This document also presents research findings that, in addition to not facing problems such as abuse and neglect, children whose fathers are consistent, positive forces in their lives do better socially, intellectually, physically and on a broad range of other factors ranging from

economic status in childhood to peer relationships in adolescence, to productivity as adults. The relationship between child and father also brings profound benefits to their fathers, as well as their mothers. Founded in 1990, in Irvine, California, the non-profit Boot Camp for New Dads has graduated more than 250,000 men, and is now offered in 45 states and on U.S. military bases, and is expanding internationally.

The Medical University of South Carolina Children's Hospital became a Boot Camp for New Dads (www.bootcampfornewdads.org) partner in June, 2010 funded in part by the Stafford Foundation. The concept of the program is dads-to-be learning the ropes from men who have successfully made the transition to fatherhood. While this program is comprehensive, we found it did not cover information on injury prevention in the home. As unintentional injuries are the leading cause of death for children under the age of 14 years of age, we felt it extremely important to incorporate home safety injury prevention information in to the Boot Camp for New Dads curriculum.

Methods:
Our goal was to provide a "train the trainer" program for the "Drool Sergeants" on the basics of home safety to include falls prevention, burns, sleep safety, and child passenger safety. The "Drool Sergeants" who serve as experienced male mentors have the tools necessary to provide important safety information to the new dads. As part of their program materials new dads are provided safety resources such as local car seat installation fitting-stations, poison control information, emergency contact numbers, etc. A generous grant from The Toys"R"Us Children's Fund provided new dads Safety First Essential Child Proofing Kits and baby bottles.

Results:
Pre-test and post-test with 8 dads participating in the first class demonstrated a mean score of 80% and 100% respectively.

Conclusions:
The Drool Sergeant who taught class for the first time stated "he realized after processing and learning the information to be taught to the new dads, that this was one of the single most important pieces he could share with new dads." His observation was "if you are not supervising and keeping your infant/ child safe, there is no reason to be teaching any of the other content such as how to change a diaper." We highly recommend this program be spread to other sites, partnering with their local Daddy Boot Camps.

Objectives:
Attendees will learn:
1) How to create an injury prevention partnership with the Boot Camp for New Dads Program.
2) About the Drool Sergeants "train the trainer" program.
3) How to empower new fathers with the tools and resources necessary to safely care for their newborns.

"I Got Caught" Bike Helmet Incentive Program

Julie Philbrook, RN, MA

Introduction/Background:
Each year, approximately 99 children are killed and 254,000 children are injured as bicyclists. Nearly 630 children are injured daily due to bicycle-related crashes. Of kids injured while riding bikes in 2009, 11.9 percent were under age 4 and 36.7 percent were 5 to 9 years of age. Approximately 50 percent of US children between 5 and 14 years old own a helmet, and only 25 percent report always wearing it while bicycling. Fifty-four percent of child bicyclist deaths occur during warmer months (May - September).

More children ages 5 to 14 are seen in hospital emergency rooms for injuries related to biking than any other sport. Helmet use can reduce the risk of head injury by 85 percent and severe brain injury by 88 percent. If 85 percent of all child cyclists wore helmets in 1 year, the lifetime medical cost savings would total $197 to $256 million. In the United States, a $12 bicycle helmet for ages 3-14 generates $570 in benefits to society.

Methods:
In the summer of 2010, in an effort to increase youth bicycle helmet use, IFCK of Minneapolis partnered with KSTC-TV to conduct the "I Got Caught" campaign. The campaign included several television PSA which aired on the local sports/children's programming channel which highlighted the fact that local law enforcement will be handing out "citations " to kids observed wearing their helmets while on a bike/scooter/roller blades. During the summer months. The citation also served as a coupon for an ice cream cone at Dairy Queen Shop. In addition, a total of 1,000 bike helmets were distributed during 20 events statewide. The events included farmer's markets, and the Cinco de Mayo festival. Also included were sites in outstate towns that referred their trauma patients to Hennepin County Medical Center, in an effort to help them with their prevention efforts.

Results:
The program was very well received by both the kids and their families. The television PSAs were effective, at each of the 20 events where helmets were given out. There was a line of people before the distribution started and they were served within the hour. Law enforcement agencies were asked to evaluate the program, and their responses were overwhelmingly positive. In addition to police, Injury Free put the citations in the hospital's ambulances and the paramedics handed several hundred and kept asking for more. They stated that they liked the positive interaction with the kids in the neighborhood they served. The project was repeated the summer of 2011.

Conclusions:
As a result of the positive response from by both the police, paramedics, parents, and kids, this concept was expanded to reward teen seat belt use. At high schools, during random seat belt checks in the school parking lot, I got caught citations we handed out in the form of music download cards or food coupon. Again the request rate for the citations was high and has been repeated for a second year.

Objectives:
Attendees will learn:
1) How to describe the I Got Caught bike helmet incentive program.
2) Discuss how to implement the program in their state.
3) Recognize the value of instituting a bike helmet program.

Barriers and Facilitators of All-Terrain Vehicle Education and Safety Training for Youth Under 16 Years of Age

Robin Denise Schier

Introduction/Background:
ATV rider safety training, education and danger awareness has become the major focus on reducing the incidents of injuries and deaths in children under the age of 16 years. Although numerous studies and organizations have recommended an increase in ATV safety training and education for children, no studies have identified what effective safety training looks like or historically why there is such a low attendance and involvement in these efforts. The aim of this project was to develop and implement a pilot version of a parent survey assessing barriers and facilitators of youth attending the ASI ATV Rider Course to determine why there has been such a low enrollment in this course.

Methods:
The socio-ecological model was used as a map for inquiry to understand community indicators and potential barriers to ATV safety training participation. The survey was distributed to a convenience sample of 180 parents of youth associated with the Tennessee 4-H Extension residing in nine targeted Central Region Tennessee Counties.

Results:
Of the 40 surveys returned, 27 (60%) met criteria of having a child under 16 years of age who had been on an ATV in the past 12 months. Descriptive statistics was used to analyze the multiple choice and Likert scale questions.

Identified facilitators of course enrollment include: free cost (27%), child's desire to take course (18%), concern for child's safety (18%), belief child would learn something new (23%), parent requirement (5%), child previously wrecked an ATV (9%), belief ATV training reduces injuries (93%), belief ATV training is "not a waste of time" (96%), and trust in the Tennessee 4-H Extension (100%).

Identified barriers to course enrollment include: course location (22%), scheduling conflicts (22%), uncertainty of instructor's certification (11%), lack of course awareness (50%), belief that child is an experienced driver (31%), incorrect size ATV to take course (6%), desire to teach own child how to operate an ATV (85%), large market for previously owned ATVs (50%), lack of ATV training information given at time of vehicle purchase (92%), and previous participation in a safety training course(13%).

Conclusions:
It is essential that medical professionals assess beliefs and attitudes about ATV education and safety training, offer resources for safety training opportunities and bridge injury prevention research into the clinical setting. The knowledge gained from the results of this pilot survey will help guide the development of future projects concerning ATV safety and children. Education and legislation are often used in conjunction to address injury prevention. Until laws, regulations and their implementation plans are created to protect and prevent children under 16 years of age from riding an ATV, it is crucial that adequate educational and training opportunities exist and are utilized by youths and parents in order to learn proper ATV safety and handling. If no one attends the class, the ASI RiderCourse is an ineffective solution in preventing ATV-associated injuries and deaths of children.

Objectives:
Attendees will learn:
1) Recognize how a socio-ecological model can be a useful
integrative framework to understand child, family, and community determinants that affect enrollment and participation in ATV education and safety training.
2) Identify barriers and facilitators to ATV safety training and education in youth under 16 years of age.
3) Identify parental beliefs and attitudes regarding formal ATV safety training.

Pediatric Injury Prevention: Addressing Injury Prevention through a Coordinated Approach

Helen Arbogast, MPH, Jeffrey Upperman, MD

Introduction/Background:
Verified American College of Surgeons Level 1 Trauma programs must demonstrate robust injury prevention activities. Injury prevention coordinators (IPC) are crucial team members on trauma leadership teams. The ACS does not stipulate what is necessary for IPC development. We contend that injury prevention program development hinges on a standardized comprehensive training and coordinated program development for coordinators. In this program assessment, we describe a stepwise approach to gap analysis, coordinator development and prevention programming.

Methods:
We determined the parameters of injury prevention coordinator training and activities based on a review of national norms, focus groups and key informant interviews. We also convened regional stakeholders to refine the injury prevention priorities for the region.

Results:
Organizational model: We found that IPCs work in conjunction with the trauma manager, trauma medical director and other leaders in the hospital and community. Most served as hospital ambassadors and liaisons to injury prevention networks. We employed an injury prevention task force to provide feedback and conduct a needs assessment to determine priorities and develop a plan for injury prevention efforts. Program Priorities: Based on these findings, program priorities were set to reflect the following:
- Utilize data to drive injury prevention activities
- Develop innovative approaches utilizing non-traditional partnerships and networks
- Participate in related trainings and obtain required certifications
- Engage local, regional and national partnerships in community injury prevention
- Organize a countywide collaboration of injury prevention advocates
- Develop new systems to provide childhood safety information to patients and families
- Develop creative strategies and partnerships to address resource gaps that will provide program support
- Utilize existing networks of volunteers, students and interns to achieve goals

Stakeholder Development: As a result of these priorities, the IPC facilitated a series of community engagement discussions with stakeholders and injury prevention advocates and established the Injury Prevention Alliance of Los Angeles County (IPALAC). IPALAC has organized an injury prevention training for October 2011. This training is designed specifically for injury prevention and safety advocates and covers the basics of injury prevention. It also provides technical training needed for IPCs, such as data collection, evaluation, methods, research, best practices, funding and evidence-based program development. Injury Prevention Deliverable: We made significant progress in education and outreach efforts among CHLA staff. CHLA has increased the number of certified child passenger safety technicians from 2 to 12 over the last year. We expanded the CHLA car seat loaner program.

Conclusions:
While the IPC is responsible for developing, implementing and identifying injury prevention programming, we believe that enhancing injury prevention occurs through sharing best practices and programs. Unfortunately, funding for coordinators and programming remain limited. Elevating the magnitude and critical nature of injury prevention to secure ongoing funding of education and outreach are among the highest priorities for IPCs.

Objectives:
Attendees will learn:
1) Define the role of the injury prevention coordinator in the hospital and community setting.
2) Describe best practices for injury prevention outreach, education and research.
3) Understand the importance of the injury prevention coordinator in facilitating change in culture of hospital environment and capacity building.

A Collaborative Approach Between Media Relations and the Trauma Service in a Level I Pediatric Trauma Center in Disseminating Trending Data and Injury Prevention Education to the Public

Susan Cox, RN, MS, CPEN, PHN, Carlos Delgado

Introduction/Background:
The incidence of televisions toppling over and injuring or killing children is rising in the United States. In a 2010 report published by the Consumer Product and Safety Commission on "Instability and Tip-over of Appliances, Furniture, and Televisions: Estimated Injuries and Reported Fatalities, 2010 Report" which covered a three year period (2006-2008), 21,800 related emergency department visits involved children under the age of 18 years. Reported fatalities (2000-2008) included 138 deaths from falling televisions or a combination of televisions and furniture. The public remains largely unaware of the risks of falling televisions and/or furniture on small children. This project describes one approach to providing timely information and education to the public in close proximity to the death or serious injury of a small child in the region from a mechanism of injury that is often flamboyantly highlighted on the local news.

Methods:
An expedited 5 year data search (2006-2011) was conducted utilizing the trauma center's registry software immediately after the death of a child in our trauma center to evaluate the prevalence and circumstances of injuries in the region's pediatric population associated with toppling televisions and/or furniture. A request for data was also made to the county's Medical Examiner database for the same period of time for deaths of children from this mechanism of injury who did not present to the pediatric trauma center but rather were pronounced dead at home or in another health care facility. Both data searches were completed within one hour.

Our local data reflected 69 children presenting as trauma patients after having been injured by falling televisions (40), televisions and furniture (14) and falling furniture (15). Three children died from massive head injuries. Results were shared with the Public Information Officer in Media Relations via email and an electronic press release was prepared by him and disseminated to local television and radio stations and printed news agencies immediately.

Results:
Results of the press release included two television stations scheduling a media interview for later that day with the Director of Trauma Services. National and local statistics were reviewed along with careful discussion of steps parents can take to prevent these injuries or deaths from happening to their children. A demonstration of the furniture stabilization straps was given and reference made to resources available on the hospital's website to help parents keep their children safe.

Conclusions:
This project demonstrates that proactive educational efforts aimed at parents can be effected by pediatric trauma centers without the expenditure of costly Public Service Announcement (PSA) expenses. The media is highly receptive to a partnership with the regional pediatric trauma center team when the message is partnered with high profile cases already reported on by them. Formulating key concepts in "sound bites" is key.

Objectives:
Attendees will learn:
1) How to discuss the current trends regarding falling televisions.
2) About statistics in one urban pediatric trauma center's regional service area.
3) One media relations/pediatric trauma center approach to collaboratively addressing emerging injury trends and prevention strategies utilizing the media.

A Field Report: Review of Program Delivery Strategy Utilizing Trained Injury Prevention Volunteer Corps to Build Program Capacity and Improve Diversity of Program Outreach

Terri McFadden, MD, Ana Everett, MPA, Donna Childress, MPA, Juliette Merchant

Introduction/Background:
The objectives of the evaluation are to: (1) Describe the utilization of a volunteer corps of locally recruited community members trained as Certified Child Passenger Technicians (2) Evaluate the effectiveness of this strategy to build program capacity and reduce barriers related to access for minority populations served through our program; (3) Share results of Volunteer Impact Tool used to measure volunteer impact and feedback about motivation(s) for volunteering for the program; and (4) Discuss future program direction and implications of scaling the volunteer program component.

Methods:
This program conducted focus group discussions using the Volunteer Impact Assessment toolkit, in-depth interviews with volunteers and program staff, and also analysis of historical program performance data.

Results:
The findings were that utilization of a volunteer corps of specially trained injury prevention volunteers is a cost effective approach to program delivery. These findings were reached based on review of historical program spending for past staffing versus the Volunteer Corps stipend budget approach, and a review of hours served and families reached. The study documented an increase in the number of dissemination activities from program fiscal years 2007/2008 -2010/2011; an increase in numbers of families served from program fiscal years 2007/2008 -2010/2011; and improved availability of staff from fiscal years 2007/2008 -2010/2011.

Utilization of a volunteer corps of local community members trained in specific injury prevention areas can be a helpful adjunct to full-time staff in their efforts to address health disparities related to access. This is evidenced by the increased number of participants reached consistent with the growth of the volunteer corps.

Conclusions:
These findings suggest that utilization of a volunteer corps can be a viable strategy for other IFCK sites to build program capacity and maintain program quality when resources are limited.

Objectives:
Attendees will learn:
1) A strategy to build program capacity and narrow barriers related to access for minority populations.
2) Results of a Volunteer Impact Tool used to measure volunteer impact and capture feedback about on program site.
3) Implications of a collective scaling effort between creating a formal training/curriculum and a national corp of injury prevention volunteers.

Improving Correct Installation of Child Restraint Systems: A Collaborative Approach

Susan Laurence, Donna Laake, RN, Suzanne Moody, MPA, Rebeccah L. Brown, MD, Richard Falcone, Jr, MD

Introduction/Background:
Motor vehicle crashes are the leading cause of serious injury and death amongst children over the age of one. For the past 12 years, motor vehicle crashes have consistently emerged as the leading cause of injury related death among children treated at Cincinnati Children's Hospital Medical Center (CCHMC).

The National Highway Traffic Safety Administration states that when child restraint seats are used and correctly installed in the vehicle they are extremely effective in saving children's lives. Unfortunately, child restraint systems can be complicated to use and install. Misuse of these systems can lead to serious injury and death to children in crashes. NHTSA has estimated that close to 3 out of 4 parents do not properly use child restraints.

Methods:
Initially, CCHMC partnered with three local fire departments/EMS agencies to provide child passenger safety technical training, supplies, technical expertise and quality assurance. The CCHMC Fitting Station Program was started in 1998 by the Trauma Services' Injury Prevention Program as a new and innovative way to help families correctly install their child restraints as a solution to the high misuse rate. The fire departments/EMS agencies were responsible for the cost of training each technician, personnel overtime and car seat check supplies.

Results:
Currently forty-four permanent Fitting Station sites are operating in 11 Ohio and Kentucky counties. These Fitting Stations are located at area fire/police/health departments. The Trauma Service has 3 certified instructors and provides the training course for over 200 technicians that in turn provide hands-on education to parents at these Fitting Stations. Since 1998,

over 20,000 seats have been checked. In addition to checking for correct usage, over 700 families in the community have been provided seats at our Fitting Stations and Car Seat Checks Events.

Local misuse was found in over 85% of the 20,000 restraint systems that have been checked at community Fitting Stations. Utilizing the Centers for Disease Control and Prevention methodology, between 9,180 and 12,070 potential deaths were avoided by the correct installation of car restraint seats at these Fitting Stations. Two of the highest recorded misuses identified were for child restraints not installed in the vehicle tight enough and for harness straps not being snug enough around the child. The highest recorded misuse for rear-facing infant restraints was that they were not reclined at the appropriate angle.

In 1999, the National Transportation Safety Board recognized the value of Fitting Stations and recommended to NHTSA that permanent Fitting Stations should be established to be easily accessible and available at times convenient for parents. This program has been recognized by the NHTSA as a model program.

Conclusions:
The Fitting Station Program has created a collaborative relationship between Trauma Services and EMS providers. This is an effective community partnership that has improved the correct installation and use of child safety restraints among children.

Objectives:
Attendees will learn:
1) Participants will be able to describe how to partner with EMS to start a Fitting Station Program.
2) Participants will be able discuss how to provide quality assurance for a Fitting Station Program with EMS.
3) Participants will be able to discuss ways to evaluate their Fitting Station Program with EMS.

Driving Errors in High School-Aged Teen Drivers of Motorized Vehicles Involved in a Passenger or Occupant Fatality On US Public Roadways

Joyce C. Pressley, PhD, MPH, Diane N. Addison, MPH, MIA, Dustin Carpenter, MPH

Introduction/Background:
Although graduated driver licensing laws (GDL) are reported to lower teen motor vehicle mortality, it remains the leading cause of death in high school aged teens. This study examines teen driving errors associated with fatal crashes with the objective of providing clues where additional prevention efforts might be fruitful.

Methods:
This study examined all fatal motorized vehicle traffic collisions where a driver or passenger fatality occurred on a U.S. roadway involving a teen aged 15-17 years (n=5,150). The Fatality Analysis Reporting System (FARS) from 2007-2009 was used to examine and classify driver errors across all motorized vehicle types including nontraditional highway motorized vehicles (e.g. ATVs, snowmobiles, farm equipment) (n=182). Protective equipment use for traditional highway vehicles was defined as seatbelt use (cars) and/or helmets (motorcycles). Nonmoving violations included license, registration or insurance infractions. Statistical analysis used Chi square and logistic regression. Relative risk (RR) is reported with 95% confidence intervals. Significance was defined as $p<0.05$.

Results:
Of the 5,150 teen drivers involved in a fatal collision, 70.0% committed one or more moving violations at the time of crash. Incidence and types of moving violations/driving errors differed across vehicle types, gender, time of day, school mornings/afternoons, holidays and other factors. Teen moving violations/errors included speeding (23.4%), lane violation (34.5%), driving reckless (23.4%), driving impaired (9.4%), overcorrecting (9.2%), sign violations (7.2%), turning violations (5.4%), passing (4.8%), inexperience (6.3%), cell phone use (0.9%), and tailgating (0.7%).

Cell phone use was low (n=45), but increased linearly by year and tended to be highest in before school commutes. Driving history included previous crashes (6.6%), speeding (6.2%), license suspensions (4.4%) and driving under the influence (DUI) (0.4%). Of the 70 teens with a history of DUI, 43% were driving impaired. Although not all motorized vehicles required a license to operate, 17.5% of teen drivers involved in a public roadway fatal crash did not have a valid driver's license. This ranged from 6.4% on school mornings to 20.5% on holidays and 22.0% on weekend nights.

Of the 3,092 (60.0%) of teens covered by GDL, 15.3% were non-compliant. Nonmoving violations were present in 2.4% of crashes, but were higher in GDL noncompliant vs. compliant drivers (7.7 % vs. 1.4%, p=0.0001). Protective equipment use was highest in GDL compliant (63.2%) and lowest in GDL noncompliant teens (44.5%). The age and gender adjusted RR of having committed a traffic violation/error at the time of fatal crash was (1.34, 1.04-1.72) higher in GDL non-compliant teens.
Nearly 42% of teen drivers died in the crash. Independent predictors of driver fatality in traditional

highway vehicles included being male (1.3, 1.1-1.5), non-use of protective equipment (3.3, 2.8 -3.8), speeding (1.5, 1.3-1.8), inclement weather/road conditions (2.1, 1.4-3.2), and lane violations (1.9, 1.6-2.2).

Conclusions:
This study has potential to add to prevention efforts through identification of areas and conditions where driving violations/errors contribute to teen involvement in fatal motorized vehicle crashes.

Objectives:
Graduated driving laws are reported to be effective at lowering, but not eliminating excess mortality associated with high rates of teen MV driver crashes. Additional examination of pubic roadway fatalities among teen drivers of motorized vehicles on U.S. highways has potential to inform future educational, legislative, enforcement and behavioral modification efforts aimed at further improvements in teen road safety.

Objectives:
Attendees will learn:
1) To describe and quantify the incidence of teen driving errors associated with occupant fatality in motorized vehicle crashes on U.S. public roadways
2) To characterize teen driving errors associated with occupant fatality across motorized vehicle types;
3) To compare fatal MV collisions involving teen drivers who committed no, single or multiple driving errors law violations.

Graduated Drivers License Law Knowledge: Do Driver's Education Courses Improve Knowledge?

Adam Carlisle MS, Tina Simpson MD, William King RPh MPH DrPH, Kathy Monroe MD

Introduction/Background:
Motor vehicle crashes are currently the leading cause of death for US teens age 16-19. Alabama introduced a GDL law in 2007 and in 2010 that law was strengthened. Driver's Education courses are not required in the State. We sought to determine knowledge regarding the GDL law and if there is a correlation between participation in driver's education programs and knowledge of current Alabama graduated driver's license regulations.

Methods:
Teens were surveyed to assess knowledge of current Alabama graduated drivers license laws. The study was conducted in the pediatric Emergency Department and Adolescent Health Center at Children's Hospital of Birmingham. The study utilized a 17 question survey for teens. No compensation was provided. All data was collected anonymously and entered into Epistats.™ Correlation between demographic data and knowledge of graduated driver's license laws was then calculated.

Results:
A total of 83 surveys were collected of which 75 completed an assessment of GDL knowledge. 69 surveys listed driver's education status and had a fully completed GDL knowledge assessment. We found that subjects had a mean of 26% (SD= 19% n=75) on the GDL knowledge assessment. Students who had taken drivers education had a mean score of 26% (SD= 21% n=29) on the same assessment. Students who had not taken drivers education had a mean score of 28% (SD=18% n=40). The study showed that there was no statistical significant difference between the mean score for those who had taken drivers education and those who had not attended a course (t=-0.43, p=0.67).

Conclusions:
Our data shows that Alabama driver's education courses fail to effectively educate Alabama teen drivers on current driving regulations and rules of the road. Further study and intervention should be targeted at improving driver's education and developing a plan for disseminating information regarding the Alabama graduated driver's license law. Ultimately these steps would help to decrease teen deaths and increase driver safety in the State.

Objectives:
Attendees will learn:
1) How to review the literature on graduated driver's license laws effects on teen driving.
2) Describe public awareness of GDL laws is not guaranteed with the passage of the law.
3) Why overall knowledge of State GDL laws is extremely low.
4) Driver's education classes do not provide knowledge of GDL law.

Identifying Strategies to Increase Parental Responsibility in Enforcing Principles of Graduated Driver Licensing: A Community Demonstration Project

Holly Choate, MPH, Beverly Miller, MEd, Hope Mullins, MPH, Mary Porter, Mary Aitken, MD, MPH

Introduction/Background:
Motor vehicle crashes are the leading cause of death among teens in the United States, and the motor vehicle fatality rate for 14 to 18 year olds in Arkansas is higher than the national average. "Drive By the Rules.

Keep the Privilege." is a community demonstration project to increase parental responsibility in reducing driving risks and enforcing laws with teen drivers. The study is supported by a cooperative agreement from the National Highway Traffic Safety Administration and builds on results of a previous Allstate-funded project via the Injury Free Coalition for Kids.

Methods:
A non-randomized controlled trial is being conducted. Strategies promote evidence-based behaviors proven to decrease the risk of motor vehicle injuries in teens, specifically: 1) increasing seat belt use for all vehicle occupants, 2) enforcing principles of a graduated driver licensing within the family and community, including restrictions on nighttime driving, the number of passengers riding with a teen driver, and cell/smart phone use while driving, and 3) restricting underage drinking. Sustained messaging include: paid, earned, and social media, public presentations, passive communications, grassroots leadership, themed outreach events, contract skill building courses, law enforcement education and checkpoints, and court-based education for parents.

An important consideration of the project is to design outreach and education activities that are low- or no-cost so that communities with limited resources will be able to use the various activities and materials. An external evaluation of the project is being conducted using pre- and post-intervention observational surveys, self-reported surveys of newly licensed drivers and their parents, and citation records. Extensive process evaluation is being collected to track engagement with the community and anecdotal data.

Results:
Data collection for outcomes of the study is ongoing. Anecdotally, the project has been well-received by the community and a community norm empowering parental responsibility is emerging. Project staff members report a shift in community interests from telling teens what they need to do toward equipping parents with knowledge and skills. Outreach events were themed around seasonal risks (back to school, prom, etc.) and were designed to include parents and teens. Frequently parents stated they were attending under the auspices of their teen needing to have information but would later communicate to staff that they themselves learned new information. Collaboration with law enforcement has been the most challenging strategy. An implementation guide for replication of the project is being produced.

Conclusions:
Parents are the first line of enforcement for driving safety by establishing and enforcing driving expectations with their teens. It is vital that parents and the community are provided information, tools, and resources for evidence-based safety.

Objectives:
Attendees will learn:
1) How to share effective injury prevention strategies, activities, and messages used.
2) How to target parents of teen drivers in order to reduce the risk of serious injury or fatalities among teens by motor vehicle crashes.
3) How to increase awareness of recently enacted graduated driver licensing laws among parents, local law enforcement agencies, and court systems.
4) How to increase the enforcement of driving laws within the home environment, as well as the community at large.

Reality Bites: Recidivism Rates in Teens Sentenced to a Teen Driving Educational Intervention

Mariann Manno, MD, Allison Rook EdM, Louise Maranda, MVZ, MSc, PhD , Ryan Hirschfeld, Michael Hirsh, MD

Introduction/Background:
In the United States one third of all deaths in teens are a result of motor vehicle crashes, accounting for 6,000 deaths annually. Injury Free Coalition for Kids-Worcester in collaboration with Worcester Juvenile Court has developed an interactive program for first time teenage driving offenders: Teen RIDE (Reality Intensive Driver Education). This full day program at the Trauma Center provides a realistic exposure to the consequences of risky driving behaviors. This paper will examine the driving offense recidivism rates for Teen RIDE participants versus a comparison group.

Methods:
The intervention group (IG) consists of teenagers between 13 and 17 years of age who have been arrested for the first time for a serious driving offence and are sentenced by a Worcester Juvenile Court Judge or Magistrate to the Teen RIDE program. They are required to attend the program as a condition of probation, so attendance is mandatory. Each participant in the IG completed the program and was tracked for driving re-offences for six months after completion of the course. The comparison group (CG) consists of also first time driving offenders. The CP was matched with the IG with respect to age (13-17 years), gender and offence type. Springfield, MA serves as the site for recruitment of the CG, since it is demographically similar to Worcester, but 60 miles away. Students in the CG had no exposure to this program. Each CG member was also tracked for six

months post arrest.

Results:
The recidivism rate for Teen RIDE participants six months post course is 6% with 0% re-offending more than once. The comparison group has a recidivism rate of 56% six months post arrest and 14% have more than one re-offence. Using the Cox proportional hazards model, the comparison group is found to be 13.06 [4.30-39.71] times more likely to reoffend and this is significant ($p<0.001$).

Conclusions:
The Teen RIDE program provides an impactful exposure of the consequences of risky driving behaviors to teen participants. Additionally, Teen RIDE participants are significantly less likely to reoffend after completion of the course.

Objectives:
Attendees will learn:
1) About the importance of collaboration between. court and hospital systems when it comes to implementing a teen driving education and intervention program.
2) About a Teen RIDE program curriculum.
3) How to discuss the impact of educational interventions on recidivism rates.

Using Trauma Registry Data to Guide ATV Injury Prevention Efforts in Middle Tennessee

Purnima Unni, MPH, CHES, Stephen Morrow, MD, Barbara L. Shultz, RN

Introduction/Background:
Injuries from recreational use of All-Terrain Vehicles (ATV) represent a growing public health concern. Children under the age of 16 years represented about 22% of all documented ATV fatalities and 25% of all ATV injuries (1982-2009). The severity of injuries from ATVs and resulting economic burden are significant. The growing popularity of ATVs is a challenge for initiatives designed to reduce ridership among children. This research study examines trauma registry data to identify appropriate target age groups and prioritize communities for ATV safety education programs. The significance of this study is in demonstrating an effective use of hospitalization data to develop and guide community injury prevention efforts.

Methods:
A retrospective analysis of data (October 2006 - June 2009) from the trauma registry of a level one pediatric trauma center in Middle Tennessee was conducted. Patients below 16 years of age with ATV-related injuries were included in the analysis (n = 151). The key variables examined were demographics, injury severity (measured by Injury Severity Score), usage of helmet, and patient's zip code and county. Additionally, GIS software was used to examine the distribution of injuries and graphically represent counties with highest injury rates in the youth population.

Results:
ATV injuries were more prevalent among boys than girls (66% vs. 34%; $p < .001$). Non usage of helmets was high in this sample (64%). More than half (52%) of the ATV injuries were in the 10-14 years age group. The mean Injury Severity Score (ISS) for 10 -14 years age group was 16. This was significantly greater than the mean ISS score for the other age groups (mean ISS: 16 vs. 11; $p < .05$).

About two-thirds of all cases were found in 21 out of the 41 counties of Middle Tennessee. The distribution of injuries was predominantly in non-metro/rural counties. Estimates of population under 18 years were then used to calculate injury rates relative to this population. The rural counties had overwhelmingly higher injury rates than the metro counties. A list of counties with high rates of ATV injuries was compiled to target ATV training programs. 4-H agents trained by the ATV Safety Institute provided ATV training classes.

Conclusions:
Injury prevention efforts should be directed primarily to 10-14 year olds. Rural youth populations are clearly at greater risk than urban populations. Young ATV riders are often self-taught and lack the knowledge to ride ATVs safely. Training programs through trusted youth-oriented community organizations such as the 4-H, provide effective reach to this audience (e.g., Arkansas experience). It is important to understand barriers and facilitators to adoption of these programs. A separate pilot study was conducted by a nursing student to examine this aspect.

Objectives:
Attendees will learn:
1) About the use of trauma registry data to develop effective injury prevention initiatives in the community.
2) About the adoption of best practices in ATV safety initiatives.
3) The critical success factors for such the use of trauma registry data.

Trends in All-Terrain Vehicle Injuries in Alabama Before and After and Educational Campaign

Nan Frascogna, MD, Bill King RPh, MPH, DrPh, Stefanie Lycans, MD, Michele Nichols, MD, Kathy Monroe, MD

Introduction/Background:
Since 1987, the American Academy of Pediatrics (AAP) has had a policy statement regarding the use of all-terrain vehicles (ATV) in children. Despite this, we have seen alarming increases in the number of ATV-related injuries and deaths in children in our state of Alabama over the past ten years. As a result, we launched an educational campaign in 2008 for the medical community and public on ATV safety in children.

Methods:
The educational campaign included multiple local newspaper, radio, and television interviews, a movie preview advertisement, educational posters in schools, lectures to pediatricians and articles in the state AAP newsletter, and legislative lobbying for an ATV safety bill. We compared numbers of ATV-related injuries seen at The Children's Hospital of Alabama (TCH) before (2007-2008) and after (2009-2010) the educational campaign. These numbers were compared to similar national data. Also, trends in the ages of children seen at TCH with ATV-related injuries before and after the educational campaign were analyzed.

Results:
The total number of children treated at TCH for ATV-related injuries was higher in the pre-intervention years (2007 n=102, 2008 n=97) than the post-intervention years (2009 n=95, 2010 n=78). These changes correlate with the downward trend in the number of children with ATV-related injuries seen nationally. The number of young children (age <6 years) treated at TCH for ATV-related injuries also decreased (2007 n=18, 2010 n=7).

Conclusions:
Decreases in the number of children treated at TCH for ATV-related injuries since the beginning of our educational campaign mimic those seen nationally. However, there has been a significant decrease in the number of young children treated with ATV-related injuries over the same time period.

Objectives:
Attendees will learn:
1) About the frustrations of prevention when it comes to ATV-related morbidity and mortality in children.
2) The challenges of enforcing ATV-related laws.
3) About the effectiveness of a multi-tiered educational campaign on ATV safety directed at both medical professionals and the general public.
4) About new ideas for ATV-related community outreach.

Barriers to All-Terrain Vehicle Helmet Use

Lauren Anderson, MD, Mary Aitken, MD, MPH, James Graham, MD, Hope Mullins, MPH, Shane Eoff

Introduction/Background:
The burden of all-terrain vehicle (ATV) related injuries and deaths in the pediatric population has increased dramatically over the past decade. Head injuries resulting from ATV crashes cause significant mortality and long term disability. In 2007 there were an estimated 816 ATV-related fatalities, 18% of those in children less than 16 years of age. In 2008, there were 37,700 ATV related injuries requiring emergency department treatment in children less than 16 years of age, 28% of the total number of injuries of 135,100. Head injuries represent a large proportion of these injuries. Despite the risk involved in operating these vehicles, helmet use as a safety measure remains low. Few studies have explored the reasons behind poor helmet usage and barriers to helmet use. This project seeks to identify and understand common barriers to helmet use in adolescents.

Methods:
Focus groups have been conducted in Arkansas with adolescent ATV users and their parents to discuss ATV and safety equipment use. Standard methods of qualitative research have been used to interpret focus group data.

Results:
To date 6 of 12 focus groups have been conducted with 34 participants. ATV riders discussed use, safety messages, current safety practices, as well as barriers to helmet use. Participants also gave suggestions for overcoming these barriers. Preliminary themes are a lack of perceived risk with operating an ATV, and lack of perceived severity of injury resulting from ATV crashes. Overall, ATVs are not perceived as dangerous vehicles. Participants discussed other barriers to helmet use including helmet discomfort and inconvenience. Potential solutions suggested are implementation of helmet laws for riders less than 18 years old, helmet redesign, and development of visual aids/crash simulations to display the dangers of ATV use.

Conclusions:
This study begins to fill a critical gap in understanding of risks and barriers to safety among ATV riders. Identified barriers can be targeted in designing prevention strategies. Results of this study will be used to develop interventions to promote helmet use. Campaigns for injury prevention must be focused on education regarding the risks of engaging in unsafe ATV behaviors, as well as the danger of the vehicles themselves.

Objectives:
Attendees will learn:
1) How to understand current issues regarding ATV safety including current practices and ATV-related injuries in the pediatric population.
2) How to use tools designed to discuss barriers of helmet use for ATV riders (adult and adolescent) in the state of Arkansas.
3) About increasing ATV safety practices including helmet use.

Preventing All-Terrain Vehicle Injuries with Coalition Building to Pass Legislation

Lois Lee, MD, MPH, Maria Fernandes, Fran Damian, RN, MSN, Peter Masiakos, MD

Introduction/Background:
All-terrain vehicle (ATV) injuries results in over 200,000 emergency department visits annually in the United States (US). Almost of half of these visits are in children < 16 years old. Legislation has proven to be an effective means of injury prevention for children. Our objective was to build a coalition to pass a law increasing the age restriction from 10 to 16 years prohibiting children from riding ATVs in Massachusetts.

Methods:
We formed a coalition including a family whose 8 year old son was killed in an ATV crash, medical providers from different institutions, and members of the Massachusetts injury prevention community to collaborate in legislative advocacy to pass a law prohibiting children < 14 years from riding an ATV in Massachusetts. As part of this process we established visible clinical leaders and secured the support of outside (including non-medical) organizations. We maintained a presence at the Massachusetts State House by meeting with many state legislators. In addition, we mobilized grassroots networks by using an online tool to send letters of support for the bill to legislators from their constituents.

Results:
The coalition included support from seven medical institutions in Massachusetts and eight health related organizations. Other non-medical supporters included the League of Women Voters and the Audubon Society. Through our efforts at the State House we collaborated with three Representatives who served as legislative champions for the bill. With them we organized a briefing to inform other legislators about the bill. We also testified at a hearing in support of this bill. As part of the effort to pass the bill, the age limit in the bill was decreased from 16 years to 14 years. After three years of advocating, the ATV bill became law in Massachusetts on July 31, 2010. This legislation raises the age requirement to 14 years to be able to operate an ATV, requires ATV operators 18 years and younger to have mandatory safety training and helmet use, and also creates a Program Fund supported by ATV registration revenues and fines to improve enforcement and develop and maintain ATV trails.

Conclusions:
Compromise may be needed to meet the competing demands of various stakeholders; and therefore the age limit was decreased from 16 to 14 years. Collaboration between multi-disciplinary groups is necessary to work within a coalition for successful passage of injury prevention legislation.

Objectives:
Attendees will learn:
1) About the process for the development of a multi disciplinary coalition for pediatric injury prevention legislative advocacy.
2) Understand a method for pediatric injury prevention legislative advocacy.
3) About trategies for working with legislators to pass pediatric injury prevention legislation.

Unsafe Sleep Associated with Sudden Infant Death in San Diego County

Elisabeth A. Haas, Christina Stanley, Henry F. Krous, MD

Introduction/Background:
The potential contribution of an unsafe sleep environment to sudden infant death has been identified during the last two decades. This recognition has contributed to a diagnostic shift away from sudden infant death syndrome (SIDS) towards unclassified sudden infant death (USID) and positional asphyxia (PA). Consequently, modifiable risk factors (MRF) including placed prone for sleep, bed sharing and unsafe sleep surface (cluttered with soft objects; use of positioning wedges or pillows; sleeping in places not designed for infant sleep) are increasingly scrutinized. Aim: Compare MRF incurred during sleep that possibly contributed to or caused sudden infant death.

Methods:
Retrospective analysis of 741 sudden unexpected infant deaths occurring during sleep and ascribed to SIDS, USID, or PA for MRF among 1,022 infant death cases reported to the San Diego County Medical Examiner from 1991-2010. SIDS is defined as the sudden unexpected death of an infant <1 year of age, with onset of the fatal episode apparently occurring during sleep, that remains unexplained after a thorough

investigation, including performance of a complete autopsy and review of the circumstances of death and the clinical history. USID is defined as deaths that do not meet the criteria for SIDS and for which alternative diagnoses of natural or unnatural conditions are equivocal. Data were analyzed using SPSS v. 11.5 for statistical analysis and $p<.05$ was considered significant. Data are not complete for every case.

Results:
SIDS, USID, and PA were the causes of death in 599, 73, 69 cases, respectively. The Table shows significantly different distributions of MRF for SIDS and USID cases. For the SIDS cases, 30% (n=171) shared a sleep surface (couch, reclining chair, adult bed) and 40% (n=158) of the remainder had been placed prone to sleep. Of the USID cases, 62% (n=44) shared a sleep surface (couch, reclining chair, adult bed) and 37% (n=10) of the remainder had been placed prone to sleep. For all groups, significantly more cases died in places not designed for infant sleep (adult bed, inflatable mattress, upholstered furniture, car seats). USID cases were significantly more likely to be bed sharing. USID cases were younger than SIDS cases (90 ± 72 days compared to 101 ± 60 days, respectively). The mean death weight of the USID group was significantly less than that of the SIDS group (5.8 ± 1.7 kg vs. 5.3 ± 2.3 kg, p .00009). Neither length of gestation nor birth weight was significantly associated with the cause of death. Modifiable Risk Factor Group SIDS USID N=599 N=73 P value Bed sharing 30% 62% 0.000006 Unsafe sleep surface 56% 81% 0.0002 Placed prone 47% 28% 0.005

Modifiable Risk Factor	Group		
	SIDS N=599	USID N=73	P value
Bed sharing	30%	62%	0.000006
Unsafe sleep surface	56%	81%	0.0002
Placed prone	47%	28%	.005

Conclusions:
The frequency of MRF associated with asphyxia contributing to or causing sudden infant death significantly increased on the continuum from SIDS to USID to PA. Efforts to improve and broaden educational messages about safe infant sleep to avoid asphyxial risks, especially targeting at-risk populations, are recommended.

Objectives:
Attendees will learn:
1) About advocacy efforts for safe sleep environments to reduce the risk of Sudden Infant Death.
2) Obtain an increased understanding of lethality of risk factors.
3) Grasp a better knowledge of the importance of adhering to safe sleep guidelines.

Poisoning In 1-4 Year Olds: What Are the Risk Factors and How Do They Differ From Those of Other Major Unintentional Injuries?

Lazaro Sanchez-Pinto, MD, Wendy Pomerantz, MD, Michael Gittelman, MD, Richard Hornung, DrPH

Introduction/Background:
Unintentional injuries like poisoning are a significant cause of morbidity and mortality in children 1-4 years of age. Traditionally, male gender and a low socio-economic status (SES) have been associated with greater risk of injury, but no study has compared the difference between the risk factors for poisoning and those for the other major unintentional injuries. Our purpose is to determine if the risk factors for unintentional poisoning that result in hospitalization in children 1 to 4 years of age are different from those of the three other major injuries in that age group: falls, motor-vehicle collisions (MVCs) and struck by/against injuries.

Methods:
All charts for children 1 to 4 years of age from Hamilton County who were admitted to Cincinnati Children's Hospital for unintentional poisoning, falls, MVCs and struck by/against injuries between 1999 and 2008 were reviewed retrospectively and a standard data set was obtained from each chart. Patients were mapped to their census tract of residence and the median family income for the census tract was assigned to each patient as a proxy for SES. Chi square and t-tests were used to determine differences between groups.

Results:
1135 children were hospitalized as a result of the four types of injury (46.2% poisonings, 39.8% falls, 8.9% struck by/against injuries and 5.1% MVCs). When comparing the median family income for poisoning to that of the other major injuries as a group no significant differences were found. Interestingly, however, when comparing the median family income for poisoning to that of the other injuries individually, falls had a significantly higher median income ($p<0.001$) and MVCs had a significantly lower median income ($p<0.001$). Compared to poisoning, the other three injuries as a group occurred more frequently in males ($p<0.001$). The usual ages were also different: 65.9% of the poisonings occurred in the 1 and 2 year-olds, while 57.7% of the other injuries occurred in 3 and 4 year-olds ($p<0.001$).

Conclusions:
Poisoning is the most frequent cause of hospitalization among injured children 1 to 4 years of age in our hospital. It occurs more frequently in 1 and 2 year olds and male gender is not a risk factor. The SES of the families varies depending on the mechanisms of injury, but no strong association could be made between the SES and the risk for poisoning.

Objectives:
Attendees will learn:
1) How to examine the major mechanisms of injury. that result in hospitalization in children 1-4 years of age.
2) How to examine demographic differences in children hospitalized for main injury mechanisms.
3) How to examine socioeconomic differences in children hospitalized for the main injury mechanisms.

Infant and Toddler Home Safety: An Educational Intervention

Shruti Kant, MD; Caylen Nevins, MS3, Michele Nichols, MD; William King, RPH, MPH, PhD; Kathy W. Monroe, MD

Introduction/Background:
According to the CDC – National Center for Injury Prevention and Control, unintentional injury is among the leading causes of morbidity and death in children aged 0-4. Home and recreational injuries account for approximately one third of injury related Emergency Department visits. A recent study found that parents recognize less than 50% household safety hazards. We focus on household injuries and their prevention. Our primary objective was to evaluate the effectiveness of an educational safety video in improving parental knowledge. Secondary goal was to evaluate which sub-populations benefited most from the education.

Methods:
Institutional Review Board approval was obtained. We recruited pregnant women from 3 obstetrics clinics: 1 complications clinic and 2 routine clinics. Research design involved knowledge assessment prior to and post educational intervention and was piloted through Birmingham Baby College. Participants were asked to answer 5 multiple choice questions and to identify child safety hazards from pictures of rooms. They were then asked to view a home safety video. The same test was administered 4-8 weeks later. Data were entered into Excel 8.0 and analyzed using Epistat. Students' t-test was used to compare scores. We also analyzed data for hazards most often missed.

Results:
We recruited 125 participants. 5 were excluded - 3 did not complete the pretest/video; 2 were not pregnant. We obtained follow up for 90 of the 120 remaining participants (75%). Groups were divided based on clinic attended - Obstetrics Complications Clinic (OBCC) vs Other clinics. Overall effectiveness of the video was demonstrated by a post vs pre score increase of 6.1%, $t=3.6$, $p<0.001$, 95% CI (2.8, 9.5). Significant differences in pre-scores were noted in the following groups: OBCC lower than Other clinics [difference 8.4%, $t=2.9$, $p=0.004$, 95% CI (12.7, 14.1)]; <high school (HS) education were lower than those with higher education [difference -9%, $t=3.8$, $p<0.001$, 95% CI (-0.14, -0.04)]. No difference was noted in the pre-scores of first time mothers vs those with more than one child.

The difference in baseline knowledge of teen mothers was not significantly different from non-teen mothers. Post intervention, notable improvement in scores was seen for the following groups: OBCC participants [difference 6.8%, $t=3.5$, $p<0.0001$, 95% CI (2.9, 10.7)]; participants with < HS education [difference -8%, $t=-3.9$, $p<0.001$, 95% CI (-0.12, -0.04)]; participants with no insurance/Medicaid [difference -7%, $t=-3.4$, $p<0.001$, 95% CI (-0.11, -0.03)]. Post scores of OBCC and Other clinics were not significantly different [$t=-1.15$, $p=0.13$, 95% CI (-9.7, 1.3)]. 85% participants did not recognize table corners, furniture tipping hazards, curtain cords and oven knobs as safety hazards. Hazards most commonly identified included pot handles, curling iron and toaster oven cord.

Conclusions:
The interventional education video was effective. High-risk groups (e.g. low socioeconomic, low education) appeared to benefit more from the intervention. This study suggests that targeting high-risk groups improves parental knowledge of home safety hazards.

Objectives:
Attendees will learn:
1) How to discuss the efficacy of an educational video in improving home safety knowledge among pregnant women.
2) How to identify population groups most benefited from this educational intervention.
3) The benefits of discussing the efficacy of home safety.

A Safer Child Care Transportation Fleet for Kentucky

Susan H. Pollack MD, Melanie Tyner- Wilson MS

Introduction/Background:
Stimulus funds obtained by the Commonwealth of Kentucky were designated to purchase booster seats for child care vans as a way to improve health and safety in the daycare transport fleet. Child passenger safety (CPS) expertise offered by Injury Free and Safe Kids led to a collaborative effort between state agencies (Child Care Licensing, Maternal and Child Health) and injury prevention entities.

Methods:
Child care centers registered with State Licensing were reviewed and all centers with obvious links to schools or Head Start were culled. Phone contact was made with the 686 remaining centers to ascertain make and year of vehicle used for transportation, number of total and lap/shoulder belted seats. The majority of the centers were utilizing 15-passenger vans, most with a mix of outboard lap-shoulder belts and interior lap belts only. State agency staff and CPS team collaborated and determined the most appropriate seats with good value to serve our child care van fleet as described by the phone calls. An educational module "Booster seats in child care vans", eligible for 2 hours of early childhood education credit was developed by the CPS team for child care workers. Regional trainings/seat distributions were set up, pairing local health departments and child care health consultants with a certified CPS tech.

Results:
For the eastern half of the state, training has been provided to 237 child care professionals from 68 child care centers, and was received with enthusiasm. Several centers offered unsolicited comments that every child care center should have a child passenger safety technician. Two hundred eighty- nine booster seats were provided to 46 centers at 10 training/ distribution events. At the first event, not one van that showed up had a seat belt configuration that matched what had been described by phone. At all distribution events, child care center staff were eager to receive seats but had difficulty accepting CPS advice when a vehicle was not appropriate for safe transport, such as the rear-facing third seat of a station wagon. Adjustments to our booster seat distribution plans were made to best reflect the actual characteristics of the child care van fleet. This included the later purchase of more expensive booster seats that could accommodate higher weight children in harnesses and thus be utilized in lap-belt only positions.

Conclusions:
Working with state agency partners is an efficient way for injury prevention professionals to amplify an injury prevention message, through their access to additional agencies who in turn reach professionals/families. In addition to learning from each other, collaboration permitted a device distribution to be augmented with meaningful classroom and in-van educational components, leading to a superior translation of funds into best injury prevention practices. Rapid dissemination of injury devices may miss that educational opportunity and the time to undertake the constant reevaluation of translation and dissemination methods that is necessary. The current state of CPS in child care van transport leaves much room for progress. Child care center directors/staff are open to and interested in child passenger safety messages, and are interested in further CPS learning opportunities.

Objectives:
Attendees will learn:
1) How to better understand the composition of the childcare van transportation fleet in Kentucky, and the challenges that it poses to child passenger safety.
2) To understand the ways collaborative injury personnel and state agencies can simultaneously amplify the injury prevention message and ensure the best translation of funds into best injury prevention practices.
3) Consider innovative ways to adapt a state-conceived project to real-life needs at the local end-user level.

WATER: DANGER AT ANY DEPTH Part 1

Catherine Groseclose MS, Violence and Injury Prevention Program, Utah Department of Health

INTRODUCTION/BACKGROUND:
Drowning is a leading cause of injury death among children. Contrary to conventional wisdom, swimming pools do not necessarily the pose the highest drowning risk to children.

METHODS:
At the regional level, analysis of age, sex, water type and social context reveal distinct patterns of child drowning. Bath tubs, hot tubs, ornamental ponds, irrigation canals, rivers, reservoirs, and lakes— in addition to swimming pools— all present unique risks. National level demographic data are provided for comparison.

RESULTS:
A range of factors, including social context, should be considered when examining drowning data. Behavioral patterns that lead to drowning may vary geographically.

CONCLUSION:
Effective injury prevention programs match "what's really going on" (i.e., the data) to the injury prevention message.

OBJECTIVES:
1) Review recent national and regional pediatric drowning data with special attention to age-specific patterns as to setting at the regional level.
2) Review recent national and regional pediatric drowning data with special attention to age-specific patterns as to supervision at the regional level.
3) Provide base-line data for the purpose of successful drowning prevention program implementation.

Water: Danger At Any Depth Part 2

Charles W. Pruitt MD, Catherine Groseclose MS

INTRODUCTION/BACKGROUND:
Drowning is the second leading cause of death among children under the age of 14; a small child can drown in as little as an inch of water. Water accidents are also a major cause of life-altering brain injury every year.

METHODS:
Current national and regional drowning and water safety data was abstracted and summarized. Water safety programs were reviewed and analyzed with special emphasis on community acceptance, effectiveness of dissemination and longevity.
An in-depth review was conducted of a campaign by Primary Children's Medical Center and a public relations firm to create a multi-media campaign including brochures and radio and television advertisements that provide helpful tips on how to be safe near open water, when boating, near a pool or hot tub, in and around the house, and other general water safety guidelines.

RESULTS:
Drowning continues to be a leading cause of childhood death. Water related injuries cause serious and life-changing harm to children and lead to enormous medical expenditures.
Effective water safety programs utilize vital statistics to design multi-faceted interventions with innovative modes of dissemination. One such campaign has achieved wide exposure throughout Utah and surrounding states by emphasizing the following messages:

- Tragedies happen in a blink of an eye, in water of any depth.
- Teach the public to be aware at all times. Whether it is at a lake, river or pool
- Don't just be there, be aware.
- Never take your eyes off children in the water.
- Teach a child to swim, but remember, there is no substitute for supervision.
- Never dive into unknown water.
- Keep a telephone nearby in case of emergency.
- There's simply no substitute for 100% supervision. Watch your children at all times whenever they are around water.

CONCLUSION:
Drowning and water related injuries are tragic and preventable causes of significant pediatric mortality and morbidity. Water safety programs should combine current and accurate information with innovative means of information delivery to achieve increased knowledge and improved behavior concerning water safety.
An effective safety campaign can be implemented successfully through a partnership between public and private organizations.

OBJECTIVES:
1) Understand age specific patterns of drowning.
2) Identify specific environments and social contexts associated with child drowning.
3. Describe the effective use of drowning data in intervention programs.

Bullying Prevention: A Large Population Based Initiative: Implementation, Impact and Cost Analysis

Matthew Masiello, MD, MPH

Introduction/Background:
Bullying in schools has become recognized as a significant public health problem. The goal of this large population-based initiative was to reduce bullying by producing a quantifiable change in school climate using an established evidence based program and standardized measurement tools. It has been difficult to comment on the return on investment or cost benefit to prevention programs in general. This abstract presentation will serve as an initial venue to present this important information nationally, during this important phase of health care reform and reduction in federal spending for prevention programs.

Methods:
With support of the Highmark Foundation of Western Pennsylvania approximately $9 million was funded to support a research institute and department of education in addressing the issue of school based bullying. Program participants over a 2-year period included 56,137 students and more than 2,400 teachers from 107 schools in 49 counties across Pennsylvania. An age cohorts design was used, and data two equivalent age cohorts of students were compared two or more points in time.

Results:
After 1 to 2 years of program implementation, across cohorts, there were reductions in student self-reports of bullying others,improvements in student perceptions of adults' responsiveness, and students' attitudes about bullying. This study is the largest bullying prevention initiative to date in the United States. This initiative reaffirms the efficacy of the Olweus Bullying Prevention program (OBPP), emphasizes the importance of an identified coalition,and highlights several positive outcomes.

Conclusions:
For the first time in the united States a large population based initiative, inclusive of an evidence based program; a formal coalition; monitoring and evaluation with the development of a cost effect analysis, has taken place to address the issue of school based bullying. It is recommended that the Olweus Bullying Prevention program (OBPP) be implemented and adapted through the establishment of coalitions, inclusive of public health professionals, educators, program experts and funding organizations who can now comment on a cost benefit to the public health approach to addressing a social epidemic.

Objectives:
Attendees will learn:
1) How to demonstrate the benefit of a large population based approach to school based bullying, the most prevalent form of violence in our schools today.
2) How to articulate the cost benefit to formal, well monitored bullying prevention initiatives.
3) How to best adapt a bullying prevention program.

Connecticut's Gun Buyback Program: Are We Hitting Our Mark?

Laura Marinelli, Kevin Borrup, David Shapiro, George, Bentley, Hassan Saleheen, Garry Lapidus, Brendan Campbell

Introduction/Background:
Household firearm ownership is strongly associated with higher rates of suicide and homicide. Gun buyback programs posit that removal of unwanted guns from the home reduces the risk of firearm-related violence. These programs remain controversial because their effectiveness has not been proven. The aim of this study is to compare the results from a one-day gun buyback program with new firearm sales and firearm-related deaths in Connecticut.

Methods:
All individuals (n=102) who turned in a firearm at a one day buyback program in Hartford in 2009 and 2010 completed a survey. The unwanted guns were exchanged for gift cards. Data collected included demographics, reasons for participation, methods of gun storage, and knowledge of firearm safety. Survey data were analyzed using descriptive statistics in SPSS. Annual firearm registration data from 2005 to 2010 were collected from the Connecticut Department of Public Safety. Firearm-related death data, including age, gender, and race, were collected from the Office of the Chief Medical Examiner (OCME) from 2005-2010. Connecticut law mandates reporting of all firearm-related deaths to the OCME.

Results:
The buyback program collected 167 firearms, 78 (n=51, 65% handguns) in 2009 and 89 (n=67, 75% handguns) in 2010. In contrast, 91,602 firearms (56,159 handguns and 35,443 long guns) were sold in Connecticut during 2009 alone. This means that in 2009, for each firearm collected at the buyback, 1,174 firearms were sold. The mean age of buyback participants was 58.6 years (range 29-83 years) and they were predominantly male (78%) and Caucasian (80%). The majority of participants in the buyback program (58%) had a child less than 18 years old spending time in their home, and 20% live

with a child under 18. Most turned in the gun because they did not want it anymore (80%), but 13% noted that they were concerned about the safety of others and 13% turned it in because there were children in the home. A total of $9,600 was spent on gift cards for 2009 and 2010. On average, there were 182 firearm-related deaths annually (range 149-211) from 2005-2010. The incidence of gun related death in 2009 and 2010 was not unchanged from that of 2008 ($p>0.05$). Among the 1,142 deaths from 2005-2010, the incidence of suicide and homicide was similar (n=597, n=527 respectively). Suicide was associated with older age (mean= 51 ±18 years) and Caucasian race (n=539, 90%). Homicide was associated with younger age (mean=30 ±12 years) and minority race (n=425, 81).

Conclusions:
Firearm sales in Connecticut vastly outnumber guns collected through the buyback program. The epidemiologic characteristics of the buyback participants matched those at increased risk of suicide, but the buyback program would need to be expanded significantly in order to impact rates of firearm violence in a meaningful way.

Objectives:
Attendees will learn:
1) About the history of gun-buyback programs.
2) How to describe the goal, objectives, and results of the Hartford, CT gun-buy back program.
3) How to describe the limitations of current gun buy-back programs and ways to suggest re-framing the program goals in order to increase awareness of firearm injury.

Physician Gag Law: Florida's Ban on Screening for Access to Firearms

Judy Schaechter, MD

Introduction/Background:
In the US, 65 children are wounded by firearms daily. A firearm in the home is 43 times more likely to injury a family member or loved one than an intruder. A firearm in the home raises the risk of teen suicide six fold. More than a third of US homes with children have at least one firearm, and 43% of those keep at least one gun unlocked; one in four is stored loaded. National physician organizations, including the American Academy of Pediatrics, recommend the screening and counseling for access to firearms as a routine part of preventive health care. In June 2011 Florida enacted a law banning health care providers and facilities from asking patients about gun possession. Objective: analysis of the factors leading up to new policy implementation to restrict injury prevention counseling.

Methods:
A combination of analycentric, policy process and metapolicy approaches will be explored with presentation of initiative history since 2006, though passage of the Gun Owner Privacy Protection Act, and will include a descriptive PRINCE power analysis.

Results:
Florida law currently in effect bans health care provider and facility written or oral inquiry regarding firearm ownership or access by a patient or household member, with some exceptions. The law also bans "harassment" of gun owning patients. The law's origin relates to a national agenda by a special interest group and can be dated at least five years prior, though this was at odds with what was portrayed by the bill's supporters. Powerful special interests, a legislative disregard for staff bill analysis regarding constitutionality and a split in organized medicine at the state level led to landslide passage of the bill. Legislative discussion and subsequent public discussion reveal a disregard for the role of pediatric provider in preventive health. Several other states have now filed similar bills.

Conclusions:
Child and adolescent injury prevention advocates seeking to prevent injury through risk identification and targeted counseling must work proactively with state pediatric, psychiatric, medical, nursing, dental and educator associations, and build alliances which will not splinter during legislative sessions. Pediatric practitioners and child advocates should raise awareness regarding the importance of injury risk identification and counseling as a necessary part of preventive medical care.

Objectives:
Attendees will learn:
1) A better understanding of child firearm injury statistics and the evidence behind national recommendations to screen for child and adolescent access to firearms.
2) About the recent history regarding state legislative challenges to restrict firearm injury prevention counseling.
3) About advocacy tools available to protect practitioner and educator rights and responsibilities to counsel injury prevention.

National Gun Buy Back Day, December 3, 2011

Michael Hirsh, MD, Mariann Manno, MD, Louise Maranda PhD, Allison Rook EdM, Esther Borer

Introduction/Background:
Firearm safety is an important issue given the significant number of guns in homes across the United States and the incidence of firearm related fatalities. This is reflected in the injuries treated in trauma centers and hospitals at high cost to society. Since 1994, The Goods for Guns (G4G) model for a Gun Buy Back program has been successful in collecting approximately 14 thousand weapons from the streets of Pittsburgh, PA, Worcester, MA, Hartford, CT and Springfield, MA. This year after the Tucson mass shooting tragedy in January, 2011, a group of Injury Free sites are rallying together to coordinate a National Gun Buy Back Day on December 3, 2011.

Methods:
There are many independent gun buy back programs throughout the country. Our goal is to bring these groups together which will give us the potential to collect an enormous number of firearms, getting them off the streets and out of homes where they may be improperly stored. Our collective experience over the past years will be instrumental in facilitating the organization and implementation of the National Gun Buy Back Day. Injury Free Worcester has taken the lead in exploring both public and private partnerships for funding opportunities. Michael Hirsh MD has met with Congressman James McGovern, local community members as well as with several Federal Legislators from the Department of Justice in Washington DC. A "How To" kit has been distributed to all interested cities which provides a detailed list of the necessary points to coordinate for a successful National Gun Buy Back Day.

Results:
To date, Worcester, Springfield, Boston, New Haven, Providence, Hartford, San Diego, Phoenix, Atlanta, Charleston, Pittsburgh, Baltimore and Minneapolis have expressed their desire to participate in the National Buy Back Day. We have received support from community, State and Federal Politicians to proceed with our plans for the National Gun Buy Back Day.

Conclusions:
The overarching goal of Injury Free's Goods for Guns program has been community outreach and education. We specifically teach the importance of safe storage of guns, particularly in home where children live and/or visit. Our hope is that a National Gun Buy Back Day will raise community awareness to a much higher level by collecting 20,000 guns nationally on one day, December 3, 2011.

Objectives:
Attendees will learn:
1) How with community collaboration, an already existing , successful program can be expanded nationally to help further increase awareness of the cost of gun related violence.
2) How to replicate this project in other communities that currently do not have Gun buy Back programs.
3) About the history of gun buybacks as a public awareness tool on firearm safety.

Dating Violence and Community Violence in NYC Adolescents

Leslie Davidson, Deborah Fry, Harriet Lessel, Vaughn Rickert

Introduction/Background:
Dating violence in adolescents is highly prevalent in males and females reporting experiences either as recipient or perpetrator of physical and/or sexual dating violence (PDV, SDV). Little research investigates the overlap between dating violence and community-based youth violence.

Methods:
With ethics permission from the NYC Department of Education, Columbia University and St. Luke's Hospital, 1,454 adolescents aged 13-21 years from a convenience sample of 4 public high-schools in NYC, completed an Audio Computer Assisted Survey (ACASI) in either English or Spanish ("Partners and Peers") exploring their experience of dating and sexual violence either as a victim or perpetrator of coercive behaviors. This study reports on a sample of all students who reported dating in the past year and completed the questions on community violence. These questions were drawn from the CDC Behavioral Risk Factor Surveillance Survey. Estimates for PDV and SDV experienced as a victim and/or perpetrator in the previous year were obtained using the Conflict in Adolescent Dating Relationships Inventory (CADRI) subscales, which measure victimization and perpetration of PDV and SDV by a sexual or romantic partner in the last year.

Results:
There were gender differences in the experience of community violence: overall boys were less likely than girls to report missing school because of fear but more likely to report carrying a weapon, being threatened by a weapon or being gang members. Both girls and boys who were victims of PDV or SDV were more likely to be threatened or injured by a weapon in last 30 days due to fear than students in nonviolent relationships (PDV victims: girls 18% compared to 8% and boys, 32% compared to 18%. SDV victims showed similar

proportions: girls 20% compared to 10% and boys 34% compared to 20%). 11% of girls and 34% of boys who were victims of physical violence reported carrying a weapon in the last 30 days compared to those in nonviolent relationships (6% of girls and 18% of boys). Findings were quite similar for girls and boys who reported perpetrating PDV or SDV compared to their peers in non-violent relationships. There was little difference in girls' gang membership over the previous year regardless of experience or lack of experience of dating violence while differences persisted in boys comparing those in relationships characterized by violence with those in non-violent relationships.

Conclusions:
The clear relationship between experiencing PDV and SDV and community violence suggests that there may be dating violence interventions which could also impact participation in community youth violence. Service providers working with adolescents regarding dating violence should be aware that they are at high risk for community violence and vice versa: providers working with youth violence victims or perpetrators need to take account of the possibility of concurrent dating violent. This should also be noted by those developing and testing interventions in either area.

Objectives:
Attendees will learn:
1) To describe the overlap between adolescent dating violence and community-based youth violence.
2) To describe the difference between genders in dating violence experience and community-based youth violence experience.
3) Explore the possibilities for interventions in community violence given identification of youth experiencing partner violence.

Project Staying Alive: Addressing Youth Violence

Patricia Kirby, Jacque Mann, David Anderson, Toni Rivera-Joachin, Barbra Beck, Dawn Zahrt, Marlene Melzer-Lange

Introduction/Background:
Violence threatens the safety, well-being, educational development and health of our youth. Thirty per cent of children in middle school in Milwaukee report missing school due to concerns that they may be bullied or injured while attending school each month. Public health professionals report that multidisciplinary approaches to youth violence are more likely to provide solutions to this threat to our youth.

Methods:
Our multidisciplinary collaboration developed, provided, and evaluated a curriculum, Project Staying Alive, for Milwaukee Public School(MPS) 6th grade students and their teachers. Co-Presenters included firefighters from the Milwaukee Fire Department, teachers from MPS, and staff from Project Ujima, a violence intervention and prevention program. An audience response system was utilized to engage students in the curriculum as well as collect data for evalutation. Teacher evaluations were also obtained.

Results:
Over the past 4 school years, Project Staying Alive provided 11,204 contacts with 6th grade students. Students reported high rates of attitudes toward violence (eg."If someone hits me, my parents believe that I should hit them back."). Through pre- and post-test questions, knowledge of the roots of violence improved from 24% correct responses to 87% correct responses. Teacher surveys reported 97% rate of acceptance of the program, 97% rate of need for the program, and 95% confidence that the trainers were knowlegable in their subject.

Conclusions:
A violence prevention curriculum, Project Staying Alive, presented by a multidiscplinary, community team reached a large number of 6th grade students in a large city public school system. Improvements in knowledge of the roots of violence and teacher acceptance were significant

Objectives:
Attendees will learn:
1) To describe the development and implementation of a school-based violence prevention curriculum.
2) To describe opportunities and challenges in the implementation and evaluation of the curriculum.
3) To describe sustainability opportunities for violence prevention in schools.

Is Brief Violence Screening in the Emergency Department Feasible?

Steven Rogers, MD; Chirag Parikh; Hassan Saleheen, MBBS, MPH; Kevin Borrup, JD, MPA; Sharon Smith, MD

Introduction/Background:
Youth violence is a significant public health concern. Many children and adolescents are treated in Emergency Departments(ED). The ED may be a location to identify at-risk youth for future interventions. This study sought to determine the feasibility of administering a screening instrument in the emergency department to identify youth who are at the greatest risk for violence exposure.

Methods:
A prospective convenience study of youth (ages 8 – 17 years) presenting to the ED was conducted to evaluate a second-generation violence prevention questionnaire. This questionnaire is based on items from the first Violence Prevention Emergency Tool (VPET) and the validated Violence Exposure Scale for Children (VEX-R). Analyses (frequency, principal components analysis) from the first phase of this study were used to identify the most useful items. These 14 items, VPET 2, ask the frequency of physical or verbal violence events witnessed or experienced by the subject.

In addition, questions were asked regarding exposure to violence in the media, perceived threats of violence, use of drugs/alcohol, and school performance. VPET 2 was administered to youth in the pediatric emergency department by research assistants. Youth under DCF/police custody, who are critically ill, or who present with acute psychiatric conditions were excluded. A geographic information system (GIS) analysis was used to determine any differences between schools that were classified into two socio-economic groupings, upper and lower.

Results:
Two hundred of 211 youth were enrolled (95% participation rate). Three were ineligible and 8 declined (<4%). Youth had mean age 13.3 years, 52.5% males, 39% Hispanic, and 17% Black. Seventy six percent of the legal guardians were mothers, 62.5% had at least a high school education and 55% were working full time. Sixty-six percent reported seeing a person slap another person “really hard”; 8.5% were threatened by someone with a weapon; 28% were physically harmed by another person; 10% reported drug/alcohol use; 32.5% had failed a class in the past year. Adolescents (13-17yrs) compared to pre-adolescents (8-12yrs) were more likely to report being threatened and/or physically harmed ($p<0.05$). No significant gender differences were identified. Compared to youth in the upper group, youth from the lower socio-economic group were more likely to have been threatened with a weapon (3% vs. 14%, $p<0.01$) and more likely to have failed a class in school (21% vs. 44%, $p<0.01$).

Conclusions:
VPET 2 was administered in an ED with a high rate of enrollment and completion. This may be a feasible screening instrument for emergency departments in determining youth violence exposure. In the future, a validated violence risk screening instrument could be useful in ensuring that youth most at-risk are identified and provided with appropriate referrals and case management services.

Objectives:
1) To describe a violence screening instrument usable in an emergency department.
2) To be able to identify the key constructs used in screening for violence exposure.
3) To be to explain the appropriateness, utility, and limits of this kind of screening in an ED setting.

Project Ujima: Working Together to Make Things Right!

Toni Rivera-Joachin, Marlene Melzer-Lange

Introduction/Background:
Violence is a leading cause of morbidity and mortality among urban youth, especially African American young men. The American Academy of Pediatrics recommends primary and secondary prevention strategies to prevent these unnecessary injuries and psychosocial sequelae. Emergency services providers are encouraged to intervene in emergency department settings to prevent to effectively reach those youth who are intentionally injured.

Methods:
Project Ujima, a collaboration between Children’s Hospital of Wisconsin, Children’s Service Society of Wisconsin and the Medical College of Wisconsin was developed in 1995. Services include emergency department intervention for youth age 7 to 18 years in the hospital emergency department. These services include crisis intervention and support, home visitation, youth groups, and a summer camp.

Results:
Over the past 15 years, over 7,000 victims of violence and their families have been served. In a two year study (2006-2007), 579 youth were eligible for program services when they came to the emergency department. Seventy-nine per cent had contact with Project Ujima staff. 89% consented for program services. Youth with firearm injuries were more likely to have contact with the Project Ujima staff, and were more likely to consent for program services. In following these youth for 2 years following their injury, less than 1% had an emergency department visit for a repeat, violent injury.

Conclusions:
A secondary violence prevention program is effective in reaching youth vicitms of interpersonal violence. Repeat violent injury rates are low (<1%) for this high risk group of youth.

Objectives:
Attendees will learn:
1) To understand workings of a secondary violence prevention program.
2) To understand challenges and strengths of a community-based violence prevention program.
3) To promote a violence prevention program in your hospital and community.

A Statewide Educational and Implementation Strategy to Promote Bicycle Helmet Safety

Sarah Denny, MD, Melissa Wervey Arnold, Mike Gittelman, MD

Introduction/Background:
Children sustain more than 275,000 nonfatal bicycle injuries each year and head injuries continue to be the most serious of all bicycle injuries. Unfortunately, national estimates have shown that only 15-25% of children wear helmets while riding a bicycle. Also, it is know that helmet use can reduce the risk of head injury by 85 percent and severe brain injury by 88 percent. Several states in the US have worked to pass legislation to mandate bicycle helmet use and their findings show that legislation does effectively increase helmet usage. The purpose of this study is to show how one state has developed a strategy to get buy-in by elected officials to help pass statewide helmet legislation.

Methods:
The Ohio AAP established a coalition that developed a 3 pronged approach to increase legislator and community awareness, as well as an implementation program to provide families with bicycle helmets. The awareness campaign started with lobbying the Governor to proclaim a "Wear your helmet to school/work day." Media, including print and television, were targeted in 5 major cities throughout the state to increase awareness about the day and legislators were provided with free helmets and educational toolkits to give to families in their region. Social media outlets such as Facebook were used to increase awareness using advertising targeted at certain regions and demographic data, and an icon that people could use as their profile picture.

Also, a Facebook "event" was created where people could sign on in support, and ask "friends" to repost the event announcement. Data was collected through observations and phone surveys to obtain baseline helmet use to be tracked over time. Observations were done in 4 cities to determine helmet usage by adults and youth. These observations are scheduled to occur biannually so trends in helmet usage can be detected. Phone calls throughout the state were also conducted to determine self-reported ownership and usage of helmets by youth. Finally, interested pediatricians throughout the state were given helmets to distribute in their practice along with a toolkit to encourage an increase in injury anticipatory guidance at each well child office visit. Follow-up phone calls by practices have been scheduled to determine helmet usage after the pediatrician visit.

Results:
The public awareness campaign for this study and the helmet giveaway portion are scheduled to be completed in September. Discussions about media hits, legislative buy-in, and overall awareness will be discussed in the presentation. Also, initial observations will be completed on two occasions prior to presentation and these results will also be discussed.
Conclusions:
In progress

Objectives:
Attendees will learn:
1) To determine key members within a state needed to promote bicycle helmet usage.
2) To review media successes and failures of having a specialized day dedicated to bicycle helmet safety.
3) To describe the methods of a statewide bicycle helmet program so that other Injury Free sites can replicate them in the future.

Is an Emergency Department Encounter for a Motor Vehicle Collision Truly a "Teachable Moment?"

Michael Gittelman, MD, Wendy Pomerantz, MD,MS, Mona Ho, Richard Hornung, DrPH, Nicole McClanahan

Introduction/Background:
Some have suggested that an ED visit for an injury represents a "teachable moment" which may make the injured, and their family, more receptive to a behavioral change. Objective: To determine if there is a greater change in usage of booster seats by youth after being involved in a motor vehicle collision (MVC) compared to children presenting for a non-injury-related complaint.

Methods:
A prospective study of children 4-7 years of age who do not use a booster seat and were non-critically injured as passengers in a MVC were compared to a group of similar children presenting to the ED for non-injury complaints. After completing a survey of demographics, knowledge about booster seats, and readiness to

change, all parents received brief, standardized counseling about booster seats and a card instructing them to visit the ED safety store. Between two and six weeks after the patient's ED visit, follow-up phone calls were made to assess booster seat usage.

Results:
Sixty-seven youth were enrolled (35 in MVC group and 32 controls). 65 (97%) used a seat belt alone (34 MVC, 31 controls); the others were unrestrained. There was no difference between the groups in mean age, gender of child or parental respondent, insurance type, or race. At presentation, 9 (26%) cases and 11 (34%) controls admitted to having a booster seat at home (p=0.44). 51% of MVC and 38% of controls had heard of booster seats. Significantly more families in the MVC group claimed they would get a booster seat after their ED encounter (46% vs 19%, p=.02).

However, only 7 (20%) cases and 6 (19%) controls were confident their child would use a booster seat next time they were in a car. At follow-up, 45 (67%) families were reached (25(68%) cases vs. 20 (67%) controls). There was no significant difference between the groups in having a booster seat at follow-up (12 (48%) cases and 9 (45%) controls, p=0.84). Money and belief the seat was unnecessary were primary reasons for not purchasing a seat. Interestingly, 9 (36%) cases and 7 (35%) controls reported using a booster seat > 75% of the time while in the car after their ED visit.

Conclusions:
Presenting to a pediatric ED after a MVC does not entice families to always use a booster seat more than families presenting for other complaints. However, more than one-third of families who learned about booster seats and presented to the ED for any chief complaint, used a booster seat regularly after education.

Objectives:
Attendees will learn:
1) How the Emergency Department can be used as a place for educating about injuries.
2) How to provide insight into what makes an intervention a teachable moment for families.
3) How injured children may make a behavioral change compared to non-injured children in the ED setting.

Pedestrians and Cyclists Struck by Motor Vehicles Represent Two Distinct Entities

Nina Glass, MD, Spiros Frangos, MD, MPH, Sally Jacko, RN, MPH, Omar Bholat, MD, Dekeya Slaughter-Larkem, Susan I Brundage, MD, Rob Todd, MD, Ronald Simon, MD, George Foltin, MD

Introduction/Background:
Injuries to pedestrians and cyclists struck by motor vehicles represent a public health hazard. This prospective, hospital-based study evaluates differences between these cohorts.

Methods:
Data were prospectively collected on 1000 patients struck by motor vehicles who presented to a level 1 trauma center from 12/23/08 to 9/27/10. Demographics, mechanism and scene-related variables, and severity measures were obtained. Patients provided most information. First responders supplemented data. IRB approval and informed consent were obtained. Outcomes for categorical variables are reported as n (%) and p values calculated by Chi squared analysis of variance. Outcomes for continuous variables are reported as mean (+/- SD) and p values calculated by Student's T-test.

Results:
There were 284 cyclists and 716 pedestrians who presented to our ED. Injured cyclists were more likely to be male (87% vs 56%; p<0.001) and represented a younger cohort (mean age 31 vs 38; p<0.001) as compared to pedestrians. Cyclists were more often struck by taxicabs (36% vs 24%; p<0.001). Pedestrians were more often struck by SUVs or vans (14% vs 28%; p<0.001). Pedestrians sustained more injuries contributing to higher injury severity scores (ISS). In particular, significant injuries (AIS>0) were more common in pedestrians compared to cyclists in head or neck (91 (13%) vs 16 (5.6%, p=0.001), thorax (57 (8%) vs 11 (3.9%) p=0.021), abdomen/pelvis contents (42 (5.9%) vs 14 (4.9%) p=0.012), extremity and pelvic girdle (233 (33%) vs 64 (23%) p=0.002). This contributed to higher ISS in pedestrians compared to cyclists (5.3 vs 3.5, p=0.0012). Pedestrians were more likely to require hospital admission (33% vs 22%; p<0.001) and surgery (12% vs 6.7%; p<0.011). Hospitalized pedestrians were less likely to be discharged directly home (58% vs 76%; p=0.009).

Conclusions:
Pedestrians wounded by motor vehicles sustain more severe injuries and are more likely to require hospital admission and surgery than cyclists. This study suggests a difference in injury severity between these groups and that they make up distinct blunt trauma cohorts. It

supports adjusting for mechanism of injury in clinical management and trauma outcomes research. Further studies are needed to understand differences in vehicle types seen.

Objectives:
Attendees will learn:
1) About a large prospective database that can contribute to motor vehicle injury prevention.
2) How to improve the evaluation and treatment of injured patients once they arrive in the emergency room.
3) About common injuries seen in blunt trauma to pedestrians and cyclists.

Child Passenger Deaths Involving Alcohol-Impaired Drivers, 2000-2009: National and State Patterns

Kyran Quinlan, MD, MPH, Rose Anne Rudd, MSPH, Ruth A. Shults, PhD, MPH

Introduction/Background:
Approximately 1 in 5 child passenger deaths in the United States involve an alcohol-impaired driver, most commonly the child's own driver. State-specific patterns of this issue have not been reported, but may have implications for prevention.

Methods:
We analyzed 2000–2009 Fatality Analysis Reporting System (FARS) data regarding child passengers aged < 15 years killed in crashes. The FARS is a census of all fatal crashes occurring on public roads in the United States. Impairment was defined as a blood alcohol concentration of ? 0.08 grams per deciliter. Census data were used to calculate national and state level population-based child passenger death rates. For state level analyses, rates for 12 states and the District of Columbia were suppressed because < 10 children died while riding with an impaired driver during the decade studied.

Results:
From 2000–2009 in the United States, 2,469 children were killed in crashes involving at least one alcohol-impaired driver. The national child passenger death rate from alcohol-impaired driving crashes declined by 50% during the decade studied from .49 to .24 per 100,000 children, but the proportion of children killed while riding in the same vehicle as an impaired driver (64%, n=1,587) did not change. Texas (n=287) and California (n=149) had the highest numbers of children killed while riding with an impaired driver. Annualized death rates for children riding with an impaired driver in the 38 states with < 10 deaths ranged from .08 per 100,000 children in New York to .98 per 100,000 children in South Dakota.

Conclusions:
Alcohol-impaired driving remains a significant threat to the safety of child passengers in the United States, and this risk varies meaningfully among states. State-specific strategies should be considered to protect child passengers from drivers who drink before transporting children.

Objectives:
Attendees will learn:
1) How to provide the most recent data on drinking driver-related child passenger deaths in the US, and how to highlight the fact that the majority of these deaths still involve a child who died while being transported by a drinking driver.
2) How to demonstrate the significant variation in the risk of drinking driver-related child passenger deaths by state.
3) A better understanding of data surrounding recent trends in child passenger deaths involving drinking drivers.

2011 Forging New Frontiers:

"Creating Safe Communities for Children & Their Families"

Faculty

2011 Forging New Frontiers:

"Creating Safe Communities for Children & Their Families"

The 16th Annual Conference of the Injury Free Coalition for Kids jointly sponsored with
Cincinatti Children's Hospital Medical Center
November 11 - 13, 2011

FACULTY LIST

Course Instructor

Barbara Barlow, MD
Professor Emerita of Surgery in Epidemiology
at the Columbia University School of Public Health
Injury Free Coalition for Kids Founder & Executive Director

Course Faculty

Lauren Adams, MD
Board Certified Pediatrician
Arkansas Children's Hospital in Little Rock, Arkansas

Mary Aitken, MD, MPH
Associate Professor of Pediatrics
University of Arkansas College of Medicine & Arkansas Children Hospital
Injury Free Coalition for Kids of Little Rock
Principal Investigator

Helen Arbogast, MPH, CHES
Injury Free Coalition for Kids of Los Angeles (Childrens Hospital)
Injury Prevention Coordinator

Lenny Breuer, JD
Assistant Attorney General
Criminal Division
U.S. Department of Justice

Adam Carlisle
University of Alabama at Birmingham School of Medicine

Holly Jones-Choate, MPH
Teen Driving Safety Education Coordinator
Injury Prevention Center of Arkansas Children's Hospital

Susan Cox, RN, MS, CEN
Trauma and Volunteer Services Director
Rady Children's Hospital, San Diego
Injury Free Coalition for Kids of San Diego Principal Investigator

Sarah Denny, MD
The Ohio State University
Assistant Clinical Professor of Pediatrics
Nationwide Children's Hospital

Ana Everette, MPH
Emory University School of Medicine
Pediatrics/Children's Healthcare of Atlanta: Hughes Spalding
Injury Free Coalition for Kids of Atlanta Program Coordinator

Carolyn Fowler, PhD, MPH
Assistant Professor and Evaluation Coordinator
Johns Hopkins University School of Nursing

Nan Frascogna, MD
University of Mississippi Medical Center
Pediatric Emergency Medicine Assistant Professor

Michael Gittelman, MD
Assoc. Prof. of Clinical Pediatrics at the University Of Cincinnati School Of Medicine,
Injury Free Coalition for Kids Board
Injury Free Coalition for Kids of Cincinnati, OH, Co-Principal Investigator

Catherine Groseclose, MS
Injury Epidemiologist & Research Consultant
Violence and Injury Prevention Program
Utah Department of Health

Michael Hirsh, MD
UMASS Memorial Children's Medical Center Surgeon-in-Chief
Injury Free Coalition for Kids Board President
Professor of Surgery and Pediatrics UMASS Medical School
Chief, Division of Pediatric Surgery and Trauma (UMMCMC)
UMASS Memorial Health Care System
Injury Free Coalition for Kids of Worcester Co-Principal Investigator

Sally Jacko, RN, MPH
Trauma Coordinator
Bellevue Hospital Center

Shruti Kant, MD
Pediatric Emergency Medicine Fellow
University of Alabama Birmingham

Lois Lee, MD, MPH
Children's Hospital Boston
Injury Free Coalition for Kids of Boston Principal Investigator

Laura Marinelli
Medical Student IV
Connecticut Children's Medical Center

Matthew Masiello, MD, MPH
Windber Research Institute
Center for Health Promotion and Disease Prevention Director

Marlene Melzer-Lange, MD
Medical College of Wisconsin
Professor of Pediatrics
Children's Hospital of Wisconsin
Pediatric Emergency Medicine Specialist
Injury Free Coalition for Kids of Milwaukee Co-Principal Investigator

Kathy Monroe, MD
Prof. of Pediatrics, Children's Hospital of Alabama at University of Alabama, Birmingham
Injury Free Coalition for Kids Board
Injury Free Coalition for Kids of Birmingham, AL, Co-Principal Investigator

Suzanne Moody, MPA
Clinical Research Coordinator IV
Cincinnati Children's Hospital Medical Center

Julie Philbrook, RN, MA
Hennepin County Medical Center
Injury Free Coalition for Kids of Minneapolis Program Coordinator

Susan Pollack, MD
Kentucky Children's Hospital
Injury Free Coalition for Kids of Lexington Principal Investigator

Wendy Pomerantz, MD, MS
Associate Professor of Clinical Pediatrics
Co-Director, Injury Free Coalition of Greater Cincinnati
Cincinnati Children's Hospital Medical Center
Division of Emergency Medicine

Joyce Pressley, PhD, MPH
Columbia University Mailman School of Public Health
Associate Professor Clinical Epidemiology and Clinical Health Policy and Management
Injury Free Health Policy and Population Studies Director
Injury Free Coalition for Kids National Program Office

Charles Pruitt, MD
Associate Professor of Pediatrics University of Utah
Primary Children's Medical Center Child Advocacy Medical Advisor
Injury Free Coalition for Kids of Salt Lake City Principal Investigator

Kyran Quinlan, MD, MPH
Erie Family Health Center in Chicago Pediatrician
Injury Free Coalition for Kids of Chicago

Allison Rook, EdM
Injury Prevention Educator
UMass Memorial Medical Center
Injury Free Coalition for Kids of Worcester Program Coordinator

Steve Rogers, MD
Connecticut Children's Medical Center
Emergency Medicine Physician
University of Connecticut School of Medicine
Assistant Professor of Pediatrics and Emergency Medicine
Injury Free Coalition for Kids of Hartford Co-Principal Investigator

Alison Rose, MPH
Home Safety & Statewide Programs Coordinator
Arkansas Children's Hospital

Judy Schaechter, MD
University of Miami Miller School of Medicine
Associate Chair and Associate Professor of Pediatrics
Practicing Physician
Injury Free Coalition for Kids of Miami Principal Investigator

Robin Schier, DNP, APRN, CPNP AC/PC
Vanderbilt University

Melanie Stroud, RN
Pediatric Trauma Program Manager
Medical University of South Carolina, Children's Hospital
Injury Free Coalition for Kids of Charleston Program Coordinator

Purnima Unni, MPH,
Pediatric Trauma Injury Prevention Coordinator
Monroe Carell Jr. Children's Hospital at Vanderbilt

Chris Vitale, MSN, RN
Children's Hospital of Pittsburgh University of Pittsburgh Medical Center
Injury Prevention Coordinator
Injury Free Coalition for Kids of Pittsburgh Program Coordinator

Conference Planning Committee

Dawn Marie Daniels, PhD, RN
Indiana University School of Nursing
Public Health Clinical Nurse
Pediatric Trauma Services Specialist
Injury Free Coalition for Kids of Indianapolis Program Coordinator

Barbara A. Gaines, MD
Assist. Prof. of Surgery; Dir. of Trauma and Injury Prevention
Injury Free Coalition for Kids Board President Elect
Injury Free Coalition for Kids of Pittsburgh, PA, Principal Investigator

Michael Gittleman, MD
Assoc. Prof. of Clinical Pediatrics at the University Of Cincinnati School Of Medicine,
Injury Free Coalition for Kids Board
Injury Free Coalition for Kids of Cincinnati, OH, Co-Principal Investigator

Michael Mello, MD, MPH
Injury Prevention Center at Rhode Island Hospital Director
Associate Professor of Emergency Medicine and Community Health
Alpert Medical School of Brown University
Injury Free Coalition for Kids of Providence
Principal Investigator

Kathy Monroe, MD
Prof. of Pediatrics, Children's Hospital of Alabama at University of Alabama, Birmingham
Injury Free Coalition for Kids Board
Injury Free Coalition for Kids of Birmingham, AL, Co-Principal Investigator

Joseph O'Neil, MD, MPH
Clinical Assistant Professor of Pediatrics
Indiana University
Riley Hospital for Children
Injury Free Coalition for Kids of Indiana Co-Principal Investigator

Kyran Quinlan, MD, MPH
Erie Family Health Center in Chicago Pediatrician
Injury Free Coalition for Kids of Chicago

Joseph J. Tepas III, MD
Director Pediatric Trauma
Director Pediatric Trauma at the University of Florida Regional Trauma System,
Professor of Surgery and Pediatrics at the University of Florida College of Medicine
Injury Free Coalition for Kids of Jacksonville, FL, Principal Investigator

Staff

E. Lenita Johnson, MA
Columbia University Mailman School of Public Health
Communications and Marketing Director
Injury Free Coalition for Kids National Program Office

DiLenny Roca Dominguez, MPH
Columbia University Mailman School of Public Health
Program Administrator
Injury Free Coalition for Kids National Program Office

2011 Forging New Frontiers:

"Creating Safe Communities for Children & Their Families"

Bios

BIOS

Mary E. Aitken, MD, MPH

Injury Free Coalition for Kids of Little Rock

Mary E. Aitken, MD MPH is an associate professor in the Department of Pediatrics, University of Arkansas for Medical Sciences. Dr. Aitken attended the University of North Carolina School of Medicine and completed a pediatrics residency at Johns Hopkins Hospital in Baltimore Maryland. She also received a Master's in Public Health degree with a concentration in epidemiology during a General Academic Pediatrics fellowship at the University of Washington. Dr. Aitken has served as co-director of the Center since 1997, and serves as Medical Director on Center injury prevention programs.

Dr. Aitken is a general pediatrician with clinical activities based at Arkansas Children's Hospital in the General Pediatric and Faculty Clinics. She participates in resident and student education in the outpatient and inpatient setting. She is also involved in education of public health students as part of the Maternal and Child Health Division of the UAMS College of Public Health.

Dr. Aitken's research interests include primary prevention of injury and assessment of health status and outcomes following injury. She has received funding for her projects from the Emergency Medical Services for Children Program of MCHB and other agencies. She was the 2000 recipient of the American Congress of Rehabilitation Medicine's Sidney and Elizabeth Licht Award for Excellence in Scientific Writing. Dr. Aitken is the recipient of a Robert Wood Johnson Generalist Physician Scholar award to pursue her research program evaluating measures of health related quality of life for injured children.

Lauren Adams, MD

Arkansas Children's Hospital

Lauren Adams, MD is currently in her last year of completing a Pediatric Emergency Medicine fellowship at Arkansas Children's Hospital in Little Rock, Arkansas. She completed a Pediatric residency in 2009 at Children's National Medical Center in Washington, DC and has been a board certified pediatrician since 2009. She graduated from Michigan State University, College of Human Medicine in 2006 and completed her undergraduate education at University of California, Los Angeles in 2000. Lauren's clinical interests include injury prevention, asthma education and international medicine. She currently resides in Little Rock with her husband, puppy and has a new baby on the way.

Helen Arbogast, MPH, CHES

Injury Free Coalition for Kids of Los Angeles (Childrens Hospital)

Helen Arbogast is the Injury Prevention Coordintor for Injury Free Los Angeles. She graduated from California State University Long Beach with a masters degree in public health (MPH, has Community Health Education Specialist Certification (CHES) and is currently pursuing her doctorate of public health at UCLA. Helen comes to Children's Hospital Los Angeles from the Los Angeles County Department of Public Health, Division of Chronic Disease & Injury Prevention. Helen has more than 10 years of public health experience in the coordination of intervention programs, development of marketing materials, collection and analysis of data, development of education materials, curriculum and presentation development. Her passion to bridge providers, hospitals, local government and community stakeholders to build safer communities for children and families has led her to Childrens Hospital Los Angeles where she is building up our Injury Prevention Program under the tutelage of Dr. Jeffrey Upperman, Director of Trauma Program, Associate Professor of Surgery.

Barbara Barlow, MD

Executive Director & Founder, Injury Free Coalition for Kids National Office

Dr. Barbara Barlow is Professor Emerita of Surgery in Epidemiology at Columbia University Mailman School of Public Health in New York. She is also the Founder and Executive Director of the Injury Free Coalition for Kids, a National Program developed with funding from of the Robert Wood Johnson Foundation of Princeton, New Jersey. 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 BA from Vassar College, an MA in Psychology from Columbia University and an MD 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.

Adam Carlisle

School of Medicine at the University of Alabama Birmingham

Adam Carlisle is a current medical student at UAB School of Medicine and a graduate of Auburn University. He has served on several research initiatives in both the clinical and basic science arenas during his graduate and undergraduate education. Currently, Adam is working with Dr. Kathy Monroe to better understand teen driving habits and develop improved injury prevention strategies. Adam has served as a volunteer and educator with the Birmingham Baby Co-operative which is an initiative to better educate new mothers on proper post-natal care. He also serves as a member of the pediatrics interest group at UAB School of Medicine.

Holly Jones-Choate, MPH

Injury Prevention Center of Arkansas Children's Hospital

Holly Jones Choate, MPH, served as Parent Education Coordinator for Teen Driving Safety from January 2010 to August 2011. Her efforts with teen driving safety were supported through a cooperative agreement between the Injury Prevention Center of Arkansas Children's Hospital, the University of Arkansas for Medical Sciences, and the National Highway Traffic Safety Administration with the goal to improve teen driving safety through parental responsibility. Holly graduated from University of Arkansas for Medical Sciences College of Public Health in 2008 with her Master of Public Health, and has worked with the university since 2001.

Sue Cox, RN, MS, CEN

Injury Free Coalition for Kids of San Diego

Sue Cox is the Director of Trauma Services at Children's Hospital and Health Center, an ACS-verified Level I Trauma Center, located in San Diego, California. She has been a pediatric nurse for the past 31 years and, during that time, has focused primarily on pediatric intensive care, emergency care, disaster planning and management, transport services and trauma care. She has 21 years experience as the trauma administrator and has combined that role over the years with others such as PICU, ED, OR and Volunteer services management. She has served as a trauma center surveyor for many states over the past 15 years. She has many years of clinical experience in PICU, transport and trauma nursing functioning as a staff nurse, educator and clinical resource nurse. She has been a member of a medical humanitarian organization "International Relief Teams" for the past 19 years and a member of the NDMS Disaster Medical Assistant CA4 Team for 18 years where she currently functions as the team's chief nursing officer. She is a prolific educator locally, regionally and nationally speaking on such topics as pediatric trauma, bereavement, disaster, and child abuse She has authored several articles and is currently a pediatric reviewer for the Journal of Trauma and the Australian Journal of Trauma Nursing. She has served on the board of the San Diego Trauma Research and Education Foundation for many years where she is currently the/Treasurer. She is the Immediate Past President of the Society of Trauma She is also an active participant in injury prevention organizations and activities serving as the primary investigator for the Injury Free Coalition and a founding co- leader of our local Safe Kids Coalition.

Sarah Denny, MD

The Ohio State University/Nationwide Children's Hospital

Sarah Denny, MD, is an attending physician in the Division of Emergency Medicine at Nationwide Children's Hospital and a Clinical Assistant Professor of Pediatrics at The Ohio State University College of Medicine. Dr. Denny is also the Vice Chair of the Committee for Violence and Injury Prevention for the Ohio Chapter of the American Academy of Pediatrics. Her interests include injury prevention and patient education.

Ana Christina Everett, MPA, MPH

Injury Free Coalition for Kids of Atlanta

Ana C. Everett is the Injury Prevention Coordinator for the Injury Free Coalition for Kids of Atlanta in Hughes Spalding Children's Hospital Injury Prevention Center. She has a Bachelor's of Science degree in Political Science and Urban Sociology and a Master's in Public Administration from the College of Humanities and Social Science from Kennesaw State University. Her experience has been in the area of Social Research, Prevention & Intervention, Adolescent Health & Development, HIV/AIDS Education and Clinical Research. Ms. Everett's accomplishments have included Nomination for The Community Builder's Fellowship Program at Harvard University School of Government and the creation of the "Friends for Life Peer Education Program" which concentrates on prevention, intervention, and research strategies addressing the many social ills affecting hard to reach populations specifically. Her goals are to work toward improving the lives and outcomes of children especially those living in low-income communities.

Nan Frascogna, MD

Injury Free Coalition for Kids of Jackson

Nan Frascogna, MD is currently an assistant professor of pediatric emergency medicine at the University of Mississippi Medical Center in Jackson, MS. She attended medical school at the University of Mississippi Medical Center, then completed her residency in pediatrics at Children's Memorial Hospital of Northwestern University in Chicago, IL. She completed fellowship training in pediatric emergency medicine at the University of Alabama at Birmingham in Birmingham, AL.

She is board certified in both general pediatrics and pediatric emergency medicine. She is also the principal investigator for the Injury Free Coaltion for Kids site in Jackson, MS.

Michael Gittelman, MD

Injury Free Coalition for Kids of Cincinnati

Mike Gittelman, MD, FAAP, is a pediatric emergency room physician at Cincinnati Children's Hospital, Medical Center in Cincinnati, Ohio and he is an Associate Professor of Clinical Pediatrics at the University Of Cincinnati School Of Medicine. He completed his undergraduate work at Swarthmore College and his medical school training at the Medical College of Pennsylvania, both of which are located in Philadelphia, PA. He completed his residency in Pediatrics at St. Christopher's Hospital for Children in Philadelphia, PA, and a fellowship in Emergency Medicine at Cincinnati Children's Hospital Medical Center.

His area of expertise is within the field of injury control. Currently, he is the Chairperson for the American Academy of Pediatrics' Section on Injury and Poison Prevention and he serves as a Co-Director for the Injury Free Coalition for Kids in Greater Cincinnati (IFCK). He is involved in resident education on injury prevention, in particular relating to sports safety, firearm safety, playground safety, drowning prevention, and toy safety. His works with high-risk communities, utilizing the IFCK model, in an effort to mobilize communities to reduce pediatric injuries has been well recognized. He has completed several research studies within the field of injury prevention and he is nationally recognized within this field.

Catherine Groseclose, MS

Utah Department of Health

Catherine Groseclose is an injury epidemiologist at the Utah Department of Health (UDOH). She came to UDOH in 2004 after working as a research associate at the Early Intervention Research Institute (Utah State University, Logan) upon completing her MS and PhD course work and research in Sociology (USU, Logan). She completed her undergraduate degree at Ohio University (Athens). While at UDOH she has implemented Utah's Child Fatality Database and is active in Utah's Multidisciplinary Child Fatality Review Committee which ensures a timely review of every child death occurring within the state. As Utah is one of four states recently selected by the CDC to evaluate the accuracy of all hospital-assigned injury e-codes, Catherine is currently working to adapt the successful data evaluation procedures of Utah's Traumatic Brain Injury database to this broader all-injury project.

Elisabeth A. Haas, MPH

Rady Children's Hospital, San Diego

Elisabeth A. Haas, MPH, is a Research Associate in the San Diego SIDS/SUDC Research Project directed by Dr. Henry F. Krous at Rady Children's Hospital-San Diego and UCSD School of Medicine. She acquires and manages data from cases enrolled into research into the causes of sudden infant and childhood death, performs statistical analyses, and participates in manuscript preparation. Ms. Haas has co-authored several publications in this field. Additionally, has also served as an epidemiologist with the San Diego County Health Department and a program evaluator at San Diego State University.

Michael Hirsh, MD

Injury Free Coalition for Kids, Worcester, MA

Michael Hirsh is Division Chief of Pediatric Surgery and Trauma at UMass Memorial Children's Medical Center and Associate Surgical Director of the Trauma Center and Pediatric Intensive Care Unit. He formerly served as Principal Investigator of Injury Free Pittsburgh from 1993-2000. His experience is in developing and applying innovative interventions to prevent pediatric injury. As co-director of Injury-Free Pittsburgh, Dr. Hirsh created Health Rangers, a mentoring program which pairs potentially at-risk middle school children with mentors at local hospitals. He is also a co-founder of Goods for Guns, a firearms exchange program. Dr. Hirsh also designed and brought Safety Street to the Pittsburgh Children's Museum, a life-size, outdoor exhibit designed to teach children the fundamentals of street safety.

Publications include: Hirsh MP: Public Approach to Violence (Physician's News Digest June 1997); and Masiello, M, Friend, J, Hirsh MP, Synder K: Pittsburgh Goods for Guns Antiviolence Coalition: A Successful Four Year Expanded Gun Buy-Back Program (Pediatrics, Abstracts for Section Scientific Presentations at AAP 1998 Annual Meeting). Dr. Hirsh received his MD from Harvard University in 1979, completed surgical residency at Columbia-Presbyterian Medical Center, and Fellowship training in the Department of Pediatric and Transplant Surgery at St. Christopher's Hospital for Children in Philadelphia. Dr. Hirsh has won numerous public service and teaching awards, and is board certified in General Surgery, Pediatric Surgery and Critical Care.

Sally Jacko, RN, MPH

Bellevue Hospital Center, New York

Sally Jacko RN, MPH is the Trauma Coordinator at Bellevue Hospital Center in New York City. Previous to this position, she served as the Deputy Director of Injury Free Coalition for Kids at the National Program Office at Columbia University for five years. Ms. Jacko has extensive nursing background in trauma, emergency, nursing, family health and quality management. Her prior trauma experience included being the Trauma Program Manager at Lincoln Medical and Mental Health Center in Bronx, New York and Trauma Coordinator at St. Vincent's Medical Center in Bridgeport, CT.

She has been instrumental in developing injury prevention programs focusing on child passenger safety, pedestrian safety, bike safety, fall prevention and trauma education on drinking and driving and teen violence. While at Injury Free she participated in numerous Allstate Foundation playground builds across the country. Ms. Jacko has been involved with the Safer Streets Pedestrian study at Bellevue Hospital Center which has been funded by the New York State Governor's Traffic Safety Committee. She currently serves as the Vice President of the New York State Chapter

of the American Trauma Society. Ms. Jacko received her Bachelor of Science in Nursing degree from the University of Bridgeport and a Masters of Public Health degree from Southern CT State University, New Haven, CT.

Shruti Kant, MD

University of Alabama Birmingham

Shruti Kant is a third year Fellow in Pediatric Emergency Medicine at the University of Alabama Birmingham. She completed residency in Pediatrics from the University of Nevada School of Medicine. She is the director of the Advanced Pediatric Life Support course in Birmingham, Alabama. She is interested in Injury prevention focusing particularly on home and water safety.

Lois Lee, MD

Injury Free Coalition for Kids of Boston

Dr. Lois Lee is an attending pediatric emergency medicine physician at Children's Hospital Boston and an Assistant Professor of Pediatrics at Harvard Medical School. She received her M.D. from the University of Pennsylvania School of Medicine, and completed her internship and residency in pediatrics at the Children's Hospital of Philadelphia. She did her fellowship in pediatric emergency medicine at Children's Hospital of Boston. She received her M.P.H from the Harvard School of Public Health. Her clinical and research interests are in pediatric trauma care and injury prevention. She also practices injury prevention at home with her 8 year old son and her 5 year old daughter.

Laura Marinelli

Connecticut Children's Medical Center

Laura Marinelli is currently a fourth year medical student at the University of Connecticut School of Medicine and is a member of the Sigma Xi Scientific Society and the Gold Humanism Honor Society. While in medical school, she did public health research in Uganda on factors affecting orphan wellbeing. She presented this research at the Global Health Education Consortium meeting and was awarded the Connecticut Holistic Health Association Award (2010). Ms. Marinelli graduated from Carleton College (2008), Magna Cum Laude with a BA in Chemistry. She has received several honors and awards including: the National Science Foundation Research Experience for Undergraduates Award (2006, 2007), Franz Exner Award for Excellence in Chemistry (2008). Ms. Marinelli plans to pursue post-graduate training in pediatric surgery.

Matthew Masiello, MD, MPH

Windber Research Institute

Dr. Masiello is Director of the Center for Health Promotion and Disease Prevention, Windber Research Institute (WRI), Windber, PA. He also serves on the Governance Board of the World Health Organization Health Promoting Hospital Network as well as Director of the Pfizer Clinical Health Promotion Initiative.

His team of public health professionals develop and implement large population based public health initiatives. They presently serve as key partners to the largest U.S. implementation and evaluation of an internationally recognized bullying prevention program. In a contractural partnership with Washington and Jefferson College, with Department of Defense funding, WRI is investigating processes to reduce barriers to mental health care for military veterans. At the international level, WRI is currently partnering with Spedali Civili di Brescia, the 3rd largest health care system in Europe, in developing an expanded chronic care model for the pediatric asthma population of the Lombardia region of northern Italy.

Over the past two decades Dr. Masiello has had the opportunity to comment on his health promotion and disease prevention hospital, school and community programs through peer review publications and at annual meetings of the American Academy of Pediatrics and American Public Health Association, as well as many other national and international forums. He is an adjunct professor for undergraduate and graduate health studies and consultant in the development of undergraduate public health curriculums.

Dr. Masiello is also a practicing pediatrician in Somerset, Pennsylvania and serves as the medical director of the University of Pittsburgh, Johnstown campus, student health clinic. His pediatric residency was at Bridgeport Hospital/ Yale, New Haven in Connecticut followed by a fellowship in pediatric critical medicine at Boston Children's Hospital, Harvard. He served as medical director of pediatric intensive care units at Allegheny General Hospital in Pittsburgh, and the University of Massachusetts Medical Center in Worcester, MA. In 2004 he received a master's degree in public health from the George Washington University School of Public Health and Health Services.

Marlene Melzer-Lange, MD

Injury Free Coalition for Kids of Milwaukee

Marlene Melzer-Lange, M.D. Professor of Pediatrics at Medical College of Wisconsin, a pediatric emergency medicine specialist at Children's Hospital of Wisconsin, and has expertise in injury prevention, risk-taking behaviors of adolescents, and the medical and psychosocial care of youth, trauma victims and adolescent parents. She serves as medical director for Project Ujima, a youth violence prevention and intervention program, and as medical director of the Emergency Department/Trauma Center at Children's Hospital of Wisconsin. Dr. Melzer-Lange is active in community coalitions including the State of Wisconsin Emergency Medical Services for Children Injury Prevention section, Injury Free Coalition for Kids-Milwaukee, and the American Academy of Pediatrics Section on Injury, Violence and Poisoning Prevention. She has published research articles on emergency care of children, adolescent utilization of emergency services, coalition building, and adolescent violent injury. She is a graduate of Custer High School in Milwaukee. She received her BS in Chemistry from Marquette University in 1971, her MD from the Medical College of Wisconsin in 1975, and completed her pediatric residency at Children's Hospital of Wisconsin in 1978. She is board certified in Pediatrics and Pediatric Emergency Medicine. She is a native of Milwaukee, is married and has two children and two granddaughters.

Kathy Monroe, MD

Injury Free Coalition for Kids of Birmingham, AL

Kathy Monroe is Professor of Pediatrics at the University of Alabama in Birmingham. She is a Pediatric Emergency Medicine Attending in the Childrens' Hospital of Alabama Emergency Department and is the Co-Director of the Injury Free Coalition for Kids of Birmingham Alabama. She is the Alabama AAP chair of the Injury Prevention committee. She is actively involved in the education of pediatric residents specifically in the injury prevention areas and is the Co-Residency Research Support committee Chair. She is also the research director for the pediatric emergency medicine division. She is a member of the Alabama Child Death Review Team. She has been a research mentor for NIH summer medical student research program and is co-sponsor for the medical school pediatric interest group.

Susan Moody, MPA

Cincinnati Children's Hospital Medical Center

Susan Moody is an Injury Prevention Coordinator at Cincinnati Children's Hospital Medical Center and has been involved in CPS for over 15 yrs. She is an Ohio Occupant Protection Coordinator for Region 8, an instructor for the NCPSP, and an instructor for NHTSA's CPS Training for School Buses. She has presented workshops for school bus drivers as well as taught the full day curriculum. She has developed and implemented grand round CPS presentations for physicians, awareness training programs for residents, nurses, and community groups. She has established "a fitting station program" that currently has 42 permanent locations. She has presented CPS programs/research at local, state and national conferences.

Julie Philbrook, RN, MA

Injury Free Coalition for Kids of Minneapolis

Education: North Hennepin Community College Brooklyn Park, MN Nursing AD 1982 Metropolitan State Univ. St. Paul, MN Nursing BA 1991 Augsburg College Minneapolis, MN Leadership MA 1997 Professional Experience:

Julie Philbrook has been a registered nurse at Hennepin County Medical Center (HCMC) in Minneapolis, MN for more than 28 years. Her education includes a Bachelors Degree in Nursing, Master of Art in Leadership degree, and she will be completing her Master in Nursing degree at Augsburg College in Minneapolis this spring. She has also completed a

certification program in Parish Nursing through Concordia College in Minnesota.

Ms. Philbrook has been the Trauma Prevention Specialist at HCMC for more than 20 years. She has been the program coordinator for IFCK of Minneapolis since 2002. She has been the state coordinator for the THINK FIRST Brain and Spinal Cord Injury Prevention program for 20 years and served on the Minnesota Child Passenger Safety Advisory Board for 10 years. She is currently a member of the National Injury Free Coalition for Kids Board.She has spoken extensively at several local ,state, national and international conferences on the topic of EMS and injury prevention. These conferences include IFCK, the International BTLS conference, and The First Annual International EMS conference in Vladivostok, Russia

Ms. Philbrook has planned and coordinated countless trauma prevention programs including bike rodeos, high school mock car crashes, worksite programs, car seat safety events, youth sports safety education, and fall prevention for seniors. She serves on several safety committees including the MN Safe Kids Coalition and the Metro Area Safe Communities Coalition. She has conducted and published research on prevention related topics and also works with the media on a regular basis reporting on a variety of injury related topics.

Susan Pollack, MD

Injury Free Coalition for Kids of Lexington

Susan Pollack is a physician Board Certified in both Pediatrics and Occupational Medicine. She manages the Pediatric and Adolescent Injury Prevention Program at KIPRC, and is also an Assistant Professor in the General Pediatric Division of the UK Department of Pediatrics and in the UK Department of Preventive Medicine. She completed her undergraduate education at Smith College, her MD at Eastern Virginia Medical School, and her postgraduate training at West Virginia University- Morgantown and at Mt. Sinai in New York City. Susan is interested in all aspects of injury epidemiology and prevention for the pediatric and adolescent age group (and in teaching about those things to the public and health professionals), but has had funding, publications and a national role in the issue of occupational injuries among working teens. Major federal funding to her program currently comes from Emergency Medical Services for Children. Other special interests include Child Fatality Review and whitewater river safety.

Wendy J. Pomerantz, MD, MS

Injury Free Coalition for Kids of Cincinnati

Wendy received her undergraduate degree from the University of Texas at Austin and her medical school degree from the University of Texas Southwestern Medical School in Dallas, Texas. She completed a Pediatrics Residency at Children's Medical Center of Dallas, a Pediatric Emergency Medicine Fellowship at Children's Hospital Medical Center in Cincinnati, and a Master's of Science in Epidemiology at the University of Cincinnati. Currently, she has a faculty appointment as an Associate Professor of Clinical Pediatrics at the University of Cincinnati School of Medicine and Children's Hospital Medical Center in Cincinnati, Ohio. Her interests include poison prevention, ATV and motorbike injuries, program evaluation, education, and geographic information systems. Besides being the Co-director of Injury Free Coalition for Kids in Greater Cincinnati, she is a member of the Ohio EMS Board and Chairperson of the Ohio EMSC Committee, Chairperson of the Ohio AAP Emergency Medicine Committee, a member of AAP State of Ohio Committee of Injury and Poison Prevention, and a member of the American Red Cross Medical Assistance Team.

Joyce Pressley, PhD, MPH

Injury Free Coalition for Kids National Office

Joyce Pressley, PhD, MPH is Director of Injury Free Health Policy and Population Studies and an Associate Professor of Epidemiology and Health Policy and Management at The Mailman School of Public Health at Columbia University. As a former Director of Emergency Medical Services, she worked to develop and evaluate regional emergency medical services at the pre-hospital, hospital and critical care center levels. She is Principal Investigator of the Injury Research Core of the NIH-funded EXPORT grant currently investigating disparities in injury, injury-related disability, and access to injury prevention and rehabilitation programs. Her research interests include the study of population-level differentials in total and active life expectancy including the contribution that injury-related disparities make across the age span. As part of her work in this area, she developed the Socioeconomic Model of Functional Decline, a theoretical framework that has been extended to study injury-related disabilities. She developed the Active Life Expectancy Functional Impairment (ALE) Scale to improve the ability to quantify active and disabled life expectancy which she

hopes to use in her investigation of the contribution that injuries and related conditions make to differentials in health states among population subgroups. She has research experience in trauma and chronic diseases associated with injury, including Parkinson's disease, dementia, cardiac arrhythmias, syncope, and frailty in geriatric populations. She is faculty practicum advisor to MPH students in the Department of Epidemiology and supervises students and interns studying injury, injury prevention, and health disparities.

Charles Pruitt, MD

Injury Free Coalition for Kids Salt Lake City

Doctor Pruitt obtained his baccalaureate at Case Western Reserve University and his doctorate at The Ohio State University School of Medicine. He was trained in general pediatrics at Children's Hospital Los Angeles of the University of Southern California and in pediatric emergency medicine at The Children's Hospital Denver of the University of Colorado; he is certified by the American Board of Pediatrics in both specialties. He is currently Associate Professor of Pediatrics at the University of Utah and is Medical Advisor for Child Advocacy at Primary Children's Medical Center. He is a member of numerous professional and academic societies, has written several scientific articles, textbook chapters, and policy statements, and serves on a variety of national and regional expert and advisory committees including the board of directors for the national office of Injury Free Coalition for Kids. Recently, he successfully promoted passage of a statewide booster seat law, developed an innovative water safety program, and coordinated the construction of a new Little Hands Playground in South Salt Lake City.

Kyran Quinlan, MD, MPH

Injury Free Coalition for Kids of Chicago

Toni Rivera, MA

Project Ujima Manager

Toni Rivera obtained her Bachelor's of Science degree in community education from the University of WI-Milwaukee and completed her Master's of Science in Business Management in 2007 from Cardinal Stritch University. Ms. Rivera has fifteen years of experience and expertise working with at-risk youth and families with most of her work within non-profit community-based organizations. As a Latina, Ms. Rivera is bilingual in Spanish and English. Specific expertise includes program and community development, grant writing experience and community partnership/relationship development. Ms. Rivera has been with CSSW nearly five years serving as the Project Ujima Manager. In this role, Ms. Rivera provides the vision and oversight of the programs within Project Ujima, manages community relationships/ partnerships and the operating budget. In addition, she develops programs centered on key initiatives, and provides community education around the issue of violence to the media, organizations and schools. In 2006 and 2007, Ms. Rivera was selected to participate in a 9 month national training program by the Centers for Disease Control, hosted by the University of North Carolina—Chapel Hill for building national leadership around the issue of youth violence. In 2007, Ms. Rivera was nominated as Young Hispanic of the Year. In March 2009, Ms. Rivera represented Children's Hospital and Health System at a national symposium on youth violence in Oakland California where 10 organizations nation-wide participated and created a manual for hospital-based violence prevention programs. Ms. Rivera will again represent Project Ujima in 2010 in Oakland, CA. Ms. Rivera is married and raising two daughters in Milwaukee, Wisconsin.

Steven Rogers, MD

Injury Free Coalition for Kids of Hartford

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, a community-based childhood injury prevention program. 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 Center in Utah.

Allison Rook Burr, EdM

Injury Free Coalition for Kids of Worcester, MA

Allison Rook Burr is the injury prevention educator at UMass Memorial Children's Medical Center and the Mobile Safety Street program coordinator. Mobile Safety Street is a hands-on educational experience designed to educate the children of the Worcester community on how to recognize and prevent common safety hazards that could lead to injuries. Ms Rook received her Masters in elementary education from University at Buffalo and secondary certification in Earth Science, Chemistry, and Special Education from the University of Rochester, Warner School of Education.

Alison Rose, MPH, CHES

Arkansas Children's Hospital

Alison Rose, MPH, CHES is the Home Safety and Statewide Programs Coordinator with the Injury Prevention Center at Arkansas Children's Hospital. Her background includes public health training development and health education in both community and clinical settings. One of her focus areas at the Center is the Safety Baby Shower project, which has expanded to include multiple locations and a statewide training and technical assistance approach.

Judy Schaechter, MD

Injury Free Coalition for Kids of Miami

Judy Schaechter, MD is Associate Chair and Associate Professor of Pediatrics at the University Of Miami Miller School Of Medicine. For 10 years she has served as Director of the Injury Free Coalition for Kids of Miami, conducting research in child injury prevention, health disparities, and preventive health. Her community-based injury prevention projects include 1) home safety education in a big red bus that visits county-wide providing hands-on to scale parent skills building in child proofing against poisoning, burn, strangulation and fall injuries; 2) motor vehicle injury prevention through car and booster seat clinics in 3 languages, reaching 3000 families annually; 3) multi-media educational tools on firearm safety, infant suffocation, etc.; 4) capacity building including assessments, environmental changes and staff education in child care centers, and training of law enforcement in child passenger safety and injury data collection; and 5) playground builds.

Dr. Schaechter is active in child and health policy; she was appointed by the governor to serve as the child health policy expert on Florida Healthy Kids Corporation, responsible for the state's children's health insurance plan. She is also an appointed member of the Florida's Children and Youth Cabinet and the Governor's Physical Fitness Council. As Chair of The Children's Trust's Health Committee, she led a child health initiative that placed nurses and social workers in 165 schools, outreach workers in neighborhoods to increase insurance enrollment and established a newborn home visitation program. Currently, she is working with a bipartisan leadership group to provide health coverage to all Florida children and universal access to developmental screening. Dr. Schaechter leads the community engagement efforts of Florida's four-county NIH National Children's Study and developed the Children's Health Fund crisis plan to address outpatient health and mental health needs of Haitian earthquake refugees.

Robin Denise Schier, DNP, APRN, CPNP AC/PC

Vanderbilt University

Robin Schier is a board certified primary and acute care pediatric nurse practitioner from Houston, Texas with 15 years experience in pediatric emergency medicine and trauma. Dr. Schier received her Master's of Science in Nursing (MSN) from the University of Texas Health Science Center at Houston in 2000. She completed the postmaster's acute care pediatric nurse practitioner program in 2009 from Vanderbilt University and then graduated with Doctor of Nursing Practice (DNP) in May 2011. Her scholarly project focused on the evaluation of ATV education and safety training in youth under 16 years of age while developing and collaborating relationships with community partners in Tennessee. Clinical interests include pediatric emergency medicine/trauma, pediatric injury prevention with emphasis on program development/evaluation, child abuse and neglect prevention/treatment, pediatric rehabilitation and adolescent health care.

Melanie Stroud, RN

Injury Free Coalition for Kids of Charleston

Graduated from Piedmont Hospital School of Nursing, Georgia State University and has had a 28 year career working with childrens' advocacy issues.

She has had the great pleasure of working in the clinical settings of PICU and the Pediatric Emergency Department of Egleston Children's Hospital at Emory University in Atlanta , GA , The Virginia Commonwealth University in Richmond, VA, and the Medical University of South Carolina (MUSC) in Charleston, SC, all Level I Trauma Centers. As Pediatric Trauma Coordinator at the MUSC she currently strives to balance her role between trying to help MUSC provide best practice for hospitalized injured patients, and also assisting the community to advocate for policy, research, and education regarding the prevention of childhood injury, child abuse protection, and literacy promotion for the State of South Carolina and the Charleston Area.

The Charleston Injury Free Coalition recently built an Allstate Little Hands Playground in October. It is our hope to link this project in combination with other projects to a reduction of playground related injures and perhaps obesity in this community. She has also helped with a grassroots effort involving a newly formed citywide pedestrian task force to facilitate safer walking or biking to school for the areas children.

Melanie has worked to promote early literacy by starting the Reach Out and Read program in the emergency department. In previous years she has worked with child abuse prevention programs in Virginia. She realizes there is a strong link between community specific injury research and the ability to advocate in one's unique environment. She is excited to be a part of Injury Free Coalition for Kids which lends its great support to this philosophy.

Purnima Unni, MPH, CHES

Children's Hospital at Vanderbilt

Purnima Unni has been the Pediatric Trauma Injury Prevention Coordinator for the Monroe Carell J. Children's Hospital at Vanderbilt since 2008. She works to get the message of keeping kids safe both within the hospital and outside. She has a background in Psychology and Education, a Masters in Public Health Education and is a Certified Health Education Specialist. She has worked with children and injury prevention throughout her 17 year career. She is very active in injury prevention research and has presented in numerous conferences. She is actively involved in resident education at the hospital. She has non-profit experience and has collaborated with agencies such as Tennessee Department of Health, Oregon Department of Transportation, Oregon Public Health Department, and others in the effort to advocate for safe communities. Purnima is an active member of several state injury prevention committees and is passionate about keeping children injury free.

Christine Vitale MSN, RN

Injury Free Coalition for Kids of Pittsburgh (Children's)

Chris Vitale is the injury prevention coordinator for Children's Hospital of Pittsburgh. She has a Bachelor of Science degree in Nursing from Carlow College in Pittsburgh and a Master of Science degree in Nursing Education from Duquesne University in Pittsburgh. Her nursing education focus was on community education and outreach. She has extensive experience in health care, including clinical, education and administrative positions, all in the area of trauma. Prior to joining the Injury Free Coalition for Kids partnership, Ms. Vitale was a Prevention Specialist working with children and families in the schools and communities. She coordinated and implemented programs in schools for grades K-12, focusing on drug and alcohol prevention and intervention, violence prevention, families in transition, coping skills, and grief and loss. She coordinated and participated in prevention education for families, communities, faculty and staff. Her area of expertise is grief and loss, and she is a bereavement facilitator for children at The Caring Place, a community bereavement center for children and families. Chris is the Program Developer and Coordinator for "This is RED-Reality Education for Drivers;" a teen traffic-offenders program. In addition, she is a medical speaker for TFFK and a certified CPS technician.

2011 Forging New Frontiers:

"Creating Safe Communities for Children & Their Families"

Evaluation & CME Certification

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 12 *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.

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 Cincinnati Children's Hospital Medical Center and The Injury Free Coalition for Kids. Cincinnati Children's is accredited by the ACCME to provide continuing medical education for physicians.

Cincinnati Children's designates this live activity for a maximum of 16.25 (Friday-4.0; Saturday-6.75; Sunday-5.5) *AMA PRA Category 1 Credit(s)* ™. Physicians should claim only the credit commensurate with the extent of their participation in the activity

Disclosure Statement

Cincinnati Children's requires all clinical recommendations to be based on evidence that is accepted within the profession of medicine and all scientific research referred to, reported or used in support of or justification of patient care recommendations conform to the generally accepted standards of experimental design, data collection and analysis. All faculty will be required to complete a financial disclosure statement prior to the conference and 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 commercial contributor(s) of this activity.