# Forging New Frontiers:
# Moving Forward with Childhood Injury Prevention

22nd Annual Injury Free Coalition for Kids® National Conference
December 1-3, 2017

The 2017 Injury Free Coalition for Kids® Conference in Fort Lauderdale, FL, is bringing together medical experts and community leaders from around the country to exchange information and techniques designed to prevent injuries, reduce violence, and better understand the economic difference injury prevention makes in a healthcare conscious economy. Lessons learned and best practices of programs developed around the country will be discussed through scientific abstracts, lectures, panel discussions and workshops presented by the country's leading experts in the field of injury prevention and epidemiology.

Attendees of Forging New Frontiers include principal investigators (physicians), and program coordinators (nurses, health educators, social workers, community leaders and researchers). In addition to renewing their convictions, the conference provides an opportunity for these childhood injury prevention advocates to network with representatives from around the country.

The objectives of the 2017 Annual Conference are to provide participants with an opportunity to:

- Study and encourage research in the field of injury prevention.
- 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 trauma centers develop and improve injury prevention programs.
- Share information about innovative injury prevention best practices.
- Describe how trauma centers can develop and evaluate community-based injury prevention programs.
- Identify opportunities for multi-city projects and research as well as opportunities to learn more about translating research into practice in minority and resource-limited communities.
- Provide attendees with the opportunity to revitalize their creative energies in order to continue to innovate and sustain healthy communities.

**Accreditation**

**Continuing Medical Education**
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Cincinnati Children's and the Injury Free Coalition for Kids at the Center for Injury Epidemiology and Prevention, Mailman School of Public Health, Columbia University. 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 12.0 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**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 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. All planning committee members and/or faculty members were determined to have no conflicts of interest pertaining to this activity.

# Table of Contents

# Table of Contents, Cont.

Welcome to the 22nd Annual Injury Free Coalition for Kids National Conference. I would like to thank everyone who made the trip for this conference. We have an exciting agenda this year with some new features. Hopefully, this year's conference will allow each of you to learn some new things, establish connections and take home some great ideas for preventing injuries to children.

We have a fabulous Keynote Speaker, Dr. Karen Sheehan, who has done some incredible work in Chicago to improve the health of at-risk kids. Our Pioneer Award winner this year, Daniel Webster, ScD, is one of the nation's leading experts on gun violence prevention and firearm policy. He is co-editor of an outstanding book, Reducing Gun Violence in America: Informing Policy with Evidence and Analysis (JHU Press, 2013). This is a must-read for all involved in violence prevention. His words promise to be inspiring.

This year's conference includes 4 abstract sessions, 6 workshops from which to choose, and a morning of poster presentations. Topics span the range of both intentional and unintentional injuries. In addition, we have a special presentation. This year marks the 100th anniversary of the birth of Pediatric Surgery. On December 6, 1917 there was a maritime disaster off of the coast of Nova Scotia, the Halifax Explosion, which was the most powerful man-made explosion in history to that point. Dr. J.J. Tepas will share his thoughts on this event and how it became the beginning of Pediatric Surgery.

I would like to thank the Program Committee for helping with this outstanding program that we will share over the next 2 ½ days. I look forward to meeting new people and establishing new connections during what promises to be an exciting conference. Please feel free to reach out to me if you need anything.

Thank you all for attending and enjoy the conference.

Wendy J. Pomerantz, MD, MS, FAAP
Injury Free Coalition for Kids Board President
Co-Director Injury Free Coalition for Kids, Greater Cincinnati
Professor of Pediatrics
University of Cincinnati
Cincinnati Children's Hospital

Welcome to Forging New Frontiers: The Annual Conference of the Injury Free Coalition for Kids.
When we began holding this conference more than 20 years ago, we did so in an effort to bring together our sites across the country. We wanted them to have a chance to network with each other, learn from one another and have fun while addressing one of this country's most threatening challenges for children. This weekend those efforts continue.

The National Program Staff and the Injury Free Board look forward to hearing your presentations and learning about the important research and program work that you are doing. We have outstanding keynote speakers addressing one of the biggest difficulties facing our children today, violence. Our Pioneer Award Winner Daniel Webster has made addressing firearm injuries his life's work, Karen Sheehan, the PI of Injury Free Chicago is a forerunner when it comes to addressing community based violence and injury prevention with Chicago Youth Programs. I am also excited to honor one of our very own this year, Dr. Michael Hirsh who will receive the Injury Free Lifetime Achievement Award. As you get to know him and see everything he has done you will know why I need not say more. There is one other real highlight I need to mention about this year. Dr. Joseph Tepas will talk about how Pediatric Surgery was started 100 years ago following the explosion in Halifax Harbor, which injured many children.

This is scheduled to be a wonderful weekend. So, network, network, network while seeking solutions to all your Injury Prevention struggles and have a great time.

Barbara Barlow MD, MA
Professor of Surgery in Epidemiology Emerita
Associate Director Center for Injury Epidemiology and Prevention
Columbia University, Mailman School of Public Health
Executive Director and Founder
Injury Free Coalition for Kids

## Karen Sheehan, MD, MPH

Medical Director, Lurie Children's Injury Prevention and Research Center
Medical Director, Lurie Children's Healthy Communities
Professor of Pediatrics and Preventive Medicine
Northwestern University Feinberg School of Medicine

Karen Sheehan has a 30-year boundary spanning career in bridging clinical medicine and population health. In the mid 1980's, as a Northwestern University Medical student, she joined the effort to found the Chicago Youth Programs, a community based organization whose goal is to improve the health and well-being of at risk youth. She continues to serve as the northside clinic director and is currently President of the Board of Directors.

Dr. Sheehan completed her pediatric residency training and pediatric emergency medicine fellowship at Children's Memorial Hospital. Her interest in injury prevention was informed by her clinical work. In the mid 1990's, she became the PI for one of the first outreach sites of the Injury Free Coalition for Kids (Injury Free). Influenced by the work of other Injury Free sites and by partnering with others, Dr. Sheehan has directed local efforts to improve the safety and quality of Chicago park district playgrounds and a successful city-wide initiative to decrease the number of children falling from windows. She was instrumental in establishing Strengthening Chicago's Youth (SCY), a violence prevention collaborative whose mission is to build capacity among stakeholders to connect, collaborate, and mobilize around a public health approach to violence prevention. This past March, Dr. Sheehan became the inaugural medical director of a new effort, Lurie Children's Healthy Communities, which works to improve health equity for the children of Chicago.

Dr. Sheehan is also Associate Chair of Advocacy for the Department of Pediatrics, co-directs the Advocacy and Population Health Pathway, and chairs the Health and Society Element for the Feinberg School of Medicine. She was selected in 2016 to receive the UIC School of Public Health's Dr. Jacob Brody Epidemiology and Biostatistics Alumni Achievement Award.

## Daniel Webster, ScD, MPH

Director, Johns Hopkins Center for Gun Policy and Research
Co-Director, Johns Hopkins Center for the Prevention of Youth Violence
Professor, Department of Health Policy and Management
Johns Hopkins Bloomberg School of Public Health

Daniel Webster is one of the nation's leading experts on the prevention of gun violence. Dr. Webster has published over 100 articles in scientific journals on topics including gun policy, violence prevention, youth violence, intimate partner violence, substance abuse, and injury prevention. He is the lead editor and a contributor to Reducing Gun Violence in America: Informing Policy with Evidence and Analysis (Johns Hopkins University Press, 2013). For more than twenty years, Dr. Webster's research and policy analyses have helped shape local, state and federal policies on gun violence prevention. He is frequently quoted and had commentaries published in top-tier national media outlets including CNN, MSNBC, NPR, The New York Times, The Washington Post, The Wall Street Journal, U.S. News and World Report, and the Associated Press.

Dr. Webster's research and leadership have been particularly evident in Baltimore where he advises the Mayor's Office, Police Department, and Health Department on strategies to reduce gun violence. He co-chairs the advisory board for Safe Streets, a public health program to prevent shootings involving youth by changing behaviors and social norms related to gun violence. An evaluation he led showed the program reduced homicides, nonfatal shootings and youths' acceptance of using guns to settle disputes. Dr. Webster has led Baltimore's Homicide Review Commission and now leads the Johns Hopkins-Baltimore Collaborative for Violence Reduction, a partnership between Johns Hopkins, Baltimore Police Department, and State's Attorney's Office to promote data-driven innovation to reduce violence and improve police-community relations. In 2016, he received Baltimore City's Health Equity Leadership Award.

Nationally, Dr. Webster's research on handgun purchaser licensing and background checks led to the introduction of Federal legislation in the House and Senate in 2015 and was the basis for a national faith-based advocacy campaign. President Obama cited this research in his 2016 address to the nation on gun violence as evidence in support of universal background checks. He has been an invited speaker at events convened by the White House, testified before the US Congress, and before state and local legislators working on gun violence. In 2015, Dr. Webster received the American Public Health Association's David Rall Award for science-based advocacy on behalf of public health. He was also selected to receive Johns Hopkins University's Distinguished Alumni Award for 2017.

## J.J. Tepas III, MD, FACS, FAAP

Emeriti Professor of Surgery and Pediatrics
University of Florida College of Medicine, Jacksonville

Joseph Tepas III, MD FACS, FAAP is Emerit Professor of Surgery and Pediatrics at the University of Florida College of Medicine-Jacksonville, and is certified by the American Board of Surgery in the specialties of Pediatric Surgery and Surgical Critical Care. He is a member of numerous editorial boards of scientific journals, and is the author of 172 peer-reviewed publications, 30 book chapters, and 232 national and international presentations.

Dr. Tepas was Principal Investigator for the Florida Emergency Medical Services for Children federal demonstration project, and has served on numerous national committees for the American Academy of Pediatrics, the American College of Surgeons, and the American Pediatric Surgical Association. Research activities include NIH-funded investigation of biomarkers of acute brain injury as well as multi-institutional investigation of the role of biomarkers of metabolic derangement in defining timing and technique of operative intervention in high risk premature infants with necrotizing enterocolitis.

As the first physician member of the Florida Medicaid Waiver Low Income Pool (LIP) council, and as the APSA representative to the Surgical Quality Alliance, Dr. Tepas has been actively involved in health policy development on both the state and national levels. He is a member of the American College of Surgeons Health Policy Advisory Group, and leader of the NSQIP Florida Surgical Quality Collaborative. As chair of the ACS electronic medical record (EMR) committee Dr. Tepas is working with other surgical leaders to establish more effective advocacy for clinician directed development of electronic clinical data management systems that facilitate provision of surgical care while generating real time data driven clinical decision support.

# Congratulations 2017 Abstract of the Year Award Nominees

The abstracts below were selected for presentation at the conference and nominated to receive recognition as the 2017 Abstract of the Year. Each abstract was judged on the degree to which: the research topic identified a new area of study and/or addressed the topic in a novel and unique manner, the methodology of the research was scientifically valid, the research topic was relevant to injury control or violence prevention, the way the presenter articulated the research and responded to questions and critiques and the degree to which the author communicated the hypothesis, methodology, research, results, and conclusion of the research through written word. Scoring and ranking will take place during the conference and the award will be presented Sunday afternoon at the conclusion of the conference. There will be two awards: one for best original research abstract and one for best program design.

## Original Research

Effectiveness of the Asking Saves Kids gun violence prevention campaign in an urban pediatric clinic
Lincoln Medical Center, New York, NY

Traumatic brain injuries after building falls: kids still can't fly, even in non-urban areas
Cincinnati Children's Medical Center, Cincinnati, OH

Chicago vs suburban Cook County suicide deaths among 10-24-year-olds, 2005-2010
Children's Hospital of Philadelphia, Philadelphia, PA

Epidemiology of pedestrian injuries and fatalities in the United States, 2006-2015
KK Women's and Children's Hospital, Singapore

Gun carrying among freshmen and sophomores in Chicago, New York City and Los Angeles public schools:
the youth risk behavior survey, 2007-2013
Children's Hospital of Philadelphia, Philadelphia PA

The mechanisms and injuries associated with playground slides in young children: increased risk of lower extremity injuries with riding on laps
University of Iowa Stead Family Children's Hospital, Iowa City, IA

Is an age waiver worth a teen's life?
Arkansas Children's Hospital, Little Rock, AR

Pediatric falls ages 0-4: understanding demographics, mechanisms, and injury severities
Children's Healthcare of Atlanta, Emory University School of Medicine, Atlanta, GA

Valet parking attendant child restraint system injury prevention program identifies populations at risk for critical misuse
Cohen Children's Medical Center, Long Island, NY

Pediatric bicycling injury and helmet usage: Illinois trauma registry data
Northwestern University Hospital, Chicago, IL

## Program Evaluation

Acceptability of an electronically delivered parenting skills intervention for parents of alcohol or drug positive pediatric trauma patients
Hasbro Children's Hospital, Providence, RI

Evaluation of a community-based safe firearm and ammunition storage intervention
Seattle Children's, Seattle, WA


Michael Hirsh, MD, FACS, FAAP

## Lifetime Achievement Award

Michael Hirsh, MD, FACS, FAAP is a native New Yorker who is Professor of Surgery and Pediatrics at the UMass Medical School and Surgeon-in Chief of the UMass Memorial Children's Medical Center in Worcester, MA. He is Division Chief of Pediatric Surgery and Trauma and Associate Surgical Director of the Trauma Center and Pediatric Intensive Care Unit. He is Co-Director of the Injury Free Worcester and was the first president of the Injury Free Coalition for Kids Board of Directors when it was formed in 2009. He is the only PI who has formed three sites. Prior to going to Worcester, Dr. Hirsh founded two Injury Free sites in Pittsburgh one at Mercy Hospital and one at Children's. He has immersed his career with the development and implementation of innovative interventions to prevent pediatric injury and address firearm injuries. Following the loss of his best friend to a firearm injury, he became the co-founder of Goods for Guns, a firearm exchange program that has taken more than 3,200 guns off the street since 2002. In 2012, His prevention work led him to be invited to serve as the Medical Director for the Department of Public Health for the Central MA. Regional Public Health Alliance, a consortium of seven municipalities in Central MA including Worcester, New England's 2nd largest city. Injury prevention is now one of the five top priorities of the regions Community Health Improvement Plan (CHIP) aiming to make the region the healthiest in New England by 2020.

Dr. Hirsh has long recognized that fulfilling the principles of the medical profession requires going beyond the traditional scope of practice in order to address the social, economic, and political barriers that interfere with the health and well-being of our most vulnerable citizens. Obstacles and challenges have never stopped Dr. Hirsh from working to improve the health and welfare of children, especially those from vulnerable populations. He clearly demonstrates the need for injury prevention in his community and had the passion and commitment that makes a difference to the children living in economically stressed neighborhoods with high injury rates. Dr. Hirsh has done some incredible work at Worcester and has established some wonderful programs there which were instrumental in improving the health and safety of children by preventing injuries. A few examples of his community work include gun buyback programs, a program engaging residents in their communities to provide injury prevention, teen driving effectiveness at the community level, and Safety Streets. The Mobile Safety Street program that he developed and found funding for, now educates children in the Worcester areas about home and street safety. His commitment and programs has attained national recognition.

Dr. Hirsh is an exceptional individual who makes community service a way of life. He exemplifies a sense of caring and responsibility for others that connects citizens and solves community problems around injury prevention. This award from the Injury Free Coalition for Kids is a fitting recognition of him as a national leader in pediatric injury prevention.

# PC of the Year Award

Amy Hill, MS

## Amy Hill, MS

Ms. Hill began serving as Program Coordinator of Injury Free Chicago two years after the site was established in 1995. Amy's work has focused on preventing unintentional injuries—playground, home (window falls, poisoning, safe sleep), bike, pedestrian, and child passenger safety. She has led efforts that have improved the health and well-being of Chicago children. In 1995, Injury Free Chicago built its first community built playground—since then Amy has led the way for the building of all but one of 25 playgrounds Injury Free Chicago has built. She became a certified playground inspector and partnered with a parks advocacy group, surveyed the 500 park district playgrounds for safety and provided the information to the park district. The information was used to make simple repairs but it was also the catalyst to make changes when it clear that replacement playgrounds were needed. The Park District used Injury Free Chicago's data to inform the prioritization of replacing 350 playgrounds. The efforts were published in a paper describing, Playground Safety and Quality in Chicago, in Pediatrics (http://pediatrics.aappublications.org/content/131/2/233). In addition, Amy inspects all of the head start playgrounds in Chicago for their NAEYC certification requirements. She is Chicago's only certified playground inspector.

Amy's second quantifiable achievement is found in the site's Stop the Falls campaign, a citywide coalition led by Lurie Children's Hospital and coordinated by Amy. Stop the Falls uses public health education and safety product distribution to prevent window falls. The effort 15 years ago and its findings were reported at the AAP in Chicago this fall. They demonstrate a significant decrease in falls from windows through the site's collective efforts.

Amy has demonstrated significant leadership qualities with multiple examples of innovation. When funding issues caused some years of lean staffing, Amy developed some strategies to extend community reach. Over the past decade, Injury Free Chicago has distributed between 12-15,000 home safety bags. When the site had sufficient staffing, a train the trainer model of in person training to community agency allowed agency to then teach their clients. When the site's staff no longer allowed this time-consuming delivery, Amy developed an on-line training curriculum for community partners. It's a process they actually preferred because lessons could be viewed at a time that works the trainee's schedule. Amy also helped the hospital's volunteer office create a community volunteer corps which provides safety information at community events. Although health fairs aren't the most effective strategy in promoting health, Injury Free Chicago finds them helpful to promote simple safety messages, especially when providing safety products such as window sash stops and bike helmets.

Amy has formed relationships with many local, county, and state organizations. She works with many health departments including Chicago's, Cook County's, and others across the state. She partners with multiple safety focused organizations such as other hospitals, Kids in Danger, Illinois Poison Center, and the Ounce of Prevention. She is on the health advisory committees of several head start coalitions. She collaborates with multiple community agencies including home visiting programs and after school programs. She works with multiple alderman on safety initiatives and with local schools. She is on state task forces including one that focusses on safe sleep.

During the last several years, Amy has become much more engaged in media activities. It was something she had previously shied away, but now proves to be quite competent. On TV, Amy is calm and reassuring to parents in addition to being extremely knowledgeable. She has done TV, radio, and print on several different safety topics. Lately, she has been doing Facebook Live sessions, a format that site has found as an effective way to promote injury prevention education.

Her PI describes her as a PC rock star who is well deserving of this honor!

22nd Annual Injury Free Coalition for Kids® National Conference

# Forging New Frontiers: Moving Forward with Childhood Injury Prevention

## 2017 Schedule at a Glance

| Friday, December 1, 2017 | | Room |
|---|---|---|
| 7:00-8:30 | Registration | Gulfstream |
| 8:30-8:40 | Logistics | |
| 8:40-8:50 | Welcome: Wendy Pomerantz, MD, MS, FAAP | Salons A-D |
| 8:50-9:00 | Introduction of Keynote Speaker: Amy Hill, MS | Salons A-D |
| 9:00-10:00 | Keynote Speaker: Karen Sheehan, MD, MPH | Salons A-D |
| 10:00-10:15 | Break | |
| 10:15-11:30 | Abstract Presentations Session, Moderators: Chuck Pruitt, MD and Teresa Riech, MD | Salons A-D |
| 11:30-12:30 | Lunch | Atrium |
| 12:30-2:00 | Abstract Presentations Session, Moderators: Steve Rogers, MD and Nicholas Saenz, MD | Salons A-D |
| 2:00-2:15 | Break | |
| 2:15-2:45 | Presentation: 100th Anniversary of Pediatric Surgery, Joseph Tepas, MD | Salons A-D |
| 3:00-4:30 | PI/PC Meeting | Salons A-D |
| 6:00-7:30 | Welcome Reception | Terra & Aqua |
| 7:30-10:00 | Board Meeting | Gulf Stream |

| Saturday, December 2, 2017 | | |
|---|---|---|
| 7:00-8:00 | IAMSBIRT Investigator Meeting | Gulf Stream |
| 7:00-8:00 | Breakfast | Atrium |
| 8:00-8:05 | Good Morning | Salons A-D |
| 8:05-8:15 | Pioneer Award Presentation and Introduction of Keynote Speaker Mike Hirsh, MD | Salons A-D |
| 8:15-9:15 | Keynote Speaker: Daniel Webster, ScD, MPH | Salons A-D |
| 9:15-9:30 | Break | |
| 9:30-10:45 | Abstract Presentations Session, Moderators: Marie Crandall, MD, MPH, FACS and Terri McFadden, MD, FAAP | Salons A-D |
| 10:45-11:00 | Break | |
| 11:00-12:00 | Abstract Presentations Session, Moderators: Michele Nichols, MD and Joelle Donofrio, MD | Salons A-D |
| 12:00-1:00 | Lunch | Atrium |
| 1:00-2:30 | Workshop 1: Providers ungagged at last about “gunsense”- so what do we say and how and when do we say it? | Salon D |
| 1:00-2:30 | Workshop 2: From nothing to everything: developing a comprehensive children’s hospital injury prevention program | Salon C |
| 1:00-2:30 | Workshop 3: Honing leadership skills to further grow your injury prevention program | Salon B |
| 2:45-4:15 | Workshop 1: How to make a difference: a novel approach to teaching what every pediatrician needs to know about legislative advocacy | Salon C |
| 2:45-4:15 | Workshop 2: Getting your work on paper and then to presentation: How to write a scientific abstract | Salon B |
| 2:45-4:15 | Workshop 3: Developing an effective suicide prevention program at your Injury Free site | Salon D |
| 5:30-6:30 | Reception | Terra & Aqua |
| 6:30-9:00 | Dinner | Gulf Stream |

| Sunday, December 3, 2017 | | |
|---|---|---|
| 8:00-9:00 | IAMSBIRT Investigator Meeting | Gulf Stream |
| 9:00-9:30 | Business meeting | Gulf Stream |
| 9:30-11:00 | Poster Presentation Session, Moderators: Mike Gittelman, MD and Jessica Naiditch, MD | Salons A-D |
| 11:00-11:15 | Break | |
| 11:15-12:00 | Posters with author attendance | Salons A-D |

# NOTES

# 2017 Agenda

Time & Room

## Friday, December 1, 2017

7:00-8:30 **Registration**
Gulfstream
8:30-8:40 **Logistics**

8:40-8:50 **Welcome Wendy Pomerantz, MD, MS, FAAP**
Salons A-D
8:50-9:00 **Introduction of Keynote Speaker Amy Hill, MS**
9:00-10:00 **Keynote Speaker: Karen Sheehan, MD, MPH**
**Promote Health Equity, Prevent Violence**

While New York City and Los Angeles have seen significant reductions in violence, Chicago has seen a significant increase over the last several years. The precise reason for this upsurge in violence is not entirely clear. However, it is not a stretch to appreciate using traditional injury prevention strategies, may be one approach to impacting this deadly epidemic.

**Participants in this session will learn to:**
1. Describe how the burden of violence in Chicago disproportionately impacts youth of color;
2. Define the socioecological approach to youth violence prevention;
3. Discuss how addressing health equity is a tool to prevent violence;
4. Apply a multilevel approach to youth violence prevention;
5. Identify strategies to sustain interventions.

10:00-10:15 **Break**

10:15-11:30 **Presentation Session: Sliding, Biking, Walking, And Falling: A New Look at a Kid's World of Injury**
Salons A-D **Abstract Presentations, Moderators: Charles Pruitt, MD, FAAP and Teresa Riech, MD, MPH, FAAP, FACEP**

The rich world of the developing child is rife with hazards and, sometimes, injuries. These epidemiologic reviews of common childhood injuries shed new light on some typical mechanisms of injury. During this session we will look in depth at predictable age related injuries but from new perspectives with resultant novel and interesting outcomes. Join us as we dig deeper into the data concerning a kid's world of injury; you just might be surprised by what we find!

**Participants in this session will learn to:**
1. Recognize the unique risk to the child when sliding in a parent's lap;
2. Examine the influence of legislation and sociodemographics on helmet use;
3. Recognize the changing epidemiology of auto vs. pedestrian injuries;
4. Determine the effects of how and where falls occur on the seriousness of injury;
5. Discuss the variations in severity and mechanism of injury for falls in the youngest population.

**Moderators:** **Charles Pruitt, MD, FAAP**
President, Utah Chapter, American Academy of Pediatrics
Medical Director, Child Advocacy - Primary Children's Hospital
Associate Professor - University of Utah, Department of Pediatrics
Division of Pediatric Emergency Medicine

**Teresa Riech, MD, MPH, FAAP, FACEP**
Medical Director, Pediatric Emergency Department,
OSF Saint Francis Medical Center and Children's Hospital of Illinois, Peoria, IL
Clinical Assistant Professor of Emergency Medicine and Pediatrics,
University of Illinois College of Medicine, Peoria

Time & Room

**Presenters:** **The mechanisms and injuries associated with playground slides in young children: increased risk of lower extremity injuries with riding on laps**
Charles Jennissen, MD, Iowa City, IA
**Pediatric bicycling injury and helmet usage: Illinois Trauma Registry Data**
Raquel Weston, MD, Jacksonville, FL
**Epidemiology of pedestrian injuries and fatalities in the United States, 2006-2015**
Lois Lee, MD, MPH, Boston, MA
**Traumatic brain injuries after building falls: kids still can't fly, even in non-urban areas**
Kirsten Loftus, MD, Cincinnati, OH
**Pediatric falls ages 0-4: understanding demographics, mechanisms, and injury severities**
Sofia Chaudhary, MD, Atlanta, GA

11:30-12:30 **Lunch**
Atrium

12:30-2:00 **Infant safety: keeping our most vulnerable population safe at home and on the road.**
Salons A-D **Abstract Presentations, Moderators: Steve Rogers, MD and Nicholas Saenz, MD**

Despite a steady decrease in the number of Sudden Infant Death Syndrome (SIDS) cases, National Center for Health Statistics (NCHS) data shows SIDS remains the highest cause of infant death for children under one year old. Most of these deaths take place in the crib. Outside of the crib, CDC data shows car crashes involving children improperly restrained in motor vehicles is the number one cause of death for children. This session will cover the most recent advances and information regarding infant safety. Cutting edge research and programs will be described that help improve the safety of infants during sleep and while in cars.

**Participants in this session will learn to:**
1. Describe the impact of hospital based child passenger safety programs;
2. Identify community pediatric practice child passenger safety education programs;
3. Recognize the importance of renewed investment in prevention strategies for Sudden Unexpected Infant Deaths (SUID);
4. Describe how promoting successful breastfeeding while discouraging bed sharing is possible and may reduce SUIDs;
5. Recognize opportunities to increase safe sleep knowledge and practice among male caregivers.

**Moderators:** **Steve Rogers, MD, MS-CTR**
Attending Physician - Division of Emergency Medicine
Director - Emergency Mental Health Services
Connecticut Children's Medical Center
Research Scientist
Connecticut Children's Injury Prevention Center
Associate Professor
University of Connecticut School of Medicine

**Nicholas Saenz, MD, FACS, FAAP**
University of California at San Diego
Professor of Surgery
Division of Pediatric Surgery

**Presenters:** **Child passenger safety champions: expanding child safety seat resources at a children's hospital**
Margaret (Meg) McCabe, BA, CPST, Boston, MA
**Valet parking attendant child restraint system injury prevention program identifies populations at risk for critical misuse**
Ibrahim Abd El-Shafy, MD, Long Island, NY
**Car seat checks in the community pediatrician's office**
Dina Burstein, MD, MPH, CPSTI, Providence RI
**Increasing proportional contribution of SUID to mortality among those less than 20 years - United States, 2000-2014**
Douglas Roehler, PhD, MPH, Chicago, IL
**Preliminary analysis of infant safe sleep data in a Midwestern home visiting program**
Sheena Hussain, MPH, Chicago, IL
**Identifying paternal perceptions of infant safe sleep**
Beverly Miller, MEd, Little Rock, AR

# Agenda, cont.

Time & Room

2:00-2:15 **Break**

2:15-2:45 Salons A-D **Keynote Speaker: Joseph Tepas, III, MD: From blast to B-Con: 100 years after the Halifax explosion can children transition from injury victims to life savers?**

On December 6, 1917, a Norwegian collier departing Halifax harbor collided with SS Mont Blanc, a French ship loaded with munitions. The collision ignited an explosion that destroyed most of downtown Halifax, Nova Scotia. The Mont Blanc was blown to pieces which rained down on the area as soot and shrapnel. Common injuries of those not incinerated by the 5000°C heat of 246 tons of burning benzol were lacerations, burns, and blunt trauma. Among the 1600 fatalities were 579 children. Having already committed himself to improvement of surgical care of infants and children, Dr. William Ladd led one of the medical response teams from Boston. As a century ago, injury remains the most common cause of childhood death. Analysis of mass casualty experiences at Sandy Hook, CT and Aurora, CO suggest that immediate hemorrhage, as was so in Halifax, was a potentially preventable cause in almost half of victims. Stimulated by the Hartford Consensus, the American College of Surgeons, in concert with other national organizations is deploying a short course (B-Con), designed to teach immediate bleeding control measures to the lay public, including interested junior high school students. Based on European and Canadian experience with understanding and retention of complex processes of cardiopulmonary resuscitation, promulgation of simplified training in emergent bleeding control will transform a segment of the population that traditionally has been at greatest risk of mass casualty events from bystanders to life savers.

**Participants in this session will learn to:**

1. Describe the experience of the Halifax Explosion;
2. Review the event's relationship to the initiation of the discipline of Pediatric Surgery;
3. Discuss causative factors in terms of modern quality improvement;
4. Review current data regarding validity of BLS training of middle school students;
5. Describe the B-Con project as currently being promulgated.

3:00-4:30
Salons A-B **PI Meeting Wendy Pomerantz, MD, MS, FAAP**
Salons C-D **PC Meeting, Lyse Deus**

6:00-7:30 **Welcome Reception**
Terra & Aqua
7:30-10:00 **Board Meeting**
Gulf Stream

**Saturday, December 2, 2017**

7:00-8:00 **IAMSBIRT Investigator Meeting**
Gulf Stream
7:00-8:00 **Breakfast**
Atrium
8:00-8:05 **Good Morning**
Salons A-D
8:05-8:15 **Pioneer Award Presentation and Introduction of Keynote Speaker Mike Hirsh, MD**

8:15-9:15 **Award Winner and Keynote Speaker: Daniel Webster, ScD, MPH: Pathways and obstacles to preventing gun violence among youth**

This presentation will examine epidemiologic data and trends on homicides, suicides and unintentional shooting deaths involving youth and evidence relevant to the prevention of these deaths. Strategies designed to reduce youths' exposure to firearms as well as interventions designed to reduce youths' risk-taking behavior with firearms will be discussed. Public health approaches to reducing youth-involved gun violence will be critically examined with the best available data. Recommendations will be offered for effective policies, programs and practices.

**Participants in this session will learn to:**

1. Describe the basic epidemiology (risk factors, common circumstances) of firearm homicide, suicide, and;
2. Identify common ways that youth gain unsupervised access to firearms;
3. Explain common public health approaches to reducing firearm injuries and deaths;

Time & Room

4. Analyze the evidence behind public health and other strategies directed at firearm violence involving youth;
5. Identify obstacles to successful interventions to reduce gun-related injuries and violence involving youth;
6. Synthesize available evidence to propose promising directions for firearm injury prevention.

9:15-9:30 **Break**

9:30-10:45 Salons A-D **Guns, safety, and neglect: childhood challenges 2017.** Abstract Presentations, Moderators: Marie Crandall, MD, MPH, FACS and Terri McFadden, MD, FAAP

Injuries are among the most under-recognized public health problems facing the United States today. About 20 children die every day from a preventable injury – more than die from all diseases combined. Injuries requiring medical attention or resulting in restricted activity affect approximately 20 million children and adolescents and cost $17 billion annually in medical costs. While unintentional injuries, particularly motor vehicle injuries are the most significant cause of death in children from 1 to 19 years, SUID causes greater than 2/3 of the deaths of children 1 to 12 months old and child abuse and youth violence are also significant contributors to child mortality and morbidity. Child abuse and neglect is highly prevalent with self-report data suggesting that at least 1 in 7 children have experienced child abuse and/or neglect in the last year. Youth violence is also a significant public health concern with homicide as the second leading cause of death for young people between the ages of 15 and 24. In a 2013 nationwide survey, about 24.7% of high school students reported being in a physical fight in the 12 months before the survey and 17.9% of high school students in reported taking a weapon to school in the 30 days before the survey. From child abuse to youth violence, violence prevention and intervention efforts that focus on only one form of violence can be broadened to address multiple, connected forms of violence and increase public health impact as experiencing one form of violence can increase families' and individuals' risk for others.

**Participants in this session will learn to:**

1. Recognize the effectiveness of a community-based firearm and ammunitions storage program with respect to improving safe storage practices;
2. Describe the association between violence risk index and likelihood of gun carrying behaviors among urban youth;
3. Identify at least two factors, which affect child abuse and neglect professionals' determination of parental neglectful behaviors;
4. Describe the effectiveness of a gun safety education program to improve pediatrician comfort in discussing gun safety with patients and their families;
5. Identify differential media reporting of main causes of unintentional death of children in Chicago.

**Moderators:** **Marie Crandall, MD, MPH, FACS**
Professor of Surgery
Director of Research, Department of Surgery
Associate Program Director, General Surgery Residency
University of Florida College of Medicine Jacksonville

**Terri McFadden, MD, FAAP**
Associate Professor of Pediatrics
Director of Primary Care Initiatives
PARTNERS for Equity in Child and Adolescent Health
Emory University School of Medicine
Medical Director, Primary Care
Children's Healthcare of Atlanta at Hughes Spalding

**Presenters:** **Evaluation of a community-based safe firearm and ammunition storage intervention**
Chelsie Gallager, BS Seattle, WA
**Gun carrying among freshmen and sophomores in Chicago, New York City and Los Angeles, public schools: the youth risk behavior survey, 2007-2013**
Samaa Kemal, MD, MPH, Philadelphia, PA
**Effectiveness of the Asking Saves Kids gun violence prevention campaign in an urban pediatric Clinic**
Nina Agrawal, MD, New York, NY
**Deadly silence: differential media reporting of unintentional child deaths in Chicago**
Douglas Roehler, PhD, MPH, Chicago, IL
**Child abuse and neglect experts' determination of when a child being left home alone constitutes child neglect**
Erin Evans, BS, Iowa City, IA

10:45-11:00 **Break**

11:00-12:00 **Teenagers…what are we going to do?** Abstract Presentations, Moderators: Michele Nichols, MD and Joelle Donofrio, MD
Salons A-D

CDC Injury Prevention statistics show motor vehicle crashes are the leading cause of death for United States teens. Insurance Institute for Highway Safety (IIHS) Fatality Facts that state the risk of motor vehicle crashes is higher among 16-19-year-olds than among any other age group bares out and goes on to say, per mile driven, teen drivers ages 16 to 19 are nearly three times more likely than drivers aged 20 and older to be in a fatal crash. Right behind motor vehicle crashes, suicide claims more teen lives than any other disease. Centers for Disease Control and Prevention statistics show it is the second leading cause of death for children 12-18 years old.

This session highlights four studies, which focus on some of the hurdles our teenagers face in today's world. One study focuses on the reality of teen suicide—it is happening. The study looks at disparities in sex, race/ ethnicity, and mental health history, and the differences between urban and suburban suicide. Teen injury associated with alcohol is not uncommon. An electronically delivered parenting skills intervention was offered for those adolescents who screened positive for alcohol or drug use. Text-message based skill intervention may be a tool that can be used to educate and motivate parents. Teens are often eager to get behind the wheel of a car and parents can seek age waivers to allow their 14 and 15-year-old teens to be licensed early. A real question is if we are putting teens at higher risk for fatality with these waivers. Adolescents who are seen in a Level 1 trauma center are often screened for alcohol/ drugs. One study looked at Injury Free sites to see how effectively teens are being screened at these trauma sites and how often intervention is being offered.

**Participants in this session will learn to:**

1. Identify youth suicide as a real concern and the difference between urban and suburban victims;
2. Describe parenting technology that can be accessed for intervention within the teen-parent dyad;
3. Recognize that age waivers for youth 14 and 15 years old to be licensed to drive places these youth at higher risk of death, especially if the automobile occupants are unrestrained;
4. Recognize that teens need to be screened for alcohol/ drugs more consistently in trauma centers and offered intervention more consistently as well when screening is positive;
5. Identify some of the help available to parents.

**Moderators:** **Michele Nichols, MD**
Professor of Pediatrics
Pediatric Emergency Medicine
Co-Medical Director, Regional Poison Control Center
Children's of Alabama
University of Alabama at Birmingham

**Joelle Donofrio, DO, FAAP, FACEP**
EMS Medical Director, Rady Children's Hospital of San Diego
Associate EMS Fellowship Director, UCSD
Assistant Professor of Clinical Medicine, UCSD School of Medicine

**Presenters:** **Is an age waiver worth a teens' life?**
Dawn Porter, BS, Little Rock, AR
**Screening, brief intervention, and referral to treatment practices at Injury Free Coalition for Kids Sites**
Christina Parnagian, BS, Providence, RI
**Acceptability of an electronically delivered parenting skills intervention for parents of alcohol or drug positive pediatric trauma patients**
Julie Bromberg, MPH, CCRP, Providence, RI
**Chicago vs Suburban Cook County suicide deaths among 10-24-year-olds, 2005-2010**
Ernika Quimby, MD, Philadelphia, PA

12:00-1:00 **Lunch**
Atrium

1:00-2:30 **Workshops**

Salon D **Providers ungagged at last about "gunsense"- so what do we say and how and when do we say it?**

Gun violence kills 8 children every day. 90 Americans die daily overall. 63% of these deaths are firearm suicides. More Americans have died from firearms domestically since the assassination of Martin Luther King Jr., April 4, 1968, than have died in all the wars we have fought as a nation since the Revolutionary War. We, as Injury Prevention specialists, need to do whatever we can to heighten awareness of the gravity of the situation and to emphasize that taking responsibility for managing our gun ownership rights, guaranteed by the 2nd amendment, is critical to our survival as a nation, "Living with guns" (~350 million in US homes, or 45% of all the world's firearms) is what this session is about.

**Participants in this session will learn to:**

1. Describe the importance of asking patients about their gun-owning and storage practices;
2. Recognize the essence of "Gunsense;"
3. Identify the dos and don'ts of communicating with patients;
4. Discuss how Injury Prevention Centers can take a lead in Firearm Injury Prevention discussions;
5. Identify ways to track and pool data for future investigation as to the impact of discussions with patients.

**Moderator:** **Michael P. Hirsh, MD, FACS, FAAP**
Surgeon-in-Chief, UMASS Memorial Children's Medical Center (UMMCMC)
Professor of Surgery and Pediatrics
UMASS Medical School (UMMS)
Chief, Division of Pediatric Surgery and Trauma (UMMCMC)
UMASS Memorial Health Care System (UMMHC)
Medical Director of the Worcester Division of Public Health
Co-Principal Investigator, Injury Free Coalition for Kids of Worcester

**Presenters:** **Key arguments led to the end a six-year process to stop the gag order prohibiting doctors from talking to the patients about firearms**
Judith Schaechter, MD, MPH Miami FL.
**Now that we have been empowered by the 11th Circuit's decision- how do we proceed?**
Mary Aitken, MD, MPH, Little Rock, AR.
**Best practices employed to engage providers and patients in the discussion of gun storage, ownership, and safety**
Pina Violano, PhD, MSPH, RN, New Haven, CT and Mike Hirsh, MD, Worcester, MA.
**Brady Campaign & Center to Prevent Gun Violence and the Injury Free Partnership Possibilities**
Robert Disney, BA, Washington DC

Salon C **From nothing to everything: developing a comprehensive children's hospital injury prevention program**

In 2012, Doernbecher Children's Hospital had complete turnover of the staff of its Tom Sargent Safety Center. Collaboration between a new medical director, program manager and volunteer-turned-staff member allowed the program to reinvent itself in a mindful and deliberate manner. Using principles of quality improvement, community organizing and advocacy, the program established a strategy and vision. In 5 years, the program has grown to provide direct service to over 2000 patients in both inpatient and outpatient settings, in all areas of primary and secondary injury prevention, as well as thousands more in the community. This workshop will share key lessons learned in program development, building effective teams, and how we can most effectively provide services to meet the needs of our patients. Program components discussed will include: • Safety Store • Child Passenger Safety (CPS) Fitting Station and Community Events • Inpatient CPS Consultation • Special Needs Transportation Consultation • Newborn Safety Program (CPS, Safe Sleep, and Home Safety) • Secondary Injury Prevention for Patients

After introducing the Doernbecher program, we will employ a novel learning tool, the American Academy of Pediatrics Project Planning Vision and Values, participants will map out potential partners and threats, establish a road map, and plan. We will conclude with a discussion to answer questions and establish follow up plans.

**Participants in this session will learn to:**

1. Identify key components of a comprehensive hospital based injury prevention program;

2. Discuss the necessary roles of injury prevention staff within a program;
3. Describe a successful model that includes both inpatient and outpatient consultation, standing and on- demand services, hospital staff collaboration and education;
4. Discuss the role of authentic partnerships in the development and function of a successful program;
5. Discuss the importance of a shared programmatic culture in achieving mutual success.

**Moderator:** **Ben Hoffman, MD**
Professor of Pediatrics CPST-I
Medical Director, Tom Sargent Safety Center
Doernbecher Children's Hospital

**Presenters:** **Ben Hoffman, MD, Adrienne Gallardo, MA**

Salon B **Honing Leadership skills to further grow your injury prevention program**

Leadership courses are popular among corporate entities, and these same lessons and principles can be applied to growing and sustaining injury prevention programs. Based on the popular book / course "The Leadership Challenge" by Kouzes & Posner, this workshop will provide an overview on basic concepts in leadership including the 5 practices and 10 commitments of effective leadership. Moderators and participants will then discuss examples of how these concepts have applied to their injury prevention programs as well as brainstorm how these ideas might be used to further grow and enhance individual injury prevention programs. Leaders from Injury Free sites in various stages of growth from the newly rejuvenated to the long-standing stalwarts will also share their tips on how to evolve to the next level for your program.

**Participants in this session will learn to:**
1. Describe the 5 practices and 10 commitments of effective leadership as explained by Kouzes & Posner;
2. Identify and apply K&P leadership skills to further enhance injury preventions program and/or overcome a current problem;
3. Recognize what it takes to grow and sustain an injury prevention program;
4. Select at least 1 K&P commitment of effective leadership to practice in the months following the Injury Free conference;
5. Support other Injury Free sites in their growth and development.

**Moderator:** **Maneesha Agarwal, MD**
Assistant Professor of Pediatric Emergency Medicine
Emory University School of Medicine
Children's Healthcare of Atlanta

**Presenters:** Maneesha Agarwal MD, Sofia Chaudhary MD, Wendy Pomerantz MD, MS, FAAP, Dawne Gardner, MBA, Kathy Monroe, MD

2:45-4:15 **Workshops**

Salon C **How to make a difference: a novel approach to teaching what every pediatrician needs to know about legislative advocacy**

Pediatricians bear witness every day to the limits of law and policy to protect children. It has been repeatedly shown that legislation is the most powerful agent to change behavior around injury prevention in general, and for child passenger safety in particular. Pediatricians must utilize our expertise and experience to help spur change in our communities, and this should begin in residency training. How can you effectively teach your learners the knowledge, skills and attitudes necessary to become effective advocates for kids? This workshop will employ hands-on, individual, small group, and large group work to empower attendees to become more effective advocates for injury prevention policy in their communities.?We will begin by identifying problems, interests and issues that each participant feels impacts their community.?We will then use a nationally recognized tool (the American Academy of Pediatrics Community Pediatrics Training Initiative Project Planning Tool) to walk through the initial steps of developing an approach to meet the needs of the community, using a law to require rear-facing car safety seats until 2 years of age as an example. Participants will be divided into small groups to work through a guided exploration on the Project Planning Tool, culminating in the development and sharing of plans for how to effectively communicate with both the community and media outlets, as well as legislators, practice in writing a newspaper op-ed, and the basics of the legislative process and how to prepare and deliver testimony.

This workshop will be fun, fast, active, collaborative, and practical! You will leave both energized and prepared to be a more effective teacher and advocate for kids in your community!

**Participants in this session will learn to:**

1. Describe a longitudinal curriculum that activates learners to Identify and develop a policy advocacy opportunity in response to a community health need;
2. Discuss steps necessary to develop and propose policy change;
3. Identify and collaborate with community partners;
4. Identify and Collaborate with legislators/changemakers;
5. Demonstrate skills that effectively communicate with community, media representatives and legislators;
6. Employ a nationally recognized tool to develop a curriculum that can be implemented at their institution.

**Moderator:** **Ben Hoffman, MD**
Professor of Pediatrics
Medical Director, Tom Sargent Safety Center
Doernbecher Children's Hospital

Salon B

**Getting your work on paper and then to presentation: How to write a scientific abstract**
**Moderator:** **Marlene Melzer-Lange, MD**

Writing a scientific abstract is an important skill to learn, but also can be a daunting task. Showcasing your program or research study at professional meetings is dependent upon your abstract being accepted. Clear, high-quality and concise abstracts are the key to success. The basic format typically includes: Background (including objectives of program/study), Methods, Results, and Conclusions. In this workshop, first we will explain the content that should be included in each of these sections. Next we will review various examples of abstracts of differing quality. Then we will divide into small groups to practice writing each section of the abstract. Participants will be asked to bring some information, data, or a working abstract related to a program/study to use for their abstract writing practice. For those participants who do not have specific data, study examples will be provided.

**Participants in this session will learn to:**

1 Describe the format behind writing a scientific abstract;
2. Identify the skills necessary to clearly state the objectives, methods, and results of your abstract;
3. Practice writing a medically scientific abstract;
4. Compare and contrast abstract content;
5. Understand qualities of clear objectives.

**Moderator:** **Marlene Meltzer-Lange, MD**
Professor of Pediatrics, Medical College of Wisconsin
Children's Hospital of Wisconsin

**Presenters:** **Abstracts are important!**
Marlene Melzer-Lange, MD, Milwaukee, WI
**Understanding Differences: Program, Program Evaluation and Research Abstracts**
Dina Burstein, MD, MPH, CPSTI, Providence, RI
**Common Abstract Foibles**
Pina Violano, PhD, MSPH, RN, New Haven, CT
**Secrets of Reviewing Abstracts**
Lois Lee, MD, MPH, Boston, MA

Salon D

**Developing an effective suicide prevention program at your Injury Free site**

Suicide is the second leading cause of death among children greater than 10 years of age. Suicide is preventable. Injury Free site can be an integral part of suicide prevention efforts in their communities. This workshop will describe the information needed t understand suicide epidemiology in your state/region and how that compares to national statistics. We will review and highlight evidence based suicide prevention resources including the Suicide Prevention Resource Center, CDC, NIMH/NIH and the American Foundation for Suicide Prevention. Finally, we will identify possible funding sources to help support your suicide prevention activities.

**Participants in this session will learn to:**

1. Recognize the epidemiology of youth suicide and need for prevention programs;
2. Identify reliable sources of information about suicide and prevention programs;
3. Describe prevention strategies and explore how they can be implemented;
4. Identify potential funding sources for suicide prevention;
5. Develop suicide prevention partnerships with community, state and national organizations.

**Moderator:** **Steve Rogers, MD, MS-CTR**
Attending Physician - Division of Emergency Medicine
Director - Emergency Mental Health Services
Connecticut Children's Medical Center
Research Scientist
Connecticut Children's Injury Prevention Center
Associate Professor
University of Connecticut School of Medicine

**Presenters:** **Prevention strategies and how they can be implemented as programs and research at an Injury Prevention Center,** Garry Lapidus, PA-C, MPH
**Community, state and national programs and partnerships,** Marisa Giarnella- Porco, LCSW

5:30-6:30 Terra & Aqua **Reception**

6:30-9:00 Gulf Stream **Dinner**

**Sunday, December 3, 2017**

8:00-9:00 Gulf Stream **IAMSBIRT Investigator Meeting**

9:00-9:30 Gulf Stream **Business meeting**

9:30-11:00 Salons A-D **Poster Presentations:** This interactive poster session will have presenters provide the plenary session with a 2-3 minutes synopsis of their work with a few minutes of group discussion following each presentation. Following the presentation in the plenary session, poster session attendees will walk poster to poster in an arranged fashion so that all the presenter's posters will be viewed. Also, posters will remain visible throughout the day so that further questions by attendees can be brought forward to the researcher. Session moderators will lead the group.

**Participants in this session will learn to:**

1. Recognize why enforcement is such a critical component of safety legislation effectiveness;
2. Identify motor vehicular hyperthermia;
3. Describe the potential reach of Facebook Live containing child passenger safety messages for parents;
4. Identify children at risk for window falls;
5. Describe how to use large data sets to understand factors associated with bicyclist- MVCs;
6. Recognize how an educational consult and life jacket program affected knowledge, attitudes, and self-reported behaviors regarding child drowning and safety strategies at swimming pools.

**Moderators:** **Mike Gittelman, MD**
Professor, Clinical Pediatrics
Division of Emergency Medicine
Co-Director, Comprehensive Children's Injury Center
Cincinnati Children's Hospital
Cincinnati, OH

# Agenda, cont.

**Jessica Naiditch, MD**
Trauma Medical Director
Dell Children's Hospital
Austin, TX

**Presenters:**

**Enforcement of off-road vehicle laws in youth,**
Evelyn Qin, BA, Iowa City, IA

**Not even for a minute: development of a children's board book on motor vehicular hypothermia,**
Joe Schaffner, MPA, CPST

**Beyond the inspection station: promoting child passenger safety through Facebook live,**
Victoria Salow, MPH, CHES, Chicago, IL

**Baby safety showers: an innovative opportunity for injury prevention education for expectant parents,**
Sarah Lazarus, DO, Atlanta, GA

**STOP at 4: a campaign to end window falls in Oregon**
Amber Kroeker, MPH CPST, Portland OR

**Recreational off-highway vehicle exposure, safety behaviors and crash experiences of Iowa Future Farmers of America Members**
Pam Hoogerwerf, BS, Iowa City, IA

**Risk factors for bicyclist-motor vehicle crashes in New Haven, Connecticut**
Pina Violano, PhD, MSPH, RN, New Haven, CT

**Child passenger safety online course**
Jessica St Onge, BS, CPST, Milwaukee, WI

**Furniture falls resulting in traumatic brain injuries: little tumble, big problem**
Wendy Pomerantz, MD, MS, FAAP, Cincinnati, OH

**Risk factors for Pedestrian-Motor Vehicle Crashes in New Haven, Connecticut**
Kirsten Bechtel, MD, New Haven, CT

**Interacting with driver educators using the Novice Driver Triad**
Deena Liska, MA, CPST-I, Milwaukee, WI

**Addressing water safety through a life jacket education program: a new approach for children ages 1 to 4 at swimming pools**
Tiffaney Isaacson, BS, Phoenix, AZ

11:00-11:15 **Break**

11:15-12:00 **Posters with author attendance**
Salons A-D

**Accreditation**

**Continuing Medical Education**
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Cincinnati Children's and the Injury Free Coalition for Kids at the Center for Injury Epidemiology and Prevention, Mailman School of Public Health, Columbia University. 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 12.0 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**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 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. All planning committee members and/or faculty members were determined to have no conflicts of interest pertaining to this activity.

Annual Injury Free Coalition for Kids® Conference
Forging New Frontiers: Moving Forward with Childhood Injury Prevention

Acknowledgements & Disclosures:

Maneesha Agarwal, MD
Mary E. Aitken, MD MPH
Kristen Bechtel, MD
Julie Bromberg, MPH
Dina Burstein, MD, MPH, CPSTI, FAAP
Sofia Chaudhary, MD
Marie Crandall, MD, MPH, FACS
Joelle Donofrio, DO, FAAP, FACEP
Robert Disney, BA
Erin Evans, BS
Adrienne Gallardo, MA
Chelsie Gallager, BS
Dawne Gardner, MBA, CPST
Marisa Giarnella, LCSW
Mike Gittelman, MD
Amy Hill, MS
Michael Hirsh, MD, FACS, FAAP
Ben Hoffman, MD
Pam Hoogerwerf
Sheena Hussain, MPH
Tiffaney Isaacson, BS
Charles Jennissen, MD
Samaa Kemal, MD, MPH
Amber Kroeker, MPH CPST
Garry Lapidus, PA-C, MPH
Sarah Gard Lazarus, DO
Lois Lee, MD, MPH
Deena Liska, MA
Kirsten Loftus, MD
Margaret (Meg) McCabe, BA, CPST
Terri McFadden, MD, FAAP
Marlene Meltzer-Lange, MD
Beverly Miller, MEd
Kathy Monroe, MD
Jessica Naiditch, MD
Michele Nichols, MD
Christina Parnagian, BS
Marisa Giarnella-Porco, LCSW
Dawn Porter, BS
Charles Pruitt, MD, FAAP
Evelyn Qin, BA, Iowa City, IA
Ernika Quimby, MD
Teresa Riech, MD, MPH, FAAP, FACEP
Douglas Roehler, PhD, MPH
Steve Rogers, MD, MS-CTR
Nicholas Saenz, MD, FACS, FAAP
Victoria Salow, MPH, CHES
Joe Schaffner, MPA, CPST
Judy Schaechter, MD, MBA
Karen Sheehan, MD, MPH
Jessica St. Onge, BS, CPST
J.J. Tepas III, MD, FACS, FAAP
Pina Violano, PhD, MSPH, RN
Daniel Webster, ScD, MPH
Raquel Weston, MD

**Forging New Frontiers:**

# Moving Forward with Childhood Injury Prevention

22nd Annual Injury Free Coalition for Kids® National Conference
December 1-3, 2017


## ACKNOWLEDGEMENT

**Injury Free Coalition for Kids® is supported by**

**The Bloomberg Foundation**
**I'm Safe! Inc.**


## 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 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. All planning committee members and/or faculty members were determined to have no conflicts of interest pertaining to this activity.


# ABSTRACTS & WORKSHOPS

## The mechanisms and injuries associated with playground slides in young children: increased risk of lower extremity injuries with riding on laps

Maggie Koos, MD, Gerene Denning, PhD, Charles Jennissen, MD

Background:
Playground slides continue to be a popular apparatus for childhood play and a frequent cause of childhood injury. Few studies have examined the mechanisms and injuries associated with slide-related injuries in the preschool child. The purpose of this study was to better understand the factors associated with slide-related injuries in young children.

Methods:
Playground slide injuries in children 5 years of age and younger from 2002-2015 were identified (N=12,686) using the National Electronic Injury Surveillance System (NEISS), a system that prospectively collects injury data from a stratified sampling of emergency departments from across the nation. Those injured were categorized by age, and descriptive and comparative analyses were performed.

Results:
Based on the NEISS's stratified sampling, an estimated 352,698 children less than 6 years of age were injured on slides in the United States during the study period. Overall, 59% were male. The age group with the highest percentage of injured children (22%) was 12-23 months. Significant differences among various age groups were noted by sex and race of patient, injury diagnosis and affected body part (all $p<0.001$). The most frequent diagnosis was a fracture (36%) which may be underestimated due to occult fractures, especially of the tibia (Toddler's fractures). Lacerations were 19% of the injuries. Overall, the affected body part was the lower extremity in 26% of those injured. The younger the age group of the child, the higher the percentages of injuries involving the lower extremity and of children noted to be on the lap of another person at the time of the injury (both $p<0.001$). For narratives mentioning that the child was on a person's lap, the injuries involved the lower extremity in 94% (577/614), with the vast majority involving the lower leg (tibia).

Conclusions:
The majority of injuries sustained on slides by infants and young toddlers are lower extremity fractures and sliding down on another person's lap is the primary cause of these injuries. Parents should be aware of the risk that a child's lower extremity can catch the side of a slide when going down on a person's lap, and that the potential twisting force on the child's lower extremity may cause a tibia fracture. We recommend that young children not go down a slide on another person's lap. Families should be counseled that if they elect to do so, extreme caution is necessary to avoid the child catching their foot on the slide surfaces.

Objectives:
Attendees will learn:
1. To describe the National Electronic Injury; Surveillance System (NEISS) and how it can be utilized for injury and safety research;
2. To identify the primary injuries suffered by pre-school children on slides and their mechanisms;
3. To recognize how many serious slide-related lower extremity injuries can be avoided by adults and adolescents not sliding with young children on their laps.

## Pediatric bicycling injury and helmet usage: Illinois trauma registry data

Raquel Weston, MD, Joe Fienglass, PhD, Marie Crandall, MD, MPH, FACS

Background:
There are over 200,000 pediatric bicycle related injuries that occur annually in the US. The injury that carries the most morbidity and mortality are traumatic brain injuries ( TBI). Several studies have shown helmets to be protective against TBI yet there is a lack of federal legislation requiring children to wear helmets. The purpose of this study was to examine pediatric bicycle injury trends, characterize the factors which affect pediatric trauma secondary to bicycling and assess the effect of helmet legislation.

Methods:
Children under 18 in the Illinois Trauma Registry from 1999-2009 presenting after bicycle injury were studied retrospectively. Severity scales were created based on ISS scores, GCS scores, and systolic blood pressure. Children were categorized with traumatic brain, face, or upper extremity injury based on International Classification of Diseases, Ninth Revision codes. Rates of injuries were compared over time in helmeted and non-helmeted children. A multiple logistic regression analysis was used to quantify the independent effects of helmet usage after controlling for age, zip code income, race and ethnicity, and drug usage on likelihood of TBI, and among those with TBI the severity of injury. Data were also examined in communities with and without helmet legislation.

Results:
A total of 3080 pediatric bicycle related crashes were

identified. There was no significant change in number of cases, number of various injuries (TBI, face, upper extremity), helmet usage, or severity of injury over the 11 years of study. Those wearing helmets were less likely to sustain a TBI, OR 0.56 (CI 0.37-0.84). In addition, male gender proved to be protective for TBI, OR=0.80 (95% CI 0.67-0.97) while older children were more likely to suffer a TBI. Overall 5.0% of patients were noted as wearing helmets. As compared to non-Hispanic white children, Black and Hispanic children were less likely to wear helmets, OR=0.24 (95% CI .09-.68) and OR=0.10 (95% CI 0.02-0.42) respectively. Those injured living within helmet zip code regions wore proportionally more helmets, 12.2%, than the overall 5.0%. There was no significant change in helmet usage between pre and post legislation in helmet legislation areas or over time in non-helmet legislation areas

Conclusions:
Rates of pediatric TBI from bicycle injury in Illinois trauma centers are not changing an appreciable amount. There was also no statistically significant change across the years of the analysis in total number of severe TBI. The protective effect of helmet use for higher income children found in other studies did not reach statistical significance in this analysis. However, similar to previous studies, non-Hispanic black populations as well as Hispanic populations were much less likely to wear helmets. Children in helmet legislation areas were significantly more likely to wear helmets throughout the years combined, although it is unclear how much of this is attributed to legislation versus other sociodemographic factors. There was also no difference in helmet use between pre- and post legislation.

Objectives:
Attendees will learn:
1. To describe how helmets are protective against Traumatic Brain Injury;
2. To Recognize children in legislation zones wear; helmets more often than those in non-legislation zones.
3. Identify how children in higher median income areas wear helmets more often than children in lower median income areas.

## Epidemiology of pedestrian injuries and fatalities in the United States, 2006-2015

Shu-Ling Chong, MBBS, MRCPCH, Li-Wei Chiang, MRCSEd M Med, Eric Fleegler, MD, MPH
John Allen Jr, PhD, Lois Lee, MD, MPH

Background:
Pedestrian injuries and fatalities are an increasing cause for concern in the United States (US). Although the overall fatalities due to motor vehicle crashes decreased from 2005 to 2014, the proportion of pedestrian fatalities increased from 11% to 15% during this period. Knowledge of pedestrian injury epidemiology and risk factors can aid in developing interventions to prevent these injuries and deaths. The objectives of our study are to describe the U.S. epidemiology of injuries and deaths of pedestrians after collision with a motor vehicle between 2006-2015 and to identify associated risk factors for pedestrian fatalities.

Methods:
This is a retrospective cohort study of U.S. pedestrian-motor vehicle collisions from 2006-2015. Data on pedestrian fatalities were obtained from the National Highway Traffic and Safety Administration's (NHTSA) Fatality Analysis Reporting System (FARS) and were included if an occupant of a vehicle or a non-occupant (i.e. pedestrian) died within 30 days of the crash. Data on non-fatal injuries were obtained from the NHTSA's National Automotive Sampling System General Estimates System, a nationally representative probability sample from police-reported crashes. Rates of death and injury and frequencies of crash characteristics were calculated. We performed a multivariate logistic regression for the outcome of pedestrian death controlling for demographic and crash related factors.

Results:
There were 674,414 injuries and 47,789 pedestrian fatalities during the 10-year study period. The majority of pedestrian deaths occurred in the urban setting (72.6%), in the evenings between 18:00 and 23:59 (47.3%), and involved passenger cars (41.9%). Injury rates were highest for those 15-19 years old (35.23/100,000) and lowest for the elderly > 85 years (13.73/100,000) and young < 5 years (8.57/100,000). In contrast, fatality rates were highest among the elderly (2.95/100,000 persons) and lowest for those 5-9 years old (0.39/100,000). While most collisions occurred at non-intersections (72.4%), older pedestrians were more likely to die at intersections compared to younger pedestrians ($p<0.0001$). In the multivariate regression model predictors associated with increased risk for pedestrian death include male gender (adjusted odds ratio [aOR] 1.46, 95% CI 1.19, 1.81), the elderly (aOR 3.28, 95% CI 2.41, 4.46), use of alcohol (aOR 1.79, 95% CI 1.37, 2.36), collisions after midnight (aOR 5.56, 95% CI 3.93, 7.87), at non-intersections (aOR 2.88 95% CI 2.28, 3.63), and involving heavy vehicles (aOR 2.18, 95% CI 1.24 – 3.83).

Conclusions:
Teens had the highest rates of injuries and the elderly

had the highest fatality rates from pedestrian-motor vehicle collisions. Factors associated with increased risk of pedestrian death after collision with a motor vehicle were male gender, the elderly, use of alcohol and certain crash characteristics. Interventions to address these risk factors may aid in decreasing injuries and deaths to pedestrians.

Objectives:
Attendees will learn:
1. To describe the epidemiology of pedestrian injuries and deaths after motor vehicle collision;
2. To recognize risk factors for pedestrian death after motor vehicle collision;
3. To identify and compare the datasets used for pedestrian deaths and injuries.

## Traumatic brain injuries after building falls: kids still can't fly, even in non-urban areas

Kirsten Loftus, MD, Tara Rhine, MD, MS, Wendy Pomerantz MD, MS, FAAP

Background:
Pediatric traumatic brain injury (TBI) is a leading cause of morbidity and mortality in children, with a substantial proportion of pediatric TBI secondary to unintentional falls. Although building falls cause particularly high morbidity and mortality, the cohort of children who specifically sustain pediatric TBI due to building falls has not been well-examined. Furthermore, public policy and research related to building falls have focused largely on urban populations. This study sought to use a robust dataset of 41 pediatric hospitals to characterize children hospitalized with TBI due to a building fall, contrast this cohort with children hospitalized with TBI due to other types of falls, and investigate if injury severity varied among children hospitalized with TBI due to a building fall based on whether or not they resided in urban versus non-urban areas.

Methods:
This was a retrospective analysis of the Pediatric Health Information System (PHIS), which contains administrative data from pediatric hospitals in 17 of 20 United States major metropolitan areas. We identified children <15 years old hospitalized between 1/1/2007 and 12/31/2014 with an associated TBI-related diagnosis code and a fall-related E-code. Individual and hospital-level data were extracted; urban versus non-urban was determined using PHIS-assigned Rural-Urban Commuting Area codes, based on patient zip code. Injury severity (i.e. Injury Severity Score (ISS) and head Abbreviated Injury Scale (AIS) score) were calculated using diagnostic coding software. Head AIS scores were dichotomized into minor (1-2) and moderate/severe (3-6) for analytic purposes. Frequencies, descriptive statistics, and Chi-square analysis were used to characterize the populations and determine group differences.

Results:
There were 30,795 children in the study cohort, of which 1,433 (4.7%) were falls from buildings. Within the building fall cohort, the mean age was 3.7 years (SD 2.9); 923 (64.4%) were male, 738 (51.5%) were white, 1180 (82.3%) resided in urban areas, and 813 (56.7%) had government insurance. Those who fell from a building, relative to other fall types, had a significantly higher mean ISS (10.2 vs 7.5, $p<0.001$) and longer length of stay (LOS) (3.4 vs 1.8 days, $p<0.001$). There was a significantly larger proportion of children with a moderate/severe head AIS score among those injured due to building falls, relative to other falls (61.9% vs 52.9%, $p<0.001$). Among children injured from buildings falls, there were no significant group differences between children from urban versus non-urban areas with regards to ISS or LOS, although non-urban children had a significantly higher proportion of moderate/severe head AIS scores (71.9 vs 59.0, $p<0.001$), and were older (mean 4.3 vs 3.5 years, $p<0.001$), relative to urban children.

Conclusions:
Children hospitalized with TBI due to a fall sustained more severe injuries following buildings falls, relative to other fall types. Although there were more children in urban areas hospitalized with TBI after building falls, those in non-urban areas had more severe head injuries. Future research should target prevention efforts in non-urban areas.

Objectives:
Attendees will learn:
1. To determine demographics of children who are hospitalized with a Traumatic Brain Injury after a building fall;
2. To determine if there are differences in demographic and injury characteristics in children hospitalized with TBI after a building fall in comparison to other types of falls;
3. To determine if there are urban versus non-urban differences in demographic and injury characteristics in children hospitalized with TBI after a building fall.

## Pediatric falls ages 0-4: understanding demographics, mechanisms, and injury severities

Sofia Chaudhary, MD; Janet Figuerora, MPH, Salah Shaikh, BS, Elizabeth Williams, MPH, Matthew Smith, PhD, Jonathan Rupp, PhD, Sharon Nieb, PhD

Background:
In 2014, the Centers for Disease Control and Prevention listed pediatric unintentional falls as the leading cause of non-fatal injury for children ages 0-4 years. Likewise, in our state, the highest burden of hospital admissions and emergency department (ED) visits for pediatric falls are among children <5 years. This study identified population characteristics, mechanisms of injury (MOI), and injury severities from falls among children <5 years.

Methods:
Trauma registry data from our lead pediatric tertiary center (Level I and II trauma centers) were analyzed for all patients <5 years with an ICD-9/ICD-10 external cause code diagnosis for unintentional falls between 1/1/2013 and 12/31/2015. Age (months) was compared across categories of demographic variables, MOI, and ED disposition using Kruskal-Wallis ANOVA. Medians are reported due to non-normal distributions. Associations of demographic variables and ED disposition with Injury Severity Score (ISS) were assessed using multinomial regression.

Results:
Study criteria were met by 1,139 patients (median age=27mo; 60% male; 53% White). Medicaid patients were younger (22mo) than private payor (33mo, $p<0.01$) and other payor (32mo, $p<0.01$). For ED disposition, patients taken to operating room were older (33mo) than those taken to intensive care unit (ICU) (19.5mo, $p<0.01$) and those admitted to general floor (26mo, $p=.01$). The most common MOI was "other" multilevel fall (63%); patients who fell from stairs were younger (18.5mo) than those who fell from same level (33mo, $p<0.01$). Children who fell from playground equipment were older (49mo, $p<0.01$) than those who fell from bed (9mo), stairs (18mo), or furniture (19mo). Most of the falls were from a height <1m (61%, N=735); children who fell from >6m were older (32mo) than those that fell from 1m-6m (23.5mo) and <1m (26mo).

The most frequent injury by age was skull fracture for age <1yr (N=367, 52%) and intracranial hemorrhage (35%), femur fracture for age 2yr (N=211, 34%), and humerus fracture for age 4yr (N=221, 55%). Results from multinomial models suggest that as age increases, there are lower odds of a high ISS (16+) versus low ISS (1-8) (OR=0.46, CI=0.36-0.59). Females had lower odds of a higher ISS (OR=0.60, CI=0.45-0.79) compared to males. Children admitted to the general floor (OR=0.1, CI=0.04-0.21) or discharged home without services (OR=0.02, CI=0.004-0.09) were less likely to have a high ISS than those admitted to the operating room; however, ICU and operating room admissions did not differ in ISS.

Conclusions:
Pediatric unintentional falls are a significant burden of injury for children <5 years. Future work will use these risk and injury profiles to inform current safety recommendations and develop evidence-based interventions for parents/caregivers and pediatric providers.

Objectives:
Attendees will learn:
1. To recognize the injury burden of unintentional falls for the youngest population;
2. To describe the diversity in fall mechanisms and severities in fall-related injuries;
3. To Identify target areas for the development of future falls prevention interventions and education.

## Child passenger safety champions: expanding child safety seat resources at a children's hospital

Maria McMahon, MSN, cPNP-AC, CPST, Shelly Pignataro, MSN, RN-BC, Barbara DiGirolamo, MEd., CPSTI, Meg McCabe, BA, CPST, Lois K. Lee, MD, MPH, David Mooney, MD, MPH

Background:
Despite long-standing laws in Massachusetts requiring children < 8 years old and less than 57 inches to be restrained in a car seat or booster seat, many parents remain unaware. Hospital-based child passenger safety (CPS) technicians are an excellent source of information, and can also provide child safety seats (CSS) to those in need. However, their availability may be limited due to competing demands. Because of this we identified a group of staff nurses interested in obtaining enhanced CPS education and training to become "CPS Champions" to provide information and seats when the CPS technicians were unavailable.

Methods:
Members of the Injury Prevention (IPP) and Surgical Nursing Programs met to discuss the components of a CPS Conference to achieve CPS competency for nurses. Feedback from unit educators and staff nurses validated the need for CPS education and determined specific targeted needs. A didactic

training was developed to provide a foundation of CPS knowledge. Hands-on breakout sessions were created to challenge knowledge and skill set based on child safety seat specific case studies. Participants rotated through three different one hour breakout sessions: 1) Convertible, Combination and Booster seats 2) Infant car seat, Dream ride and Angel ride car beds 3) HIPPO car seat and Modified EZ-On vest. Instructors observed participants as they practiced, demonstrated competency with each seat, and stated rational for seat selection and fit. Instructors evaluated whether or not the nurses met the core competency standards for each seat/bed. After 60 minutes the nurses moved on to the next session. Participants completed a program evaluation at the end of the conference.

Results:
27 surgical nurses completed the 8-hour CPS training, were granted 7.25 contact hours and were deemed competent as CPS Champions at the end of the day. On the conference evaluations, all participants selected that they either agreed or strongly agreed that the learning objectives were successfully met throughout the course,

Conclusions:
Currently, the CPS program staff document in their database all CPS requests, education provided, fitting and/or distribution of a child safety seat. The new CPS champions will document their CPS interventions in the patient's electronic medical record (EMR). Our goal is to 1) Administer a survey to the 27 attendees to assess CPS confidence 6 months post-conference and 2) Compare the total number of CPS program interactions prior to the CPS conference with the combined total number of CPS champion and CPS program staff patient interactions 6 months post-conference.

Objectives:
Attendees will learn:
1. To describe the rationale for increasing child passenger safety resources in a Children's Hospital;
2. To identify the components to developing a child passenger safety nursing competency;
3. To recognize ways to evaluate change in nursing practice related to CPS implementation.

## Valet parking attendant child restraint system injury prevention program identifies populations at risk for critical misuse

Ibrahim Abd El-Shafy, MD, Jillian Savino, MS, Laura W. Hansen, MD, Nathan Christopherson MBA, José M. Prince, MD

Background:
Motor vehicle collisions are the leading cause of death and morbidity among children in the US. Recent studies show almost 75% of child restraint system (CR) involved in critical misuse nationwide. We hypothesized that a valet parking attendant car seat safety injury prevention program would effectively target CR misuse.

Methods:
We conducted a 2-stage project at a suburban ACS Level 1 pediatric trauma center: an initial pilot study with a 22-question survey, distributed to drivers with a CR, during August of 2014, used to gauge interest, define the demographics and target injury prevention. In August of 2016, a follow-up survey of drivers with CR who presented to the valet parking entrance was conducted and accompanied by a CR check performed by a certified Child Passenger Safety(CPS) technician. Errors in the installation were categorized into critical or minor misuse, immediately corrected, and CR education provided. Statistical analyses were performed using SAS 9.4(SAS Institute, Cary, NC).

Results:
Our pilot phase had a total of 65 survey participants. Among these, 16 car seats were inspected and only 3(18.8%) were installed correctly. A minority of participants reported that they had received car seat installation education 46%, or had their car seat installed by a trained technician 20%. Most reported that they would use a car seat check program 97% and that it should be provided by hospitals 94%. During the second phase, 71 CR were inspected in 58 cars. There were a total of 48 (48/70=68%, 95% CI:56-79) serious or critical CR misuses and 52 (52/71=73%, 95% CI:61-83) minor misuses. Lower income was significantly associated with a higher rate of serious/critical CR misuse($p<0.01$) seen in 92% of those earning< $49,000 annually. Greater parity was significantly associated with a higher rate of serious/critical CR misuse($p=0.006$).

Conclusions:
Our pilot work demonstrated an interest in hospital-based CR safety programs in 97% of respondents. This study characterized a hospital based CR valet parking attended safety program and defined the target population as those with lower income and larger families. Valet parking attendants offering CR checks may offer a simple and convenient method to improve correct CR utilization in multiple settings including health care.

Objectives:
Attendees will learn:
1. To recognize 75% of child restraint system (CR) are involved in critical misuse;

2. To recognize CR checks are performed by a certified Child Passenger Safety(CPS) technicians;
3. Recognize valet parking attendants offering CR checks may offer a simple and convenient method to improve correct CR utilization.

## Car seat checks in the community pediatrician's office

Dina Burstein, MD, MPH, CPSTI, Janette Baird, PhD, Mike Mello, MD, MPH, Mark Zonfrillo, MD, MSCE

Background:
Correct use of a child safety seat (CSS) may reduce the risk of death by as much as 71% for infants and 54% for toddlers. Although CSS use rates are high for infants and toddlers, use drops to just 43% among children ages 4-7. Not only are children who are not using a CSS at risk, misuse (estimated to be ~70%) reduces their effectiveness in preventing fatalities and serious injury. The aim of this study was to assess the acceptability, and effect on CSS misuse rates, of offering the services of a certified child passenger safety (CPS) technician in a community pediatric office setting.

Methods:
Caregivers attending appointments at a hospital-based car seat fitting station were randomly selected and asked to fill out a separate 8 question survey. This survey assessed their attitudes toward offering the services of a certified CPS technician at their pediatrician's office. In the randomized control trial (RCT) we recruited a total of 189 caregivers at two pediatric practices; 94 in the intervention group and 95 in the control group. Both groups completed a baseline survey and received a CSS safety pamphlet. Intervention participants had a CSS installation check and educational consult done at baseline by a certified CPS technician. Follow up was conducted four months post enrollment and consisted of a survey and CSS installation check/consult for both groups.

Results:
A total of 109 caregivers attending appointments at the hospital-based fitting station completed the survey. A majority either agreed or strongly agreed that offering the services of a certified CPS technician at the pediatrician's office would benefit their family (91/109, 83.5%). Most respondents also agreed that they would be more likely to have their child's car seat checked if this service was available at the pediatrician's office (85/109, 78.0%).

A total of 43 respondents (39.5%) reported that their pediatrician never or almost never discussed CPS with them. Misuse rates at enrollment and follow up for intervention and control participants in the RCT are summarized in the following table:
Misuse rates at enrollment and follow up for intervention and control participants in the RCT are summarized in the following table:

Enrollment (first) seat check - intervention group:
Any misuse: 79.8% (75/94)
Critical misuse: 61.7% (58/94)

Follow up (2nd) seat check - intervention group:
Any misuse: 65.9% (31/47)
(Δ-13.9% from the first check, 95% CI -21.9;-5.9)
Critical misuse: 40.4% (19/47)
(Δ-21.3% from the first check, 95% CI -30.8;-11.8)

Follow up (1st) seat check - control group:
Any misuse: 83.0% (39/47)
(Δ+3.2% from the first CSS check in the intervention group, 95% CI -0.9;7.3)
Critical misuse: 61.7% (29/47)
(no change from first seat check in the intervention group)

Conclusions:
A consult with a certified CPS technician, at the time of a routine visit to the pediatrician, resulted in a reduction in CSS misuse and critical misuse rates. A majority of caregivers surveyed at a hospital-based car seat fitting station agreed that offering the service of a certified CPS technician at the pediatric office would make it more likely they would utilize this service. Additional study is needed to further evaluate this model.

Objectives:
Attendees will learn:
1. To recognize the efficacy of offering the services of a certified CPS technician in a suburban pediatric practice;
2. To identify caregiver opinions about offering the services of a certified CPS technician in a pediatric practice;
3. To describe CPS knowledge and attitudes among caregivers at a suburban pediatric practice.

## Increasing proportional contribution of SUID to mortality among those less than 20 years - United States, 2000-2014

Kyran Quinlan MD, MPH, Gina Lowell, MD, Douglas Roehler, PhD, MPH, Jean Silvestri, MD

Background:
For many decades in the US, injury related to motor vehicle (MV) crashes has been the leading cause of death of children. Due to multiple factors, including the adoption of car seats, seat belts, and graduated driver's licensing, MV-related deaths among persons aged <20 years have declined substantially since 2000. However, the number and rate of sudden unexpected infant deaths (SUID) has declined less quickly. The objective of this study is to evaluate how the recent decline in MV-related deaths now affect relative contributions to mortality among persons aged <20 years.

Methods:
For both SUIDs and MV-related deaths, this secondary data analysis analyzed detailed mortality files based on death certificates for 2000-2014. Unintentional MV crash deaths were defined as International Classification of Diseases-10th Revision underlying cause of death codes: V30-V39 (.4-.9), V40-V49 (.4-.9), V50-V59 (.4-.9),V60-V69 (.4-.9), V70-V79 (.4-.9), V81.1 V82.1,V83-V86 (.0-.3),V20-V28 (.3-.9),V29 (.4-.9),V12-V14 (.3-.9),V19 (.4-.6),V02-V04 (.1,.9),V09.2,V80 (.3-.5),V87(.0-.8),V89.2. SUID was defined as the combination of underlying cause-of-death codes Sudden Infant Death Syndrome (SIDS) (R95), unknown cause (R99), and accidental suffocation and strangulation in bed (ASSB) (W75). By definition, SUID only includes infants aged <1 year. Death rates for both SUID (<1 year) and MV crashes (<20 years) were calculated using 2000-2014 U.S. Census bridged-race population estimates.

Results:
From 2000 to 2014, the annual number of unintentional MV-related deaths among persons aged <20 years in the US declined from 7,497 to 3,533, and the corresponding age-specific rate declined 54% from 9.3 to 4.3 per 100,000 population. The annual number of SUIDs declined from 3,833 to 3,490, and the corresponding rate declined 12% from 100.7 to 88.4 per 100,000 population. We found that approximately the same number of infants (<1 year) die annually from SUID (3,490 in 2014) as all persons <20 years from MV crashes (3,533 in 2014). For all infants, the rate of SUID was 57 times the rate of infant death from MV crashes in 2014. For black infants in 2014, the rate of SUID was 79 times the rate of infant death from MV crashes.

Conclusions:
With the combination of a large reduction in MV crash deaths and a much smaller reduction of SUIDs from 2000 to 2014, sleep-related infant deaths now cause approximately as much loss of life as all MV crash deaths among persons <20 years. Against the backdrop of significant reductions in other causes of child deaths, SUID has surfaced as a major contributor to overall US child mortality deserving renewed investment in prevention strategies.

Objectives:
Attendees will learn:
1. To recognize a dramatic recent change in the epidemiology of child mortality and appreciate the increasing contribution of SUID to overall child mortality in the US;
2. To describe age-specific death rates over time;
3. To identify age-specific death rates for infant MV crash deaths and SUID, by race.

## Preliminary analysis of infant safe sleep data in a Midwestern home visiting program

Sheena Hussain, MPH; Gina S. Lowell, MD, MPH; Douglas R. Roehler, PhD, MPH; Kyran P. Quinlan, MD, MPH; Darius Tandon, PhD; Lesley Schwartz, LCSW, ACSW

Background:
Sudden unexpected infant death (SUID) accounts for approximately 1 in 1000 infant deaths annually in the US. This rate has remained unchanged for 2 decades. SUID risk factors include prone sleeping, maternal smoking, soft bedding, and bed sharing. The purpose of this study is to determine how often caregivers served by home visiting programs provide a safe sleep environment for infants and to examine factors related to a safe sleep environment.

Methods:
Female caregivers enrolled in Midwestern state home visiting programs who had an infant 12 months or younger and completed a safe sleep survey between October 1st, 2016 and May 18th, 2017 were included. Caregivers' responses (always, sometimes, or never) to the three safe sleep questions and socio-demographic variables were extracted from the program database. The safe sleep questions and adherence level were compared against socio-demographic variables, and significance ($p<0.05$) was determined through Pearson's chi-squared test, Fisher's exact test, and Cramer's V test.

Results:
297 female caregivers were included from 32 home visiting programs across 16 at-risk communities.

Caregivers were 21 years old or younger (41%), black (46%), white (36%), breastfeeding (27%), and had household tobacco use (22%). Overall, caregivers always placed infants in the supine position (85%), never bed shared (52%), never used soft bedding (65%), and practiced all three safe sleep recommendations (41%). Those currently breastfeeding bed shared less compared to those who never breastfed (34% vs. 47%, p = .004) and practiced all three safe sleep recommendations more often (59% vs. 36%, p=.003). Those with household tobacco use placed infants in the supine position less, (76% vs. 88%, p=.045), bed shared more (62% vs. 44%, p=.023), used soft bedding more (50% vs. 31%, p=.003), and practiced all three safe sleep recommendations less (27% vs. 47%, p=.012).

Conclusions:
These caregivers demonstrated greater adherence to safe sleep guidelines than previous studies. While the reasons for breastfeeding without bed sharing are multifactorial, to our knowledge, this is the first study to show that promoting successful breastfeeding while discouraging bed sharing is possible. Demonstrating the feasibility of breastfeeding and practicing safe sleep in this high SUID risk population has implications toward reducing SUID risk in similar populations. This study also demonstrated the confluence of risk factors present in households with tobacco use, where caregivers adhered to safe sleep guidelines less often. Understanding that an infant living with a tobacco user is also less likely to be sleeping safely suggests that a multifaceted approach to safe sleep counseling may be needed for such families.

Objectives:
Attendees will learn:
1. To recognize caregivers in this home visiting program practice safe sleep more than expected;
2. To recognize safe sleep practices are not a barrier to successful breastfeeding;
3. To recognize household tobacco use is significantly associated with decreased safe sleep adherence.

## Identifying paternal perceptions of infant safe sleep

Beverly Miller, MEd, Samantha Mullins, MPH, Heather Hirsch, BA, Mary Aitken, MD MPH

Background:
Every year in the United States, 3,400 sleep-related deaths occur due to Sudden Unexpected Infant Death. In 2011, the American Academy of Pediatrics expanded recommendations for prevention of SIDS and sleep-related deaths to include the sleep environment and supine position. Compliance remains variable, and paternal caregiver's perceptions and exposure to infant safe sleep measures are largely unaddressed, despite established differences in perceptions between female and male caregivers. We conducted a qualitative study is to explore determinants of safe sleep practices among male caregivers.

Methods:
Focus groups were conducted with fathers/male caregivers of infants 2-12 months of age. The Health Belief Model informed development of a moderator guide. Participants demonstrated night sleep routines and nap sleep routines, discussed how their parental role is shared with their significant other, and identified sources of safe sleep information. They were prompted to provide suggestions for messaging using an open-ended format that encourages diverse perspectives. Researchers provide educational materials at the conclusion of the session.

Results:
Ten focus groups were conducted between August 2016 and April 2017 with 46 participants. Demonstrated adherence to safe sleep practices was moderate. Caregivers expressed appropriate infant sleep behavior but admitted to unsafe practices, such as co-sleeping. It was also determined that day sleep was generally in a place of convenience. Most participants had basic knowledge of safe sleep recommendations, but most lacked knowledge regarding suffocation risks and the science behind recommendations.

Participants were asked to rate six pictures of infants sleeping as either safe, unsafe, or unsure. There was substantial discussion about a picture of an infant sleeping in a "Boppy" pillow, with confusion expressed about objects that may be considered safe for infants when awake but unsafe for sleeping.

Among the identified barriers to safe sleep were low perceived susceptibility, outside influencers, conflicting messages from experts, and convenience. Differences in safe sleep practice during daytime and night were found. An expressive desire to provide safe infant care was observed.

Suggestions for safe sleep messaging targeting male caregivers included statistics related to risks of unsafe sleeping conditions and messaging that portrays fathers in a positive and respectful light. Many participants voiced concern that some current baby product advertising portrays uninformed, incompetent fathers are demeaning and inaccurate. Suggestions for venues for message distribution included sporting events, sports bars, home improvement stores and automotive outlets. Social media distribution from trusted sources such as hospital or medical associations were also recommended.

Conclusions:
There are opportunities to increase safe sleep knowledge and practice among male caregivers. The concept of messages targeting male caregivers was favorably received when the information is rooted in science and represents fathers positively.

Objectives:
Attendees will learn:
1. To describe the application of the Health Belief Model in determining facilitators and barriers to safe sleep practices;
2. To identify primary themes of knowledge, attitudes and belief regarding safe sleep Identify recommendations for targeted future messages;
3. Identify recommendations for targeted future messages.

## SATURDAY

### Evaluation of a community-based safe firearm and ammunition storage intervention

Cassie King, MPH; Chelsie Gallagher, BS, Elizabeth Bennett, MPH MCHES; Ali Rowhani-Rahbar, MD, MPH, PhD; Frederick Rivara, MD, MPH; Joseph Simonetti, MD, MPH

Background:
Nearly 115,000 individuals sustained a firearm injury in the U.S. in 2014. Safe firearm storage practices, such as storing them locked and unloaded, are associated with a lower risk of unintentional and self-inflicted firearm injury and death among household members. However, few community interventions have been developed to promote such practices and a large proportion of firearms remain unsafely stored. The aim of this study was to assess the effectiveness of a community-based firearm safety intervention.

Methods:
We performed a before-after evaluation of two firearm storage safety events in Washington State in 2015. Events were held at sporting goods stores that also sold firearms and storage devices and were promoted through social and traditional media. Participants received a brief safety message, their choice of a free firearm safety device (lockbox or trigger lock), demonstration on using the devices, and then demonstrated their ability to lock and unlock each device with a mock firearm. We included all participants 18 years or older who spoke English or Spanish, completed baseline and follow-up telephone surveys, and signed legal release forms to participate. We used McNemar's test for matched pairs to assess whether changes in four study outcomes from baseline to follow-up were statistically significant, including whether all household firearms were stored locked, all were unloaded, all ammunition was locked, and a composite measure assessing whether all firearms were locked and unloaded and all ammunition was stored locked. We performed a subgroup analysis of households with children under 18.

Results:
Of 415 participants, 404 completed baseline surveys, 313 consented to follow-up, and 206 (65.8%) completed follow-up surveys and were included. Sixty-one percent were male, 23.3% were Veterans or active military, and 53.4% had children under 18 in their household. Eighty-seven percent preferred the firearm lockbox rather than the trigger lock. At baseline, 63.7% stored all household firearms locked, 62.7% stored all firearms unloaded, 54.6% stored all ammunition locked, and 32.9% reported storing all firearms locked, unloaded and all ammunition locked. At follow-up, a significantly greater proportion reported storing all firearms locked (+13.7% [95%CI: 5.6-21.9]) and unloaded (+8.5% [95%CI: 2.3-14.7]) and a non-significantly greater proportion reported storing all ammunition locked (+6.3 [95%CI: -1.2-13.7]). A significantly greater proportion reported practicing all three safe firearm and ammunition storage practices (+12.6% [95%CI: 4.5-20.6]). Findings were unchanged among households in which children were present.

Conclusions:
This community-based intervention that included distribution of a free, participant-selected locking device was effective in increasing safe firearm storage practices. Differences in participant preferences for devices suggest that a "one size fits all" approach may be inadequate in affecting population-level storage practices.

Objectives:
Attendees will learn:
1. To describe how community-based safe firearm storage events are implemented and evaluated;
2. To Identify observed participant firearm locking practices and preferences toward firearm safety devices;
3. To identify effective firearm storage interventions.

## Gun carrying among freshmen and sophomores in Chicago, New York City and Los Angeles Public Schools: the youth risk behavior survey, 2007-2013

Samaa Kemal, MD, MPH, Joseph Feinglass, PhD, Karen Sheehan, MD, MPH

Background:
Weapon carrying by adolescents not only places them at risk for committing violent acts but also increases the likelihood of morbidity and mortality from violence in other manifestations. Our study evaluated the trends and risk factors over time for self-reported gun carrying among freshman and sophomore public school students in Chicago, New York City and Los Angeles.

Methods:
This study used four biennial waves (2007-2013) of the Youth Risk Behavior (YRBS), an anonymous, voluntary survey of public high school students. Chicago, New York City and Los Angeles were chosen as high profile cities with significant violence burden. Analysis was narrowed to freshman and sophomores given the significant high school dropout rate among older students. Analyses of weighted YRBS data were conducted with the STATA svy module to adjust results for the YRBS complex survey design. Analyses included bivariate comparisons of gun carrying both across time and across cities for all survey wave years. A violence index was created. Multiple Poisson regression analyses were used to estimate the likelihood of gun carrying by city controlling for the association of self-reported violence risk factors, sociodemographic characteristics, mental health risk factors and behavioral risk factors.

Results:
The weighted populations of Chicago, New York City and Los Angeles schools across the four YRBS survey waves were 198,422, 582,802, and 356,225 respectively. Trend analysis did not indicate any significant changes in gun carrying within cities over the four survey waves. Self-reported gun carrying across all survey waves was 8.89% in Chicago, 4.09% in New York City 4.09%, and 6.03% in Los Angeles ($p<0.001$). Most violence index risk factors were also higher in Chicago. Poisson regression analysis showed increased likelihood for gun carrying among males compared to females (IRR 1.41, CI 1.27-1.58), among non-Hispanic Blacks (IRR 1.26, CI 1.07-1.48), and among those who reported a higher violence index count. Being part of the high violence risk category (>3) conferred a 6.51 times (CI 5.68-7.46) increased likelihood for gun carrying compared to those in the low risk category. If analyzed continuously, each additional violence index count was associated with a 1.74 times (CI 1.70-1.78) increased likelihood for gun carrying.

Conclusions:
There was a higher self-reported rate of gun carrying and a higher burden of violence exposure in Chicago as compared to New York City and Los Angeles. These data predate the recent (2016) surge in Chicago shootings and homicides. Exposure to violence was not isolated to firearms and homicides but extends further to many other stressors including fighting, perceptions of safety, mental health concerns and other high-risk behaviors. The higher rate of gun carrying in Chicago may reflect more intensive segregation, poverty and hopelessness than what was experienced by youth in other cities.

Objectives:
Attendees will learn:
1. To identify trends over time in gun carrying among adolescents;
2. To describe characteristics associated with adolescent gun carriers;
3. To recognize factors contributing to increased youth violence in Chicago.

## Effectiveness of the Asking Saves Kids gun violence prevention campaign in an urban pediatric clinic

Alexandre Lucas, MD, Samantha Arevalo-Marcano, MD, Carlos Castillo, MD, Nina Agrawa, MD

Background:
Gun violence is a leading cause of injury deaths in children in the United States. The American Academy of Pediatrics (AAP) recommends that pediatricians provide gun safety education to caregivers beginning in infancy. Few pediatricians provide this important injury prevention education. The Asking Saves Kids (ASK) campaign, promoted by the AAP, encourages caregivers to ask if there is a gun where their child plays and, if a gun is present, to ensure the gun is locked, unloaded, with the ammunition stored separately. There is limited literature on the effectiveness of the ASK campaign. The primary purpose of our study was to determine if ASK education provided by pediatricians increases caregivers' comfort level in asking if there is a gun where their child plays.

Methods:
Participants were English and Spanish speaking caregivers accompanying children in an urban hospital based pediatric clinic serving a low income population (95% receive Medicaid), from January to March 2017. Participants were provided standardized ASK education verbally and an ASK pamphlet by a pediatric resident. A 15 item post-education questionnaire was administered to participants. Percentages and Chi-square analysis were used. Analysis was performed using SAS9.2.

Results:
Demographics of participants (n=100) were: 91% female, 75% Latino, 15% African American, median age 32 years old, 44% did not graduate high school, 70% received Supplemental Nutrition Assistance Program or Women, Infants and Children Program benefits. The median age of the oldest child of participants was 5 years old with 17% less than 1 year old. Nine percent of children knew someone who had been injured or killed by a gun. This was experienced more among African-American children but this result was not statistically significant. Only 11% of participants reported a doctor talked to them about gun safety before receiving ASK education. However, 96% of participants thought that doctors should provide ASK education to parents. Eight percent of participants reported they had asked if there is a gun where their child plays and 44% felt comfortable asking if there is a gun where their child plays prior to receiving ASK education. After receiving ASK education, 85% of participants reported they felt comfortable asking if there is a gun where their child plays (n=98, X2=36.51, p< .0005) and 83% of participants reported a willingness to ask if there is a gun where their child plays.

Conclusions:
This study demonstrated that ASK education provided by pediatricians is effective in increasing caregivers' comfort level in asking if there is a gun where their child plays and caregivers feel that pediatricians should provide ASK education.

Objectives:
Attendees will learn:
1. To implement a brief gun safety education campaign in a pediatric clinic;
2. To recognize Asking Saves Kids campaign increased comfort level of children's caregivers in asking if there is a gun where their child plays;
3. To recognize caregivers felt that pediatricians should provide ASK education.

## Deadly silence: differential media reporting of unintentional child deaths in Chicago

Douglas Roehler, PhD, MPH; Gina Lowell, MD; Jean Silvestri, MD; Kyran Quinlan, MD, MPH

Background:
Sudden unexpected infant death (SUID) is the leading cause of death in the post-neonatal period (1-month-old to 12-months-old) in the United States. SUIDs include sudden infant death syndrome (SIDS), accidental suffocation and strangulation in bed (ASSB), and other ill-defined and unspecified causes of mortality. Investigations of these deaths often identify unsafe sleep conditions; therefore, adoption of safe sleep practices may prevent many SUIDs. Racial disparities exist for a confluence of reasons, including risk perception and familial influences. Caregiver motivation to follow safe infant sleep practices may be influenced by their own perceived susceptibility. The objective of this study is to determine rates of media coverage of three principal causes of unintentional death of young persons in Chicago between 2011-2015 and compare those reporting rates to vital statistics.

Methods:
We analyzed deaths from motor vehicle (MV)-related deaths (aged < 21 years), fire-related deaths (aged <21 years), and SUID (aged < 12 months) that occurred in the city of Chicago from January 1, 2011 to December 31, 2015. All MV-related deaths were reported from the Fatality Analysis Reporting System (FARS). All fire-related deaths were reported from the Office of the Illinois State Fire Marshal. All SUIDs were captured by the Center for Health Statistics in the Illinois Department of Public Health.

The source of data for media coverage on these three mechanisms of death was Google News, which captures any print media that is posted online. Search parameters including quarantining coverage to Chicago during the stated timeframe, isolating results from the six largest local media outlets, and using 24 search terms for MV-related deaths (e.g., teen crash, hit-and-run), fire-related deaths (e.g. fire, inhalation), and SUIDs (e.g. crib death, asphyxia). For the media case to be valid, the death must have occurred in the city of Chicago during this study window.

Results:
From 2011 to 2015, there were 71 MV-related deaths, 45 fire-related deaths, and 221 SUIDs among young persons in Chicago. During this same timeframe, the Chicago media covered 42 (59.2%) MV-related deaths, 17 (37.8%) fire-related deaths, and zero SUIDs.

Conclusions:
In the past five years, there has been a complete lack of media coverage of SUIDs in Chicago, which may serve to diminish the public's perception of risk and motivation to adopt safe sleep practices. Increasing Chicago media coverage of SUIDs may increase risk perception among caregivers, which in turn may motivate increased adoption of safe sleep behaviors. In this way, SUID prevention may be advanced by media coverage that more closely matches reality.

Objectives:
Attendees will learn:
1. To describe the fatality risk from MV, fires, and SUIDs among young persons in Chicago;

2. To recognize differential media coverage of these three main causes of unintentional death;
3. To identify the likely effect of media reporting rates on risk perception.

## Child abuse and neglect experts' determination of when a child being left home alone constitutes child neglect

Erin Evans, BS, Gerene Denning, PhD, Resmiye Oral, MD, Charles Jennissen, MD

Background:
Baseline norms for safe child rearing are established by federal and state laws, and enforced by governmental agencies and the legal system. Only fourteen states have laws or guidelines regarding the minimum age a child may be left home alone. These ages range from 6-14 years. Our objective was to identify factors that influence child neglect determination by child welfare experts with regards to children being left at home alone.

Methods:
A survey was sent to American Academy of Pediatrics Section on Child Abuse and Neglect (SOCAN) members in July-August, 2015. Respondents were requested to decide whether a scenario involving a child knowingly left at home alone by the parents for four hours was child neglect with varying age of the child involved, and then with scenario alterations regarding the presence of injury to the child and the legality of the situation. Members were also queried regarding at what age they felt it should be illegal to leave a child home alone.

Results:
Surveys were completed by 193 members. In a home alone scenario where there were no relevant laws and the child was uninjured, nearly 100% of child experts determined this as being child neglect when the child was 6 years of age. For 8, 10, 12, and 14 years old, this was 88%, 48%, 4%, and 1%, respectively. However, a significantly higher percentage of child experts considered it child neglect for most ages when there was a law making the scenario illegal as compared when there was no law, and when the child was injured versus when they were not. There were no differences in child neglect determination by sex, race, age, degree/certification, where one worked or having been a parent/legal guardian; the exception being that females were more likely to consider higher aged children as having been neglected in the scenario where there were no laws but the child was injured. The vast majority (83%) stated it should be illegal to leave a child at home alone for four hours if the child was ?10 years old, and nearly one-half (43.7%) said it should be illegal for children ?12 years old. Respondents working in urban areas were more likely to choose higher ages (11-15 years) versus lower ages (6-10 years) as needing to be covered by child neglect laws.

Conclusions:
Age of the child, legality of the situation and presence of injury, all affect how experts view children being left home alone as potential child neglect. This suggests that such cases may be evaluated differently due to varying state laws, even though the risk to the child is the same. These results call for child safety law reform to provide greater uniformity in the evaluation of potential child neglect cases and to better protect the safety of children.

Objectives:
Attendees will learn:
1. To identify the laws and guidelines that some states have with regards to when children of certain ages may be left at home alone;
2. Recognize at least two factors which affect child abuse and neglect expert's determination of child neglect in cases of children being left at home alone;
3. To discuss how variation in the determination of child neglect in cases regarding children being left home alone might be decreased across states.

## Is an age waiver worth a teens' life?

Dawn Porter, BS, Samantha Mullins, MPH, Beverly Miller, MEd, Mary Porter, BA, Joe Schaffner, MPA, Mary Aitken, MD MPH

Background:
Motor vehicle death for Arkansas teens is 40% higher than the US overall. Arkansas Graduated Driver's Licensing Law (GDL) was implemented in July 2009 to restrict some risky driving circumstances. However, the state continues to grant age waivers, allowing teens as young as 14 years old to be licensed. The purpose of this project was to determine to what extent age waivers are issued and explore fatality data for 14 and 15-year-old drivers. Findings informed development of new educational materials to discourage parents from seeking age waivers.

Methods:
The project was conducted by a pediatric hospital with a level one trauma center. An extensive literature review and interviews with AR Driver Services Administrators were conducted during June and July 2016 to better understand the intended purpose of age waivers. Data on number of age waivers issued state

wide and fatality risks for 14-15 year old drivers was collected and analyzed August 2016. Print materials were created and evaluated by Department of Motor Vehicle employees' and Safer Teen Driving Coalition members in September 2016 and revised October 2016 - February 2017 based on feedback. Materials were printed and disseminated March 2017.

Results:
Most of the 275 fatalities among 14-15-year-old drivers between 2004 and 2014 were among male drivers and 79% occurred during allowable hours of GDL. Half of 14-15-year-old drivers were not wearing seat belts and alcohol was involved in 13% of driver fatalities. Fourteen-year-old drivers had a 28% higher rate of fatal crashes compared to 17 year old drivers. Seat belt use rate and motor vehicle death rate were compared between Arkansas and three states with comparable age waivers. Arkansas has a lower seat belt use rate (78% AR vs 86% TN) and higher motor vehicle death rate per 1,000 (10.24 AR vs 7.21 TN) than Tennessee. Arkansas' rate of age waivers issued is 30.4 per 1,000. Twenty eight of 75 counties are above the state rate of age waivers issued and the rate in one county was more than twice the state rate. Targeted material to educate parents on risks of age waivers was developed and evaluated in collaboration with the state Motor Vehicle Department and a teen driving coalition. Among recommendations for changes were the use of more sober graphics, the inclusion of a parent in the photographs, and a stronger emphasis on crash statistics.

Conclusions:
Arkansas teens ages 14-15 years old who are issued age waivers are at an increased risk of motor vehicle fatalities. Educating parents about these risks is essential to reduce the number of age waivers issued to this age group. Further work is required to determine effectiveness of this education.

Objectives:
Attendees will learn:
1. To recognize an age waiver;
2. To describe risks associated with age waivers;
3. To describe educational materials to increase awareness around parents with these risks.

## Screening, brief intervention, and referral to treatment practices at Injury Free Coalition for Kids Sites

Christina Parnagian, BS, Michael J. Mello, MD, MPH, Julie Bromberg, MPH, Janette Baird, PhD

Background:
Screening, Brief Intervention, and Referral to Treatment (SBIRT) for alcohol utilizes universal alcohol screening to provide early detection and intervention to those with risky alcohol use. The American College of Surgeons requires all Level 1 trauma centers to have the ability to screen trauma patients for risky alcohol use and deliver an intervention. To improve compliance with this mandate, we provided technical assistance on implementing SBIRT within trauma centers at seven Injury Free Coalition for Kids (Injur Free) sites from 2010 to 2012 and these sites demonstrated and maintained improvement in SBIRT practices. The purpose of this study is to understand any changes in SBIRT practice from 2012 to 2016 among Injury Free sites.

Methods:
Surveys were emailed to Injury Free principal investigators (PI) on SBIRT implementation among adolescent trauma patients in 2012 and 2016. Data from those sites that participated in our previous SBIRT implementation study were removed. Descriptive statistics were used to compare survey respondents' data across time.

Results:
The survey was distributed to Injury Free sites (n=34) at both time points. Thirteen sites completed the surveys in 2012 and 2016, with 6 sites responding to both. Injury Free sites performing alcohol/drug laboratory testing for injured adolescents increased from 38.5% in 2012 to 92.3% of sites in 2016. The reporting routine use of an alcohol screening questionnaire increased from 23.1% to 61.5%. No consistent screening questionnaire was reported across sites in 2012; however in 2016, of those that reported using a screening tool, 62.5% of sites reported use of the CRAFFT screening tool, and 50% provided referral to treatment for those screening positive. In 2012 and 2016, informal discussions of alcohol were equally conducted across a variety of care providers (social worker, MD, RN); formal consults were most often directed to social workers and chemical dependency counselors.

Conclusions:
We found an upward trend across time in best screening practices in adolescent trauma patients at Inury Free sites. However, there is room for

improvement of SBIRT integration into clinical care of the pediatric trauma patient.

Objectives:
Attendees will learn:
1. To recognize how SBIRT practices at Injury Free sites increased over time;
2. To identify inconsistency in how screening is conducted amongst adolescent trauma patients;
3. To recognize gaps in current SBIRT practice within pediatric trauma centers.

## Acceptability of an electronically delivered parenting skills intervention for parents of alcohol or drug positive pediatric trauma patients

Julie Bromberg, MPH; Michael Mello, MD, MPH; MPH; Janette Baird, PhD; Barbara Gaines, MD; Gary Lapidus, PA; Christina Parnigian, BA; Megan Ranney, MD, MPH;

Background:
Brief intervention research studies with adolescent emergency department and primary care patients have had promising results. American College of Surgeons level 1 trauma centers are required to have the capacity to conduct alcohol screening and provide an intervention to those who screen positive. Although increased monitoring, communication and positive parent-adolescent relationships delay alcohol initiation and decrease alcohol use, our previous work found that parenting skills are rarely included in alcohol brief interventions within pediatric trauma centers. This trial examined the feasibility and acceptability of an electronic parenting skills intervention for parents of injured adolescent alcohol/ drug users, as compared to standard care, across three Injury Free Coalition for Kids (Injury Free) sites.

Methods:
Adolescent (admitted for traumatic injury and screening positive for alcohol or drug use) and parent dyads were enrolled at three Injury Free sites and assigned to one of two groups using a 2:1 allocation ratio. The control group received institutional standard care (a brief alcohol intervention delivered by clinical staff to the adolescent, with no parenting skills intervention). The intervention group received institutional standard care plus an e-parenting skills intervention that lasted for 3 months: access to Parenting Wisely (PW, an online parent skills training program consisting of modules and message board) and twice-weekly parenting-skills text messages. Intervention-group parents were asked to complete one PW module at the trauma center and were encouraged to complete more modules after discharge. Text messages had weekly themes, with the option for parents to select their preferred parenting theme weekly. All parents completed baseline and 3 month follow-up assessments. Additionally, access and completion of PW modules and frequency of responses to text messages were tracked.

Results:
Of the 31 dyads enrolled, 21 were assigned to the e-parenting skills intervention. The majority of intervention parents (86%; n=19) completed the required PW module at baseline. Only one-third of parents (n=7) accessed the PW website after completing the required module, with only four parents (18%) completing an additional module. All intervention parents received text messages for the entire 3-month period. Nearly two-thirds of parents (n=13) selected a text-message parenting theme for at least one week or an average of four times throughout the cycle. Eighty-five percent of parents completed the 3-month follow up. At 3-month follow up, 89% of intervention parents rated the program good to excellent quality; 65% would recommend the e-parenting program. Over 80% of parents recommended the text messages containing PW video clips but only one recommended the website.

Conclusions:
A text-message based skill intervention for parents of alcohol or drug positive adolescent trauma patients may be more acceptable than a web-based program. Further study is necessary to determine if an e-parenting skills intervention has an effect on parenting skills and adolescent behaviors.

Objectives:
Attendees will learn:
1. To recognize the value of an electronically delivered parenting skills intervention within the pediatric trauma center;
2. To describe acceptability of a parenting skills intervention;
3. To identify next steps in parenting skills intervention research.

## Chicago vs Suburban Cook County suicide deaths among 10-24-year-olds, 2005-2010

Ernika Quimby, MD, Karen Sheehan, MD, MPH, Suzanne McLone, MPH, Maryann Mason, PhD

Background:
In 2014, suicide was the second leading cause of death among 10 to 24-year-olds in the US; ten years earlier it was third. Studies have noted disparities in youth suicide based on sex, race/ethnicity, urban vs

rural settings, and certain circumstances. This study investigates demographics, mental health, and other circumstances surrounding youth/young adult deaths by suicide, comparing Chicago and suburban Cook County from 2005 to 2010.

Methods:
Using the Illinois Violent Death Reporting System (IVDRS; which collects data from multiple sources, including coroner/medical examiner and law enforcement to identify circumstances surrounding each death), we employed a cross-sectional design to provide descriptive analysis of suicide victims in three age groups (10-14, 15-19, and 20-24) in two geographic areas: urban (city of Chicago) and suburban (suburban Cook County). Deaths occurred between January 1, 2005 and December 31, 2010. We used chi-square testing to differentiate each age group by demographics, mental health, and suicide markers in each area.

Results:
Between 2005 and 2010, the IVDRS reported 299 deaths by suicide among 10-24 year-olds, 52% in Chicago, and 48% in suburban Cook County. Of the totals, 5.7%, 33.4% and 60.9% were ages 10-14, 15-19, and 20-24, respectively. Non-Hispanic (NH) whites comprised 50.7% of the totals, NH Blacks 26.5%, Hispanics 16.8%, and Asians 5.7%. We compared Chicago and suburban Cook County within each of the three age groups. In Chicago males made up 84% of suicides and 62.7% in suburban Cook County among 15-19 year-olds ($p<0.05$). White race was significantly different between the two locations in 10-14 year-olds: 0% in Chicago, 54% in suburban Cook County ($p<.05$). Among 15-19 year-olds, NH White were 22.4% in Chicago vs 74.5% in suburban Cook, $p<0.001$; NH Black 46.9% vs 13.7, $p<0.001$; Hispanic 24.5% vs 7.8%, $p< 0.05$). Among 20-24 year-olds, NH White were 43% vs 65.4% for Chicago and suburban Cook County, respectively) and NH Black 32% vs 13.6% ($p<0.01$ for both). For mechanism of death, in 15-19 year-olds, there were differences between Chicago and suburban Cook County in firearm deaths (42.9% vs 20%, $p<0.05$) and in poisoning (0 vs 14%, $p<0.01$). In 20-24 year-olds, in Chicago, 28.7% had a current mental health and 46.9% in suburban Cook County ($p<0.05$). In 10-14 year-olds, two variables were significant: currently or history of ever being treated for a mental health problem (both 0 in Chicago vs 36.4% in suburban Cook County, $p<0.05$).

Conclusions:
Our analyses detected significant location-related differences in the characteristics of youth suicide victims within the Chicago region. These disparities indicate that local data are needed to inform suicide prevention efforts so that those at most risk can be prioritized for services, and resources can be allocated in accordance with risk levels. IVDRS is a potent tool in identifying these variations.

Objectives:
Attendees will learn:
1. To recognize youth suicide as a significant concern;
2. To describe significant differences between urban and suburban suicide victims;
3. To Identify relevant risk factors surrounding suicides.

## WORKSHOPS

### Providers ungagged at last about "gunsense"- so what do we say and how and when do we say it?

Mike Hirsh, MD, Judy Schaechter, MD, MPH, Pina Violano, PhD, MSPH, RN, Mary Aitken, MD, MPH, Robert Disney, BA

Description:
Gun violence kills 8 children everyday. 90 Americans die daily overall. 63% of these deaths are firearm suicides. More Americans have died from firearms domestically since the assassination of Martin Luther King Jr., April 4, 1968, than have died in all the wars we have fought as a nation since the Revolutionary War. We, as Injury Prevention specialists, need to do whatever we can to heighten awareness of the gravity of the situation and to emphasize that taking responsibility for managing our gun ownership rights, guaranteed by the 2nd amendment, is critical to our survival as a nation. "Living with guns" (~350 million in US homes, or 45% of all the world's firearms) is what this session is about.

Objectives:
1. Describe the importance of asking patients about their gun-owning and storage practices;
2. Recognize the essence of "Gunsense;"
3. Identify the dos and don'ts of communicating with patients.

### From nothing to everything: developing a comprehensive children's hospital injury prevention program

Benjamin Hoffman MD CPST, Adrienne Gallardo MSW, CPST

Description:
In 2012, Doernbecher Children's Hospital had complete turnover of the staff of it's Tom Sargent Safety Center. Collaboration between a new medical director,

program manager and volunteer-turned-staff member allowed the program to reinvent itself in a mindful and deliberate manner. Using principles of quality improvement, community organizing and advocacy, the program established a strategy and vision. In 5 years, the program has grown to provide direct service to over 2000 patients in both inpatient and outpatient settings, in all areas of primary and secondary injury prevention, as well as thousands more in the community. This workshop will share key lessons learned in program development, building effective teams, and how we can most effectively provide services to meet the needs of our patients. Program components discussed will include: • Safety Store • Child Passenger Safety (CPS) Fitting Station and Community Events • Inpatient CPS Consultation • Special Needs Transportation Consultation • Newborn Safety Program (CPS, Safe Sleep, Home Safety) • Secondary Injury Prevention for Patients

After introducing the Doernbecher program, we will employ a novel learning tool, the American Academy of Pediatrics Project Planning Tool, to allow small groups to develop their own plan for establishing a program within their own hospitals. Employing exercises to establish Mission, Vision and Values, participants will map out potential partners and threats, establish a road map, and plan. We will conclude with a discussion to answer questions and establish follow up plans.

Objectives:
Attendees will learn:
1. To describe key components of a comprehensive hospital based injury prevention program;
2. To discuss the necessary roles of injury prevention staff within a program;
3. To describe a successful model that includes both inpatient and outpatient consultation, standing and on-demand services, hospital staff collaboration and education.

### Honing leadership skills to further grow your injury prevention program

Maneesha Agarwal MD, Sofia Chaudhary MD, Wendy Pomerantz MD, MS, FAAP, Dawne Gardner, MBA, Kathy Monroe, MD

Description:
Leadership courses are popular among corporate entities, and these same lessons and principles can be applied to growing and sustaining injury prevention programs. Based on the popular book / course "The Leadership Challenge" by Kouzes & Posner, this workshop will provide an overview on basic concepts in leadership including the 5 practices and 10 commitments of effective leadership. Moderators and participants will then discuss examples of how these concepts have applied to their injury prevention programs as well as brainstorm how these ideas might be used to further grow and enhance individual injury prevention programs. Leaders from Injury Free sites in various stages of growth from the newly rejuvenated to the long-standing stalwarts will also share their tips on how to evolve to the next level for your program.

Objectives:
Attendees will learn:
1. To describe the 5 practices and 10 commitments of effective leadership as explained by Kouzes & Posner;
2. To develop concrete ideas on how to apply K&P leadership skills to further enhance your injury prevention program and/or overcome a current problem;
3. To identify experiences learned from others when growing and sustaining an injury prevention program.

### How to make a difference: a novel approach to teaching what every pediatrician needs to know about legislative advocacy

Ben Hoffman

Description:
Pediatricians bear witness every day to the limits of law and policy to protect children. It has been repeatedly shown that legislation is the most powerful agent to change behavior around injury prevention in general, and for child passenger safety in particular. Pediatricians must utilize our expertise and experience to help spur change in our communities, and this should begin in residency training. How can you effectively teach your learners the knowledge, skills and attitudes necessary to become effective advocates for kids? This workshop will employ hands-on, individual, small group, and large group work to empower attendees to become more effective advocates for injury prevention policy in their communities.

It begins by identifying problems, interests and issues that each participant feels impacts their community. A nationally recognized tool (the American Academy of Pediatrics Community Pediatrics Training Initiative Project Planning Tool) is used to walk through the initial steps of developing an approach to meet the needs of the community, using a law to require rear-facing car safety seats until 2 years of age as an example. Participants will be divided into small groups to work through a guided exploration on the Project Planning Tool, culminating in the development and sharing of plans for how to effectively communicate with both the community and media outlets, as well as

legislators, practice in writing a newspaper Op-Ed, and the basics of the legislative process and how to prepare and deliver testimony.?This workshop will be fun, fast, active, collaborative, and practical! You will leave both energized and prepared to be a more effective teacher and advocate for kids in your community!

Objectives:
Attendees will learn:
1. To describe a longitudinal curriculum that activates learners to: identify and develop a policy advocacy opportunity in response to a community health need;
2. To discuss steps necessary to develop and propose policy change, identify and collaborate with community partners and Legislators/Changemakers;
3. To identify a nationally recognized tool to develop a curriculum that can be implemented at their institution and demonstrate skills to effectively communicate with the Community, Media representatives and Legislators.

### Getting your work on paper and then to presentation: how to write a scientific abstract

Marlene Melzer-Lange, MD, Dina Burstein, MD, MPH, CPSTI, Pina Violano, PhD, MSPH, RN, Lois K. Lee, MD, MPH

Description:
Writing a scientific abstract is an important skill to learn, but also can be a daunting task. Showcasing your program or research study at professional meetings is dependent upon your abstract being accepted. Clear, high-quality and concise abstracts are the key to success. The basic format typically includes: Background (including objectives of program/study), Methods, Results, and Conclusions. In this workshop, first we will explain the content that should be included in each of these sections. This workshop will review examples of abstracts of differing quality. It will then divide into small groups to practice writing each section of the abstract. Participants will be asked to bring some information, data, or a working abstract related to a program/study for use during abstract writing practice. For those participants who do not have specific data, study examples will be provided.

Objectives:
Attendees will learn:
1. To describe the format behind writing a scientific abstract;
2. To recognize the steps to develop objectives, methods, and results of an abstract;
3. To identify what's necessary to write a medically scientific abstract.

### Developing an effective suicide prevention program at your injury free site

Steven Rogers, MD, MS-CTR, Garry Lapidus, PA-C, MPH, Marisa Giarnella- Porco, LCSW

Description:
Suicide is the second leading cause of death among children greater than 10 years of age. Suicide is preventable. Injury Free sites can be an integral part of suicide prevention efforts in their communities. This workshop will describe the information needed to understand suicide epidemiology in your state/region and how that compares to national statistics. We will review and highlight evidence based suicide prevention resources including the Suicide Prevention Resource Center, CDC, NIMH/NIH and the American Foundation for Suicide Prevention. Finally, we will identify possible funding sources to help support your suicide prevention activities.

Objectives:
Attendees will learn:
1. To recognize the epidemiology of youth suicide and need for prevention programs;
2. To identify reliable sources of information about suicide, suicide prevention programs and potential funding sources for suicide prevention;
3. To be able to describe prevention strategies, explore how they can be implemented.


# POSTERS

**Poster authors must be present to address attendees at posted agenda times.**

## Enforcement of off-road vehicle laws in youth

Evelyn Qin, BS, Gerene Denning, PhD, Charles Jennissen, MD

Background:
Although the effectiveness of laws and regulations are greatly influenced by their level of enforcement, little is known regarding the enforcement of all-terrain vehicle (ATV) and recreational off-highway vehicle (ROV) laws. A previous study found that in Iowa's off-highway vehicle (OHV) parks, safety behaviors such as helmet use and not carrying passengers on ATVs were significantly higher when patrol officers were present in the park as compared to when they were absent. This study's purpose was to determine what enforcement is being performed by officers of the law regarding off-road vehicles throughout the State of Iowa.

Methods:
A retrospective study of Iowa off-road vehicle citations from 2004-2015 was performed on data made available from the Judicial Branch's Iowa Court Information System (ICIS). Descriptive and comparative analyses were performed regarding the code violations receiving citations, the type of agencies providing enforcement, the demographics of individuals receiving citations, and the disposition of charges in the court system.

Results:
From 2004-2015, a total of 5,173 individuals were charged, and 5,644 citations were written for violation of Iowa off-road vehicle laws. Males were 95% of cited individuals, and 97% were Caucasian. Youth <18 years of age (n = 1,023) consisted of 20% of the individuals charged. Of youth, 16-17 year olds received the largest percentage of citations (59.6%), followed by 12-15 year olds (39.7%), and 6-11 year olds (0.7%). The top five types of code violations for which youth received citations included: ATV or ROV operation on a highway or snowmobile trail (61.5%), lacking ATV registration or identification number (13.8%), failure to display identification number (7.2%), ATV operation by a person <18 years old without an education certificate (5.1%), and ATV operation with more persons than the vehicle is designed to carry (2.3%). Iowa has no helmet regulations outside OHV parks, and no citations were administered for this safety behavior. Overall, citations were made more often in the spring and summer months (28% and 36%, respectively), and the majority were cited from Fri-Sun (71%). The arresting agency group who wrote the highest percentage of youth citations was sheriffs (42.2%), whereas in adults it was the Department of Natural Resources (56.7%). The number one reason for giving citations for all agencies and all youth age groups was ATV or ROV operation on a highway or snowmobile trail. Overall, males and females were convicted of their charges at about the same rate (~88%). The percentage of youth found guilty of their charges was higher than adults (92% vs. 88%, p=0.005).

Conclusions:
Only about 470 off-road vehicle citations per year were issued in Iowa during the study period, which is an average of less than 5 per county per year. Of these, youth received a notable one-fifth of the citations. More strict enforcement of Iowa off-road vehicle safety laws may lead to better safety behavior compliance and decrease the likelihood of crash and/or injury.

Objectives:
Attendees will learn:
1. To recognize three of the main reasons Iowa youth receive citations for off-road vehicle regulation violations;
2. To identify the arresting agencies that perform off-road vehicle regulation enforcement;
3. To describe how arresting agencies vary in their enforcement in Iowa with regards to youth as compared to adults.

## Not even for a minute: development of a children's board book on motor vehicular hypothermia

Joe Schaffner, MPA, Sarah Tollett, BS, Mary Aitken, MD MPH, Beverly Miller, MEd

Background:
Since 1998, 705 U.S. children have died from heatstroke after being left in cars. changes in daily routines, lack of sleep, stress and distractions have all been stated as reasons parents have unintentionally left children behind in vehicles. Among the few evidence-based prevention strategies for this issue is the use of visual reminders (e.g. window decals) but there has been no evaluation of effectiveness. A children's book has been found to increase parental compliance with key safe sleep recommendations. Potential facilitators of compliance are reinforced messaging each time the parent reads the book and emotional engagement. We replicated this strategy by creating a board book to educate about motor vehicular hyperthermia following a high-profile local case.

Methods:
Qualitative methods were used in development of key messages and graphics. The resulting text was validated using national data sources. Children's books were reviewed for guidance in visual appeal.

Illustrated cartoon characters were used to defuse potential public emotions regarding the local case, to make the story appealing to children, and to soften a sometimes difficult message. Rhyming schemes were developed to reinforce safety messages based on the story that describes stops and potential distractions during a family's morning drive to daycare. Illustrations were initially created as pencil sketches before being scanned in and digitized using software.

Results:
Development of the book saw multiple internal reviews utilizing staff unaffiliated with the project. An external review was also conducted with the parents of a child who had died due to vehicular hyperthermia and who wished to underwrite an educational campaign. Several renditions of digital artwork were developed before settling on a style that matched the story. The initial approach was to be through the eyes of the child, but was changed to the parent's perspective for emotional engagement. Among suggestions were changes in text to improve cadence of the rhyming, gradient shading to improve visual perspective, and resolving contradicting messages between text and graphics. The tag line "Not even for a minute." was used repeatedly to reinforce parental responsibility for a child's safety. The use of "Easter Eggs" were applied for emotional engagement.

The book will be used in a pilot of an educational campaign to engage daycare centers in promoting vehicular hyperthermia prevention. During phase one, five daycare centers will participate during the summer and fall of 2017. Qualitative feedback will be solicited from daycare staff and parents to further refine the book. A wider distribution is planned for phase two.

Conclusions:
A children's board book can be used to educate and reinforce prevention messages to parents. Development requires careful considerations for preferences and circumstances.

Objectives:
1. To describe motor vehicular hyperthermia;
2. To identify the process of developing a novel educational tool for parents;
3. Recognize importance of frequent and objective reviews in message development

## Beyond the inspection station: promoting child passenger safety through Facebook live

Victoria Salow, MPH

Background:
The National Highway Traffic Safety Administration's (NHTSA) 2015 National Child Restrain Use Special Study Report indicates that nearly half (46%) of all car seats and booster seats are misused. Common errors include too loose harness straps, too low chest clip, and failure to use a top tether when installing a forward facing car seat. Child restraint inspection events target misuse, but are resource intensive and require one-on-one assistance from a Certified Child Passenger Safety Technician (CPST). Social media presents CPSTs with an opportunity to efficiently reach large numbers of parents. According to a 2015 Pew Research Center survey of parents and social media, 75% of parents use social media and 79% of parents who use social media agree that it is a useful source of information. The most commonly used social media site among surveyed parents is Facebook (74%) with half of parents who use Facebook logging on several times per day and three quarters of parents who use Facebook logging on daily. The purpose of this program was to use Facebook to reach a large number of parents with child passenger safety messages regarding proper child restraint use.

Methods:
A one-hour long Facebook Live video on Child Passenger Safety was filmed at 9am on a Tuesday morning at a children's hospital in the Midwestern United States. The video was live broadcasted on the hospital's Facebook page which has 47,225 followers. The Facebook Live video was filmed on an iPhone 7 using a Saramonic SmartMixer Professional Recording Stereo Microphone Rig for iPhone and Android Smartphones (available on Amazon for $150). Content addressed in the video was based on the National Child Passenger Safety Certification Course curriculum developed by NHTSA and included basics of child restraint selection, installation and harnessing. This video could be viewed by anyone with a Facebook profile and viewers were able to ask questions in real time by commenting on the video. The video remains available on the hospital's Facebook page.

Results:
This Facebook Live video reached 40,772 unique Facebook users, was viewed 24,528 times, and resulted in 380 user reactions, comments or shares.

Conclusions:
This program confirms that social media, specifically Facebook Live, is an efficient medium for reaching a large number of parents with safety messages.

This program does not require substantial financial, temporal or human resources and can be implemented for under $200 with a minimum of one CPST, one camera person and one social media person who can alert the CPST to questions received during filming. Further evaluation is needed to determine changes in knowledge, beliefs, and child restraint use among viewers of the Facebook Live video.

Objectives:
Attendees will learn:
1. How to collaborate with a hospital marketing department to utilize novel social marketing tools;
2. How to create a child passenger safety Facebook Live and what resources are required;
3. The potential reach of a Facebook Live containing child passenger safety messages.

## Baby safety showers: an innovative opportunity for injury prevention education for expectant parents

Melissa Adams MD, Sofia Chaudhary MD, Maneesha Agarwal MD, Terri McFadden, Sarah Gard Lazarus, DO

Background:
Childhood injury is the number one cause of death for children ages 1 to 19 in the US. Specifically, infant mortality remains high in the US, with many deaths caused by SUID and accidental death. Providing injury prevention education to expectant mothers prior to the arrival of their newborn is critical in ensuring safe care; a baby safety shower is one such unique approach.

Methods:
The local Injury Free Coalition for Kids partnered with an adult, tertiary-care, inner-city prenatal care program located at a level I trauma center to identify and recruit low-income mothers enrolled in prenatal classes to participate in a baby safety shower. This two-hour shower was hosted in collaboration with Safe Kids and the pediatric hospital's injury prevention program. Safety showers are promoted by CPSC, and public health students collaborated to create interactive modules. To encourage attendance, participants were provided transportation cards and the program was scheduled between routine prenatal appointments.

The shower curriculum designed by public health students included interactive 15-minute safety stations on safe sleep, breast-feeding, swaddling, bathing, infant emergencies, and child passenger safety. Primary care and emergency room physicians, nurses, social workers, and public health interns staffed the shower. Mothers completed a pre- and post-survey to assess their confidence in safe infant care and already purchased safety-related equipment. Participating mothers also received informational packets with newborn care tips, resources, and a home safety kit. Two mothers received raffled prizes including a portable crib and car seat. Resources used included hospital donations of food and Safe Kids donations of home safety kits.

Results:
Ten expectant mothers in their third trimester of pregnancy were invited and six (60%) attended the shower completing all safety stations. An additional three mothers participated, but did not complete all stations. Six mothers completed the pre-survey, and seven completed the post-survey. Partners and other support persons also attended. The respondents' age ranges were from 21 to 44 (mean age 27 years) and two had prior children. Only one of the respondents had already chosen a pediatrician at the time of the shower (1/6, 17%). Half of the respondents had purchased a bassinet or crib, but only 1/6 (17%) had purchased a car seat at the time of the shower, 2/6 (33%) had purchased other safety items including smoke detectors and outlet covers. Most of the women felt confident in safe infant care prior to the shower, but their confidence improved after the shower.

Conclusions:
Baby safety showers are feasible and innovative educational events that provide support and injury prevention information to expectant parents. Future direction includes partnering with additional birthing hospitals to reach a wider audience as well as formal study of the impact of this intervention.

Objectives:
Attendees will learn:
1. To describe baby safety showers;
2. To recognize the associated educational curriculum;
3. To identify proposed ideas for expansion and analysis.

## STOP at 4: a campaign to end window falls in Oregon

Amber Kroeker, MPH CPST, Jan Berichon, OTA/L

Background:
Each year, over 5,100 children younger than 18 years of age are treated in U.S. hospital emergency departments for injuries related to falls from windows. Of these 3,300 are children under the age of 6 years. In the state of Oregon, approximately 50 children per year fall from open windows, 0-2 deaths are typical per year. Because this number only reflects children counted in the Oregon Trauma Registry, we expect the

true number is actually higher. In 2010, members of the injury prevention community in Oregon convened to develop an intervention to end window falls.

Methods:
Development of an education and awareness campaign to educate caregivers about preventing falls from windows.
November 2010: Pediatric Window Fall Community Forum convened to discuss this statewide issue.
Spring 2011: STOP at 4": The Campaign to STOP Window Falls launched initially in five counties. Over the course of the next several years, the campaign spread statewide.
Education included the creation of technical guidelines for window safety, targeted language to families, media releases, and training of parent advocates (often those who had lost children to window falls). Trainings were also developed for local firefighters in addition to the development of a team of 'Expert Advocates'. In the last two years, the campaign also targeted property management agencies.

Results:
In the years following the launch of the Stop at 4" campaign, the state saw a steady decline in window falls. The most recent data shows a three year consistent decline, resulting in a 50% reduction of window falls since inception of the campaign, from 51 window falls in 2009 to 26 window falls in 2016.

Conclusions:
The concerted effort of numerous stakeholders as well as high visibility media campaigns and distribution of safety product resulted in the reduction of injuries due to window falls.

Objectives:
Attendees will learn:
1. To describe two risk factors for children and window falls;
2. To ideitify children most at risk;
3. To identify two key stakeholders in your own community.

## Recreational off-highway vehicle exposure, safety behaviors and crash experiences of Iowa Future Farmers Of America members

Charles Jennissen, MD, Kristen Wetjen, BSN, Pam Hoogerwerf, BS, Lauren O'Donnell. BA, Gerene Denning, PhD

Background:
Recreational off-highway vehicles (ROVs) have become increasingly popular, but no studies have examined the safety issues and experiences of teens while operating ROVs. The objective of this study was to better understand the epidemiology, safety behaviors, and crash experiences of youth ROV riders.

Methods:
Attendees of the 2015 and 2016 Iowa Future Farmers of America (FFA) Leadership Conference were surveyed at the University of Iowa ATV Safety Task Force booth. Data related to the frequency of ROV occupational and recreational use, the safety behaviors practiced, and the crashes and injuries experienced were collected. Descriptive and comparative analyses were performed.

Results:
During the study 2075 surveys were completed (with 99 excluded due to the subjects having reported taking the survey the year before). Most respondents were between 15-18 years of age, and 55% were female. The residence of participants included on a farm (51%), in the country but not a farm (20%), and in town (29%). Over three-quarters of FFA members surveyed (81%) had been on an ROV, and 66% and 81% reported riding an ROV in the past year for occupational and recreational purposes, respectively. Many were frequent riders, with 50% and 36% of those who rode for occupational and recreation purposes, respectively, being at least weekly riders. The most frequent work tasks performed by youth with ROVs included transportation, checking fields and livestock, and working on fences. An ROV was owned by 35% of subjects' families, and these individuals were significantly more likely to have ridden an ROV than those whose families did not own a vehicle (97% vs. 73%, $p<0.001$).

Those reporting that their families owned an ROV varied by place of residence (Farm > Country Not Farm > Town, $p<0.001$). Over 95% and over 75% of those riding for both occupational and recreational purposes reported riding on unpaved public roads and on paved public roads, respectively, in the past year. Many were at least weekly riders on public roads. About 80% stated they never or almost never wore a helmet, and nearly half stated they never or almost never wore the seat belt/safety harness when riding an ROV. In the year prior to taking the survey, 14% of those riding for occupational purposes and 12% of those riding for recreational purposes were involved in at least one ROV crash. Collision with an object was the most common crash mechanism (~42%), followed by a rollover (~38%). About 15% of those having a crash in the past year sought medical attention for injuries.

Conclusions:
Iowa FFA members have high exposure to ROV riding, and both unsafe riding behaviors and crashes are extremely common. Interventions to increase ROV

safety awareness and safe riding behaviors in children and adolescents are urgently needed, especially in rural areas.

Objectives:
Attendees will learn:
1. To recognize how adolescents use ROVs for both work and recreational purposes;
2. To identify at least two risk factors for adolescents having exposure to recreational off-highway vehicles (ROVs) and for having had a ROV-related crash;
3. Describe at least three safety behaviors that should be practiced regarding ROVs.

## Risk factors for bicyclist-motor vehicle crashes in New Haven, Connecticut

Kirsten Bechtel, MD; Julie Tison, PhD; Neil Chaudhary. PhD; Pina Violano, PhD, MSPH, RN,

Background:
Bicyclist-motor vehicle crashes (MVCs) are a source of preventable morbidity and mortality. The purpose of this study was to determine factors predictive of Bicyclist- MVCs in New Haven, Connecticut over a 2-year period.

Methods:
Data included all crashes with completed investigations that occurred on US, State, and local roads (excluding interstates) in the City of New Haven during the period from January 1st, 2015 to December 31st, 2016. Available data were downloaded from the University of Connecticut Crash Data Repository on 1/24/2017. The variables of interest for each crash were combined across the crash, person, and vehicle databases obtained from the Repository. Variables related to vehicle and driver characteristics were limited to the first vehicle involved in the crash.

Results:
During the 2-year time period, there were 13,003 MVCs in New Haven; 164 (1.26%) involved at least one bicyclist; 79% involved male bicyclists; 13% resulted in serious injury and 24% resulted in no injury to the bicyclist. 3% of bicyclists were distracted at the time of the MVC. 76% of bicyclist-MVCs took place during the week, 54% during the afternoon commute (3PM to 8:59PM) and 41% at 4-way intersections. 50% occurred at locations without any traffic control devices. Of drivers, 50% were male; 1% were under the influence; 4% were distracted, and none were speeding at the time of the crash.

Results of the backward stepwise logistic regression indicated six variables reliably predicted bicyclist-MVCs (Hour, Month, Route Class, Driver Age, Intersection, and Road Condition) and were entered in a binary logistic regression to determine the likelihood of bicyclist-related crash.

Table 1. Binary Logistic Regression: Odds Ratio and 95% Confidence Intervals
Variable. Level. p value. OR. 95% CI
Hour. PM Commute vs. Night. p = 0.007. 2.59. [1.29, 5.22] PM vs. AM Commute. p = 0.034 1.70. [1.04, 2.77]
PM Commute vs. Midday p = 0.011. 1.68. [1.13, 2.52]
Month Summer vs. Winter. p < 0.0001. 4.62. [2.32, 9.18] Summer vs. Spring. p = 0.001. 2.18. [1.36, 3.50] Summer vs. Fall. p > 0.05. 1.15. [0.78, 1.69]
Route Class Local vs. U.S. p > 0.05. 1.34. [0.59, 3.06] Local vs. State. p < 0.0001. 2.98. [1.71, 5.22]
Driver Age. 26-55 vs. Under 26. p > 0.05. 1.09. [0.70, 1.71] 26-55 vs. Over 55. p = 0.012. 1.67. [1.12, 2.49]
Intersection No Intersection vs.4-way p = 0.007. 1.71. [1.16, 2.52] No Intersection vs. Other p = 0.006. 1.85. [1.19, 2.88]
Road. Dry vs. Wet/Snow/Sand. p = 0.041. 1.93. [1.03, 3.62]

Conclusions:
Factors predictive of bicyclist MVCs were: afternoon commute; summer months; local roads; drivers between the ages of 26 and 55; non intersection location; dry road conditions. These factors should be considered when devising strategies to prevent bicyclist-MVCs in New Haven, CT.

Objectives:
Attendees will learn:
1. To recognize the use of large data sets that use accident investigation reports is helpful to understand factors associated with bicyclist- MVCs;
2. To describe how factors predictive of bicyclist MVCs include: afternoon commute; summer months; local roads; drivers between the ages of 26 and 55; non- intersection location; dry road conditions. These factors should be considered when devising strategies to prevent bicyclist-MVCs in New Haven, CT;
3. To describe the characteristic factors that may contribute to cyclist crashes.

## Child passenger safety online course

Jane Howard, MS

Background:
When installed and used correctly, child safety seats and safety belts can prevent injuries and save lives. The overall critical misuse rate for child restraints is about 73 percent, with infant seats having the highest percent of critical misuse, followed by rear-facing convertible seats. The Community Transporter Online Child Passenger Safety Training is a course which includes lessons on crash dynamics and the laws and best practices regarding child passenger safety. It encompasses information on the different types of car seats, basic information on how to use them and an accessible way for community agencies to access reliable, accurate information regarding best practices surrounding child passenger safety. Based on the many requests from community and transporting agencies, there is a need in the community for child passenger safety training at child care centers, community and social services agencies in the Milwaukee area and around the state of Wisconsin. The need is for concise, accurate and consistent child passenger safety information provided in a way that educators and transporters can access the information. It is important that this training is available to Wisconsin child care center, law enforcement, community, and social service agency staff, so that they can educate parents and so children are transported safely.

Methods:
The Community Transporter Online Child Passenger Safety Training is an online course which includes lessons on crash dynamics, the state laws and best practices regarding child passenger safety. It also encompasses information on the different types of car seats and basic information on how to use them, including how to choose the correct car seat for a child and how to harness the child correctly in the car seat. The purpose of this course is to provide an evidence-based education module for child care centers, community and social service agency staff and parents to access reliable, accurate information regarding best practices surrounding child passenger safety in Wisconsin. This online course helps keep children safe and reduces liability to child care centers, social service agencies and parents by increasing their knowledge in the area of child passenger safety.

Results:
This online child passenger safety course is available for a small fee to anyone in the community who would like to access up-to-date information and become more knowledgeable on child passenger safety. The course is designed so learners need to complete specific sections of the course before they can continue; there are quiz questions at the end of specific lessons to ensure that the content and information has been learned. The course content has been reviewed by technical experts and will continue to be reviewed on an ongoing basis for updates in child passenger safety content and methodology.

Conclusions:
This online child passenger safety course is designed as an innovative way to provide accessible, evidence-based child passenger safety training to social service and child care staff who need to transport children as part of their work.

Objectives:
Attendees will learn:
1. To describe how an online child passenger safety course can provide baseline education for staff that transport children;
2. To recognize how an online course fits as part of a comprehensive CPS program for staff that transport children;
3. To identify specific goals and objectives in the program that address the needs of the staff that transport children.

## Furniture falls resulting in traumatic brain injuries: little tumble, big problem

Wendy Pomerantz, MD, MS, FAAP, Kirsten Loftus, MD, Tara Rhine, MD MS

Background:
Children sustaining traumatic brain injury (TBI) during early childhood are at increased risk for poor neurobehavioral outcomes. Falls account for the majority of TBIs in young children, and often occur in the home. Many falls are from furniture, yet there is little prevention guidance about furniture falls after 6 months of age. Research supports that a substantial number of toddlers require medical evaluation each year for TBI from furniture falls; little data has been published on the subset of these infants and toddlers that require inpatient care. The purpose of this study was to examine and compare individual and injury-related factors associated with TBI-related hospitalizations due to furniture falls among children <5 years of age and to investigate if specific factors differentiate young children who have a TBI-related hospitalization due to a furniture fall versus all other falls.

Methods:
This was a retrospective cohort study of the Children's Hospital Association's Pediatric Health

Information System, an administrative database containing data from pediatric hospitals in 17 of 20 US major metropolitan areas. Children <5 years of age hospitalized between 1/1/07 and 12/31/14 with a TBI-related diagnosis code and a fall-related E-code were included. A standard data set was extracted including demographics, injury descriptors, and hospital characteristics. Injury severity score (ISS) was calculated using diagnostic coding software. Frequencies and descriptive statistics were used to characterize the population. Group differences were determined with Chi square analysis or Student's t-test.

Results:
Among 41 pediatric hospitals, 23,435 children met inclusion criteria. Almost one-third (n=7,502, 32.0%) fell from furniture: 1,722 (22.9%) from chairs, 3,736 (49.8%) from beds, and 2,044 (27.2%) from other furniture. Of these children, 34.3% were 1-4 years old, 56.3% were male, 61.5% were white, and the mean (SD) length of stay (LOS) was 1.8 (3.8) days. Although there were no differences in ISS or LOS between infants and toddlers, toddlers with TBI due to furniture falls were significantly more likely to be admitted to the intensive care unit (22.6% vs 18.2%, p<0.001). Among all young children with a TBI-related hospitalization due to a fall, those who fell from furniture, relative to other types of falls, were more likely to be non-white (38.5% vs 34.6%, p<0.001), Hispanic (22.4% vs 16.5%, p<0.001), urban dwelling (81.2% vs 78.0%, p<0.001), and have government insurance (59.2% vs 52.4%, p<0.001). There were no significant group differences in ISS or LOS. Children who fell from furniture sustained more epidural (2.1% vs 1.6%, p=0.01) and subdural (7.0% vs 5.2%, p<0.001) hematomas than those with other types of falls.

Conclusions:
Toddlers constitute an important subset of young children who have a TBI-related hospitalization due to furniture fall. Children with furniture-related falls had different demographic characteristics than those with other types of falls. Expanded anticipatory guidance on preventing furniture falls for toddler-age children and specific high-risk populations could reduce preventable TBI during early childhood improving outcomes and decreasing health care costs.

Objectives:
Attendees will learn:
1. To recognize demographics of young children who are hospitalized with a TBI after a fall from furniture;
2. To describe risk factors for injuries in young children who are hospitalized with a TBI after a fall from furniture;
3. To identify whether there are differences in demographic and injury characteristics in of young children who are hospitalized with a TBI after a fall from furniture compared to those sustaining other types of falls.

## Risk factors for pedestrian-motor vehicle crashes in New Haven, Connecticut

Kirsten Bechtel, MD, Julie Tison, PhD; Neil Chaudhary PhD; Pina Violano PhD, MSPH, RN

Background:
Pedestrian-motor vehicle crashes(MVCs) are a source of preventable morbidity and mortality The purpose of this study was to understand factors most likely to be predictive of pedestrian MVCs in New Haven, Connecticut over a 2-year period.

Methods:
Data included all crashes with completed investigations that occurred on US, State, and local roads (excluding interstates) in the City of New Haven during the period from January 1st, 2015 to December 31st, 2016. Available data were downloaded from the University of Connecticut Crash Data Repository on 1/24/2017. The variables of interest for each crash were combined across the crash, person, and vehicle databases obtained from the Repository. Variables related to vehicle and driver characteristics were limited to the first vehicle involved in the crash.

Results:
During the 2-year time period, there were 13,003 MVCs in New Haven. 284 (2.18%) involved at least one pedestrian, and 57% involved male pedestrians. Of these MVCs, 1% resulted in fatalities, 17% resulted in serious injuries, and 11% resulted in no injuries to the pedestrian. Approximately 10% of pedestrians were distracted at the time of the crash.

The majority (47%) of pedestrian MVCs occurred at non-intersections. 51% occurred at locations without any traffic control devices (i.e. no stop/yield sign, traffic light, or traffic agent). 80% of MVCs occurred during the week (Monday thru Friday), and 44 % during the afternoon commute (3PM to 8:59PM).
The majority (51%) of drivers were male (51%). Crash reports indicate that 4.4% of the drivers were speeding at the time of the crash, 2.4% were coded as under the influence. Distracted driving was coded as a factor in 5% of the crashes.

Backward stepwise logistic regression indicated that four variables reliably predicted pedestrian-MVCs: Route Class, Day of Week, Intersection, and Driver Age. These four variables were entered in a binary logistic regression to determine the likelihood of pedestrian-

related crash associated with the four predictive variables.

Table 1. Binary Logistic Regression: Odds Ratio and 95% Confidence Intervals
Variable Variable Level. p value. OR. 95% CI
Route Class. Local vs. U.S. p = 0.014. 4.20. [1.34, 13.18] Local vs. State. p < 0.0001. 2.30. [1.55, 3.41]
Day. Weekday vs. Weekend p = 0.044. 1.42. [1.01, 1.99]
Intersection No Intersection vs.Other p > 0.05 1.31. [0.88, 1.95] 4-way vs. Other. p = 0.01. 1.71. [1.14, 2.56]
Driver Age. Over 55 vs.Under 25. p = 0.010. 1.72. [1.14, 2.59]
Over 55 vs. 25-55. p = 0.005. 1.56. [1.14, 2.13]

Conclusions:
Factors most predictive of pedestrian MVCs in New Haven were: driver age greater than 55 years old; 4 way intersections; and travel on local roads during the week. These factors should be considered when devising strategies to prevent pedestrian-MVCs in New Haven, CT.

Objectives:
Attendees will learn:
1. To recognize the use of large data sets that use accident investigation reports are helpful to understand factors associated with pedestrian MVCs;
2. To describe how older drivers, 4-way intersections and travel on local roads during the week are factors that should be considered in efforts to prevent pedestrian-MVCs in New Haven, CT;
3. To describe the characteristic factors that may contribute to pedestrian crashes.

## Interacting with driver educators using the Novice Driver Triad

Deena Liska, MA, CPST-I

Background:
Driving is an integral part of our culture and teens are at increased risk of deaths and injuries. Driving instructors play an important role in promoting safe driving for teens. I devised an integrated model, the Novice Driver Triad for conceptualizing Driver Education, Graduated Driver Licensing and parent/caregiver involvement as interrelated strategies for addressing teen driver safety. We had two goals: 1) Identify topics instructor were covering in their practices, the resources instructors were using to cover those topics and the instructor knowledge and attitude about the Novice Driver Triad, and 2) Determine whether a driver education presentation would result in a change in instructor knowledge, attitude or behavioral intentions.

Methods:
This was a quasi-experimental design grounded in the pragmatic paradigm. A non-probability, purposive sample of driver educators in Wisconsin was used. The format was pre-survey, intervention, and post-survey with a comparison group. Pre-survey data was collected through an online link. The intervention was delivered at a professional development workshop for driver educators. Post-surveys were completed in person immediately following the intervention, and offered through an online link. Surveys were organized around the three areas of the Novice Driver Triad and structured in three domains. Each domain included topic, resource, and attitude questions. Qualitative data was analyzed using a priori and inductive coding.

Results:
Seventy five driver education instructors completed the pre-survey, 59 completed the post survey after attending the intervention and 17 completed the pre-survey, post-survey and attended the intervention.

The majority of instructors often covered high-risk topics during their driver education programs, especially in the areas of seat belts, cell phones, and speeding. The most frequently used resource was the Wisconsin Motorists Handbook, followed by GDL handouts. The use of parent orientations (mandatory and voluntary), progress reports, and contracts varied. Most instructors agreed that driver education adequately prepares teens to complete the licensing process and helps to reduce the risk of injury or death to teens; that GDL helps to reduce risk of injury or death to teens; and that parent-teen contracts reduce teen crash risks. Instructors agreed that including parents/caregivers in driver education helps to reduce risk of injury or death to teens.

Conclusions:
It appears that in many areas there were positive changes in the topics instructors covered, the resources they used, and their knowledge and attitudes regarding the Novice Driver Triad areas. In the analysis of the comparison and intervention groups it cannot be definitively stated that they were the result of the intervention. Professionals engaged in teen driver safety have a new model for looking at how we conceptualize the relationship between driver education, parent involvement, and GDL. This research provides a baseline for additional conversations about how driver education can function as a positive element of teen traffic safety.

Objectives:
Attendees will learn:
1. To identify key studies in the literature on Graduated Driver Licensing, parent engagement, and driver education;
2. To describe the Novice Driver Triad;
3. To Identify the results of the study and how it might inform their practice.

## Addressing water safety through a life jacket education program: a new approach for children ages 1 to 4 at swimming pools

Tiffaney Isaacson, BS, Noah Grams, MD, Richelle Neal, MD, Liz Perez, AAS

Background:
Drowning is the number one cause of injury-related death for children ages one to four in the US. These children most commonly drown in swimming pools, where parents may rely on ineffective strategies to protect children, such as inflatable arm bands, and inevitable lapses can make supervision alone insufficient. When boating deaths were examined, people who survived were more than two times more likely to have been wearing a life jacket, and parents are open to the use of life jackets for children. One observational study found a wear rate of 94.5% use among children ages 0 to six years. There is a need for analysis of life jacket use in conjunction with parental supervision to reduce drowning risk for children ages one to four in swimming pool settings.

Methods:
We conducted a study looking at the effect of educational consults with life jackets provided to parents, with the first phase taking place among patients admitted to a tertiary care children's hospital. (The second phase is ongoing and expanded to include community settings.) Parents of children ages one to four years old were selected to participate in a pre-assessment, consult, and post-assessment, with a follow-up assessment three weeks later. Parents reported their knowledge, attitudes, and behaviors related to drowning, supervision, and life jackets. The post-assessment examined changes in knowledge and recommended or intended attitudes and behaviors, and the follow-up assessment asked for knowledge, attitudes and self-reported behaviors. Basic descriptive analysis was applied, with comparison between the three sets of data.

Results:
All 50 parents completed a pre and post-assessment, and 22 (44%) completed a follow-up assessment. Of the parents who completed a follow-up assessment, 5 (10%) had been swimming with their child. Knowledge increased with the intervention: compared to baseline, 62% more parents correctly identified a US Coast Guard approval number as a way to choose a device to protect a child from drowning, and 40% fewer parents reported that they would use inflatable arm-bands to protect a child from drowning. When asked if they could fit a life jacket properly, 98% of parents replied that they were confident or very confident that they could do so. We observed changes in knowledge and attitude. When asked about choosing strategies at the pool, a 22% increase was seen in parents who selected touch-distance supervision, as was a 28% increase in life jackets. Commitment to using the same or more supervision with a life jacket increased to 98%, and 88% of parents reported they would definitely use a life jacket at the pool. Finally, the intervention influenced self-reported behaviors: 100% of parents reported using both touch-distance supervision and a life jacket when their child swam in a pool.

Conclusions:
An educational intervention with life jackets increases parents' knowledge, improves attitudes, and self-reported behaviors regarding strategies to reduce drowning risk at swimming pools.

Objectives:
Attendees will learn:
1. To identify the baseline parent knowledge, attitudes, and self-reported behaviors regarding child drowning and safety strategies at swimming pools;
2. To recognize key points can be shared to help parents understand drowning risk and how to fit a life jacket properly for their child;
3. To describe how an educational consult and life jacket program affected knowledge, attitudes, and self-reported behaviors regarding child drowning and safety strategies at swimming pools.


Injury Free
Coalition
for Kids®
Forging New Frontiers:
Moving Forward with Childhood Injury Prevention
22nd Annual Injury Free Coalition for Kids®
December 1-3, 2017
Ft. Lauderdale Embassy Suites

# FACULTY

# 2017 Faculty

**Annual Injury Free Coalition for Kids® Conference**

**Forging New Frontiers: Moving Forward with Childhood Injury Prevention**

## Instructors

**Barbara Barlow MD, FACS, FAAP**
Professor of Surgery in Epidemiology
Mailman School Public Health
Columbia University Medical Center,
Director & Founder Injury Free Coalition for Kids
New York, NY

**Wendy Pomerantz, MD, MS, FAAP**
Injury Free Coalition for Kids Board President
Co-Director Injury Free Coalition for Kids, Greater Cincinnati
Professor of Pediatrics
University of Cincinnati
Cincinnati Children's Hospital
Cincinnati, OH

## Faculty

**Maneesha Agarwal, MD**
Assistant Professor of Pediatric Emergency Medicine
Emory University School of Medicine
Children's Healthcare of Atlanta
Atlanta, GA

**Mary E. Aitken, MD MPH**
Section Chief, Center for Applied Research and Evaluation (CARE)
University of Arkansas for Medical Sciences College of Medicine
Director, Injury Prevention Center
Arkansas Children's Hospital
Little Rock, AR

**Kristen Bechtel, MD**
Associate Professor of Pediatrics and Emergency Medicine
Yale School of Medicine
New Haven, CT

**Julie Bromberg, MPH**
Research Supervisor
Rhode Island Hospital
Providence, RI

**Dina Burstein, MD, MPH, CPSTI, FAAP**
Research Associate, The Injury Prevention Center at Rhode Island Hospital
Assistant Professor of Emergency Medicine, Warren Alpert Medical School of Brown University
Coordinator, Safe Kids Rhode Island
Providence, RI

**Sofia Chaudhary, MD**
Pediatric Emergency Medicine Fellow
The Children's Hospital of Philadelphia
Adjunct Assistant Professor of Pediatrics at Emory University School of Medicine
Philadelphia, PA

**Marie Crandall, MD, MPH, FACS**
Professor of Surgery
Director of Research, Department of Surgery
Associate Program Director, General Surgery Residency
University of Florida College of Medicine Jacksonville
Jacksonville, FL

**Robert Disney, BA**
Vice President, Brady Campaign & Center to Prevent Gun Violence
Washington, DC

**Joelle Donofrio, DO, FAAP, FACEP**
EMS Medical Director, Rady Children's Hospital of San Diego
Associate EMS Fellowship Director, UCSD
Assistant Professor of Clinical Medicine, UCSD School of Medicine
San Diego, CA

**Ibrahim Abd El-Shafy, MD**
General Surgery Resident
Maimonides Medical Center
Brooklyn, NY

**Erin Evans, BS**
4th Year Medical Student
University of Iowa Carver College of Medicine
Iowa City, IA

**Chelsie Gallager, BS**
Sr. Communications Specialist | External Affairs & Community Benefit
Seattle Children's Safe Firearm Storage Program
Seattle, WA

**Adrienne Gallardo, MA**
Program Manager
Tom Sargent Safety Center
Oregon Health & Science University
Doernbecher Children's Hospital
Portland, OR

**Dawne Gardner, MBA, CPST**
Injury Prevention Specialist
Comprehensive Children's Injury Center (CCIC)
Injury Free Cincinnati Program Coordinator
Cincinnati, OH

**Marisa Giarnella-Porco, LCSW**
President and CEO
Jordan Porco Foundation
Hartford, CT

**Mike Gittelman, MD**
Professor, Clinical Pediatrics
Division of Emergency Medicine
Co-Director, Comprehensive Children's Injury Center
Cincinnati Children's Hospital
Cincinnati, OH

**Amy Hill, MS**
Associate Director
Injury Prevention and Research Center
Ann & Robert H. Lurie Children's Hospital of Chicago
Chicago, IL

**Michael Hirsh, MD, FACS, FAAP**
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
Medical Director of the Worcester Division of Public Health
Co-Principal Investigator, Injury Free Coalition for Kids of Worcester
Worcester, MA

**Ben Hoffman, MD**
Professor of Pediatrics CPST-I
Medical Director, Tom Sargent Safety Center
Doernbecher Children's Hospital
Portland, OR

**Pam Hoogerwerf**
Coordinator, Community Outreach and Injury Prevention
University of Iowa Stead Family Children's Hospital
Iowa City, IA

**Sheena Hussain, MPH**
Chicago Medical School Class of 2021
Chicago, IL

**Tiffaney Isaacson, BS**
Senior Injury Prevention Specialist
Phoenix Children's Center for Family Health and Safety
Phoenix, AZ

**Charles Jennissen, MD**
Professor, Clinical
Department of Emergency Medicine
University of Iowa Carver College of Medicine
Iowa City, IA

**Samaa Kemal, MD, MPH**
Pediatric Resident, PL-1
Children's Hospital of Philadelphia
Philadelphia, PA

**Amber Kroeker, MPH CPST**
Child Injury Prevention Program Coordinator
Randall Children's Hospital at Legacy Emanuel
Portland, OR

**Garry Lapidus, PA-C, MPH**
Director, Connecticut Injury Prevention Center
Connecticut Children's Medical Center & Hartford Hospital
Associate Professor of Pediatrics & Public Health, UCONN School of Medicine
Hartford, CT

**Sarah Gard Lazarus, DO**
Pediatric Emergency Medical Associates
Atlanta, GA

**Lois Lee, MD, MPH**
Attending Physician, Division of Emergency Medicine
Boston Children's Hospital Assistant
Assistant Professor of Pediatrics & emergency Medicine, Harvard Medical School
Medical Director Pediatric Injury Prevention Program
Injury Free Coalition for Kids of Boston, Principal Investigator
Injury Free Coalition for Kids, Board of Directors
Boston, MA

**Deena Liska, MA**
Teen Driving Coordinator
Children's Hospital of Wisconsin
Community Education and Outreach
Milwaukee, WI

**Kirsten Loftus, MD**
Pediatric Medicine
Cincinnati Children's Hospital Medical Center
Cincinnati, OH

**Margaret (Meg) McCabe, BA, CPST**
Injury Prevention Specialist
Boston Children's Hospital
**Boston, MA**

**Terri McFadden, MD, FAAP**
Associate Professor of Pediatrics
Director of Primary Care Initiatives
PARTNERS for Equity in Child and Adolescent Health
Emory University School of Medicine
Medical Director, Primary Care
Children's Healthcare of Atlanta at Hughes Spalding
Atlanta, GA

**Marlene Meltzer Lange, MD**
Professor of Pediatrics, Medical College of Wisconsin
Children's Hospital of Wisconsin
Milwaukee, WI

**Beverly Miller, MEd**
Associate Director
Injury Prevention Center
Arkansas Children's and
University of Arkansas for Medical Sciences
Little Rock, AR

**Kathy Monroe, MD**
Professor of Pediatrics
Medical Director Emergency Department
Children's Hospital of Alabama
Injury Free Coalition for Kids of Birmingham Principal Investigator

**Jessica Naiditch, MD**
Trauma Medical Director
Dell Children's Hospital
Austin, TX

**Michele Nichols, MD**
Professor of Pediatrics
Pediatric Emergency Medicine
Co-Medical Director, Regional Poison Control Center
Children's of Alabama
University of Alabama at Birmingham
Birmingham, AL

**Jessica St. Onge, BS, CPST**
Injury Prevention Coordinator
Children's Hospital of Wisconsin
Milwaukee, WI

**Christina Parnagian, BS**
Clinical Research Assistant
Department of Emergency Medicine
Providence, RI

**Marisa Giarnella-Porco, LCSW**
Co-founder and President of the Jordan Porco Foundation
Hartford, CT

**Dawn Porter, BS**
Infant and Child Death Review Coordinator
Arkansas Children's University of Arkansas for Medical Sciences
Little Rock, AR

**Charles Pruitt, MD, FAAP**
President, Utah Chapter, American Academy of Pediatrics
Medical Director, Child Advocacy - Primary Children's Hospital
Associate Professor - University of Utah, Department of Pediatrics
Division of Pediatric Emergency Medicine
Salt Lake City, UT

**Evelyn Qin, BA**
4th Year Medical Student
University of Iowa Carver College of Medicine
Iowa City, IA

**Ernika Quimby, MD**
Pediatric Resident, PL-1
Children's Hospital of Philadelphia
Philadelphia, PA

**Teresa Riech, MD, MPH, FAAP, FACEP**
Medical Director, Pediatric Emergency Department
OSF Saint Francis Medical Center and Children's Hospital of Illinois
Clinical Assistant Professor of Emergency Medicine and Pediatrics
University of Illinois College of Medicine
Peoria, IL

**Douglas Roehler, PhD, MPH**
Postdoctoral Research Fellow
Department of Pediatrics
Rush University Medical Center
Chicago, IL

**Steve Rogers, MD, MS-CTR**
Attending Physician, Division of Emergency Medicine
Director, Emergency Mental Health Services
Connecticut Children's Medical Center
Research Scientist
Connecticut Children's Injury Prevention Center
Associate Professor
University of Connecticut School of Medicine
Hartford, CT

**Nicholas Saenz, MD, FACS, FAAP**
University of California at San Diego
Professor of Surgery
Division of Pediatric Surgery
San Diego, CA

**Victoria Salow, MPH, CHES**
Buckle-Up Program Coordinator
Ann & Robert H. Lurie Children's Hospital of Chicago
Chicago, IL

**Joe Schaffner, MPA, CPST**
Outreach Coordinator
Injury Prevention Center
Arkansas Children's Hospital
Little Rock, AR

**Judy Schaechter, MD, MBA**
Professor & Chair, Department of Pediatrics
Chief of Service, Holtz Children's Hospital, Jackson Health Systems
The George E. Batchelor Endowed Chair in Child Health
University of Miami Miller School of Medicine
Miami, FL

**Karen Sheehan, MD, MPH**
Medical Director, Lurie Children's Injury Prevention and Research Center
Medical Director, Lurie Children's Healthy Communities
Professor of Pediatrics and Preventive Medicine
Northwestern University Feinberg School of Medicine
Chicago, IL

**Jessica St. Onge, BS, CPTS**
Injury Prevention Coordinator
Children's Hospital of Wisconsin
Milwaukee, WI

**J.J. Tepas III, MD, FACS, FAAP**
Emeriti Professor of Surgery and Pediatrics
University of Florida College of Medicine, Jacksonville
Jacksonville, FL

**Pina Violano, PhD, MSPH, RN**
Manager, Injury Prevention, Community Outreach & Research
Yale-New Haven Hospital
Injury Free Coalition for Kids of New Haven
Co-Director & Co-Principle Investigator
Yale-New Haven Children's Hospital
New Haven, CT

**Daniel Webster, ScD, MPH**
Director, Johns Hopkins Center for Gun Policy and Research
Co-Director, Johns Hopkins Center for the Prevention of Youth Violence
Professor, Department of Health Policy and Management
Johns Hopkins Bloomberg School of Public Health
Baltimore, MD

**Raquel Weston, MD**
Chief General Surgery Resident
University of Florida
Jacksonville, FL

## Program Committee

**Barbara Barlow, MD**
Committee Co-Chair
Professor of Surgery in Epidemiology
Mailman School Public Health
Center for Injury Epidemiology and Prevention at Columbia University
Director & Founder Injury Free Coalition for Kids
New York, NY

**Wendy Pomerantz, MD, MS, FAAP**
Committee Co-Chair
Professor of Clinical Pediatrics
Division of Emergency Medicine Cincinnati Children's Hospital
University of Cincinnati School of Medicine Cincinnati, OH

**Dawne Gardner, MBA, CPST**
Injury Prevention Specialist
Comprehensive Children's Injury Center (CCIC)
Injury Free Cincinnati Program Coordinator

**Amy Hill, MS**
Associate Director, Injury Prevention and Research Center
Ann & Robert H. Lurie Children's Hospital of Chicago
Injury Free Chicago Program Coordinator
Injury Free Board

**Michael Hirsh, MD, FACS, FAAP**
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
Medical Director of the Worcester Division of Public Health
Co-Principal Investigator, Injury Free Coalition for Kids of Worcester

**Estell Lenita Johnson, MA**
Program, Marketing & Communications Director
Injury Free Coalition for Kids National Program Office
Center for Injury Epidemiology and Prevention at Columbia University

**Lois Lee, MD, MPH**
Attending Physician, Division of Emergency Medicine
Boston Children's Hospital Assistant
Assistant Professor of Pediatrics & emergency Medicine, Harvard Medical School
Medical Director Pediatric Injury Prevention Program
Injury Free Coalition for Kids of Boston, Principal Investigator
Injury Free Coalition for Kids, Board of Directors

**Steven C. Rogers, MD, MS-CTR**
Attending Physician, Division of Emergency Medicine
Director, Emergency Mental Health Services
Connecticut Children's Medical Center
Research Scientist
Connecticut Children's Injury Prevention Center
Associate Professor
University of Connecticut School of Medicine
Injury Free Hartford Program Investigator

**Amy Terreros, DNP, RN, APRN**
Pediatric Nurse Practitioner
Center for Childhood Safety, Manager
Children's Mercy Kansas City
Injury Free Kansas City Program Coordinator

## Science and Publication Committee

**Lois Lee, MD, MPH**
Committee Co-Chair
Attending Physician, Division of Emergency Medicine
Boston Children's Hospital
Assistant Professor of Pediatrics & emergency Medicine, Harvard Medical School
Medical Director Pediatric Injury Prevention Program
Injury Free Coalition for Kids of Boston, Principal Investigator
Injury Free Coalition for Kids, Board of Directors

**Marlene Melzer Lange, MD**
Committee Co-Chair
Professor of Pediatrics, Medical College of Wisconsin
Program Director, Project Ujima
Attending Physician, Emergency Department Trauma Center Children's Hospital of Wisconsin
Injury Free Coalition for Kids of Milwaukee, Principal Investigator

**Nilda M. Garcia, MD**
Trauma Medical Director
Dell Children's Medical Center
Injury Free Coalition for Kids of Austin, Principal Investigator

**Kathy Monroe, MD**
Professor of Pediatrics
Medical Director Emergency Department
Children's Hospital of Alabama
Injury Free Coalition for Kids of Birmingham, Principal Investigator

**Dina Burnstein, MD, MPH, CPSTI, FAAP**
Research Associate, The Injury Prevention Center at Rhode Island Hospital
Assistant Professor of Emergency Medicine, Warren Alpert Medical School of Brown University
Co-Principal Investigator, Injury Free Coalition for Kids of Providence

**Pina Violano, PhD, MSPH, RN-BC, CCRN, CPS-T**
Manager, Injury Prevention, Community Outreach & Research
Yale-New Haven Children's Hospital
Injury Free Coalition for Kids of New Haven, Co-Director & Co-Primary Investigator

## Awards Committee

**Purnima Unni, MPH, CHES**
Committee Co-Chair
Pediatric Trauma Injury Prevention Program Manager
Monroe Carell Jr. Children's Hospital at Vanderbilt
Department of Pediatric Surgery/Trauma

**Michael Hirsh, MD, FACS, FAAP**
Committee Co-Chair
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
Medical Director of the Worcester Division of Public Health
Co-Principal Investigator, Injury Free Coalition for Kids of Worcester

## Conference Sustainability

**Andrew Kiragu, MD, FAAP**
Committee Co-Chair
Interim Chief, Department of Pediatrics
Medical Director, Pediatric Intensive Care Unit
Hennepin County Medical Center
Assistant Professor of Pediatrics
University of Minnesota

**Kathy Monroe, MD**
Professor of Pediatrics
Medical Director Emergency Department
Children's Hospital of Alabama
Injury Free Coalition for Kids of Birmingham, Principal Investigator

**Dina Burstein, MD, MPH, CPSTI, FAAP**
Research Associate, The Injury Prevention Center at Rhode Island Hospital
Assistant Professor of Emergency Medicine, Warren Alpert Medical School of Brown University
Injury Free Coalition for Kids of Providence, Co-Principal Investigator

## Staff

**Estell Lenita Johnson, MA**
Program, Marketing & Communications Director
Injury Free Coalition for Kids National Program Office
Center for Injury Epidemiology and Prevention at Columbia University

**DiLenny Roca Dominguez, MPH**
Columbia University Mailman School of Public Health
Program Administrator
Injury Free Coalition for Kids National Program Office
Center for Injury Epidemiology and Prevention at Columbia University


Injury Free
Coalition
for Kids®
Forging New Frontiers:
Moving Forward with Childhood Injury Prevention
22nd Annual Injury Free Coalition for Kids®
December 1-3, 2017
Ft. Lauderdale Embassy Suites

# BIOS

# 2017 Bios

## Annual Injury Free Coalition for Kids® Conference

## Forging New Frontiers: Moving Forward with Childhood Injury Prevention

### Maneesha Agarwal, MD

**Emory University School of Medicine**
**Children's Healthcare of Atlanta**
**Atlanta, GA**

Maneesha Agarwal, MD is an Assistant Professor of Pediatrics and Emergency Medicine at Emory University School of Medicine and works as a pediatric emergency medicine physician at Children's Healthcare of Atlanta (CHOA). She completed her undergraduate and medical education at the University of North Carolina at Chapel Hill, followed by residency in the Boston Combined Residency Program in Pediatrics, and fellowship at Carolinas Medical Center in Charlotte. As part of the Atlanta medical community, Dr. Agarwal is actively engaged in medical education and injury prevention. She has leadership positions in the Children's Injury Prevention Program at CHOA and the Injury Prevention Research Center at Emory. Dr. Agarwal is actively involved in mentoring learners across the spectrum, from medical students to fellow attendings. She also has funding from the CDC regarding pediatric poisonings

### Mary Aitken, MD MPH

**University of Arkansas for Medical Sciences College of Medicine**
**Arkansas Children's Hospital**
**Little Rock, AR**

Mary 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.

### Kirsten Bechtel, MD

**Yale School of Medicine**
**New Haven, CT**

Dr. Bechtel is an Associate Professor of Pediatrics and Emergency Medicine at Yale School of Medicine. Dr. Bechtel is Medical Director, Pediatric Sexual Assault Nurse Examiner (SANE) Program; Chairperson, Yale Traffic Safety Subcommittee; Co-Chairperson, State of Connecticut Child Fatality Review Panel; and Co-Principal Investigator, Injury Free Coalition for Kids at Yale-New Haven Children's Hospital She received her Medical Degree from the University of Medicine and Dentistry of New Jersey-Rutgers Medical School; completed her pediatric residency at St. Christopher's Hospital for Children and completed her fellowship training at Children's Hospital of Pittsburgh.

## Julie Bromberg, MPH

**Rhode Island Hospital**
**Providence, RI**

Julie Bromberg is a Clinical Research Supervisor at the Injury Prevention Center at Rhode Island Hospital and a Research Associate at the Warren Alpert Medical School of Brown University in the Department of Emergency Medicine. Ms. Bromberg holds a Masters in Public Health from Boston University as well as certification as a Certified Clinical Research Professional. She has nearly 15 years of experience in injury prevention research, with expertise in both community based research and clinical research studies. Currently Ms. Bromberg serves as the program manager for three federally funded studies at the Injury Prevention Center.

## Dina Burstein, MD, MPH, CPSTI, FAAP

**The Injury Prevention Center at Rhode Island Hospital**
**Warren Alpert Medical School of Brown University**
**Providence, RI**

Dina Burstein, MD, MPH, CPSTI, FAAP is a research associate and an assistant professor of emergency medicine (research) at The Warren Alpert Medical School of Brown University. She is principal investigator on the Rhode Island Foundation supported Seat Checks in Pediatric Practice project. She also coordinates community outreach activities at the IPC, including the Injury Free Coalition for Kids in Providence program, the Safe Kids RI program and the Kohl's Cares - Kids on the Go Program. Burstein earned her medical degree at the University of Massachusetts Medical School and completed a residency in pediatrics at Yale-New Haven Hospital. Burstein has practiced as a primary care pediatrician and earned a master of public health degree from the University of Massachusetts Medical School. She enjoys working at the IPC to help keep kids safe throughout Rhode Island.

## Sofia Chaudhary, MD

**The Children's Hospital of Philadelphia**
**Emory School of Medicine**

Sofia Chaudhary, MD has a medical doctorate from the Medical College of GA and completed her pediatric residency at Emory University. She is currently a first year Pediatric Emergency Medicine Fellow at Children's Hospital of Philadelphia (CHOP) and an Associate Injury Fellow for the Center of Injury Research Prevention (CIRP) at CHOP. She is also currently an Adjunct Assistant Professor of Clinical Pediatrics at Emory University School of Medicine. Prior to starting fellowship she had worked as a Pediatric Urgent Care Attending physician in the pediatric emergency department at Children's Healthcare of Atlanta (CHOA). It is there she found her start in pediatric injury work. She was one of the founding members of the Children's Injury Prevention Program at CHOA that was started in 2016 and served as the Falls Task Force co-chair for the Injury Prevention Research Center at Emory University from 2016-2017. In these two roles she lead evidence based research and injury prevention programming for pediatric falls, firearm injury, and child passenger safety.

## Marie Crandall, MD, MPH, FACS

**University of Florida Jacksonville**
**Jacksonville, FL**

Marie Crandall, MD, MPH, FACS is Professor of Surgery at the University of Florida Jacksonville, the Director of Research for the Department of Surgery, and Associate Program Director for the General Surgery residency. She is originally from Detroit, MI, a product of Head Start and local public schools. Dr. Crandall obtained a Bachelor's Degree in Neurobiology from U.C. Berkeley and attended medical school at the Charles R. Drew/U.C.LA program in Los Angeles. She finished her General Surgery residency at Rush University & Cook County Hospital in 2001. In 2003, Dr. Crandall completed a Trauma & Surgical Critical Care Fellowship at Harborview Medical Center in Seattle, WA, where she also obtained a Masters in Public Health from the University of Washington. She spent 12 years at Northwestern University in Chicago, where she held faculty appointments in both Surgery and Preventive Medicine. She is currently a member of the Division of Acute Care Surgery at UF-Jacksonville. Dr. Crandall performs emergency general and trauma surgery, staffs the SICU, and is an active health services researcher. She has published extensively in the areas of injury risk factors and outcomes, disparities, geographic information systems in trauma research, gun violence, and violence prevention.

## Robert Disney, BA

**Brady Campaign & Center to Prevent Gun Violence**
**Washington, DC**

Robert Bowers Disney is the Vice President of Organizing for the Brady Campaign & Center to Prevent Gun Violence. He began his career as a Peace Corps Volunteer in West Africa where he focused on environmental, women's, and health issues. He continued his overseas work with the United Nations High Commission on Refugees where he oversaw operations for schools and hospitals in camps serving Sierra Leonian and Liberian refugees. From 2001 to 2007 he managed education, international disaster assistance and health programming for the Peace Corps & Crisis Corps. He has managed Public Health and Safety programming for the Brady Center since 2014.

Robert and his family experienced gun violence firsthand when two shooters opened fire at Columbine High School in 1999. Robert's niece and nephew, students at the school, fled to safety and his brother-in-law served as a sharp shooter for the Littleton Police Department team that responded to the shooting.

## Joelle Donofrio, DO

**University of California, San Diego**
**Rady Children's Hospital of San Diego**
**San Diego, CA**

Joelle Donofrio, DO, is an Assistant Professor of Pediatrics at the University of California, San Diego. She attended University of California Davis for undergraduate studies and medical school at Touro University College of Osteopathic Medicine- California. She completed her Pediatric Residency at Los Angeles County + University of Southern California, her Pediatric Emergency Medicine Fellowship at Harbor UCLA Medical Center, and her Emergency Medical Services (EMS) Fellowship at University of California San Diego. She is currently an Attending in the Emergency Department at Rady Children's Hospital of San Diego (RCHSD), EMS Medical Director for RCHSD, and Associate Program Director for the UCSD EMS Fellowship. Dr. Donofrio is an active member of the California EMS for Children and has a strong interest in prehospital care of children. Her main research focus is on pediatric disaster. She is a new member to the Injury Free Coalition for Kids as of 2017 and is looking forward to a great conference.

## Ibrahim Abd El-Shafy, MD

**General Surgery Resident**
**Maimonides Medical Center**
**Brooklyn, NY**

Ibrahim Abd El-Shafy is an aspiring pediatric surgeon. He is currently a third-year surgical resident at Maimonadies medical center. He has completed two years of pediatric surgery trauma research at Cohens children's medical center in New York. He completed his undergraduate education at Rutgers university and medical school shortly after.

## Erin Evans, BS

**University of Iowa**
**University of Iowa Carver College of Medicine**
**Iowa City, IA**

Erin Evans is a fourth-year medical student at the University of Iowa Carver College of Medicine. She grew up in Iowa City, Iowa and completed her undergraduate studies at The University of Kansas receiving a B.S. degree in Neurobiology. Erin is currently applying for residencies in Emergency Medicine. She hopes that her research will help fuel the conversation regarding the protection of children from injury and potentially lead to substantive changes in public policy.

## Chelsie Gallager, BS

**Sr. Communications Specialist | External Affairs & Community Benefit**
**Seattle Children's Safe Firearm Storage Program**
**Seattle, WA**

Chelsie Gallagher serves as a communications specialist focused on injury prevention at Seattle Children's Hospital. She is responsible for coordinating the firearm tragedy prevention and safe firearm storage programs. Her career at Seattle Children's began in the Marketing and Communications department where she worked on the Health Promotion and Marketing team doing community outreach and events, health education programing, advertising and corporate sponsorship. She also served as a development communications officer for Franciscan Children's in Boston, MA. Ms. Gallagher is a graduate of the University of Washington with a degree in communications.

## Adrienne Gallardo, MA

**Oregon Health & Science University**
**Doernbecher Children's Hospital**
**Portland, OR**

Adrienne Gallardo is the Program Manager for the Tom Sargent Safety Center at OHSU Doernbecher Children's Hospital in Portland, Oregon. Adrienne completed undergraduate studies in Social Work and obtained a Masters in Organizational Management with an emphasis on program development and design. She has dedicated her professional focus to Injury Prevention and advocating for children. She has been a Child Passenger Safety Technician since 2002, and an Instructor since 2012, in much of her work with families she specializes in transporting children with special healthcare needs. Over the past 5 years she has lead the development of the Injury Prevention Program at OHSU Doernbecher Children's Hospital which includes an Injury Control Program and an Injury Prevention outreach program serving Oregon, SW Washington and the Portland Metro communities. Adrienne also manages and coordinates the Kohl's Sleeping Safely and Buckle Up for Life programs at OHSU/Doernbecher Children's Hospital. Adrienne was the coordinator for patient recruitment, data collection and assessment for the Unsafe from the Start: Critical Misuse of Car Safety Seats at Newborn Discharge research study. Adrienne presents locally and nationally in areas of child passenger safety, special needs transportation, and program development and design. Adrienne spends every spare moment away from work enjoying her four amazing kids and loving husband.

## Dawne Gardner, MBA, CPST

**Cincinnati Children's Hospital Medical Center**
**Cincinnati, OH**

Keeping kids safe is Dawne's passion. As an Injury Prevention Specialist at Cincinnati Children's Hospital Medical Center, Dawne has helped to develop and implement community outreach that has measurably decreased the frequency of pediatric home injuries treated in local emergency rooms. She has been the Program Coordinator of Injury Free-Cincinnati for the past 10 years, organizing and successfully building eight Injury Free playgrounds in various Cincinnati neighborhoods and leading multiple bike, pedestrian, playground, poison and child passenger safety initiatives both in the community and in the hospital. In 2014 Dawne received the Injury Free Coalition for Kids National Injury Prevention Coordinator of the Year for her focused work on helping to eliminate disparities and was invited to speak at the 2015 International Safe Communities in Nan, Thailand on her injury prevention work with high-risk communities.

In her free time, she enjoys spending time with family and is currently putting her injury prevention knowledge and Ohio Certified Child Passenger Safety Technician certificate to good use with her 3-year-old grandson.

## Marisa Giarnella-Porco, LCSW

Jordan Porco Foundation
Hartford, CT

Marisa Giarnella-Porco, LCSW is Co-founder and President of the Jordan Porco Foundation (JPF), Marisa is dedicated to preventing suicide in the high school, college, and college entry student population. Through awareness, education, and innovative programming, JPF is challenging stigma around mental health and help-seeking, creating open conversations about the prevalence of suicide and mental health issues, and saving young adult lives. Marisa has worked in human services since 1985. Her employment experiences range from the CT Department of Children and Families to various positions with local mental health authorities in Eastern Connecticut. Marisa has volunteered for decades in her community and is currently an active member of the CT Suicide Advisory Board.

## Mike Gittelman, MD, FAAP

**Cincinnati Children's Hospital Medical Center**
**Cincinnati, OH**

Mike Gittelman, MD, FAAP, is a pediatric emergency room physician at Cincinnati Children's Hospital, in Cincinnati, Ohio and he is a 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. 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.

Prior to their formation of a Council, he served as the Chairperson for the American Academy of Pediatrics' Section on Injury, Violence and Poison Prevention. He is a Board Member and President-elect of the AAP's Ohio Chapter, and he is a Co-Director of the Comprehensive Children's Injury Center at Cincinnati Children's Hospital. His area of research expertise has been to study the impact of screening and counseling families about injury risk, in the office and ED setting, in an attempt to promote safer behaviors and prevent future injuries. With the Ohio Chapter of the AAP, he has developed a state-wide bicycle helmet intervention, a gun safety program in the pediatric office setting and an injury QI program for practicing pediatricians. He has published his efforts involving educating residents about injury prevention, working with high-risk communities in an effort to reduce pediatric injuries, and his risk prevention counseling research in peer-reviewed journals.

## Amy Hill, MS

**Ann & Robert H. Lurie Children's Hospital**
**Chicago, IL**

Amy Hill is Associate Director of the Injury Prevention and Research Center at Ann & Robert H. Lurie Children's Hospital of Chicago. In this role, she serves project coordinator of the Injury Free Coalition for Kids of Chicago and director of Safe Kids Illinois and Chicago. She has managed Injury Prevention programs at Lurie Children's programs since 2002. Injury prevention programs she oversees at Lurie Children's include Safe at Play, Stop the Falls, Safe at Home and Safe on the Road.

Prior to joining Lurie Children's, she was a staff member at several Chicago-area nonprofit organizations including Chicago Youth Programs, Inc., Chicago Cares and Heartland Alliance for Human Needs and Human Rights. In addition, she served as a U.S. Peace Corps Volunteer in Hungary from 1993-95.
She holds a Bachelor of Arts from Loyola University of Chicago and a Master of Science in Public Administration from DePaul University. She is working on a Master of Public Health from the University of Illinois at Chicago. She is a Certified Child Passenger Safety Technician and a Certified Playground Safety Inspector.
She currently volunteers as a mentor for an Eritrean refugee family at Refugee One and is active in her church and community. She is also the proud mom of two school aged kids (who always wear their bike helmets) and has been married to Mark for 17 years.

## Michael Hirsh, MD

**UMASS Memorial Children's Medical Center**
**UMASS Medical School**
**UMASS Memorial Health Care System**
**Worcester, MA**

Michael Hirsh, MD was born in the Washington Heights area of NYC. He was the only son of two Holocaust survivors, and after attending Columbia College undergrad and Harvard Medical School he returned to the Heights to complete residency training at Columbia Presbyterian Medical Center. There he lost one of my best friends and fellow resident John C. Wood II to a gunshot wound. He also met Dr. Barbara Barlow. Both events led him to a path of interest in Pediatric trauma care and injury, particularly firearm injury, Prevention. After finishing a Peds Surgery Fellowship at St. Christopher's Hospital for Children in Philadelphia, he began his attending life at UMASS Medical School in Worcester, Ma. After 6 years, he migrated to Pittsburgh where he was established two Injury Free sites, one at Allegheny General Hospital and one at Mercy Hospital. In 2000, Ihe returned to UMass to start the 15th Injury Free site at Worcester, MA where he h as since toiled. He had the honor of serving as the Injury Free president from 2008-2010. His greatest work accomplishment has been the establishment of the Goods for Guns gun buyback program, first in Pittsburgh (1994-present) and then in Worcester 2000- present) which has been slowly expanding throughout New England with the help of his Injury Free colleagues. His greatest accomplishment outside of work was convincing Julianne to stay married to him since 1979 and producing two wonderful children, Scott (a mindfulness/yoga instructor) and Estelle (a 2nd year med student at UMass Medical School).

## Ben Hoffman, MD, FAAP CPST-I

**Doernbecher Children's Hospital**
**Portland, OR**

Benjamin Hoffman is a semi-native of New Mexico. He majored in Anthropology at the University of California at Berkeley, and attended Harvard Medical School. He completed residency training, and a year as Chief Resident, at Seattle Children's Hospital. Following training, he and his wife, Jane, also a pediatrician, spent 4 years on the Navajo Nation with the Indian Health Service, where he worked with the community to develop a child passenger safety program. He has been certified as a CPS technician since 1997, and an instructor since 2001, the only practicing pediatrician so certified. From 2000-2011, he was at the University of New Mexico, where he was director of the pediatric residency program, developed and ran a community advocacy training program for pediatric residents, and worked to draft and advocate for childhood injury prevention legislation.

Ben is a nationally recognized expert in child passenger safety, and leader in the field of community health and advocacy training for pediatric residents. He is a Professor of Pediatrics at Doernbecher Children's Hospital and Oregon Health and Science University. There, he is the Director of the Oregon Center for Children and Youth with Special Heath Care Needs, Medical Director of the Tom Sargent Safety Center, and Director of Professional Development. He also remains very active in child health policy and community advocacy. Ben and Jane are most proud of their 3 hilarious kids, although technically, 2 of them are adults.

## Pam Hoogerwerf, BS

**University of Iowa Stead Family Children's Hospital**
**Iowa City, IA**

Pam Hoogerwerf is the Director of the Community Outreach and Injury Prevention program at the University of Iowa Stead Family Children's Hospital. She grew up in Cedar Rapids, Iowa and completed her undergraduate studies at the University of Iowa receiving a BS degree in Communication Studies. Her passion is injury prevention as she leads many efforts at the hospital including All-Terrain Vehicle Safety, Bike Safety, Safe Sleep and Child Passenger Safety to name a few. She serves on many state, regional and national committees for the Children's Hospital and injury prevention.

## Sheena Hussain, MPH

**Medical Student**
**Chicago Medical School**

Sheena Hussain is currently a first-year medical student at Chicago Medical School. She holds a Master's in Public Health from Northwestern University, and Bachelor's degrees in Biochemistry and English from Loyola University Chicago. During her time at Northwestern, she developed an interest in maternal and child health, and wrote her graduating thesis on infant safe sleep practices in home visiting programs. Her other research experience includes studying the use of clinical decision support tools for delivering pharmacogenomic information to physicians in outpatient clinics.

## Tiffaney Isaacson, BS

**Phoenix Children's Center for Family Health and Safety**
**Phoenix, AZ**
Tiffaney Isaacson, BS is a Senior Injury Prevention Specialist with Phoenix Children's Center for Family Health and Safety. She examines data, conducts research, teaches families, and coordinates community-wide programs to address child drowning risk.

Tiffaney is also a member of the Past Presidents Council with the National Drowning Prevention Alliance, and a Community Advisory Board Member for Safe Kids of Maricopa County. She graduated from Arizona State University with a BS in Business Systems Management.

## Charles Jennissen, MD

**University of Iowa Carver College of Medicine**
**Iowa City, Iowa**

Charles Jennissen, MD, is a Clinical Professor in the Department of Emergency Medicine at the University of Iowa Carver College of Medicine in Iowa City, Iowa. Dr. Jennissen grew up on a dairy farm in central Minnesota. This plays a large part in his interest in safety and injury prevention, particularly regarding children and teens, and those who work and live on farms. Most of his research projects have addressed injury-related issues

with a heavy emphasis on off-highway vehicles (OHVs) such as all-terrain vehicles (ATVs). His 12-year-old first cousin and another neighborhood boy were killed while on an ATV as they drove out of a farmyard driveway and were hit by a pick-up truck just a few miles from his family's farm. Dr. Jennissen is very active in the Iowa ATV Safety Taskforce and is a member of a national OHV On Roads coalition led by the Consumer Federation of America. This coalition has been working to decrease the number of OHV crashes and injuries on roadways and is making efforts to inform the public and governing officials of the dangers of OHVs on public roads. He is proud to have received the SAFE KIDS Iowa "People Who Make a Difference" Award in 2006.

## Samaa Kemal, MD, MPH

**Children's Hospital of Philadelphia**
**Philadelphia, PA**

Samaa Kemal, MD, MPH is a first-year categorical pediatrics resident at the Children's Hospital of Philadelphia. She is an alumnus of the MD/MPH program at Northwestern University Feinberg School of Medicine. Prior to medical school, she served as a high school physics teacher at a Title 1 charter school in Memphis. Samaa's primary research and public health interests are violence prevention in communities of color and the intersection of the educational achievement gap with inequalities in children's healthcare.

## Amber Kroeker, MPH CPST

**Randall Children's Hospital at Legacy Emanuel**
**Portland, OR**

Amber Kroeker is the child injury prevention program coordinator at Randall Children's Hospital in Portland Oregon. While completing her public health internship in pediatric trauma seven years ago, Amber fell in love with the public health side of injury prevention. Her efforts in evaluation and research focus on the behavioral and public health aspects of health behavior choices. In particular, applying behavioral economics to injury prevention to understand why people make the choices they do around safety. Amber is trained in Motivational Interviewing and has brought this practice to the field of injury prevention. Four years ago, Amber became an 'accidental entrepreneur' after winning an innovation award to develop an American version of the Finnish bassinet box. In her spare time, you can find her running a company, helping her boys with homework and battling an endless pile of laundry.

## Garry Lapidus, PA-C, MPH

**Connecticut Children's Medical Center & Hartford Hospital**
**Hartford, CT**

Garry Lapidus, PA-C, MPH, is the Director of the Connecticut Injury Prevention Center at Connecticut Children's Medical Center/Hartford Hospital and Associate Professor of Pediatrics and Public Health at the University of Connecticut School of Medicine.

Mr. Lapidus is a national leader in injury prevention research, education and training, community based programs, and public policy. He is a published author in the field with over 60 peer reviewed journal articles.

## Sarah Lazarus, MD

**Pediatric Emergency Medical Associates**
**Atlanta, GA**

Sarah Lazarus, MD, is a Pediatric Emergency Physician with PEMA, working at Children's Healthcare of Atlanta. She is from the Atlanta area, and went to college at Tulane University. There, she became an EMT, which sparked her interest in injury prevention. She proceeded to Lake Erie College of Osteopathic Medicine for medical school, and then to Emory University for Pediatric Residency and Pediatric Emergency Medicine Fellowship, which she completed in 2015.

During fellowship, Sarah pursued various research projects related to injury prevention. She surveyed families in the ER regarding cough medicine utilization and side effects. She initiated a grant regarding a Safety Store for Children's Healthcare of Atlanta, which was accepted and funded by the 1998 Society in 2016. She has collaborated with other physicians to establish a mutlidisciplinary Injury Prevention Program (CHIPP) and serves on the executive committee. She also is the head of the Save Babies task force through CHIPP, which addresses injury issues in children under 6 months of age.

## Lois Lee, MD, MPH

**Boston Children's Hospital**
**Harvard Medical School**
**Boston, MA**

Lois Lee, MD, MPH is a board certified pediatric emergency medicine specialist with a clinical and research focus on pediatric trauma care and injury prevention. She graduated magna cum laude from Emory University, where she majored in chemistry and music, and she received her M.D. from the Perelman School of Medicine at the University of Pennsylvania. She then completed her internship and residency in pediatrics at the Children's Hospital of Philadelphia. It was there that she first developed an interest in pediatric injury prevention after working on a research project about childhood injuries and deaths related to the use of air bags in cars. She has completed a Masters of Public Health (MPH) from the Harvard School of Public Health. She is currently a staff physician in the Emergency Department at Boston Children's Hospital, and continues to pursue her interest in pediatric trauma care and injury prevention with her teaching, research, and advocacy. In these roles she promotes child passenger safety, home safety, and is advocating for legislation for the primary seat belt bill in Massachusetts.

## Deena Liska, MA

**Children's Hospital of Wisconsin**
**Milwaukee, WI**

Deena Liska is the Teen Driving Coordinator for Children's Hospital of Wisconsin Community Education and Outreach. Deena has a MA in Education and a BA in Professional Communication from Alverno College. She entered the field of injury prevention through emergency services where she was a Firefighter and Emergency Medical Technician for more than 15 years, and retired at the rank of Captain. Deena has coordinated teen traffic safety programs for Children's Hospital for the past ten years, through partnerships with the Wisconsin DOT, the Wisconsin Department of Health, and State Farm. In addition, she has been a certified Child Passenger Safety Technician/Instructor for more than 15 years.

## Kirsten Loftus, MD

**Cincinnati Children's Hospital Medical Center**
**Cincinnati, OH**

Kirsten received her undergraduate degree from Amherst College (Amherst, MA) and her medical school degree from Northwestern University Feinberg School of Medicine (Chicago, IL). She completed a Pediatrics Residency at Cincinnati Children's Hospital Medical Center. Currently, she is a clinical fellow in Pediatric Emergency Medicine at Cincinnati Children's and is completing a Masters in Medical Education at the University of Cincinnati. Her interests include injury prevention, medical education, ankle injuries, and concussions.

## Terri McFadden, MD, FAAP

**Emory University**
**Hughes Spalding Children's Healthcare of Atlanta**
**Atlanta, GA**

Doctor McFadden is a General Pediatrician and an Associate Professor in the Department of Pediatrics of the Emory University School of Medicine. She serves as Medical Director of Primary Care at the Hughes Spalding campus of Children's Healthcare of Atlanta where she sees patients and teaches medical students, pediatric residents and allied health students. She is also the Medical Director for primary care with the Emory Department of Pediatrics PARTNERS for Equity in Child and Adolescent Health program. She is board certified by the American Board of Pediatrics and is a Fellow of the American Academy of Pediatrics where she serves on the Executive Committee of the Council on Early Childhood. She currently serves as the Vice-President of the Georgia Chapter of the American Academy of Pediatrics. McFadden is the Co- Medical Director of the Injury Free Coalition for Kids (Injury Free)-Atlanta childhood injury prevention program. She also serves as Medical Director of the Georgia Coalition of Reach Out and Read. Her academic and professional interests include comprehensive care for the underserved, breastfeeding promotion, childhood injury prevention, preschool literacy promotion, and medical education. She has a Bachelor of Science degree from Spelman College and a medical degree from the Johns Hopkins School of Medicine.

## Margaret (Meg) McCabe, BA, CPST

**Injury Prevention Specialist**
**Boston Children's Hospital**
**Boston, MA**

Margaret (Meg) McCabe, BA, CPST
Ms. McCabe is a certified Child Passenger Safety Technician (CPST) and Injury Prevention Specialist (IPS) at Boston Children's Hospital. She graduated from the University of Connecticut in 2014 with a Bachelor's Degree in Communications. In college she was the Waterfront Director and Water Safety Instructor at a local summer camp. There, she developed her passion for safety, injury prevention and working with kids. After graduation Ms. McCabe accepted a position at Connecticut Children's Medical Center as the director of Safe Kids Connecticut where her passion for all things safety related continued to grow. Ms. McCabe has been in her position at Boston Children's for almost a year and in this short time, has excelled in all aspects of pediatric injury prevention from networking, program development, and providing education. She has a passion for helping others and building relationships with patients and families both in the hospital as well as in the greater Boston Community. Meg is currently taking classes at the Harvard Extension School to get her Master's Degree in Psychology.

## Marlene Melzer-Lange, MD

**Children's Hospital of Wisconsin**
**Milwaukee, WI**

Marlene Melzer-Lange, MD is 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. 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, the Milwaukee Homicide Review Commission and the American Academy of Pediatrics Council on Violence, Injury and Poisoning Prevention. She serves on the board of the Injury Free Coalition for Kids and chairs the Scientific Committee. 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 Marquette University and received her medical degree from the Medical College of Wisconsin. She completed her pediatric residency at Children's Hospital of Wisconsin. She is board certified in Pediatrics and Pediatric Emergency Medicine. She is a native of Milwaukee, is married and has two children and three grandchildren.

## Beverly Miller, MEd

**University of Arkansas for Medical Sciences**
**Arkansas Children's Hospital**
**Little Rock, AR**

Beverly. Miller has over 30 years of experience working in health promotions for high risk populations in numerous public health areas, including substance abuse and violence prevention, cancer control, and injury control. In addition to working in the academic and pediatric settings, Ms. Miller has experiences working in a non-profit organization, mental health, and public schools. Ms. Miller works closely with the faculty at the UAMS and ACH to develop translational research for populations most vulnerable for preventable injuries, most notably low-income, minority, and/or rural children. Miller received the 2013 Program Coordinator of the Year award from the Injury Free Coalition for Kids. In 2015, she was recognized by UAMS with the Staff Excellence Award in Research. She earned a Master's in Education with an emphasis on special education for the severely emotionally disturbed from the University of Arkansas.

## Kathy Monroe, MD

**Children's Hospital of Alabama**
**Birmingham, AL**

Kathy Monroe is Professor of Pediatrics at the University of Alabama in Birmingham. She is the Medical Director of the Pediatric Emergency Medicine Department in the Children's Hospital of Alabama and is the Co-Director of the Injury Free Coalition for Kids of Birmingham Alabama. She serves as the Alabama AAP chair of the Injury Prevention committee. In addition, Dr. Monroe serves on the national AAP council on injury violence and poison prevention. 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 has been 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.

## Jessica Naiditch, MD

**Dell Children's Medical Center**
**Austin, TX**

Jessica Naiditch, MD is a pediatric general surgeon and trauma medical director at Dell Children's Medical Center, and is an Assistant Professor of Surgery and Perioperative Care at the University of Texas-Austin Dell Medical School. She completed her undergraduate degree in Biological Sciences at Carnegie Mellon University in Pittsburgh, PA, and received her medical degree from the University of Pittsburgh-School of Medicine. She then completed her general surgery residency at Northwestern University in Chicago, IL, and finished her graduate medical training in pediatric surgery at the University of Texas-Southwestern.

## Michele Nichols, MD

**University of Alabama**
**Birmingham, AL**

Michele Nichols, MD, is a Professor of Pediatrics at the University of Alabama at Birmingham. She attended Auburn University for undergraduate studies, then obtained her Medical Degree from the University of Alabama School of Medicine. She completed her Pediatric Residency and Pediatric Emergency Medicine Fellowship at Children's Hospital Medical Center in Cincinnati. She is currently an Attending in the Emergency Department at Children's of Alabama, the Vice-Chair of Education, Co-Medical Director of the Regional Poison Control Center, and Director of the Pediatric Residency Program. Michele's research interests include: injury, education, and toxicology. She has been honored to be a member of Injury Free Coalition for Kids since 2003. Michele, along with Kathy Monroe, M.D., has the joy of leading a rotation with all interns to educate and get them excited about Injury Prevention and Child Advocacy.

## Christina Parnagian, BS

**Rhode Island Hospital and Hasbro Children's Hospital**
**Providence RI**

Christina Parnagian is a clinical research assistant for the department of emergency medicine at Rhode Island Hospital and it's Hasbro Children's Hospital. She graduated from Assumption College in 2015 with a BS in Biology. She primarily works on studies relating to alcohol screening, brief intervention and referral to treatment. Her ultimate goal is to become a Physician Assistant and she hopes the knowledge gained from working for the injury prevention center will help in working with her future patients.

## Marisa Giarnella-Porco, LCSW

**Jordan Porco Foundation**
**Hartford, CT**

Co-founder and President of the Jordan Porco Foundation (JPF), Marisa is dedicated to preventing suicide in the high school, college, and college entry student population. Through awareness, education, and innovative programming, JPF is challenging stigma around mental health and help-seeking, creating open conversations about the prevalence of suicide and mental health issues, and saving young adult lives.

Marisa has worked in human services since 1985. Her employment experiences range from the CT Department of Children and Families to various positions with local mental health authorities in Eastern Connecticut. Marisa has volunteered for decades in her community and is currently an active member of the CT Suicide Advisory Board.

## Wendy Pomerantz, MD, MPH, FAAP

**Cincinnati Children's Medical Center**
**Cincinnati, OH**

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 is a Pediatric Emergency Medicine Physician with a faculty appointment as a Professor of Pediatrics at the University of Cincinnati School of Medicine and Children's Hospital Medical Center in Cincinnati, Ohio. She has been a pediatric emergency medicine physician for the past 22 years. Her interests include injury and poison prevention, concussion, education, and geographic information systems. She has published many peer-

reviewed articles in the fields of injury and poison prevention. She has presented her work at many national, state and local conferences. She one of the Co-directors of Injury Free Coalition for Kids in Greater Cincinnati and is the President of the National Injury Free Coalition for Kids.

## Dawn Porter, BS

**Arkansas Children's Hospital**
**Little Rock, AR**

She graduated from the University of Arkansas at Little Rock with a degree in Health Science.
She worked as the Safer Teen Driving Coordinator for four years at Arkansas Children's Hospital Injury Prevention Center. Her activities included development, implementation, and evaluation of evidenced-based interventions for targeted populations of lay and professional audiences. She recently accepted the position of Infant and Child Death Review Coordinator.

## Charles Pruitt, MD, FAAP

**Primary Children's Medical Center**
**Salt Lake City, UT**

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.

## Evelyn Qin, BS

**University of Iowa Carver College of Medicine**
**Iowa City, IA**

Evelyn Qin is a fourth-year medical student at the University of Iowa Carver College of Medicine pursuing an MD/MPH. She grew up in Ames, Iowa and completed her undergraduate studies at Washington University in St. Louis, receiving a BA in Biology. She is interested in public health, injury prevention, and public policy research, and hopes her work can be utilized to create effective changes at both the individual and population levels. She is presently considering completing a residency in Pediatric Physical Medicine & Rehabilitation.

## Ernika Quimby, MD

**Children's Hospital of Philadelphia**
**Philadelphia, PA**

Ernika Quimby, MD is currently a first-year pediatric emergency medicine fellow at the Children's Hospital of Philadelphia. She attended Washington University in St. Louis for undergraduate school followed by The University of Chicago, Pritzker School of Medicine. She completed her pediatric residency at the Ann and Robert H. Lurie Children's for residency.

## Teresa Riech, MD, MPH, FAAP, FACEP

**OSF Saint Francis Medical Center and Children's Hospital of Illinois**
**Peoria, IL**

Teresa Riech, MD is a board-certified physician in Pediatrics and Emergency Medicine. She completed medical school at the University of Illinois College of Medicine where she also obtained a Masters Degree in Public Health Policy and Administration through a combined program with the University of Illinois School of Public Health. She then completed a combined residency in Internal Medicine and Pediatrics at Indiana University before returning to Illinois to complete a residency in Emergency Medicine at the University of Illinois College of Medicine and OSF Saint Francis

Medical Center, Peoria, IL. Since 2010 she has served as the Medical Director of the Pediatric Emergency Department at Saint Francis Medical Center and is an Associate Professor of Emergency Medicine and Pediatrics through the University of Illinois College of Medicine, Peoria. She is mom to 3 children ages 6 and under, and recently retired from the Illinois Air National Guard, where she served for 21 years as a flight medic and an F-16 flight surgeon. Her clinical interests include child abuse, child safety, and pediatric sedation and analgesia.

## Douglas Roehler, PhD, MPH

**Rush University Medical Center**
**Chicago, IL**

Douglas Roehler, PhD, MPH: Dr. Roehler is a postdoctoral research fellow in the Department of Pediatrics at Rush University Medical Center. Prior to his doctoral work at the University of Michigan School of Public Health, Dr. Roehler worked in the Division of Unintentional Injury Prevention at the Centers for Disease Control and Prevention where he focused on global road safety. As a trained behavioral scientist who focuses on injury prevention, Dr. Roehler has published on injury surveillance, motor vehicle crash prevention, and gun violence. In his current position at Rush, Dr. Roehler is focusing on the study and understanding of infant sleep-related deaths. During his graduate school training, Dr. Roehler was trained in advanced statistical analyses including, but not limited to: multivariate statistics, longitudinal analysis, latent profile and class analysis, growth curve analysis, hierarchical linear analysis, and analysis of panel data.

## Steve Rogers, MD

**Connecticut Children's Medical Center**
**Injury Prevention Research Center**
**Hartford, CT**

Steven C. Rogers, MD, MS-CTR is a Pediatric Emergency Medicine physician at Connecticut Children's Medical Center and an Associate Professor of Pediatrics and Emergency Medicine at the University of Connecticut School of Medicine. He is the Director of Emergency Mental Health Services and Associate Director of Research. He is also the Co-PI for Injury Free Coalition for Kids and a research scientist at the Connecticut Children's Injury Prevention Center. These positions provide him with a unique perspective on treating as well as preventing illness and injury for children.

His academic and research activities in injury prevention have involved motor vehicle/pedestrian safety, drowning, suicide and violence. In order to conduct high quality effective research, he recently completed a Master of Science in Clinical and Translational Research program. This program has helped to enhance his research skills and focus his efforts on preventing suicide. Currently, he is bringing together suicide prevention experts from state and community programs, the university health science center, and the Injury Prevention Center to improve the care and prevention of high risk suicidal youth in the emergency department. He is developing new protocols and programs that will enhance clinicians' and caregivers' ability to identify and prevent injury and violence.

## Nicholas Saenz, MD, FACS, FAAP

**University of California at San Diego**
**San Diego, CA**

Dr. Saenz attended Harvard College, earned his medical degree from the University of Michigan, and completed his surgery residency at the Deaconess-Harvard Surgical Service. His postgraduate training included surgical research and pediatric surgical fellowships at Boston Children's Hospital/Harvard Medical School. After completing his training, he became an attending pediatric surgeon at Memorial Sloan- Kettering Cancer Center/Cornell School of Medicine in New York. In 1998, he joined Children's Specialists of San Diego.

Dr. Saenz has authored many publications, abstracts and book chapters. His clinical interests are pediatric surgical oncology, cloacal malformations, and pediatric trauma.

## Victoria Salow, MPH, CHES, Chicago, IL

**Ann & Robert H. Lurie Children's Hospital**
**Chicago, IL**

Victoria Salow, MPH, CHES coordinates the motor vehicle safety program within the Injury Prevention & Research Center at the Ann & Robert H. Lurie Children's Hospital of Chicago. Before coming to Lurie Children's in January of 2016, Victoria was a research assistant at the Center for Urban

Transportation Research at the University of South Florida where she worked on a project to promote helmet use among motorcyclists in Florida. Victoria is a Certified Child Passenger Safety Technician and has worked in the field of unintentional injury prevention for the past three years.

## Joe Schaffner, MPA, CPST

**Arkansas Children's Hospital**
**Little Rock, AR**

Joe Schaffner is the Outreach Coordinator for the Injury Prevention Center at Arkansas Children's. Joe is a creative professional, experienced in print, video, and social media formats. He conducts frequent on-air interviews with radio and local television network affiliates and regularly represents his organization through public speaking engagements and community events. Joe coordinates all media and educational material for the Injury Prevention Center and his original work won International Safety Media Awards at the 2012 and 2016 World Conference on Safety Promotion and Injury Prevention. Previous work was recognized with an award for design/print from the International Competition for Marketing and Communication Processionals. He has dual Bachelor of Arts Degrees and a Master of Public Administration degree from the University of Arkansas at Little Rock.

## Judy Schaechter, MD, MBA

**University of Miami Miller School of Medicine**
**Miami, FL**

Judy Schaechter, MD, MBA, is professor and chair of the Department of Pediatrics at the University of Miami Miller School of Medicine and chief of service at Holtz Children's Hospital at Jackson Memorial Medical Center. Dr. Schaechter is a general pediatrician with special interests in adolescence, injury and violence prevention, education, and community health. She currently or recently served as senior advisor to the Florida Children's Movement, president of the national Injury Free Coalition for Kids, gubernatorial appointee to the Florida Children and Youth Cabinet, and board member of The Children's Trust, where as chair of the Health Committee, she led the creation of HealthConnect, launching health teams in 170 schools and initiation home visitation for families in Miami-Dade County. Dr. Schaechter served as the child health policy expert on the Florida Healthy Kids Corporation board for eight years, chairing the Finance/Audit and Satisfaction/Quality Committees. She is an elected member of the American Academy of Pediatrics Council on Injury, Violence, and Poison Prevention and a member of the American Pediatric Society. As a board member of the Early Learning Coalition of Miami-Dade and Monroe Counties, Dr. Schaechter, chairs the Program and Policy Committee as well as the Early Head Start Health Advisory Task Force. Dr. Schaechter has a national reputation advocating for child safety, access to care, health promotion, professional diversity and wellness. She has affected policy change in firearm injury prevention, vaccination supply and scheduling, quality education and freedom of speech.

## Jessica St. Onge, BS, CPST

**Children's Hospital of Wisconsin**
**Milwaukee, WI**

Jessica St. Onge is the Injury Prevention Coordinator for Children's Hospital of Wisconsin Community Education and Outreach. She has a Bachelor's of Science in public health from Carroll University. She started her career at Children's Hospital working with the Kohl's Cares Grow Safe and Healthy Program and transitioned to her current role earlier this year. Jessica works from primary care clinics on a car seat initiative and is a certified Child Passenger Safety Technician.

## Pina Violano, PhD, MSPH, RN

**Yale New Haven Hospital**
**New Haven, CT**

Pina is currently the Manager of the Injury Prevention, Community Outreach and Research Program at Yale New Haven Hospital. She is also the Co-Director and Co-Primary Investigator of the Injury Free Coalition for Kids in New Haven at Yale New Haven Children's Hospital. Pina develops injury prevention strategies on a local, state and national level and has longstanding leadership and expertise in reducing the impact of preventable injuries and death through community outreach and violence prevention efforts locally in the City of New Haven, regionally and nationally. Pina led the effort for the Children's Hospital to receive the designation of Injury Free Coalition for Kids in New Haven. Pina has developed &/or led numerous injury prevention programs including: establishing a car seat program that has provided over 5,000 car seats to high-risk families in need; the TXT U

L8R (text you later) campaign, a unique peer-to-peer initiative focused on the dangers of texting while driving, alcohol and drug use; the Walk Safe Program, a program that educates children on safe pedestrian practices; the Home Fire Safety Patrol: Kids and Families Sound Off for Fire Safety Program, an educational program that reaches homes that are high risk through in-school learning and home activities and Gun Buy Back Program.

Her research has centered on the use of community based participatory research principles on reduction of gun related injuries and death, gun buy-back programs, promotion of safe firearm storage, educating gun shop owners on risk factors for suicide, and evaluating the relevance of adapting a disaster-preparedness approach to gun violence and, specifically, the relationship between perceived collective efficacy, its subscales of social cohesion and informal social control, and exposure to gun violence. Pina is an appointed member of the CT's Child Fatality Review Panel by the Speaker of the House Representatives. In 2015, she received the Community Champion Award from the Greater Valley Substance Abuse Action Council; presented a Certificate of Special Recognition for outstanding contributions to our community by the Honorable Rosa DeLauro, Member of Congress; and the State of Connecticut General Assembly Official Citation for tireless efforts to create a positive change in the field of substance abuse prevention and intervention activities introduced by the Speaker of the House of Representatives J. Brendan Sharkey, Robyn Porter, Joseph Crisco, Michael D'Agostino and Senator Martin Looney. Pina has been a registered nurse for over 30 years and completed her PhD in Public Health. Her dissertation research focused on "Determinants of Usage of Age-Appropriate Child Safety Seats in Connecticut". She is also a certified child passenger safety technician.

## Raquel Weston, MD

**University of Florida**
**Jacksonville, FL**

Dr. Raquel Weston is currently a Chief Resident in General Surgery at the University of Florida College of Medicine Jacksonville. She is originally from California and graduated with a degree in Health Sciences from the University of California Santa Cruz in 2008. She received her Doctor of Medicine in 2013 from the American University of the Caribbean School of Medicine in St. Maarten, Netherlands Antilles. During her residency, Dr. Weston has been the recipient of multiple awards, including an American College of Surgeons Advocacy and Leadership Summit Scholarship, and the University of Florida Intern of the Year Award. She has been very active in research, receiving resident Dean's Grants and presenting her work at multiple local and national conferences. Dr. Weston has matched at Virginia Commonwealth University for a Surgical Critical Care Fellowship and will be starting their program in August 2018. In her free time, she has volunteered for many community service organizations and enjoys international travel.


# EVALUATION & CME CERTIFICATION

# ACCREDITATION

**Accreditation**

**Continuing Medical Education**
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Cincinnati Children's and the Injury Free Coalition for Kids at the Center for Injury Epidemiology and Prevention, Mailman School of Public Health, Columbia University. 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 12.0 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**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 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. All planning committee members and/or faculty members were determined to have no conflicts of interest pertaining to this activity.