









Forging New Frontiers: Motor Vehicle Safety for All Ages

24th Annual Injury Free Coalition for Kids® National Conference
December 6th - 8th, 2019

The 2019 Injury Free Coalition for Kids® Conference in Fort Lauderdale, FL, is a dynamic meeting for injury prevention specialists from all disciplines. The meeting brings together medical experts, injury prevention advocates, and community leaders from North America with the goal of preventing injuries and reducing violence to children. Through scientific abstracts, lectures, panel discussions, and workshops presented by leading experts in the field of injury prevention and epidemiology, the conference disseminates knowledge about lessons learned and best practices in injury prevention.

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

The objectives of the 2019 Annual Conference are to provide participants with an opportunity to:

-  Expand knowledge in the field of injury prevention.
-  Encourage and disseminate injury prevention research.
-  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

In support of improving patient care, this activity has been planned and implemented by Cincinnati Children's and the Injury Free Coalition for Kids® at the Columbia University Center for Injury Science and Prevention. Cincinnati Children's is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. Cincinnati Children's designates this live activity for a maximum of 14.25 (5.25F, 6.75Sa, 2.25Su) *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 Hospital Medical Center 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.



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INTERPROFESSIONAL CONTINUING EDUCATION

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We are very excited to welcome you to the 24th Injury Free Coalition for Kids® Annual Conference, “Forging New Frontiers: Motor Vehicle Safety for All Ages.” The organization is continuing to grow and thrive. We continue to disseminate our work through the publication of our annual meeting supplement in Injury Epidemiology.

With our focus this year on motor vehicle safety, we are especially pleased to welcome our keynote speaker, Dr. Jon Krohmer, Director, Office of EMS, U.S. Department of Transportation, National Highway Transportation Safety Administration (NHTSA). There has been remarkable progress in the last several decades in decreasing injuries and deaths to children and adolescents from motor vehicle crashes. However, there are continued emerging threats to motor vehicle safety with increased distracted driving and the development of autonomous vehicles. So our work as injury prevention specialists continues to address these and other risk factors for motor vehicle injuries. To honor an individual who has a long career focused on child passenger safety, we will be presenting this year’s Pioneer Award to Sandy Sinclair, BA of NHTSA.

As Program Chair, I would like to thank the Program Committee for their work organizing the conference. I would also like to thank the Scientific Publications Committee and their chair, Dr. Marlene Melzer-Lange, for reviewing the abstracts. Dr. Melzer-Lange, in her second year as President-elect, will be taking over as Chair of the Program Committee next year. I would also like to thank the presenters and moderators for their expertise and time. Finally, a special word of thanks to Lenita. This program would not be possible without Lenita’s knowledge, hard work, and dedication—I am grateful to her for all her efforts in making this conference possible.

Thank you for attending the conference. We hope this year’s conference will continue to educate and inspire you in your injury prevention work.

Sincerely,

Lois K. Lee, MD, MPH, FAAP
Injury Free Coalition for Kids, Board President
Forging New Frontiers: The Annual Conference of the Injury Free Coalition for Kids, Program Chair
PI, Injury Free Coalition for Kids--Boston
Associate Professor of Pediatrics and Emergency Medicine
Boston Children’s Hospital
Harvard Medical School



Welcome to the 24th Annual Injury Free Coalition for Kids® National Conference. 2019 has been a wonderful year for the Coalition. Our membership continues to grow, the Center grant from the CDC was refunded, and The Robert Wood Johnson Foundation has provided conference support from Princeton Philanthropies. The journal of Injury Epidemiology will continue to publish an Injury Free Annual Conference Supplement, representing papers from our annual meeting. Enjoy your copy of the Journal from the 2018 conference and remember to cite papers from our meetings as you prepare your papers for publication.

Dr. Lois Lee, Chair of the Program Committee, and of the Injury Free Board, has developed an exciting program for this year's conference. Our keynote speakers are experts in Motor Vehicle Safety from NHTSA – Dr. Jon Krohmer, MD, Director of NHTSA Emergency Medical Services and our Pioneer Award winner Alexander “Sandy” Sinclair, BA.

This year we had a record number of abstracts submitted. The Scientific Committee chose the best to be presented as podium presentations, panels, posters and workshops with a focus on Motor Vehicle Safety, including teen driving, distracted driving, and child passenger safety.

Enjoy the conference, form new injury prevention relationships, learn from others, ask questions during the meeting, and develop ideas for programs, which will keep children and their families safe. Plan for next year - 2020 will be our 25th year of working together to prevent injury and will focus on Firearm Injury Prevention.

Partner in your battle to keep children Injury Free.

Sincerely,

A handwritten signature in black ink that reads "Barbara Barlow". The signature is written in a cursive, flowing style.

Barbara Barlow MD, FAAP, FACS
Professor of Surgery in Epidemiology
Columbia University Center for Injury Science and Prevention, in New York
Executive Director and Founder – Injury Free Coalition for Kids



Jon Krohmer, MD, FACEP, FAEMS, Washington, DC
Acting Associate Administrator
Research & Program Development
Director, Office of EMS
National Highway Traffic Safety Administration

Jon Krohmer, MD, FACEP, FAEMS is the Acting Associate Administrator, Research and Program Development and the Director of the NHTSA Office of EMS in the Department of Transportation. Prior to that, he was the Assistant Director of the ICE Health Service Corps at the Department of Homeland Security. Previously, he was the principal deputy assistant secretary for DHS OHA and DHS deputy chief medical officer. He began serving in that position as a member of the Senior Executive Service (SES) with DHS in September 2006 and served as the DHS Acting Assistant Secretary for Health Affairs and Chief Medical Officer from August 2008 to August 2009.

Dr. Krohmer was an attending physician and director of emergency medical services (EMS), emergency medicine residency, and Department of Emergency Medicine at the Spectrum Health Butterworth Campus in Grand Rapids, MI and an associate professor of emergency medicine at the College of Human Medicine at Michigan State University. He was also EMS medical director of Kent County Emergency Medical Services and the West Michigan Metropolitan Medical Response System. Dr. Krohmer received his undergraduate degree at Ferris State College, School of Pharmacy in Big Rapids, MI and medical degree at the University of Michigan Medical School in Ann Arbor, MI. He completed his emergency medicine residency and EMS fellowship at Wright State University in Dayton, Ohio. He is board certified in emergency medicine and emergency medical services.



Pioneer Award Winner

Alexander 'Sandy' Sinclair, BA
Washington, DC
National Highway Traffic Safety Administration



For the better part of 40 years, Mr. Sinclair has worked to improve the health, education and safety of children and families. From inner-city Los Angeles to an isolated mountain village in the Philippines, he provided direct services to families in need. Since the 1990s, he has provided national leadership in child transportation safety policy and program development at the National Safe Kids Campaign and the US Department of Transportation.

Mr. Sinclair serves as a Highway Safety Specialist at the National Highway Transportation Safety Administration (NHTSA), where he has worked since 1999. He is a subject matter expert in child passenger safety, tween and teen safety, vehicular heatstroke prevention, drowsy driving and distracted driving. At NHTSA he has developed, awarded, supervised, and evaluated the effectiveness of child passenger safety and seat belt demonstration programs. He has conducted extensive outreach to the highway safety advocacy community, Federal agencies, and for-profit entities, especially regarding child passenger safety. This includes organizing and conducting child safety listening sessions in minority communities. In addition, he has worked with federal and private researchers to develop highway safety projects focusing on high-risk populations. He has also served on two Department of Transportation "Green Teams" supporting NHTSA's fuel economy and sustainability objectives. With his expertise on motor vehicle safety, he presents and writes reports for Congress and organizes press events and briefing materials for agency leaders. At NHTSA he has also served as a speech writer, developed public service advertising campaigns with the Advertising Council, and conducted programs to increase seat belt and car seat use among minorities and low-income people.

In his role at NHTSA he led the development and implementation to expand NHTSA's social marketing campaign "Buckle Up America" program to increase safety belt use. He also managed a public service advertising campaign to prevent aggressive driving. In addition, he has developed distracted driving trainings for law enforcement and Department of Transportation (DOT) staff. One of his many responsibilities is coordinating the national annual Child Passenger Safety week, which he has done for the last 17 years. Most recently he has had a concerted focus on heatstroke deaths in children left alone in motor vehicles.

Since 2001 he has served as NHTSA's DOT liaison to the American Academy of Pediatrics' (AAP) Executive Committee of the Council on Injury, Violence, and Poison Prevention. He has been an integral part of this Committee in bringing his knowledge about past, present, and future issues related to child passenger safety, teen driving, and motor vehicle safety in general. He has contributed his expertise on best-practice recommendations, policies, and regulations. His insights on the federal level on child passenger related issues have been critical to informing COIVPP in developing policies and addressing current as well as new threats to motor vehicle safety.

Prior to his time at NHTSA, he worked as the Director and Manager of a field operations team as part of the National Safe Kids Campaign. In this role he strengthened and expanded this nationwide coalition network. He managed an annual training conference for hundreds of coalition leaders. He developed grant programs and allocated millions of dollars in grant funding. He is truly a voice advocating for the safety of children, teens, and their families in motor vehicles.



PI of the Year Award

Pina Violano, PhD, MSPH, RN-BC, CCRN
Manager, Injury Prevention
Community Outreach & Research
Yale New Haven Hospital



Dr. Violano is the Manager of Injury Prevention, Community Outreach, and Research, for the Yale New Haven Hospital Level I Adult Trauma Center and the Yale-New Haven Children's Hospital, Level I Pediatric Trauma Center. She is described as an advocate for change, a bullhorn for the voiceless, a person driven to make a difference. It is young people who motivate her. Inspired by the injured children she once cared for in her role as a critical care registered nurse, Dr. Violano has extended her reach to develop injury prevention programming, research and strategies at local, state and national levels.

Her colleagues Assistant Professors of Pediatrics and Emergency Medicine Dr. James Dodington and Dr. Kirsten Bechtel say her strong leadership and intellect have created and sustained a wide range of successful injury prevention programs for New Haven and Connecticut as well as other places across the country. They point to her collaborative efforts with New Haven and Hamden Public Schools on several safety initiatives and their assistance with the implementation of the University of Miami's "Walk Safe" program to promote safe walking behaviors. She has assisted with the distribution and fitting of bike helmets, the distribution of home smoke detectors and fire safety plans, medication use, misuse and disposal. Dr. Violano is an enthusiastic Child Passenger Safety Seat Technician who has properly fitted and installed innumerable car seats. Her work with motor-vehicle safety for the pediatric population expanded the hospital's car seat safety program. The expansion goes further. She has crafted public health policy and legislation to prevent heat related deaths among children who are locked in motor vehicles, and she has worked to protect teen drivers and their passengers.

While she has focused on many areas of need, it is violence and firearm injury prevention that has demanded much of her attention. Dr. Violano is known for her collaboration with the Yale Clinical Scholars Program (previously the Robert Wood Johnson Foundation Clinical Scholars). She is a leader of community-based participatory research surrounding injury and violence prevention. The goal of this collaboration is to build community resilience as a means to prevent injury from gun violence in vulnerable New Haven neighborhoods. Her colleagues say she has not only demonstrated leadership and commitment through her role on the Community Resilience Steering Committee, she also serves the Community Resilience Survey Team. They say she provided invaluable expertise, critical funding, media connections, and countless hours to build a successful foundation to reduce gun violence within vulnerable neighborhoods in New Haven. The use of community resiliency is now becoming nationally recognized as a promising and novel means to reduce gun violence.

Her research focus has centered on the reduction of gun violence through gun buy-back programs, safe storage of guns, educating gun shop owners on risk factor for suicide and the mentally unstable. In addition she has adapted a disaster-preparedness approach to gun violence, more specifically, the relationship between perceived collective efficacy, its subscales of social cohesion and informal social control, and exposure to gun violence. She has collaborated with a street-based outreach worker program to reduce gun violence specifically among 13-24-year olds through education, advocacy, and mentoring interventions within the cities of New Haven, Hamden and West Haven, CT. This work has culminated in the creation of Yale New Haven Hospital's first hospital-based violence intervention program (HVIP). Along with her work in Gun Buyback programs and raising awareness around firearm safety, her partnership with the Connecticut Violence Intervention Program has been the cornerstone of her community injury prevention partnerships. In 2018 she was able to convince the leadership at YNHH to fund an HVIP and hired multiple staff members onto her team to support injury prevention work in the community.

After working with Dr. Violano for more than a decade, UMass Memorial Children's Medical Center Chief Pediatric Surgery and Trauma Director Doctor Michael Hirsh says she has contributed significantly to the development robust "Gun Buyback Programs" at her home institution and throughout the US. He says she has spent her career dedicated to injury and violence prevention. He could not think of anyone more dedicated to the act of "rolling up their sleeves" and getting involved in program development for gun buyback programs and getting multiple Injury Free sites in line for longstanding successful events and collaborative research. He says when it comes to her research she has been a tireless partner in evidence-based reviews for the Journal of Trauma and Acute Care Surgery and has been an author on landmark studies with David Hemenway on "Firearm Training." Her work on child passenger safety and injury prevention reviews has been widely quoted. He concluded by saying the country is going through a crisis in gun violence, and Dr. Violano has stood in the gap fighting this fight for years.

Dr. Violano has been active in the Injury Free Coalition for Kids for over 15 years. She served on the Board of Directors for Injury Free several years and is described as a great contributor to the organization's growth.



PC of the Year Award

Jane Edwards, MSc
Trauma Program Injury Prevention Specialist
London Health Sciences Center
Children's Hospital



Jane Edwards, MSc, the Injury Free London Ontario Program Coordinator has what her colleagues have called a unique energy, great optimism, and an uncanny ability to see solutions when no one else can. She has taken those traits, and what they describe as innovative ideas, tireless creativity, attention to detail and the ability to complete any task at hand, to build injury prevention efforts at a local, provincial, and national level in Canada. After working with her more than a decade Neil Merritt, MD, FRCSC, FAAP, the Medical Director of Trauma at Children's Hospital London Health Sciences Center, said the Injury Prevention specialist is known for her willingness to help anyone at any time. Injury prevention programs she has been instrumental in creating include: The Period Of Purple Crying, bicycle and motorcycle safety, distracted driving safety, Informing Teens Preventing Injuries (IMPACT), and road safety initiatives. She is well organized, diligent in completing tasks, easily approachable, and performs beyond expectations.

Dr. Merritt said he has discovered Jane to be tried and true, proficient, and consistently unflinching in her approach to the injury prevention program. He also talked about Ms. Edwards' superior interpersonal skills, ability to work equally well independently or with a group, and her strong leadership skills when involved in prevention projects. She is well liked and respected by both peers and management. Dr. Merritt went on to say Ms. Edwards is eager to share an extensive network at a variety of levels, and this serves to increase her effectiveness as a prevention specialist.

The Ministry of Transportation West Region Marketing Planner Sean Wraight says he feels his work has benefited from her enthusiasm, tireless energy, innovative ideas, and her detail oriented ability to complete any task on hand. He says he believes the city and the region are safer because of the work she has done and continues to do. The power of the partnerships Ms. Edwards brings to the table and leads were described as impressive.

Similar to Dr. Merritt, he also talked about IMPACT, which is an in school and in hospital presentation by the London Health Sciences Center injury prevention team in partnership with Middlesex London EMS, London Police Services, Thames Valley District School Board, and St. Joseph's Health Care London. IMPACT aims to inform teens about preventing injuries with topics including impaired driving (drugs and alcohol), fatigued driving, distracted driving, and generally making good choices on the road. He said she was helpful in bringing the IMPACT program to the London and Southwest Catchment areas. The expansion of the program in these regions required extensive partnerships, organization and resources. In his words, Ms. Edwards provides all three, and without her ability to bring in a wide variety of experts and provide a large range of resources to meet the students and organize each community event with the local schools, hospitals, students, and police, the students would have missed out on an incredible opportunity.

Also among her notable achievements is the development of the Southwest Injury Prevention Network (SWIPN). It is a working group of professionals in Southwest Ontario who, with Ms. Edward's guidance, developed a conference called "Not by Accident." The conference focuses on Road Safety and provides public health, police, trauma centers, students, and other professionals the opportunity to learn, analyze, and ultimately implement road safety initiatives based on discussions.



Congratulations 2019 Abstract of the Year Award Nominees

The abstracts below were selected for presentation at the conference and nominated to be considered for the 2019 abstract of the year. Each abstract was judged by the following: 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 scientific validity of the research methodology; the relevance of the research topic 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 three abstract awards: one for best original research, one for best program evaluation, and one for best program description.

Original Research

Safety Violations in Aquatic Venues in Houston, TX,
Miguel Arroyo, MD, Texas Children's Hospital/Baylor College of Medicine, Houston TX

Protecting Children: A Multidisciplinary Team Approach to Prevent Rear Occupant Motor Vehicle Crash-Related Injuries,
Tanya Stewart, MSc, Children's Hospital at London Health Sciences Center, London, Ontario, Canada

How Do Caregivers Feel About Being Offered Gun Safety Devices in the Pediatric ED?,
Sofia Chaudhary, MD, Children's Hospital of Philadelphia, Philadelphia, PA

Program Evaluation

Evaluation of a Population Health Strategy to Reduce Distracted Driving: Examining All "E's" of Injury Prevention,
Tanya Stewart, MSc, Children's Hospital at London Health Sciences Center, London, Ontario, Canada

Post-Traumatic Stress Symptom Screening in Children After an Emergency Department Visit for a Potentially Traumatic Event,
Kirsten Bechtel, MD, Yale New Haven Children's Hospital, New Haven, CT

Child Passenger Safety Nurse Champions: Evaluation of a Nursing Competency and Educational Resource for Child Passenger Safety at a Children's Hospital,
Maria McMahon, MSN, RN, PNP-PC/AC, CPST, Boston Children's Hospital, Boston, MA

Program Description

AutoCoach: An Innovative App to Improve Parental Teaching on Safe Driving to Their Teens Including Those with Disabilities,
Maneesha Agarwal, MD, Children's Healthcare of Atlanta, Atlanta, GA

Making Microwave Oven Doors "Child-Resistant" to Protect Young Children from Severe Scalds,
Kyran Quinlan, MD, MPH, Rush University Children's Hospital, Chicago, IL

24th Annual Injury Free Coalition for Kids® National Conference
Forging New Frontiers: Motor Vehicle Safety for All Ages
2019 Schedule at a Glance

Thursday December 5, 2019

10:00-12:00	Conference Setup	Salons E & F
1:00-5:00	Registration	Salons E & F
12:00-5:00	Exhibit Set-up	Salons E & F

Friday December 6, 2019

6:00-8:30	Breakfast	Atrium
7:30-6:00	Exhibit Hours	Salons E & F
7:30-8:30	Registration	Salons E & F
8:30-8:35	Logistics, Lenita Johnson, MA, Kansas City, MO	Salons A-D
8:35-8:40	Welcome & Introduction: Lois Lee, MD, MPH, Boston, MA	Salons A-D
8:40-9:30	Keynote Address: Jon Krohmer, MD, FACEP, FAEMS, Washington, DC	Salons A-D
	Making the Connection: Traffic Safety for Children	
9:30-10:45	Podium Presentation Session: Teen Driving Safety: Examining Innovations in Education, Legislative Impact and Methods to Improve Safe Practices Moderators: Terry McFadden, MD, Atlanta, GA and Jim Dodington, MD, New Haven, CT	Salons A-D
10:45-11:00	Break	
11:00-12:00	Panel Discussion: Teen Driving in the 21st Century: Progress and Perils Moderator: Kathy Monroe, MD, MSQI, Birmingham, AL	Salons A-D
12:00-1:30	Lunch	Atrium
1:30-2:30	Podium Presentation Session: Pathway to Prevention: Using the E's of Injury Prevention Moderators: Michele Nichols, MD, Birmingham, AL and Teresa Riech, MD, MPH, FAAP, FACEP, Peoria, IL	Salons A-D
2:30-2:45	Break	
2:45-3:45	Podium Presentation Session: Partnerships to Prevent Pediatric Motor Vehicle Injuries Moderators: Chuck Pruitt, MD, Salt Lake City, UT and Maneesha Agarwal, MD, Atlanta GA	Salons A-D
3:45-4:45	PI Meeting	Salons A & B
	PC Meeting	Salons C & D
6:00-7:00	Poster session & Evening Reception	Aqua/Terra
7:00-8:30	Board of Directors Meeting	Gulfstream

Saturday December 7, 2019

7:00-8:00	Breakfast	Atrium
7:00-8:00	Registration	Salons E & F
7:00-6:30	Exhibit Hours	Salons E & F
8:00-8:10	Keynote Speaker Introduction: Barbara Barlow MD, FAAP, FACS, New York, NY	Salons A-D
8:10-9:00	Keynote Speaker: Pioneer Award Winner Alexander 'Sandy' Sinclair, BA, Washington, DC A Career Child Advocate - There's No Greater Calling	Salons A-D
9:00-10:15	Podium Presentation Session: Injury Prevention Advocacy and Legislation: Fighting for a Safer World Moderators: David Juang, MD, Kansas City, MO and Jessica Naiditch, MD, Austin, TX	Salons A-D
10:15-10:30	Break	
10:30-11:30	Lightening Poster Session: Supporting Parents, Providers, and Communities to Promote Child Safety: Infant Safe Sleep and Firearm Injury Prevention. Moderators: Andrew Kiragu, MD, Minneapolis, MN and Gina Lowell, MD, Chicago, IL	Salons A-D
11:30-12:00	Poster Session	Salons E & F
12:00-1:20	Lunch Table Topic Discussions	Causeway 1-111
1:30-2:45	Workshop Session 1 A: Child & Adolescent Road Traffic Injuries: Global Trends and Use of Data for Decision-Making Moderator: Adnan Hyder, MD, MPH, PhD, Washington, DC	Salons A & B
1:30-2:45	Workshop Session 1 B: Writing an Abstract: Not Just for Presentation Anymore Moderator: Marlene Melzer-Lange, MD, Milwaukee, WI	Salon C
1:30-2:45	Workshop Session 1 C: Drowning Prevention: The Impact of Relationships, Messaging and Coalitions in Protecting Kids Moderator: Ben Hoffman, MD, MPH, Portland, OR	Salon D
2:45-3:00	Break	

2019 Schedule at a Glance, Cont.

3:00-4:15	Workshop Session 2 A: Injury Prevention Counseling in the Clinical Setting: How to Do It Efficiently and Effectively with Real Life Examples and a Discussion of Gaps in Research Moderator: Michael Gittelman, MD, Cincinnati, OH	Salon C
3:00-4:15	Workshop Session 2 B: Comprehensive Playground Safety Programs Moderator: Amy Hill, MS, Chicago, IL	Salon D
3:00-4:15	Workshop Session 2 C: Introduction to Program Evaluation: Planning, Designing, and Implementing Program Evaluations Moderator: Maryann Mason, PhD, Chicago, IL	Salons A & B
4:15-4:30	Break	
4:30-5:30	Group Meetings Early Career Injury Physicians IAMSBI RT	Room 209 Gulfstream
5:30-6:30	Receptoin	Salons E & F
6:30-10:00	Dinner (Awards & Drum Karaoke)	Causeway 1-111

Sunday December 8, 2019

7:00-9:00	Breakfast	Atrium
7:00-12:00	Exhibit Hours	Salons E & F
7:00-7:45	Group Meetings ASK/Gun Buyback Safe Sleep	Salons A & B Salons C & D
7:45-8:00	Break	
8:00-9:00	Business Meeting	Salons A - D
9:00-10:00	Podium Presentation Session: Injury Prevention Interventions in the Emergency Department: Feasibility, Efficacy, and Factors to Consider Moderators: Steve Rogers, MD, Hartford, CT and Sadiqa Kendi, MD, Washington DC	Salons A - D
10:00-11:15	Lightening Poster Session: Injury Prevention Strategies and Resources for a Potpourri of Mechanisms Moderators: Michael Levas, MD, MS, Milwaukee, WI and Caitlin Farrell, MD, Boston, MA	Salons A - D
11:15-12:00	Poster session (Lunch to go)	Salons E & F
2:00	Adjourn	

2019 Agenda

Time & Room

Thursday, December 5, 2019

10:00-12:00	Conference Setup
Salons E & F	
1:00-5:00	Registration
Salons E & F	
12:00-5:00	Exhibit Set-up
Salons E & F	

Friday December 6, 2019

6:00-8:30	Breakfast
Atrium	
7:30-6:00	Exhibit Hours
Salons E & F	
7:30-8:30	Registration
Salons E & F	
8:30-8:35	Logistics, Lenita Johnson, MA, Kansas City, MO
Salons A-D	
8:35-8:40	Welcome & Introduction of Keynote Speaker, Lois Lee, MD, MPH, Boston, MA
Salons A-D	
8:40-9:30	Keynote Address, Jon Krohmer, MD, FACEP, FAEMS, Washington, DC
Salons A-D	

Making the Connection: Traffic Safety for Children

Keeping children safe is a key piece of saving lives and preventing injuries - the mission of the National Highway Traffic Safety Administration (NHTSA). NHTSA uses a public health approach including a focus on injury surveillance and understanding crash dynamics to establish and implement effective evidence-based programs to protect children as they ride, walk, and eventually drive. But NHTSA can't do it alone. Find out how this public health approach connects to you and your work, and how to make stronger connections within the road traffic safety community.

Participants in this session will learn to:

1. Describe the magnitude of the traffic safety problem as it relates to the pediatric population;
2. Briefly describe components of crash injury mechanics;
3. Describe 3 National initiatives that affect pediatric traffic safety;
4. Describe NHTSA's role in addressing road traffic safety;
5. Recognize 2 ways in which NHTSA can work with the Coalition.

9:30-10:45	Podium Presentation Session: Teen Driving Safety: Examining Innovations in Education, Legislative Impact, and Methods to Improve Safe Practices
Salons A-D	

In this session we will discuss novel methods of educational delivery around teen driving safety, including the use of mobile health platforms and peer led program design and program evaluation. We will hear from study authors on proximal and distal outcomes of some of these educational programs. Presenters will address teen driver knowledge and behaviors and the impact of distracted driving legislation on teen drivers over a ten-year period. These specific study discussions will be set in the context of the importance and success of graduated drivers licensing laws, and study authors will educate participants on teen driving injury epidemiology throughout the session.

Participants in this session will learn to:

1. Describe the increased rates of motor vehicle crashes (MVCs) in teen drivers and acknowledge MVCs as a leading cause of teen death and injury;
2. Identify the role of graduated drivers licensing (GDL) in reducing morbidity and mortality from MVCs;
3. Recognize the role of parent modeling, monitoring and guidance in reducing MVCs and risky

Agenda, cont.

Time & Room

- driving behaviors among teens;
4. Describe the role of distracted driving in MVCs and potential interventions to reduce these behaviors;
 5. Describe effective educational interventions to reduce MVCs in teen drivers.

Moderators: Terri McFadden, MD, Atlanta, GA
Jim Dodington, MD, New Haven, CT

Presenters:

Evaluating Teen Driving Knowledge and Behaviors Following Educational Outreach,

Kathy Monroe, MD, MSQI, Birmingham, AL

Distracted Driving Laws and Motor Vehicle Crash Fatalities in 16-19 Year Olds, Michael Flaherty, DO, Boston, MA

The Impact of Consistent Participation in a Teen Driving Program, Mia Hamilton, BA, Little Rock, AR

Tweens Click it for Safety, Hope Mullins, MPH, Little Rock, AR

AutoCoach: An Innovative App to Improve Parental Teaching on Safe Driving to Their Teens

Including Those with Disabilities, Maneesha Agarwal, MD, Atlanta, GA

10:45-11:00 Break

11:00-12:00 **Panel Discussion: Teen Driving in the 21st Century: Progress and Perils**

Salons A-D

Teen drivers, 16-19 years old, have a nearly three times increased risk of a fatal crash compared to older drivers. U.S. teen driving related fatal crashes have decreased after passage of Graduated Driver Licensing laws in all 50 states and the District of Columbia. Nonetheless, motor vehicle crashes are still a leading cause of death and disability for teenagers. In this panel discussion experts in the field of motor vehicle safety will discuss emerging technology to improve safer teen driving as well as simulation based and hospital, school, and community programs to decrease teen driving related crashes.

Participants in this session will learn to:

1. Appraise current efforts and challenges in increasing teen driving safety;
2. Discuss types of emerging technology to improve safety for teen drivers;
3. Illustrate advantages of simulation use in assessing safety-critical driving skills for teen drivers;
4. Compare the challenges and benefits of a hospital-high school based partnership in developing a teen driving program;
5. Describe how hospitals can partner with schools and communities to develop programs focused on advancing teen motor vehicle safety.

Moderator: Kathy Monroe, MD, MSQI, Birmingham, AL

Panelists:

Emerging Technologies for Safer Teen Driving, Jon Krohmer, MD, FACEP, FAEMS, Washington, DC

Simulation Programs for Teen Driving, Flaura Winston, MD, PhD, Philadelphia, PA

Hospital Programs for Safer Teen Driving, Mariann Manno, MD, Worcester, MA

School/Community Programs for Safer Teen Driving, Purnima Unni, MPH, CHES, Nashville, TN

12:00-1:30 Lunch

Atrium

1:30-2:30

Salons A-D

Podium Presentation Session: Pathway to Prevention: Using the E's of Injury Prevention

This session will focus on the E's of injury prevention (Epidemiology, Education, Environment, Enforcement, and Evaluation.) Projects in this session focus on MVC and ATV injury evaluations and give insight into different intervention initiatives. The studies discuss multifaceted population health strategies, crash outcome data evaluations systems (CODES), youth educational tips and a hospital community partnership.

Participants in this session will learn to:

1. Describe a multi-pronged distracted driving campaign, which included questionnaires, telephone surveys, and cost evaluation;
2. Discuss the process for identification of “hotspot” intersections using a Geographic Information System (GIS);
3. Recognize modifiable risk and protective factors to decrease child MVC injuries;
4. Illustrate how youth can contribute to our understanding of best educational strategies;
5. Identify how effective hospital-community partnerships might be if given a peer-driven educational approach.

Moderators: Michele Nichols, MD, Birmingham, AL
Teresa Riech, MD, MPH, FAAP, FACEP, MD, Peoria, IL

Presenters:

Evaluation of a Population Health Strategy to Reduce Distracted Driving: Examining All “E’s” of Injury Prevention, Tanya Stewart, MSc, London, Ontario

Using Crash Outcome Data Evaluation System (CODES) to Examine Injury in Front vs. Rear-Seated Infants and Children Involved in a Motor Vehicle Crash, Joyce Pressley, PhD, MPH, New York, NY

How to Increase ATV Safe Riding Behaviors in Youth: FFA Members from Across the Country Respond, Mitchell Hooyer, BA, Iowa City, IA

A Pilot Program Promoting ATV Safety Among Rural Youth: Community Partnerships at Work, Purnima Unni, MPH, CHES, Nashville, TN

2:30-2:45 Break

2:45-3:45
Salons A-D

Podium Presentation Session: Partnerships to Prevent Pediatric Motor Vehicle Injuries

Motor vehicle collisions remain a leading cause of morbidity and mortality of children of all ages. Improvements in motor vehicle technology, efforts in improving appropriate use of child passenger safety seats, and modification of traffic patterns in concordance with the international Vision Zero road traffic safety project are all important components in reducing the burden of pediatric motor vehicle injuries. Novel approaches and addressing missed opportunities to educate caregivers about child passenger safety are needed... and described in this session!

Participants in this session will learn to:

1. Describe a child passenger safety nurse champion course and the impact on participants;
2. Assess the development of a multidisciplinary team and integrated dataset of motor vehicle collisions involving pediatric patients;
3. Discuss the rate of missed opportunities to provide child passenger safety information to caregivers of children in a motor vehicle crash;
4. Appraise the importance of multidisciplinary efforts to reduce the burden of pediatric deaths and injuries due to motor vehicles;
5. Recognize the importance of collaboration between trauma centers and local government in improving regional road safety.

Moderators: Chuck Pruitt, MD, Salt Lake City, UT
Maneesha Agarwal, MD, Atlanta GA

Presenters:

Child Passenger Safety Nurse Champions: Evaluation of a Nursing Competency and Educational Resource for Child Passenger Safety at a Children’s Hospital, Maria McMahon, MSN, RN, PNP-PC/AC, CPST, Boston, MA

Protecting Children: A Multidisciplinary Team Approach to Prevent Rear Occupant Motor Vehicle Crash-Related Injuries, Tanya Stewart, MSc, London Ontario

Missed Opportunities to Address Child Passenger Restraint Misuse in the Pediatric Emergency Department, Sadiqa Kendi, MD, CPST, Washington DC

Vision Zero--a Trauma Perspective: Moving Regional Road Safety Forward through Collaboration, Jane Edwards, MSc, London, Ontario

Agenda, cont.

Time & Room

3:45-4:45 Salons A & B	PI meetings
3:45-4:45 Salons C & D	PC meetings
6:00-7:00 Aqua/Terra	Poster session & Evening Reception Creating and Managing a Car Seat Program within a Children's Hospital , Stephanie Lyons, CPST, Cincinnati, OH Assessment of Pediatric Resident Advocacy Education , Cassie Smola MD, Birmingham, AL Profile of Childhood Injuries: 0-4 Years , Phyllis Agran, MD, MPH, Irvine, CA Alternative Safe Transportation Options for Children with Hip Spica Casts , Maria McMahon, MSN,RN, PNP-PC/AC, CPST, Boston, MA Transporting Children with Special Health Care Needs: AAP Policy Statement , Joseph O'Neil, MD, MPH, Indianapolis, IN Age-Dependent Differences in Playground Slide-Related Injury Mechanisms Among Young Children , Pam Hoogerwerf, MD, Iowa City, IA Booster Seat "Experience" at the Park (Children's Health Connection) , Phyllis Agran, MD, MPH, Irvine, CA Using a Resident-Led School Outreach Program to Improve Knowledge of All-Terrain Vehicle (ATV) Safety , Kristyn Jeffries, MD, Kansas City, MO Comprehensive Child Passenger Safety Program , LaShonda Kendrick, BA, Milwaukee, WI
7:00-8:30 Gulfstream	Board of Directors Meeting

Saturday December 7, 2019

7:00-8:00 Atrium	Breakfast
7:00-8:00 Salons E & F	Registration
7:00-6:30 Salons E & F	Exhibit Hours
8:00-8:10 Salons A-D	Keynote Speaker Introduction, Barbara Barlow MD, FAAP, FACS
8:10-9:00 Salons A-D	Keynote Speaker Pioneer Award Winner, Alexander 'Sandy' Sinclair, BA

A Career Child Advocate - There's No Greater Calling

Individuals play a major role when it comes to keeping children safe. Advocacy is important when it comes to young people ages 0-21 years old as unintentional injury is their number one cause of hospitalization, death and disability. There are key factors advocates and community organizations need to be aware of to play an effective role in making a difference.

Participants in this session will learn to:

1. Identify the major causes of preventable childhood injury-related death and disability in the United States (children defined as ages 0-21);
2. Recognize the leading automotive-related childhood injury risks (such as the lack of and improper use of child restraints; and pedestrian crashes), and the influence of complicating factors including driver distraction, fatigue and impairment;
3. Describe the progress made in recent years reducing preventable childhood injuries;
4. Recognize the role and importance of grassroots community-based coalitions in reducing injury;
5. Assess the key factors involved in the persistent problem of pediatric vehicular heatstroke - "hot cars" - and the role health and medical professionals can play in reducing these particularly horrific incidents.

9:00-10:15
Salons A-D

Podium Presentation Session: Injury Prevention Advocacy and Legislation: Fighting for a Safer World

Effective injury prevention efforts in our communities are multi-faceted, requiring an understanding of who is at risk for injury, what are effectual measures to prevent injury, and how can we engage the community in working towards injury prevention legislation. Having a better understanding of how to best focus these efforts is invaluable to optimizing our outcomes. By attending this session, attendees will gain insight into how clustering of swimming pool safety code violations can identify areas of high risk and inform injury prevention measures, understand the importance of microwave child safety protections, and learn from data that helmet use during bicycling has a proven reduced rate of head injury. We will also review a systematic approach to injury prevention advocacy, and appreciate that legislation alone is not enough to change outcomes.

Participants in this session will learn to:

1. Describe why swimming pools with failed inspections are often associated with multiple family complexes;
2. Recognize systematic approaches to advocacy involving an injury prevention program and community coalition helps to increase members' skills and confidence related to advocacy, ensure advocacy efforts and positions are rooted in best practices;
3. Describe the degree to which burn unit admissions involve young children opening the microwave oven door themselves and spilling the heated contents;
4. Identify the effectiveness of bicycle helmets in the prevention of serious head injury;
5. Discuss why compliance with legislation mandating safe sleep practices does not necessarily correlate with a decrease in the rate of sudden unexpected infant death.

Moderators: David Juang, MD, Kansas City, MO
Jessica Naiditch, MD, Austin, TX

Presenters:

Safety Violations in Aquatic Venues in Houston, TX, Miguel Arroyo, MD, Houston TX
Creating and Implementing an Advocacy Plan to Improve Child Safety, Carlee McConnell, MPH, CPSTI, Austin, TX
Making Microwave Oven Doors "Child-Resistant" to Protect Young Children from Severe Scalds, Kyran Quinlan, MD, MPH, Chicago, IL
Bike Helmets Prevent Head Injury in Serious Bicycle Crashes, Stephen Strotmeyer, PhD, MPH, Pittsburgh, PA
Impact of Safe Sleep Legislation on Hospital Practices and Rates of Sudden Unexpected Infant Deaths in Connecticut, Kirsten Bechtel, MD, New Haven, CT

10:15-10:30

Break

10:30-11:30
Salons A-D

Lightening Poster Symposium Session: Supporting Parents, Providers and Communities to Promote Child Safety: Infant Safe Sleep and Firearm Injury Prevention

Besides pre-term births and birth defects, tobacco smoke exposure and inappropriate sleep position/ environments contribute to high US infant mortality rates. Firearm homicides and suicides account for nearly 30% of the total mortality among US youth 15 - 24 years old. With approximately 22 million US children living in households where firearms are stored, 71% are stored unsafely. Sleep-related death remains the leading preventable cause of death for infants in our nation. In addition to the aforementioned, low socioeconomic status is associated with higher rates of pediatric injury and can be a barrier to accessing injury prevention programs. This session will explore ways to discuss the safe storage of firearms as well as ways to strengthen counseling and conversations that help to develop safer environments for children from birth through adolescence.

Participants in this session will learn to:

1. Identify Quality Improvement Program techniques that enable physicians to screen for safety risks during office visits;
2. Communicate ways to improve sleep environments in hospital settings;
3. Recognize the advantages and effectiveness of a mobile safety center as well as learn about needs, barriers and successful strategies to improve home safety environments of children;

4. Explain different aspects of firearm-related anticipatory guidance and the willingness of parents to engage in these conversations;
5. Discuss ways to engage communities in conversations about reducing firearm related violence and tools available to guide this process.

Moderators: Andrew Kiragu, MD, Minneapolis, MN
Gina Lowell, MD, MPH, Chicago, IL

Presenters:

Smoke Free for Families: A Pilot QI Primary Care Practice Program to Help Reduce Infant Mortality Risks, Mike Gittelman, MD, Cincinnati, OH

A Tri-Campus Safe Sleep Initiative: How Do We Fix Unsafe Infant Sleep Practices in the Inpatient Setting? Kerry Ashleigh Roome, BS, Atlanta, GA

Evaluation of a Mobile Safety Center's Impact on Pediatric Home Injury Prevention, Leah Furman, BA, Pittsburgh, PA

Sleeping Safe: Protecting Our Most Vulnerable Infants, Adrienne Gallardo, MA, CPSTI, Portland, OR
Launching a Hospital Wide Safe Sleep Modeling Initiative: Champions for Change, Gina Lowell, MD, MPH, Chicago, IL

Safe Gun Storage: A Survey of Preferences Among Parents and Caregivers of Children
Meredith Haag, BS, Portland, OR

Changing the Community Conversation on Firearms, Janet Fitch, MA, Milwaukee, WI

Safe Gun Storage: A Behavioral Economic Survey of Preferences Among Parents and Caregivers of Children, Ben Hoffman, MD, MPH, Portland, OR

Firearm Safety Anticipatory Guidance: Parent and Caregiver Attitudes and Experiences,
Caitlin Farrell, MD, Boston, MA

11:30-12:00
Salons E & F

Poster Session

12:00-1:20
Causeway 1-111

Lunch Table Topic Discussions

Bike/Pedestrian: Mary Beth Moran, PT, MS, MEd, San Diego, CA & Chuck Pruitt, MD, Salt Lake City, UT
Bike/Pedestrian: Lyse Deus, MEd, Miami, FL & Stephen Strotmeyer, PhD, MPH, Pittsburgh, PA

Violence/Firearm Prevention: Chris Vitalie, MSN, RN, Pittsburgh, PA & Pina Violano, PhD, MSPH, RN-BC, CCRN, CPS-T, New Haven, CT

Violence/Firearm Prevention: Garry Lapidus, PA-C, MPH, Hartford, CT & Kirsten Bechtel, MD, New Haven, CT

Home Safety: Tiffany Davis, MPH, CPSTI, Indianapolis, IN & Nina Agrawal, MD, New York, NY

Home Safety: LaShonda Kendrick, BA, Milwaukee, WI & Karen Sheehan, MD, MPH, Chicago, IL

Child Passenger Safety: Jane Edwards, MSc, London, Ontario & Charles Jennissen, MD, Iowa City, IA

Child Passenger Safety: Deena Liska, MAEd, CPSTI, Milwaukee, WI & Dina Burstein, MD, MPH, CPSTI, Providence, RI

Data/Program Evaluation: Suzanne McLone, MPH, Chicago, IL & Wendy Pomerantz, MD, Cincinnati OH

Data/Program Evaluation: Eileen McDonald, MS, Baltimore, MD & Benjamin Hoffman, MD, Portland, OR

Safe Sleep: Dawne Gardner, MPH, Cincinnati, OH & Gina Lowell, MD, MPH, Chicago, IL

Safe Sleep: Hope Mullins, MPH, Little Rock, AR & Sarah Lazarus, DO, Atlanta, GA

1:30-2:45
Salons A & B

Workshop Session 1A

Child & Adolescent Road Traffic Injuries: Global Trends and Use of Data for Decision-making

Each year, 1.35 million people are killed on roadways around the world. Road traffic injuries (RTIs) are a leading cause of death for children and adolescents 0-19 years old. Children use roads as cyclists, pedestrians, motorcyclists and occupants of vehicles. Often the road environment is not built considering the children's needs, making them one of the most vulnerable and affected road users. This indicates a need for the shift in current child and adolescent health agenda to include road safety, which has largely been neglected.

The attendees of this workshop will learn to:

1. Discuss global trends in child road traffic injuries;
2. Effectively formulate main findings;

3. Successfully communicate findings to decision-makers;
4. Identify techniques to effectively use data for future research;
5. Identify effective preventive strategies on road safety.

Moderator: Adnan Hyder, MD, MPH, PhD, Washington, DC

Presenters: Nino Paichadze, MD, MPH, Washington, DC, Eugenia Rodrigues, MD, PhD, MPH, Washington, DC, Imran Bari, BDS, MPS, MPH, Washington, DC, Adnan Hyder, MD, MPH, Washington, DC

1:30-2:45
Salon C

Workshop Session 1B

Writing an Abstract: Not Just for Presentation Anymore

Abstracts are an important way to showcase your program or research study for professional meetings. Besides presenting at professional meetings, abstracts may also help the writer conceptualize their project. 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, we will discuss the various professional uses of abstracts, provide strategies for how to write high-quality abstracts, and explain reviewers' objective perspectives on rating abstracts. We will review examples of abstracts. During the second portion of this workshop, we will divide into small groups to practice writing each section of the abstract as well as reviewing some sample abstracts. Participants are encouraged to bring some information, data, or a working abstract related to a program/study to use for hands-on practice.

The attendees of this workshop will learn to:

1. Discuss the uses of abstracts in professional life;
2. Describe how to clearly state the objectives, methods, and results of your abstract;
3. Illustrate how to write and review scientific abstracts;
4. Explain how to review abstracts;
5. Recognize how to cite abstracts in CVs.

Moderator: Marlene Melzer-Lange, MD, Milwaukee, WI

Presenters: Kirsten Bechtel, MD, New Haven, CT, Dina Burstein, MD, MPH, CPSTI, Providence, RI, Pina Violano, PhD, MSPH, CPS-T, New Haven, CT, Michael Levas, MD, MS, Milwaukee, WI, Marlene Melzer-Lange, MD, Milwaukee, WI

1:30-2:45
Salon D

Workshop Session 1C

Drowning Prevention: The Impact of Relationships, Messaging and Coalitions in Protecting Kids

Proposal: Drowning is the leading cause of injury death in children 1-4 years old. After the drowning death of Levi Hughes and Emmy Miller, daughter of Olympic skier Bode Miller, public attention to drowning increased and the American Academy of Pediatrics (AAP) felt a responsibility to respond. A partnership was formed between the AAP and the families, and a plan was set in motion to revise the Prevention of Drowning Policy Statement; involve the families in a presentation at a National Conference of Pediatricians; develop an aggressive dissemination plan to encourage pediatricians to identify children at high risk of drowning, counsel families accordingly, and engage with their Chapters and communities to help promote programs and policies that prevent drowning.

Attendees of this workshop will learn to:

1. Discuss the updated AAP policy recommendations on drowning prevention;
2. Recognize materials that should be a part of a Prevention of Drowning Kit;
3. Describe 3 examples of program or policy changes attendees can support in their community for institutions to increase awareness of drowning risk and drowning prevention strategies;
4. Describe the benefits of partnerships with families and communities in injury prevention advocacy;
5. Identify people who should be involved in the development of a Prevention of Drowning Kit and a drowning prevention program.

Moderator: Ben Hoffman, MD, MPH, Portland, OR

Presenters: Sarah Denny, MD, Columbus, OH, Sophia Brizeus, BA, Boynton Beach, FL, Ben Hoffman, MD, MPH, Portland, OR

2:45-3:00 Break

3:00-4:15
Salon C

Workshop Session 2A

Injury Prevention Counseling in the Clinical Setting: How to Do It Efficiently and Effectively with Real Life Examples and a Discussion of Gaps in Research

Physicians, nurses, physician extenders and community leaders play a pivotal role in educating and counseling parents and families. However, there tends to be too much information to discuss in such a short time period during a health supervision visit or in any counseling period. A guideline for approaching these anticipatory guidance issues with families and approaching issues that are age appropriate at the time of visit are essential. The effectiveness of this approach in different settings will be reviewed. Some approaches using screening tools with targeted counseling have been most effective. One tool will be reviewed with successes discussed. Also, the use of the electronic health record and surveillance screens in local communities to concentrate discussions will be reviewed. Finally, new approaches to injury counseling will be discussed along with needs for research on this topic. Injury prevention counseling is one of the 4 “E’s” to prevent injuries, best practices should be discussed and utilized.

Attendees of this workshop will learn to:

1. Discuss an approach to counseling about injury prevention, past literature and successes of this approach, and new research concepts to make injury prevention counseling more successful;
2. Compare different approaches to preventing injuries in the clinical setting and the challenges of injury prevention counseling and the effects of counseling in different settings (eg. Emergency Department vs Primary Care Provider’s offices);
3. Describe the literature on the effectiveness of primary care injury prevention counseling;
4. Illustrate new thoughts to an approach for counseling using old behavior change models;
5. Identify ways to use surveillance and GIS mapping, electronic health record and mHealth-based solutions (screening, prompting clinicians, real-time and customized education of both providers and parents/families) to help overcome barriers in order to facilitate these efforts.

Moderator: Michael Gittelman, MD, Cincinnati, OH

Presenters: Mark Zonfrillo, MD, MSCE, Providence, RI, Wendy Pomerantz, MD, MS, Cincinnati, OH, Michael Gittelman, MD, Cincinnati, OH

3:00-4:15
Salon D

Workshop Session 2B

Comprehensive Playground Safety Programs

This workshop will feature comprehensive playground safety programs. The Safe at Play program in Chicago has two components: 1) playground surveys and inspections and 2) community playground builds. Through the Safe at Play program, all of the Chicago Park District playgrounds were surveyed on an annual basis from 2005-2011. The data from these surveys were used to improve the maintenance at the playgrounds and eventually served as a catalyst for the Chicago Plays Project. Launched in 2013, the goal of Chicago Plays was to replace all 500+ playgrounds in the system within a 5-year period. Chicago Plays finished its final playground in 2018. Lurie staff continue to survey Park District playground and perform “spot” inspections in selected communities. Lurie staff also help childcare and Head Start centers stay in compliance with regulations by performing safety inspections at 25-30 centers. We also build playgrounds in Chicago communities and completed our 20th community build this year.

Time & Room

Attendees of this workshop will learn to:

1. Recognize playground hazards and how to become a certified in playground inspection;
2. Describe ways to work with childcare providers, childcare centers, schools and park systems to survey playgrounds for safety;
3. Identify ways to use and publish the data to advocate for safety changes;
4. Discuss community-built playgrounds;
5. Illustrate how to work with community members to identify playground safety issues and how to resolve them.

Moderator: Amy Hill, MS, Chicago, IL

Presenters: E. Lenita Johnson, MA, Kansas City, MO, Amy Hill, MS, Chicago, IL

3:00-4:15
Salons A & B

Workshop Session 2C

Introduction to Program Evaluation: Planning, Designing, and Implementing Program Evaluations

Program evaluation, which uses social science research methods as a mechanism through which to narrow the gap between research and practice, is often an important tool for injury prevention efforts. Program evaluation can provide important information needed to understand intervention implementation, outcomes and impact. Evaluation can also be a first step toward more generalizable research projects. This interactive workshop is focused on the basics of program evaluation and includes information on building stakeholder engagement, evaluation planning, methods, and design. Intended for those with no formal evaluation training, the workshop focuses on helping participants understand the evaluation process and developing awareness and skills for implementing a basic program evaluation in house. Information useful in working with external evaluators is also included. The workshop will involve presentations, real life examples, small group exercises, and discussion. The workshop has been given in a variety of venues with very positive reviews.

Attendees of this workshop will learn to:

1. Compare similarities and differences between research and evaluation;
2. Describe a stakeholder engaged evaluation;
3. Identify common evaluation types, designs and components;
4. Illustrate a variety of uses/applications for evaluation findings;
5. Discuss how to anticipate and proactively address common evaluation challenges.

Moderator: Maryann Mason, PhD, Chicago, IL

Presenters: Sarah Suiter, PhD, MS, Nashville, TN, Sarah Welch, MPH, Chicago, IL, Maryann Mason, PhD, Chicago, IL

4:15-4:30 Break

4:30-5:30
Room 209
Gulfstream
Group Meetings
Early Career Injury Physicians
IAMSBIRT

5:30-6:30
Salons E & F
Reception

6:30-10:00
Causeway 1-111
Dinner (Awards & Drum Karaoke)

Sunday December 8, 2019

7:00-9:00
Atrium
Breakfast

Time & Room

Agenda, cont.

7:00-12:00
Salons E & F

Exhibitor Hours

7:00-7:45
Salons A & B
Salons C & D

Group Meetings
ASK/Gun Buyback
Safe Sleep

7:45-8:00

Break

8:00-9:00
Salons A-D

Business Meeting

9:00-10:00
Salons A-D

Podium Presentation Session: Injury Prevention Interventions in the Emergency Department: Feasibility, Efficacy, and Factors to Consider

Children and caregivers often seek care in emergency departments, and this can serve as a teachable moment. They are often receptive to educational interventions and program referrals during these visits. In this panel we will discuss emergency department interventions for intimate partner violence, child passenger safety, firearm safety, and post-traumatic stress. We will cover the various levels of intervention, including studies addressing feasibility, efficacy, and various factors which can affect the success of emergency department-based interventions. Participants will leave with an idea of the wide range of injury prevention interventions which are feasible and impactful in the emergency department setting.

Participants in this session will learn to:

1. Recognize the incidence of post-traumatic stress in pediatric emergency department patients seen after traumatic events;
2. Examine the use of technology during the emergency department visit to identify issues potentially unrelated to the visit, such as screening for intimate partner violence in caregivers;
3. Describe caregiver identified concerns and benefits of firearm safety device distribution in the emergency department;
4. Explain the effects of nurse training on child passenger recommendations on their knowledge and intent to counsel patients;
5. Compare the variety of options for injury prevention interventions in the emergency department setting

Moderators: Steve Rogers, MD, Hartford, CT
Sadiqa Kendi, MD, Washington, DC

Presenters:

Post-Traumatic Stress Symptom Screening in Children After an Emergency Department Visit for a Potentially Traumatic Event, Kirsten Bechtel, MD, New Haven, CT

The Feasibility of Tablet Based Intimate Partner Violence Education and Screening Among Female Caregivers in a Pediatric Emergency Department, Garry Lapidus, PA-C, MPH, Hartford, CT

How Do Caregivers Feel About Being Offered Gun Safety Devices in the Pediatric ED?

Sofia Chaudhary, MD, Philadelphia, PA

Child Passenger Safety Education in the Emergency Department: Teen Driving, Car Seats, Boosters, and More, Annalise Sorrentino, MD, Birmingham, AL

10:00-11:15
Salons A-D

Lightening Poster Session: Injury Prevention Strategies and Resources for A Potpourri of Mechanisms

The Haddon matrix proposes using factors related to the host (children), agent (mechanism) and environment to describe time points related to the injury (before, during, and after the injury) and thus inform interventions. This is a foundational paradigm in injury prevention. While this session incorporates a potpourri of injuries, it also emphasizes the importance of this matrix by filling gaps

in research as it pertains to the host, mechanisms, and environment of the injuries we discuss. We will focus on injuries sustained through sport, recreational and motor vehicle crashes, bicycle crashes, poisoning, and those that are non-accidental. During the session we will discuss educational deficits and personal perceptions that result in poor compliance with safety equipment, such as bicycle helmets and lockboxes for medications. We will also discuss successful educational interventions carried out in different settings, such as school and hospital. We will examine an area where policy change could be impactful. Lastly, we will highlight two unique community partnerships and discuss ways to overcome obstacles when implementing such interventions. This session will play an important foundation for future injury prevention work.

Participants in this session will learn to:

1. Identify gaps in the knowledge of school personnel and medical team members, specifically at it pertains to responding to concussions and life-threatening bleeding;
2. Describe family perceptions of safety equipment, such as medication lockboxes and helmet use, and what impact their use;
3. Illustrate resources for implementing community partnerships aimed at spreading awareness of Injury Prevention;
4. Appraise tools for educational topics, such abusive head trauma and child restraints, which can be used and implemented in the healthcare setting;
5. Discuss gaps in policy as it pertains to classifying child neglect.

**Moderators: Michael Levas, MD, MS, Milwaukee, WI
Caitlin Farrell, MD, Boston, MA**

Presenters:

An Intervention to Improve Knowledge and Increase Comfort of Concussion Management Among School Medical Staff, Stephanie Lyons, CPST, Cincinnati, OH
Regional Socio-economic Distress as a Risk Factor Inter-Hospital Transfer of Pediatric Non-Accidental Trauma, Brett Tracy, MD, Atlanta, GA
Emergency Department Documentation of Child Passenger Restraint Use After a Motor Vehicle Crash, Sadiqa Kendi, MD, CPST, Washington, DC
A Corporate Sponsored Children’s Hospital Comprehensive Community Outreach Injury Prevention Program, Andrea Cheli, CPSTI, Providence, RI
Social Workers’ Determination of When a Child Being Left Home Alone Constitutes Child Neglect, Charles Jennissen, MD, Iowa City, IA
Implementation of an Abusive Head Trauma Prevention Program Through Interdisciplinary Collaboration: A Pilot Study, Rochelle Thompson, MS, CPST, Philadelphia, PA
Creating and Sustaining a Community-Based Safety Store, Lindsay Pollok, MPH, CPSTI, Austin, TX
Recreational Off-Highway Vehicle Crashes Resulting in Victims Being Treated At a Regional Trauma Center: Mechanisms and Contributing Factors, Nicholas Stange, Iowa City, IA
Parental Attitudes and Family Helmet Use for All-Terrain Vehicles and Bicycles, Cole Wymore, BS, Iowa City, IA
Effect of Lockboxes and Education on Safe Storage of Medications, Alicia Webb, MD, Birmingham, AL
Stop the Bleed: The Impact of a Basic Bleeding Control Course on High School Personnel’s Perceptions of Self-Efficacy and School Preparedness, Rochelle Thompson, MS, CPST, Philadelphia, PA

11:15-12:00 **Poster Session (Lunch to go)**

Salons E & F

12:00 **Adjourn**

24th Annual Injury Free Coalition for Kids® National Conference
Forging New Frontiers: Motor Vehicle Safety for All Ages
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24th Annual Injury Free Coalition for Kids® National Conference
Forging New Frontiers: Motor Vehicle Safety for All Ages

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24th Annual Injury Free Coalition for Kids® Conference
Forging New Frontiers:
Motor Vehicle Safety for All Ages



December 6-8, 2019 - Ft. Lauderdale Embassy Suites

ABSTRACTS

Friday, December 6, 2019

Evaluating Teen Driving Knowledge and Behaviors Following Educational Outreach

Kathy Monroe, MD, MSQI, Michele Nichols MD, Marie Crew, RNC-NIC, BS, Leslie Brown, CRNP, William King, MPH, RPH, DrPH

Background:

Teen driving educational events are an effective strategy to increase adolescent drivers' awareness of safe driving practices and state graduated drivers' license (GDL) laws. Events have been regularly held in a southern rural state for the past 9 years. This study evaluates changing rates of self-reported driving practices and knowledge of the state GDL by teens over a 9 year period.

Methods:

Surveys were completed by students prior to attending a teen driving safety events. Survey questions evaluated awareness of state GDL and safe driving behaviors. All data were entered into excel and analysis completed using Epi info. Statistical comparisons were made using the z test of proportions, 2 tailed, alpha 0.05.

Results:

A total of 167 students from four schools across a rural southern state participated. Ages of students ranged from 14 years (n=30);15 years (n=55); 16 years (n=38); 17 years (n=39) and 18 or older (n=5) with 70% female. Racial distribution was Caucasian (n=119; 71%); African American (n=30;18%); Latino (n=6 (3.5%)). Only 72% reported "always" wearing their seatbelt and when asked if any physician had ever talked to the adolescent about wearing seat belts only 9% said yes. Students reported seeing their parents wear seatbelts "always" n=125, 76%) of time. When asked if their parents text while driving only 35% said "never"; 11% said "most or all the time"; 70% (n=116) of adolescents reported they personally "never" text while driving; 99% (166) participants stated they never drive after drinking and 89% stated they never "ride with someone whose been drinking". 53% (88) reported taking a driving class. 42% stated their parents spent < 1 hour discussing safe driving with them with 28% reporting 1-3 hrs, 14% saying no time ; 5% said 4-6 hrs and 11% reporting over 6 hours.13% (n=22) had been involved in motor vehicle crash (mvc); 58% (n=97) reported routinely going more than 10 miles above speed limit. 96 (58%) were aware of the GDL laws with only 19% correctly answering curfew question.

Comparing to 2009 participants, the students in 2018 course reported wearing seatbelt "always" (n=72% vs

39%; p< 0.001); "never texting while driving" (69% vs 33%; p<0.001); "never drinking and driving" (99% vs 88%; p<0.001) and lower numbers of being in MVC (14% vs 49%)p<0.001) than in 2009. No significant difference in rates of driving class nor driving over speed limit.

Conclusions:

Results are encouraging that participants in 2018 report more use of seatbelts, less texting while driving, less drinking while driving and lower numbers of being in MVC than in 2009. However, rates of seatbelt use still only at 72% and low rates of physicians discussing seatbelts. Adolescents reported high rates of parents texting while driving and 42% said their parents spent < 1 hr in conversation with them about safe driving.

Objectives:

Attendees will learn:

1. To describe adolescent driving habits and how they have changed from 2009 to present;
2. To recognize a teen driving outreach program;
3. To discuss high-risk teen driving behaviors that still need to be addressed.

Distracted Driving Laws and Motor Vehicle Crash Fatalities in 16-19 Year Olds

Michael Flaherty, DO, Lois Lee, MD, MPH

Background:

Motor vehicle crashes (MVCs) continue to be the leading cause of death in youth 16-24 years old in the United States (US). Distracted driving has been shown to increase the risk of a MVC in all drivers, particularly teenagers. Young drivers 18-20 years old have the highest incidence of crashes or near-crash experiences and the highest incidence of using a phone during a crash or near-crash. The objective of our study is to determine the association between MVC fatality rates in 16-19 year olds and state distracted driving laws.

Methods:

This is a retrospective time series-analysis of MVC fatalities in the US of teenagers 16-19 years old from 2007-2017. We obtained MVC fatality data from the Fatality Analysis Reporting System (FARS). Population-based rates of fatal crashes for 16-, 17-, 18-, and 19-year-olds were calculated. We performed a multivariable negative binomial regression analysis to compare MVC fatality rates across states based on different types and strengths of distracted driving laws (texting bans with primary and secondary enforcement, handheld bans for all drivers, cellphone bans for novice drivers only). The model also adjusted for presence of primary seatbelt law, highway speed limit

Results:

There were 78,258 MVC fatalities in teenagers 16-19 years old from 2007-2017 (41.2 per 100,000 persons). Incidence of MVC fatalities was highest for 19-year-old occupants (48.6/100,000 19-year-old persons) and lowest for 16-year-olds (29.5/100,000 16 years old persons). In the multivariate model adjusting for state-level factors, states with primarily enforced texting bans had lower MVC fatality rates overall for 16-19-year olds combined (IRR 0.69, 95% CI 0.65, 0.73). Texting bans and handheld bans for all drivers were associated with decreased MVC fatalities in all age groups. The greatest reductions in mortality were seen in 16 year olds in states with primarily enforced texting laws (adjusted IRR 0.61, 95% CI 0.56, 0.67), 16 years olds in states with the strongest graduated driver licensing programs (adjusted IRR 0.49, 95% CI 0.36, 0.67), and 17 year olds in states with handheld device bans for all drivers (adjusted IRR 0.59, 95% CI 0.51, 0.69).

Conclusions:

In the U.S., primarily enforced distracted driving laws are associated with significantly lower incidence of fatal MVCs in 16-19-year-old occupants. Bans on all handheld device use and texting bans for all drivers are associated with the greatest decrease in fatal MVC rates. Adoption of universal handheld device bans in all states may reduce the incidence of distracted driving and have significant effects on MVC fatalities in teenagers.

Objectives:

Attendees will learn:

1. To understand motor vehicle crashes continue to be the leading cause of death in adolescents in the United States;
2. To describe distracted driving in the form of text messaging, dialing a cell phone and talking on a cell phone are leading causes of motor vehicle crashes in the teenage population;
3. To illustrate distracted driving laws that are primarily enforced and apply to all drivers are the most effective in decreasing teenage motor vehicle crash deaths.

The Impact of Consistent Participation in a Teen Driving Program

Mia Hamilton, BA, Mary Aitken, MD, MPH, Mary Porter, BA, Hope Mullins, MPH, Beverly Miller, MEd

Background:

Background: Nationally motor vehicle crashes are the leading cause of death for teens. Graduated drivers licensing laws (GDL) have proven effective in reducing motor vehicle related deaths for teens. Even with a

50% reduction in crashes and deaths after the passage of Arkansas' GDL in 2009, Arkansas' motor vehicle related death rate is still almost twice the national rate. According to the Center for Disease Control and Prevention each year around 3,000 Arkansas teens are injured and over 50 are killed in motor vehicle crashes. Therefore, sustaining long term safety education focusing on teen motor vehicle safety is important to further reduce our rates and save lives.

Methods:

Arkansas' Drive Smart/Battle of the Belt, a four to six-week peer-led program designed to increase seat belt use and decrease driver cell phone use and other driver distractions, has been sustained for 9 years. Teen leaders receive training on how to promote safer driving amongst their peers. Teen leaders conduct pre observations, then complete activities addressing seat belt usage and distracted driving, engaging teen drivers, parents and law enforcement. The program concludes with post observations.

Results:

We compared 3 schools that participated consistently for 4 years vs 2 schools who participated inconsistently, less than 2 years. Time frame compared was pre-observations during the fall semester from 2015-2018. In 2015, the average pre-observation seatbelt use for consistent schools was 67% and inconsistent schools was 57%. With consistent schools increasing pre-observation seatbelt use by 26% over the 4 years while inconsistent schools only increased 9%. The biggest increase in pre-observation seatbelt use was noticed between the third and fourth year of participation with a 13% increase.

Conclusions:

These results show that students are retaining and are practicing what they learned because of the continuous education and ongoing reinforcement of teen motor vehicle safety. Further study is needed to determine whether continuous implementation of the program is changing a cultural norm for the school.

Objectives:

Attendees will learn:

1. To identify why teen driving is a problem;
2. To explain the benefits of continuous motor vehicle safety;
3. To recognize the effectiveness of peer-led education.

Tweens Click it for Safety!

Bianca Mahomes, CPST, Holly Terry, CPSTI, Hope Mullins, MPH, Beverly Miller, MEd, Mary Aitken, MD MPH

Background:

Motor vehicle crashes are the leading cause of death in tweens ages 8-14. According to the Centers for Disease Control and Prevention, 2017 data shows that on average two tweens each day were killed in motor vehicle crashes. Data also shows that over half of the children killed in car crashes were not wearing their seatbelt. Providing programs that promote seatbelt use and emphasize sitting in the backseat is an important strategy to reduce death and injuries amongst tweens.

Methods:

In 2007, we published results of a pilot program called “Cubs Click it for Safety,” targeting younger school-aged children, in a Journal of Trauma supplement. Our educational intervention, now called “Tweens Click it for Safety” has been revised to include a theoretical foundation and targets older children. The theoretical model includes peers as key influencers while including teachers and parents as external influencers. This peer led program, designed to increase seatbelt use and reduce front seat riding amongst tweens, is currently in the pilot phase. Student ambassadors participated in a training, created and implemented three activities. Teachers and parents were also educated on the risks and benefits of motor vehicle safety for this age group. Outcome results were measured by pre/post observational surveys of vehicles as children were dropped off. Changes in knowledge and beliefs of school personnel were measured by pre/post written surveys. A survey of parents was conducted to better understand the extent of compliance with motor vehicle safety behaviors.

Results:

Six hundred students ages 8-14 were surveyed regarding behavior when riding in a motor vehicle. 56% reported wearing their seatbelt every time they rode in a vehicle, 85% rode in the front seat at least some of the time, 46% indicated past seatbelt sharing and 45% reported parent’s texting while driving. We observed seatbelt use of 604 students pre- and 508 post-activities. At pre-observation 54% (326) wore seatbelts with 58% (293) seatbelt use at post-observations. Driver seatbelt use (68%), cell phone use (4%), and front seating of the child (32%) saw no improvement indicating further changes are needed to the program. As external influencers, teachers were educated on motor vehicle safety for tweens as a means to influence key outcomes.

Presentations delivered to teachers showed an increase in knowledge of CPS laws (48% pre, 96% post) and an increase in belief that children under 13 should ride in the back seat (78% pre, 95% post). Parents were surveyed regarding their driving behavior with 80% reporting that they always wear their seatbelt and 48% reporting texting while driving. A disconnect between attitude and behavior was found with the majority of parents agreeing that backseat is safest for kids under 13 (94%) but over half 56% reporting that children under 13 ride in the front at least some of the time (56%).

Conclusions:

A theory-driven program in a school setting may increase seatbelt use and back seat riding about older children. More revisions are needed to achieve desired outcomes and to standardize implementation

Objectives:

Attendees will learn:

1. To describe the theoretical models used to develop a tween passenger safety program;
2. To identify the barriers to implementing a tween safety program;
3. To describe the evaluation process of the tween safety program.

AutoCoach: An Innovative App to Improve Parental Teaching on Safe Driving to Their Teens Including Those with Disabilities

Emma Harrington, MSPS, Maneesha Agarwal, MD

Background:

Of all age groups, teen drivers have the highest rates of motor vehicle crashes (MVCs), injuries, and deaths per mile driven; these risks are increased in those with cognitive impairments. Parental modeling, monitoring, and guidance can significantly reduce MVCs, traffic violations, and risky behaviors in teen drivers. Additionally, access to resources to improve teen driving, such as driver’s education programs, can vary based on financial means and geographic access. We describe the first mobile app based intervention to bolster parental involvement in teen driving and assist caregivers with best practices for teaching safe driving with specific education for teen drivers with cognitive and physical disabilities.

Methods:

Stakeholders from a non-profit rehabilitation center, the state government, and the private sector collaborated to create the AutoCoach app. This app teaches parents how to teach teens how to drive safely

and aims to improve parental supervisory behaviors and involvement in their teens' driving. Certified driver rehabilitation specialists composed step-by-step lessons to facilitate parental instruction of safe driving. All users must complete a state-specific quiz on graduated driver's licensing (GDL) to access the apps' content and provide a guardian's email address for account setup.

A customizable parent-teen driving agreement and a feature to log miles driven in various driving conditions are also included in the app. After the initial launch of AutoCoach, a second version including specialized instruction for parents of teens with cognitive and physical disabilities was released. The app offers a standard 10-chapter curriculum and an additional 12 chapters for teen drivers with cognitive and physical disabilities including difficulties with focus, balance, vision, and basic mobility around motor vehicles.

Results:

Since its release in 2016 as a free download on Apple and Android platforms, AutoCoach has been downloaded nationwide, with the greatest volume of downloads originating from Georgia. There are approximately 250-300 users monthly. Feedback from users have been positive. Further study planned includes assessing characteristics of users, program completion rates, and subjective and objective assessments of teen driver behavior and traffic violations.

Conclusions:

MVCs are a leading cause of morbidity and mortality among teen drivers. This innovative app is the first of its kind to promote parental involvement with teen driving and to include content for teen drivers with cognitive and physical challenges.

Objectives:

Attendees will learn:

1. To describe the development of an innovative app to improve teen driving;
2. To develop collaboration between stakeholders from various backgrounds - public and private;
3. To recognize the importance of additional teen driving education for those with specific cognitive challenges.

Evaluation of A Population Health Strategy to Reduce Distracted Driving: Examining All "E's" of Injury Prevention

Tanya Stewart MSc, Jane Edwards, MSc, Jason Gilliland PhD, Douglas Fraser MD, PhD, Neil Merritt, MD, FRCSC, FAAP, Neil Merritt, MD, FRCSC, FAAP

Background:

Cell phone use while driving (CPWD) increases the risk of crashing and is a major contributor to injuries and deaths. A road safety strategy was developed which aligned with the concepts of Vision Zero, moving towards the ultimate goal of zero crash fatalities and serious injuries in the future. Distracted driving crashes are one of the leading target areas addressed through this strategy, utilizing the scientific principles of injury prevention. The objective of this study was to describe the evaluation of a multifaceted, evidence-based population health strategy for the reduction of distracted driving.

Methods:

A multi-pronged campaign was undertaken from 2014-16 for 16-44 year olds, based on epidemiology, focused on personal stories and consequences, utilizing the E's of injury prevention. Education consisted of distracted driving videos, informational cards, social media AdTube campaign and movie theater trailer which was evaluated with a questionnaire regarding knowledge, attitudes and behaviors. Spatial analysis of data within a Geographic Information System was utilized to target advertisements, with separate analysis for adolescents and adults, so the campaign could specifically target both teen drivers and adults. Random sample telephone survey evaluated the public's awareness of the campaign. Increased CPWD enforcement was undertaken by police services. Total costs of all aspects of the campaign were documented.

Results:

AdTube campaign had a high view rate >10% (41,101 views); slightly higher for females. The top performing age group was 18-24 year olds (49%). Our survey found 61% of respondents used hand-held CPWD (14% all of the time) with 80% reporting our movie trailer made them think twice about future CPWD. A stakeholder survey and spatial analysis targeted our advertisements in areas of close proximity to high schools, universities, near intersections with previous MVCs, high traffic volumes and population density. Telephone survey revealed 41% of the respondents were aware of our campaign; 17% from our print and movie theatre ads; 3% social media. Police enforcement blitzes resulted in 163 tickets with nearly 2500 annual charges against drivers for CPWD. The total costs of the campaign over the 2-year period were \$58,357.68, with half of the

costs associated with the movie trailer including the production, editing, and advertising time purchasing costs to play the trailer in the theatres, as well as evaluation.

Conclusions:

A multifaceted, evidence-based population health strategy utilizing the E's of injury prevention (Epidemiology, Education, Environment, Enforcement and Evaluation) is a comprehensive method to be utilized for the reduction of distracted driving.

Objectives:

Attendees will learn:

1. To identify various methods utilized to evaluate a multi-pronged campaign will be presented, including the use of questionnaires, telephone surveys and an evaluation of costs;
2. To describe spatial analysis of data within a Geographic Information System can be utilized to identify "hotspot" intersections to target prevention campaigns for advertisements, as well as police enforcement blitzes;
3. To recognize a multifaceted, evidence-based population health strategy utilizing the E's of injury prevention (Epidemiology, Education, Environment, Enforcement and Evaluation) is a comprehensive method that can be utilized for the reduction of distracted driving.

Using Crash Outcome Data Evaluation System (CODES) to Examine Injury in Front vs. Rear-Seated Infants and Children Involved in a Motor Vehicle Crash

Michael Bauer, MS, Leah Hines, MPH, Emilia Pawlowski, MS, Anne Scott, MPH, Matthew Garnett, MPH and Joyce Pressley, PhD, MPH

Background:

In NYS, approximately 2,500 children are treated annually in an emergency department or hospital for injuries sustained as a passenger in a motor vehicle (MV) crash. New York State (NYS) laws require appropriate child restraints for ages 0-7 years and safety belts for ages 8-15 years while traveling in a private passenger vehicle. The laws do not specify a seating position.

Methods:

Factors associated with injury in front-seated (n=11,212) compared to rear-seated (n=93,092) passengers aged 0-12 years were examined for all ages and by age groups 0-3, 4-7 and 8-12 years using NYS

Crash Outcome Data Evaluation System (CODES) from years 2012-2014. CODES consists of Department of Motor Vehicle (DMV) crash reports linked to emergency department (ED), hospitalizations, and trauma registry records. The front seat was defined as seating row 1 and the rear seat as rows 2-3. Vehicle towed from scene and air bag deployed were used as proxies to control for crash severity. Maximum Abbreviated Injury Severity (MAIS) was calculated from hospitalizations and ED visit diagnosis codes. An overall MAIS score, as well as individual scores for each of the nine body regions were assigned on a scale of 0 (no injury) to 75 (not survivable). Logistic regression (OR with 95% CI) was used to examine factors predictive of injury and injury severity.

Results:

Front-seated children had more frequent injury than those rear-seated (8.46% vs. 4.92%, p<0.0001). Use of child restraints was associated with lower injury rates compared to seat belted or unrestrained children (3.80%, 6.50% and 13.62%, p<0.0001 respectively). Traveling with an unrestrained driver was associated with higher injury rates than those with restrained drivers (14.50% vs 5.26%, p<0.0001). Multivariable adjusted predictors of increased injury for the total population aged 0-12 years included riding in the front seat (1.20, 1.10-1.31), being restrained in a seatbelt vs. child restraint (1.20, 1.11-1.31), being unrestrained vs. child restraint (2.13, 1.73-2.62), and traveling in a car vs. other vehicle type (1.21, 1.14-1.28). Protective factors included traveling with a restrained driver (0.61, 0.50-0.75), a driver aged < 25 years (0.91, 0.82-0.99), being an occupant of a later vehicle model year 2005-2008 (0.68, 0.53-0.89) or 2009 -2015 (0.55, 0.42-0.71) compared to older model years (1970-1993).

Conclusions:

Compared to front-seated children, rear-seated children had lower rates of medically-treated injury. This ongoing study is continuing to examine the role that potentially modifiable risk and protective factors play in the incidence and severity of specific types of child MV occupant injury.

Objectives:

Attendees will learn:

1. To discuss independent factors contributing to differential motor vehicle injury rates across the 0-12 year pediatric age span, specifically;
2. To identify potentially modifiable driver characteristics that are associated with increased risk as well as protective factors for pediatric injury;
3. To describe at least two vehicle factors associated with differential pediatric occupant motor vehicle injury;
4. To recognize the role that seating position contributes to injury in this population.

How to Increase ATV Safe Riding Behaviors in Youth: FFA Members from Across the Country Respond

Nicholas Stange, Mitchell Hooyer, BA, Cole Wymore, BS, Gerene Denning, PhD, Pam Hoogerwerf, BS, Lauren O'Donnell, BA, and Charles Jennissen, MD

Background:

All-terrain vehicles (ATVs) are a significant source of injuries and deaths. In fact, more children <16 years of age die in the U.S. from ATVs than from bicycle crashes. Few studies have examined the best methods to improve adolescent ATV safety practices from the target audience's perspective. The study's objective was to explore youth's thoughts regarding how they might be best reached and persuaded to ride ATVs more safely.

Methods:

Attendees of three ATV safety workshop sessions at the 2018 National FFA Convention answered a number of questions after facilitated discussions. Qualitative analysis of responses was independently performed by three research team members, and differences in coding were resolved through an iterative process. Descriptive analysis of responses, as well comparative analysis of responses from FFA clubs in the four U.S. Census regions, was performed.

Results:

309 FFA members from 62 clubs participated (29 states). Almost all clubs stated that one reason most youth don't ride ATVs safely is because of personal beliefs (e.g. inconvenient/not as enjoyable to ride safely). Almost three-fourths stated that an unsafe riding behavior that young people would be most likely/willing to change was wearing a helmet. A lower percentage of FFA clubs from the South stated youth would be willing to wear helmets as compared to other regions. The safety behaviors that youth thought their peers would be least willing to change were traveling at lower speeds and not carrying passengers. Over one-half of the clubs stated that one of the best places to reach youth was at schools; the second most frequently mentioned was social media. Safety presenters that clubs felt youth would be most likely to listen to were peers and those just slightly older than the target audience. Other presentation groups frequently mentioned were crash survivors and those whose loved ones had been injured or died in ATV crashes. A variety of celebrities and authority figures were also suggested. Activities thought to be most effective at promoting safe riding were presentations with real-life injury examples including videos that might create a "fear factor," and hands-on activities. FFA clubs responded that the least effective methods were lengthy, non-

interactive presentations and printed materials with lots of facts and statistics.

Conclusions:

Youth have strong opinions regarding injury prevention information delivery, and what is likely to result in behavioral change. Our study provides important data regarding not only ATV safety information delivery, but other prevention messaging to youth as well.

Objectives:

Attendees will learn:

1. To list at least two safe all-terrain vehicle riding behaviors that adolescents state their peers would be most likely to adopt and two they are least likely to adopt;
2. To identify at least two places and types of presenters that adolescents assert would be best to share all-terrain vehicle safety information;
3. To discuss the activities and methods that adolescents believe would be most effective in promoting safe all-terrain vehicle riding.

A Pilot Program Promoting ATV Safety Among Rural Youth: Community Partnerships At Work

Purnima Unni, MPH, CHES, Carter Lovvorn, Harold Lovvorn, III, MD, FACS, FAAP, Cristina Estrada, MD

Background:

All-terrain vehicle (ATV) injuries are a major cause of hospitalization. More than 20% of fatal injuries associated with ATVs occur in children below 16 years. Evidence suggests that educational strategies designed at teens are more effective when bundled within intervention strategies that operate at multiple levels. The objective of this study is to describe the core components of a multi-faceted pilot ATV Safety Program directed at rural youth, who typically have little exposure to ATV safety interventions.

Methods:

Trauma data of admitted pediatric patients under 16 years (2012-2017) from a Level 1 trauma center in Tennessee (TN) was analyzed to identify six rural counties in Middle Tennessee with high rates of ATV admissions. In September 2018, the injury prevention program collaborated with the Tennessee 4-H and the Tennessee FFA Association to launch the TN ATV Safety Program with the goal of addressing ATV safety among rural youth. This program was supported with funding from Farm Bureau Health Plans. The program has two distinct phases. In Phase 1, thirty-eight students recruited by the Tennessee 4-H and the Tennessee FFA Association came to the hospital for an interactive education session that consisted of presentations,

video, interactive demonstrations, role-playing, first-person accounts, and Emergency Department simulation.

In the beginning of this phase, a short pre-survey was administered to assess attitudes and knowledge pertaining to ATV ridership and safety. At the end of the session, a post-survey was administered to assess changes in knowledge and attitudes. Additionally, open-ended questions were added where students provided qualitative feedback on the different aspects of this phase. At the end of this phase, students were briefed about Phase 2. In Phase 2, students were asked to develop and execute a multi-faceted campaign at their schools and in their communities to promote ATV safety. Students were expected to draw on local resources and organizations to increase the impact of their campaign beyond the school. Student leaders-maintained records of all activities. Participating schools competed to win the best overall campaign, and best PSA awards.

Results:

Pre-survey results indicated about 60% of participants rode ATVs at least twice a week or more. None of them had attended an ATV safety class and most had learned to ride an ATV from parents or friends. There were significant improvements in attitudes about getting injuries from riding ATVs and restricting ATVs to teens above 16 years. Phase 2 impacted close to 3000 youth and 280 middle schoolers. Online ATV safety course was completed by 300 students and community members.

Conclusions:

Preliminary results from this pilot program suggest that a strategy of combining hospital-community partnerships with a peer-driven educational approach can be effective in increasing ATV safety awareness. However, close coordination is needed to ensure key milestones are achieved during the school year. It is critical to get buy-in from the community partners to ensure school-wide participation.

Objectives:

Attendees will learn:

1. To describe the core components of a multi-faceted ATV Safety Program;
2. To discuss the role of community partnerships in addressing ATV Safety;
3. To discuss the benefits of peer-driven educational approach in promoting safety behaviors.

Child Passenger Safety Nurse Champions: Evaluation of a Nursing Competency and Educational Resource for Child Passenger Safety at a Children's Hospital

Maria McMahon, MSN, RN, PNP-PC/AC, CPST, Shelly Pignataro, MSN, RN-BC, Barbara DiGirolamo, MEd, CPSTI, Cassandra Slater, BA, Lois Lee, MD, MPH

Background:

In our children's hospital-based Injury Prevention Program (IPP), Injury Prevention Specialists (IPS) provide child passenger safety (CPS) education and child safety seats (CSSs) for the inpatient CPS program. A CPS Nurse Champion role was developed to deliver CPS education and to provide and fit CSSs for families, when an IPS is unavailable. A CPS Nurse Champion course was developed to educate and demonstrate CPS competency. The objective of this program evaluation was to examine pre- and post-course CPS knowledge and level of comfort of inpatient nurses completing the CPS Nurse Champion course.

Methods:

We developed and implemented an intensive 8 hour CPS Nurse Champion course for inpatient nurses. It included didactic sessions and skills stations to demonstrate CPS competency. We conducted pre-course assessment of CPS knowledge and level of comfort with CSS fitting among those registered for the course with answers based on a Likert scale. Six months afterwards we conducted a similar post-course assessment for participants to assess if knowledge and comfort level of CPS components was retained after the course.

Results:

The pre-test was administered to the 32 enrolled participants, yielding 15 responses. For comfort with CPS knowledge, 80% (12/15) were "somewhat/moderately comfortable." For fitting a CSS, 53% (8/15) were "slightly/somewhat knowledgeable." All respondents reported they were "moderately/extremely knowledgeable" of the different types of CSS, but "not at all/only slightly knowledgeable and comfortable" with each step of fitting CSSs. The 6-month post-survey assessment was completed by 19 nurses. CPS education and/or CSS fitting were provided by 74% (14/19).

More than half of their time was spent providing family or colleague CPS education. There was an equal distribution of time spent for other activities (e.g. obtaining materials, fitting and documenting). All 19 nurses reported being "moderately to extremely comfortable" fitting a child in a standard CSS. Almost half (42%, 8/19) reported being "not at all/slightly comfortable" fitting for a special needs CSS (e.g. car

beds, modified EZ-on vest®, Hippo®). Standard CSS education and seats were provided by 80% (15/19) nurses and special needs CSS were provided 20% (4/19).

Conclusions:

Most inpatient nurses registered for a CPS Nurse Champion course had a moderate amount of CPS knowledge and comfort with fitting standard CSS at baseline, with knowledge gaps of some steps of the process. Six-month post-course evaluation results support the course was effective in providing nurses with both CPS knowledge and comfort in fitting and positioning of a child in all types of CSS. After six months CPS knowledge and comfort in fitting was maintained for standard CSSs, but reported at a lower level for special needs CSS components.

Objectives:

Attendees will Learn:

1. To describe the results of a CPS Nurse Champion course that was developed to educate and demonstrate CPS competency for inpatient nurses;
2. To identify the educational needs of nurses related to CPS;
3. To develop ongoing learning objectives and maintenance of competency needs for inpatient nurses providing CPS education.

Protecting Children: A Multidisciplinary Team Approach to Prevent Rear Occupant Motor Vehicle Crash-Related Injuries

Tanya Stewart, MSc, Kevin McClafferty BSc, Michael Shkrum, MD, Jason Gilliland, PhD, Jean-Louis Comeau, PEng, Allison Pellar, MEng, Douglas Fraser, MD, PhD

Background:

While significant progress has been made in reducing the number of vehicle occupants killed in crashes, much of this work has focused on the front seat. As nearly 79% of rear seat occupants are children, they represent a vulnerable population. This paper describes the development of a multidisciplinary team of physicians, epidemiologist, engineers and geographers tasked with studying crash and injury data to determine the risks associated with pediatric rear seat occupants in crashes.

Methods:

Daily Level I Pediatric Trauma Center (PTC) emergency and admission reports were reviewed to identify all pediatric patients treated following a MVC. Injuries were scored with the Abbreviated Injury Scale 2005 and ISS calculated. Engineers were notified of MVCs

involving children in the rear seat. Those admitted to the PTC had collision investigations. When full collision investigations were not warranted, data from police crash reports were collected and entered into an integrated crash-injury database.

Results:

Outputs included developing a process of identifying pediatric crash occupants, scoring injuries and notifying the crash investigators in a “real-time” manner, and the development of an integrated crash-injury database combining biomechanical crash data, data from pre-hospital and police services, along with injury and health outcome data from the PTC. Three years after the initiation of this project, there were 550 pediatric patients entered into our database; with 3 deaths (1%). More females (54%) came to hospital and the mean age was 9.0 (SD 6.3) years. There were 484 (88%) passengers; 71% (n=343) were occupants in the rear seat. Nearly half of occupants (n=259; 47%) used a seat belt; 154 (28%) were in an infant/child seat; and 45 (8%) in a booster seat.

There were 106 cases (19%) in which an airbag deployed. In total, 341 (62%) involved passenger vehicles, 202 (37%) a van/truck and 6 (1%) a bus. Most crashes involved impact with a moving object (n=437; 80%); 61 (11%) impacted a fixed object and 49 (9%) were rollovers. The majority of injured patients had a low severity of injury with 80% having ISS between 1 and 8. The mean ISS was 10.5 (SD 5.8). There were 85 crash investigations involving 149 children with 68 injured in the rear seat. Issues identified for further study include increased head and C-spine injuries for infants and toddlers, and improper restraint use and slipping out of position for children once graduated from child restraints.

Conclusions:

Accurate data on crashes and injury are essential for research to tackle road safety issues utilizing a best practice, public health approach. The development of a multidisciplinary team to study real-world crash data provides insight into the risk factors (i.e., social, biomechanical and environmental) contributing to the crash and injuries to children in the rear seat. This knowledge can be translated into changes in the built environment, design of restraint systems and policies to foster strategies for injury reduction.

Objectives:

Attendees will learn:

1. To describe the need for further studies on how a lack of both regulation and integration of seat and restraint design in the rear seat, makes rear occupant children a vulnerable population to injury in a crash;

2. To identify why multidisciplinary teams comprised of physicians, epidemiologist, engineers and geographers utilizing a public health approach are an example of best practice in road safety that can foster prevention strategies for injury reduction;

3. To recognize issues identified for pediatric rear occupants include increased head and C-spine injuries for infants and toddlers, and improper restraint use and slipping out of position for children once graduated from child restraints.

Missed Opportunities to Address Child Passenger Restraint Misuse in the Pediatric Emergency Department

Sadiqa Kendi, MD, James Chamberlain, MD

Background:

Motor vehicle crashes (MVC) are the leading cause of death in children over 4 years old. While overall restraint use has increased over the past decade, nonuse and incorrect use remain significant issues. Emergency department (ED) visits are an opportunity for a teachable moment on proper child restraint use. There are limited data on how often information on correct restraint use is provided in ED visits for MVCs. The objective of this study is to determine how often information on proper restraint use for children is provided to families after an MVC.

Methods:

We conducted a retrospective chart review of visits to the Children's National Emergency Department an urban, academic, Level 1 Pediatric Trauma Center, from 10/2015-10/2018. We included all visits for children < 13 years old with an ICD-10 code for motor vehicle crash if they were discharged home after the visit, and if there was documentation of incorrect restraint use or incomplete documentation of restraint use. Any documentation of dissemination of age-appropriate child passenger restraint information was identified.

Results:

105 visits qualified for inclusion. 64% of visits (n=67) were low acuity (ESI 4 or 5). 8 were excluded because of lack of discharge information. Only 7% of all visits (n=5) had any documentation of providing age-appropriate restraint information. Of 33 visits in which incorrect use was identified and the patient was discharged, only 9% (n=3) were given age-appropriate restraint information.

Conclusions:

A small proportion of families were given proper child restraint information on discharge after an MVC, even

when there had been identification of incorrect use in the motor vehicle crash for which they presented. There is an opportunity for significant improvement in the provision of age-appropriate child passenger restraint information in the ED setting after a visit for an MVC.

Objectives:

Attendees will learn:

1. To evaluate a prevention tool for ED patients at risk for injuries in motor vehicle crashes;
2. To Identify ways to improve prevention tools;
3. To describe proper child passenger restraints based on age and size.

Vision Zero - A Trauma Perspective: moving regional road safety forward through collaboration

Jane Edwards, MSc, Diane Bradford, RN, MN, Zahra Hussein, MPH

Background:

Road injuries and fatalities are a significant public health issue in Canada and around the world. Vision Zero is a strategy aimed at eliminating road fatalities and serious injuries. Municipal governments have a major role to play in improving road safety. Trauma Programs have a unique perspective on road injuries and can contribute to the creation of a comprehensive plan. Trauma Programs from Vancouver General Hospital and London Health Sciences Center with Windsor Regional Hospital organized Vision Zero summits for their local municipalities with the purpose of linking health to regional road planning. These workshops built on previous work done by Parachute Canada and included local, regional and national stakeholders.

Methods:

Regional summits were held to address the need for basic comprehensive road safety concepts. There was interest from key stakeholders (including police, politicians, transportation planning and engineering, public health etc) in Vision Zero and a readiness for action. This was interest was measured through stakeholder meetings, as well as surveys to select local urban and rural municipalities. During the workshops evidence of road safety interventions as well as the efforts that are underway, including the process of planning and implementing Vision Zero action plans was presented. A unique aspect of these workshops was the multidisciplinary nature of the planning committee and delegates. Providing a health lens in which to put these issues into context was unique, challenging and

worthwhile. Key Objectives for the workshops were 1) to bring local government and health together to improve road safety 2) build relationships between stakeholders 3) to understand the building blocks of a strategy including data, built environment, collaboration and partnership 4) support local/regional government to take action to improve road safety.

Results:

Recognizing the diverse landscapes where stakeholders live and work, and develop strategies in a rural/urban context is critical. A comprehensive report was developed for key partners to use within their municipalities to form working groups and further objectives. Municipalities and partners took away new found knowledge and skills, as well as, a better understanding of the role that health plays in supporting road-related efforts. Trauma Centers provided a unique perspective on road injuries and are an integral member in planning for road safety strategies; including Vision Zero. Further work to solidify partnerships, roles and resources will continue to occur through workshops and the potential for a community of practice to keep participants connected, and continue to learn from one another.

Conclusions:

Local governments are interested in improving road safety. Multidisciplinary workshops highlight the benefits that health can play in supporting local government and key regional stakeholders' efforts to advance work in this area. These workshops allow different sectors to learn from other' experience and expertise to form a more robust discussion. Vision Zero is a collaborative approach to road safety and health is a key component in reducing injury and making roads safer.

Objectives:

Attendees will learn:

1. To discuss local and regional action plans for Vision Zero and lessons learned;
2. To identify potential mechanisms to collaborate on existing opportunities in road safety programming across sectors;
3. To describe the role that health can play in supporting municipal road safety issue.

Poster Symposium - Friday Night

Creating and Managing a Car Seat Program within a Children's Hospital

Stephanie Lyons, CPST, Emily Lee, CPST-I, Emily Gehring, MPH, CPST

Background:

With so many families visiting the hospital and clinics, it can be a challenge to provide child passenger safety education and resources to everyone. In this session, the inpatient team from a pediatric hospital will provide an explanation of the different sectors of their hospital car seat program available for patients and families, and the partnerships with other hospital departments that make the program such a success. The team will also discuss the use of technological tools utilized to report the program impact.

Methods:

Our aim is to present the structure of our car seat program, and how we partner with a variety of hospital departments to provide access to car seats and education for patients and families in need. As part of the quality improvement project the team embarked on two years ago, we utilized the hospital's Electronic Medical Record (EMR) system to build a robust process to receive inpatient requests for car seat needs. We will describe this process, including the various pathways of assisting patients, ex. install, fitting, etc., as well as the resources that we provide to each family when they receive a car seat. Also during this time, we will discuss management of the program and involvement from other departments. Specifically, how these departments were selected, their role in the administration of this program, and the steps to provide education to hospital staff on the car seat request process.

In addition, we will touch on how to obtain buy-in from internal and external partners to support the program. Finally, we will present on our methods of documentation through the utilization of our electronic data management system, REDCap. Through this process we are able to evaluate our impact each year, as well as determine when additional support and training are needed for the effectiveness and sustainability of the program.

Results:

Through partnerships and collaboration with inpatient staff, as well as the adoption of a pre-existing system that clinical staff members were already familiar with, the Injury Prevention team has seen an increase in both the timeliness and appropriateness of the clinical teams' requests from 46% to 70% over the last

two years. We distribute approximately 800 car seats inpatient each year.

Conclusions:

Our goal is to increase the percentage of fulfilled inpatient car seat requests with both timely submission and appropriate service delivery from 46% to 80% by the end of our fiscal year. Year to date actual is 70%.

Objectives:

Attendees will learn:

1. To describe how to structure a hospital car seat program;
2. To recognize ways to partner with staff throughout the hospital network to administer the program;
3. To utilize data management systems to measure program impact (ex. REDCap).

Assessment of Pediatric Resident Advocacy Education

Cassie Smola, MD, Courtney Campbell, MD, Florence Lee, MD, Candice Dye, MD, Kathy Monroe, MD, Michele Nichols, MD

Background:

Advocacy is an important and required part of residency education. No standardized advocacy curriculum exists. Also, it is difficult to measure or translate advocacy education while in residency into advocacy in practice. The goals of this project were to survey residency graduates for 1) career choice, 2) document frequency of injury/advocacy education and participation during and after residency.

Methods:

An online electronic survey was sent in July and August of 2014 to University of Alabama at Birmingham (UAB) Pediatric residency graduates from 2009 to 2013 using contact information provided by graduates to the program prior to graduation. Information collected included: year of graduation, gender, career choice, subjective ratings of education quality in various specialties, areas to improve upon, and education and current involvement in injury/advocacy. The same electronic survey was sent in December 2018 and January of 2019 to UAB Pediatric residency graduates from 2014-2018. Answers were then compared between the two surveys. This study was approved by the Institutional Review Board.

Results:

Surveys were emailed to 94 graduates and 145 graduates with completion rates of 52% and 45%. Demographics were similar between years (2014-female 69.4%, 2019-female 72.3%). Career choices

were also still similar with 26.5% to 30.8% for general pediatrics, 18.4% to 15.4% for hospitalists, and 55.1% to 53.85% for subspecialists (2014 to 2018 respectively). Advocacy participation after residency has decreased in all areas asked (AAP activities/Meeting, Camp volunteers, free health clinic, health fair, international mission trips, school talks) except for AAP membership from 2014 to 2018. However, advocacy participation during residency has increased from the 2014 to 2018 survey in 7 out of the 12 activities and remained the same for 1 out of the 12 activities (AAP participation, advocacy project, baby safety shower, bicycle safety, camp volunteer, COA member, free health clinic, holiday/hospital drive, health fair, international medicine, 5K race, school talks).

Conclusions:

Advocacy is an important part of a pediatrician's job. Education and participation in advocacy during residency is believed to be imperative to foster a passion for advocacy to hopefully lead to continued participation throughout ones' career. While our participation after residency has declined some between surveys, our participation has increased during residency, leading hopefully to continued and increased participation after residency for the future years. Future endeavors include surveying to determine what barriers exist and if current increased participation in advocacy during residency leads to increased participation once established in a career.

Objectives:

Attendees of this session will learn:

1. To discuss advocacy;
2. To identify advocacy expectations during residency;
3. To recognize trends in advocacy participation from pediatric residency graduates.

Profile of Childhood Injuries – 0-4 Years

Phyllis Agran, MD, MPH, Diane Winn, RN, MPH, Sandra Murray, MD, David Nunez, MD, MPH, Alphonso Valdez, PhD

Background:

The purpose of this study was to analyze causes of injury hospitalization and death by individual year of age and by specific causes of injury for Orange County, CA. These data inform on interventions by pediatric professionals, trauma centers and community collaborators and apply to other US communities

Methods:

State of California, Department of Public Health

EPI Center. California Injury Data Online. Hospital discharge data and death certificate data for California residents age 0 to 4 years with a principal external cause of injury code (E-code) of E800 to E869, E880 to E929, or E950 to E999, calendar years 2011-2013 were analyzed for Orange County CA. Leading causes of injury death and hospitalization were identified by year of age and overall for children 0-4 years. Sleep-related infant deaths were analyzed from county coroner cases and Orange County Health Care Agency data. Demographic data was provided by the Orange County Health Care Agency.

Orange County demographic data reveal that 1/5 children live in poverty. The population is 39.8% White, 34.8% Hispanic, 20.3% Asian, 1.7% Black, 3.5% other. Overall child death rate, ages 1-4 years was 16/100,000.

Results:

For the years 2011-2013, 1,305 children ages 0-4 years were hospitalized and 40 died as a result of injury, a ratio of 33 hospitalizations to 1 death. The numbers were highest among 0-1 years, followed by 1 year. The leading causes of injury death were drowning, foreign body/suffocation; transportation; assault; and struck by. The highest number of foreign body/suffocation was among children 0-1 years, followed by 1 year. Assaults were highest among children 0-1 year. Drowning was highest among children 2 years. The leading causes of injury hospitalizations were falls; fire/burns; poisoning; transportation; and foreign body/suffocation. The number of hospitalizations was highest among the 0-1-year old (303), followed by 1-year old (303), 2-year-old (226), 3 years old (234), and 4-year-old, (205).

From 2013-2016 no infant deaths from SIDS and 14 SUIDS deaths. [ND1]The 24th Conditions of Children Report (page 60) indicated there were 16 (much lower) unintentional injury deaths for children 1-4 for 2014-16. It does not have hospitalization data. Do you want to update the data? [DW2]Is this correct? If so, it looks like the number would be much higher since it states in previous sentence there were 8 SUIDS deaths. With 6 to 9 each year, at a minimum, it would be 14.

Conclusions:

We departed from the usual age grouping of <1 and 1-4-year old years. Local injury and hospitalization data guide local pediatric anticipatory guidance focus areas and community-wide interventions prevention. As in our prior studies using state-wide data, causes of injury are related to developmental milestones. Traditional age groupings may not always be sufficient. Leading causes of death for 0-1 years in our County were the same as in the US. However, among

children 0-4, there was some variation. <http://www.clinicinthepark.org/wp-content/uploads/2018/07/injury-profile-2018-06-18.pdf>

Objectives:

Attendees of this session will learn:

1. To recognize the top 2 leading causes of injury deaths for infants <1 year of age;
2. To identify causes of injury to related developmental milestones to support the need for year of age data analysis;
3. To discuss the translation of local injury death and hospitalization data to local prevention strategies, mindful of demographic and cultural factors.

Alternative Safe Transportation Options for Children with Hip Spica Casts

Barbara DiGirolamo, MEd, CPSTI, Cassandra Slater, BA, CPST, Maria McMahon, MSN, RN, PNP-PC/AC, CPST

Background:

Our institution has a child passenger safety (CPS) program to ensure patients use the correct child safety seat (CSS) when discharged home from the hospital. For patients with hip spica casts or knee immobilizers, there are specific physical challenges in using appropriate CSSs. In the past, spica casted children used ambulance transport home. More recently we used specialty Hippo® car seats to decrease transport costs. This seat has been discontinued; therefore, the CPS program explored alternative CSSs for spica casted children to use for transport home. The objective of our program description is to describe an initiative to provide alternative safe transportation options for spica casted children.

Methods:

For spica casted children, an appropriate CSS often requires using a seat with lower sides or a booster seat with low or no sides. Once the Hippo® was discontinued in 2016, we began using the EZ on vest® more often for spica casted patients. Previously we used the EZ on vest® solely for full body, straight casted patients. Given financial limitations, we developed an EZ on vest® loaner program. In addition to the modified EZ on vests®, we also began to use upright EZ on vests®, Safe Rider vests, and Bubble bums®, when age and cast appropriate. Hippo® loaner seats are still available for children less than 1 year old, who are more likely to need this seat due to their small size.

Results:

Since beginning in 2016, forty-nine children have been included in this CPS initiative using alternative CSSs for spica casted children. In 2016 we used four EZ on vests®, two upright EZ on vests®, two Safe Rider vests, and zero Bubble Bums®. In 2017 we used twelve EZ on vests®, three upright EZ on vests®, one Safe Rider vest, and three Bubble Bums®. In 2018 we used ten EZ on vests®, one upright EZ on vest®, five Safe Rider vests, and three Bubble Bums. We also found many of these patients fit in their current CSS or in a similar traditional seat with lower sides, and didn't require a specialty seat. With education, the inpatient unit nurses were trained that most spica casted children don't automatically require a Hippo® car seat.

Conclusions:

Using multiple options for transportation of spica casted patients has been successful. Alternative CSSs, including the EZ-ON Vest®, provide a cost-effective option, while allowing the casted patient to travel safely with their family.

Objectives:

Attendees of this session will learn:

1. To recognize alternate modes of child passenger restraints for transportation of children with hip spica casts;
2. To identify how "traditional" car seats can be appropriate for spica casted children;
3. To describe principles for using alternative methods for child passenger restraints of spica casted children to minimize the use of ambulance transports and the associated costs to families.

Transporting Children with Special Health Care Needs--AAP Policy Statement

Joseph O'Neil, MD, MPH, Benjamin Hoffman, MD

Background:

Children with special health care needs should have access to proper resources for safe transportation as do typical children. The purpose of this policy statement is to assist caregivers and health care providers in ensuring that children with special health care needs travel in appropriate restraints, properly positioned, and secured in the vehicles in which they ride.

Methods:

This policy statement is a compilation of what is known about the safe transportation of children with special health care needs. This guidance may help parents, caregivers, and others responsible for the safe

transportation of a child to avoid products that are inappropriate or incorrectly used, avoid discomfort, and avoid increased injury risk to children transported in motor vehicles.

Results:

This policy statement reviews important considerations for transporting children with special health care needs and provides current guidance for the protection of children with specific health care needs, including those with airway obstruction, orthopedic conditions or procedures, developmental delays, muscle tone abnormalities, challenging behaviors, and gastrointestinal disorders.

Conclusions:

This American Academy of Pediatrics policy statement emphasizes that hospitals that discharge children should have a hospital-based, multidisciplinary child passenger safety program. Hospital discharge policies and programs should be based on best practice recommendations by the American Academy of Pediatrics and NHTSA. Development and implementation of these policies require planning, collaboration with appropriate staff, proper training, ongoing competency assessment, and the ability to secure funds and resources to sustain the program. Pediatricians can serve as resources for information to legislators, policy makers, and law enforcement professionals, as well as to school officials, who may be less familiar with the importance and availability of occupant protection systems for children with special needs.

Objectives:

Attendees of this session will learn:

1. To recognize children with special health care needs need access to resources for safe transportation as do typical children;
2. To describe why while most children with special needs can ride safely in a standard car safety seat, some may need additional adaptations available in car seats designed for specific medical conditions;
3. To identify resources are available to promote a special needs car seat program for hospitals and facilities that discharge children.

Age-Dependent Differences in Playground Slide-Related Injury Mechanisms among Young Children

Cole Wymore, BS, Gerene Denning, PhD, Charles Jennissen, MD

Background:

Playground slides are a popular apparatus for children's play. A previous study of slide-related injuries in the National Electronic Injury Surveillance System (NEISS) found younger children were often injured sliding while on the lap of an adult. However, the injury mechanism for all cases in that report was not determined. The purpose of this study was to better understand the mechanisms associated with playground slide-related injuries in young children.

Methods:

Slide injuries in children ≤ 5 years of age from 2002-2017 were identified (N=14,622) using the Consumer Product Safety Commission's NEISS. The mechanism of injury was coded using database narratives. Descriptive (frequencies) and bivariate (chi square) comparative analyses were performed.

Results:

Falls (62%) were the most common cause of slide-related injuries. The next most frequent code was "injured on slide, mechanism unknown" due to insufficient narrative details (17%). This was followed by "injured while going down the slide on a lap" (6%) and "injured when the foot or leg was caught on the slide" (5%). The demographics and injury pattern suggested that the latter were mostly lap-related injuries. Falls were associated with a significantly greater percentage of brain-related injuries (14% vs. 5%), while non-fall mechanisms had higher proportions of musculoskeletal injuries (47% vs. 60%), $p < 0.0001$. The body parts most frequently injured from falls were the head/face/neck (44%) and upper extremities (40%); the lower extremities were the most often injured body part for other events (51%), $p < 0.0001$. Fall-related injuries had a significantly higher proportion requiring admission or transfer as compared to other mechanisms (6% vs. 2%), $p < 0.0001$. The mechanism of injury was a fall for 70% of those 3-5 years of age.

This percentage went down with decreasing age: 62%, 42% and 25% for children 2, 1, and < 1 years of age, respectively. Children < 3 years old had a significantly greater proportion of lap-related injuries than 3-5 year olds. More than four-fifths of those injured who were coded as being on a lap or having caught their leg or foot on the slide were children < 3 years of age, and over 90% of these had lower extremity injuries.

Conclusions:

Falls with injuries to the head/face/neck and upper extremities were the most common slide-related injuries in older preschoolers. But in children < 3 years old, there were increasingly greater percentages of lap-related lower extremity injuries. Healthcare providers and parents should be aware that a child's foot could catch on the slide when going down on a person's lap, and that the potential twisting force might cause a tibia fracture.

Objectives:

Attendees of this session will learn:

1. To describe the two most common mechanisms of playground slide-related injury for children ≤ 5 years of age;
2. To identify the mechanism and types of injuries most likely to require admission after a playground slide-related event;
3. To recognize how significant slide-related lower extremity injuries can often be avoided by adults and adolescents not sliding with young children on their laps.

Booster Seat "Experience" at the Park (Children's Health Connection)

Phyllis Agran, MD, MPH, Aphonsol Valdez, PhD, Susana Sosa, MA, Marisol Garcia, BA, Sandra Murray, MD

Background:

Children's Health Connection, a health and social service collaborative, connects under-served children to community resources and medical homes; performs safety net screenings; and, delivers health education with safety equipment at Family Health Expos. California law requires booster seat use up to age 8 years old. Our target population is low income, under-served Orange County children from the Hispanic/Latino community. Over 50% report an annual income of $< \$24,600$. In 2018, 4,4373 visitors received 48,943 services at community Family Health Expos. Over 8,000 child safety items were distributed along with injury prevention education. Funding includes American Academy of Pediatrics, CATCH and Healthy Tomorrows, and private foundations and sponsors.

Methods:

Bilingual volunteers conducted needs surveys with a convenience sample of adults at each center. The survey was UCI IRB exempt (#11608) and included demographics, needs for connections to services, select screenings and health education with tools/equipment. The total number of surveys at community resource centers was N= 219 - 72 Anaheim; 57

Fullerton; 90 Newport/Costa Mesa. A pilot booster seat education workshop was conducted at 2 family health expos. A survey was conducted at the beginning of each booster seat workshop without identifiers of parents/children meeting the height/weight criteria. Backless booster seats with a tote bag are fitted and distributed at no cost.

Results:

Overall needs survey data revealed 74% were Hispanic/Latino. 62.8% had an annual income of <\$24,600; 50.7% has less than a high school education. 26% reported needing car seat education. A total of 36 eligible children/parents completed the survey and received the education and booster seat. 37.1% did not have a car seat; of these, 100% were using a lap/shoulder belt. 100% of all children were in the back seat. However, only 51.4% used the restraint “always.”

Conclusions:

Children’s Health Connection one-stop shop model of Family Health Expos brings resources into low income communities otherwise not available to children and their families. The families are among the poorest, with lower educational attainment and multiple barriers, including access to medical/dental services. Many do not have a reliable source of transportation and use or share vehicles such that they need a transportable booster seat or multiple booster seats for the child. Over 1/3 did not have a car seat and were prematurely using the lap/shoulder belt. Select injury prevention services such as car seat workshops along with fitting and distribution can be part of community outreach family health expos. This project has been replicated in local resource centers and schools.

Objectives:

Attendees of this session will learn:

1. To recognize community collaboration with pediatricians, other health, social service and education professionals and students are effective community engagement strategies for injury prevention;
2. To discuss how Injury prevention education along with safety equipment is a gap that can be addressed with non-traditional approaches;
3. To identify why Integrating injury prevention services into community resource centers and schools is a novel and effective approach.

Using a Resident-led School Outreach Program to Improve Knowledge of All-Terrain Vehicle (ATV) Safety

Kristyn Jeffries, MD, Reid Burks, MD, Michele Nichols, MD, Julie Farmer, RN, Nipam Shah, MBBS, MPH, Charles Jennissen, MD, Gerene Denning, PhD, Kathy Monroe, MD, MSQI

Background:

Over the past decade, the number of all-terrain vehicle (ATV) related injuries treated in United States emergency departments has decreased by 33% with 100,000 injuries in 2016. In comparison, the total number of children evaluated for ATV injuries in a southeastern tertiary care children’s hospital more than doubled between 2006 and 2016, counter to the national trend. AAP guidelines state that ATV operators should be at least 16 years old. Yet, children under the age of 15 represent nearly a third of all ATV-related injuries nationwide.

Methods:

Primary investigators were pediatric residents who in turn trained other residents using the Safety Tips for ATV Riders (STARs) program curriculum developed in Iowa. Using previous study data, several surrounding counties were identified as having an increased number of children with ATV related injuries in 2016. From January to February 2019, residents administered anonymous surveys to children before and after ATV safety education at middle schools in these identified counties. The surveys gathered information about demographics, knowledge of safe ATV practices, and likelihood of using the education afterward. We used descriptive statistics for frequencies and proportions and chi-square test for categorical variables. Level of significance was set at $p < 0.05$.

Results:

Over 525 students participated in 3 schools. An equal number of males and females were surveyed with the children ranging from 11 to 15 years old (median age 12 years). About 25% reported riding ATVs frequently in the past 12 months but were also significantly less likely to ride with more than one passenger or be involved in a crash ($p < 0.001$ in each case). Frequent riders were significantly more likely to ride on public roads ($p < 0.001$). Only 15% of the children reported always wearing a helmet while over 50% reported never wearing one. Initially, only 20% of the children knew ATVs are not intended for passengers, 22% knew the recommended engine size for their age, and 58% knew that Alabama law prohibits riding on public roads. Following the education, this increased to 90%, 89%, 82% respectively). Frequent riders were less likely to have answered the passenger questions correctly

($p=0.009$). Prior to the intervention, only 4.5% (24/527) knew all three correct answers, whereas about 74% (300/407) answered all the questions correctly after the education. After the program, 181/407 (45%) reported they were very-likely/likely to use this information in the future.

Conclusions:

Overall, the STARs program dramatically improved short-term retention of ATV safety knowledge and seems to have influenced the likelihood of using safe ATV practices thereafter. With frequent ATV riders being reported to engage in unsafe practices, school-based programs such as STARs may help increase ATV safety awareness and change behaviors in these high-risk age groups. Additionally, collaborations of educational outreach between IFCK sites are valuable and effective.

Objectives:

Attendees of this session will learn:

1. To discuss the ATV safety guidelines;
2. To recognize the importance of local surveillance: while ATV related injuries have decreased in the U.S., local surveillance shows areas with increasing injury rates;
3. To identify the STARs educational program components and effectiveness.

Comprehensive Child Passenger Safety Program

LaShonda Kendrick, BA, Jane Howard, MS

Background:

A prime opportunity to address safe transportation for children exists during various patient touch points at Children's Hospital of Wisconsin. Upon admission to Children's Hospital of Wisconsin, all children are screened for their child passenger safety needs. Hospital Care Partners on the inpatient units are trained as car seat educators to provide car seat education (consults) to caregivers and, when needed, distribute car seats. A similar process occurs in the emergency department for children who were involved in a motor vehicle crash and need a new car seat. In addition to the hospital program, all staff that transport children in our community services department are trained on appropriate use and installation of specific car seats used for transporting children. The hospital also provides community events and car seat clinic where families can come and have their car seats checked or receive a car seat at a reduced cost.

It can be confusing, in a large health care organization and in the community, to keep track of how everything fits together, who is trained and what resources are available.

Methods:

We took inventory of the various car passenger initiatives in the hospital and in the community services areas of Children's Hospital of Wisconsin. We then improved our hospital policy and procedure to reflect these initiatives. We have many trained technicians in many roles, but have also evolved the program to have many different levels of training for many different staff; including in-patient unit training and community training.

Results:

Our policy now reflects our various staff roles and responsibilities and always includes child passenger safety best practices. Our comprehensive policy and procedure describe community events, staff transportation, neonatal unit discharge, inpatient education for children with special needs, and emergency department discharge of children involved in motor vehicle crashes. Definitions of terms are in place, as well as definitions to help differentiate the many levels of training and the information each of these are legally able to provide, based on level of training in child passenger safety.

Conclusions:

Our multi-faceted community and inpatient programs, coupled with a comprehensive policy, are the key to the success of our child passenger safety program.

Objectives:

Attendees of this session will learn:

1. To recognize the many levels of the child passenger program at Children's Hospital of Wisconsin and how staff training is done;
2. To discuss the ongoing training (online and hands on) necessary to maintain the child passenger safety program at Children's Hospital of Wisconsin;
3. To identify the key components of a comprehensive model Child Passenger Safety Policy and Procedure.

Saturday, December 7, 2019

Safety Violations in Aquatic Venues in Houston, TX

Miguel Arroyo Jr, MD, Jennifer Jones, MS, Ned Levine, PhD, Rohit Shenoi, MD

Background:

Disease outbreaks, drowning and symptoms from exposure to pool chemicals may occur in and around aquatic facilities. The risk of injury is higher in multifamily swimming pools. The CDC derived Model Aquatic Health Code (MAHC) is a set of voluntary guidelines aimed at reducing the risk of disease, injury and drowning at aquatic facilities. However, the inspection of aquatic facilities and utilization of the MAHC varies across state and local jurisdictions. Swimming pool code violations, including those that result in immediate pool closure, represent a serious health hazard. A geographic-based grading of commercial swimming pools by safety code violations can identify areas of high risk and can inform injury prevention measures. We sought to assess and grade commercial swimming pools in Houston, Texas based on pool violations discovered during routine inspections using the MAHC inspection guide. A secondary aim was to map these aquatic venues and study the relationship between pool violations, neighborhood sociodemographics and housing.

Methods:

This is a cross-sectional study of data from routine inspections of commercial swimming pools and spas in Houston, Texas during 2016. We graded aquatic venues by first assigning points based on MAHC violations and then a letter grade: 95-100% (A); 85-94% (B); 75-84% (C); <75% (F). Swimming pool addresses were geographically coded using Texas State Plane South Central coordinate system. We assigned each class to 200 census block groups for the city of Houston. Pool violations were examined for spatial clustering using the Nearest Neighbor Hierarchical Cluster (Nnh) algorithm. To relate pool violations to predictive factors, a Markov Chain Monte Carlo (MCMC) Poisson-Lognormal-Conditional Autoregressive (CAR) spatial regression model was tested at the census tract level.

Results:

There were 3107 commercial aquatic venues that were inspected during 2016. Of those, 2,525 pools had addresses listed in the city of Houston. Venues were graded as follows: (A): 1968, 63%; (B): 971, 31%; (C): 154, 5%; and (F): 14, 1%. Spatial analysis revealed clustering of (F) graded pools in the southwest quadrant of Houston, which has historically been an area of lower socioeconomic status. Clustering did

not occur in pools graded (A), (B) or (C). For grades A, B and C no significant predictive variables were observed. However, failed swimming pools inspections were best predicted by buildings with 50 or more housing units. (see Appendix: page 66)

Conclusions:

Failed commercial swimming pool inspections are spatially clustered in an area of lower socioeconomic status. Swimming pool inspection failure is more likely to occur in multifamily apartment complexes with more than 50 units.

Objectives:

Attendees will learn:

1. To recognize swimming pools with failed inspections are frequently clustered in areas of low socioeconomic status;
2. To describe why apartment complexes compared to other aquatic venues are more likely to have failed pool inspections;
3. Identify swimming pool injury prevention measures that focus on communities in lower socioeconomic areas and apartment complexes.

Creating and Implementing an Advocacy Plan to Improve Child Safety

Carlee McConnell, MPH, CPSTI, Lindsay Pollok, MPH, CPSTI, Stewart Williams, BS, CPSTI

Background:

Influencing laws and policies is an opportunity for public health professionals to have a significant and broad impact on health outcomes. A community coalition, led by the injury prevention program at a pediatric trauma hospital, designed and implemented a systematic approach to policy advocacy.

Methods:

Members of community coalition led by the injury prevention program at a pediatric trauma hospital formed an advocacy workgroup and were tasked with developing a plan for local and state advocacy efforts related to child injury prevention. The primary objectives of the plan were to 1) strengthen the advocacy skills of coalition members, 2) inform policymakers of local child injury trends, data, and best practices, and 3) support policies that increase child safety. Activities included developing and disseminating position statements on child injuries, training coalition members on the basics of advocacy, monitoring policy opportunities at the local and state level, develop standardized talking points and issues briefs on child injuries, providing testimony to

policymakers when applicable, and collaborating with other advocacy organizations.

Results:

The coalition developed four position statements describing the burden of injury and best practices for prevention of four child injury risk areas. In collaboration with the statewide organizations, the coalition co-hosted a legislative briefing day to educate state lawmakers about primary child injury risks and legislative solutions. Staff from approximately 10 legislative offices attended along with about injury prevention professional from about 40 organizations attended. Coalition members were trained on the basics of state advocacy and, in the following two legislative sessions, coalition members tracked child safety-related policies, visited with lawmakers, registered opinions on bills at public hearings, and/or testified for key bills related to safety. Through these efforts, the coalition has been called at least once in the past two state legislative sessions to provide information or testimony and developed a relationship with a state representative's office who champions child safety and authored a bill to keep children rear-facing until two years old.

Conclusions:

A systematic approach to advocacy among an injury prevention program and community coalition helps to increase members' skills and confidence related to advocacy, ensure advocacy efforts and positions are rooted in best practices, and be prepared to respond to a range of child safety-related policies.

Objectives:

Attendees will learn:

1. To describe how a systematic advocacy plan can strengthen an injury prevention program's policy advocacy efforts;
2. To identify key activities of an injury prevention policy advocacy strategy;
3. To understand the impact of bringing together injury prevention professionals to advocate for child safety legislation.

Making Microwave Oven Doors "Child-Resistant" to Protect Young Children from Severe Scalds

Kyran Quinlan MD, MPH, Gina Lowell MD, MPH, Marla Robinson, MSc, OTR/L, Nancy Cowles, Lawrence Gottlieb, MD

Background:

With fewer tap water scalds now in the United States, most severe child scalds currently involve food and

beverages. A portion of these involves young children opening a microwave oven door themselves, taking out the heated content which then spills on them. Many of these occur on the face/chest and can have lifelong cosmetic consequences. Over the past 15 years we have published a series of studies supporting our advocacy for a change in microwave oven design to protect children from severe scalds. Requiring microwave oven doors to be harder for a child to open ("child resistant") would help to protect young children from these burns. We found that 10% of burn unit admissions of young children involved the child opening the microwave oven door themselves and spilling the heated contents. We also reported that children as young as 17 months can often open a microwave door and access hot liquids, putting them at risk of severe scalds. Our analysis of the National Electronic Injury Surveillance System found an estimated 7000 young children were treated in US emergency departments over the last decade for burns suffered when the child opened a microwave oven door and spilled the heated contents.

Methods:

We learned that microwaves, to be sold in the United States, must meet the published microwave standard administered by Underwriters Laboratories (UL 923). In 2013, we formally proposed a change in the standard which underwent a voting process by the Standards Technical Panel. Microwave makers are well represented on the panel. This attempt did not pass. We continued to publish focused research, presented at multiple national meetings, enlisted college engineering students to design "child-resistant" microwave doors to demonstrate feasibility, and created a short video to put a face to the statistics.

In 2017, we became active members of a National Task Group convened by UL on this issue, and two authors (KQ and MR) became voting members on the 17-member microwave Standards Technical Panel. Building off our original proposal, the Association of Home Appliances Manufacturers introduced a new proposal to require "two distinct actions" (similar to the "push and turn" of pill bottles) to make it harder for a child to open a microwave oven door. Multiple concerns were addressed including those related to the impact on seniors. To pass, at least 50% of the voting members had to submit a ballot and at least two-thirds needed to vote "yes." We lobbied members who appeared undecided.

Results:

On September 17, 2018, the UL 923 STP voted by a narrow margin to pass the measure. New microwave ovens sold in the US will be required to be made with "child-resistant doors."

Conclusions:

Research and advocacy work together to protect children. Child scald risk will be reduced as microwaves with child-resistant doors replace current models.

Objectives:

Attendees will learn:

1. To recognize that hundreds of young children each year are treated in US emergency departments for burns suffered when they opened a microwave oven door themselves and spilled the heated contents;
2. To discuss how physicians and other medical providers who see the health outcomes of child injuries have a unique and respected role in advocating for changes to protect children;
3. To realize that, while it sometimes takes time, joining forces with groups outside of medicine can help to successfully advocate for child safety.

Bike Helmets Prevent Head Injury in Serious Bicycle Crashes.

Stephen Strotmeyer, PhD, MPH, Anthony Fabio, PhD, MPH, Barbara Gaines, MD

Background:

It has been reported that approximately 75% of all bicycle-related mortality is secondary to head injuries, 85% of which could have been prevented by wearing a bicycle helmet. Younger children appear to be at greater risk of head injuries than adults, yet helmet use is low despite legislation or ordinances requiring helmet use among younger riders. Helmets would be inherently protective against head injury, yet establishing the real-world effectiveness of helmets involved in MVC resulting in pediatric traumatic injuries is important. Previous reports found bicycle helmet effectiveness have larger effects in single bicycle crashes than in collisions with motor vehicles. We sought to determine whether bicycle helmets are associated with the incidence and severity of head injury among pediatric bicyclists involved in a bicycle crash involving a motor vehicle.

Methods:

With IRB approval, we performed a retrospective review of patients age ≤ 18 years presenting to a level I pediatric trauma center between January 1, 2008 and December 31, 2018. External causes of morbidity codes ICD-09-CM E813.6 and ICD-10-CM V13.4-.9XXA & V14.4-.9XXA and mechanism of injury narratives were used to identify bicycle crashes in traffic with a MV, as well as documented helmet use. Data abstracted from the institutional trauma registry and electronic medical

record were analyzed utilizing descriptive statistics and univariate/multivariate logistic regression.

Results:

Overall, 226 children were treated for injuries sustained from being struck by a MV in traffic while riding a bike. The median age was 11 (interquartile range (IQR): 8 to 13) years. Median injury severity score was 9 (IQR 5-12); length of stay was 2 days (IQR 1-3). The only significant differences were observed in demographics when comparing helmeted bicyclists (n=27) to unhelmeted bicyclists (n=199) was age. Helmeted bicyclists were slightly younger (9.4 years versus 10.8 years, $p=.036$). Helmeted bicyclists were 78.6% less likely ($p=.000$) to be diagnosed with a head injury compared to unhelmeted bicyclists. Further, of those patients sustaining a head injury, helmeted bicyclists were 44% less likely ($p=.05$) to sustain an injury classified as severe or higher under the AIS classification. When adjusting for demographics (age, sex, race) and injury severity, helmet use predicted an 83.4% reduction ($p=.000$) in head injury.

Conclusions:

Bicycle helmet use was associated with reduced odds of head injury. Further, the severity of head injury was reduced when compared to unhelmeted bicyclists. Helmets reduce bicycle-related head in crashes involving motor vehicles. These results support the use of strategies to increase the uptake of bicycle helmets as part of a comprehensive youth bicycling injury prevention program.

Objectives:

Attendees will learn:

1. To discuss the likelihood of receiving a head injury when riding a bike and being struck by a MV in traffic;
2. To identify the protective effects (statistically) of wearing a bike helmet;
3. To recognize future strategies to promote helmet wearing should consider educational- and psychosocial-based interventions that emphasize the reduced risk of serious head injury.

Impact of Safe Sleep Legislation on Hospital Practices and Rates of Sudden Unexpected Infant Deaths in Connecticut

Kirsten Bechtel, MD, Marcie Gawel, MSN, MS, CPN, SANE, CPS-T, Pina Violano, PhD, MSPH, RN-BC, CCRN, CPS-T

Background:

Sudden Unexpected Infant Death (SUID) is the leading cause of death in the post-neonatal period. An unsafe

sleep environment often contributes to these deaths. In January 2016, legislation was implemented in Connecticut to reduce the number of SUIDs from unsafe sleep environments; it required that all caregivers of newborns receive anticipatory guidance on safe sleep practices at discharge from a birthing hospital/center.

Our purpose was to survey newborn nursery directors to understand how birthing facilities in Connecticut complied with the legislation. We also sought to determine if the number of SUID's associated with unsafe sleep environments declined after the implementation of this legislation.

Methods:

We contacted the newborn nursery directors of all 27 birthing hospitals/centers in Connecticut asking for the following: 1-To provide the types of anticipatory guidance given to parents at newborn hospital discharge. 2-To voluntarily respond to an online, anonymous survey to evaluate the barriers and facilitators to complying with the legislation.

We also evaluated the proportion of SUIDs due to positional asphyxia from an unsafe sleep environment before (2013-2015) and after implementation of the legislation (2016-2018).

Results:

We reviewed the materials from all birthing hospitals in Connecticut for the type of anticipatory guidance provided to caregivers; the average census for newborn deliveries in these facilities was 1524/year. The single birthing center did not provide caregivers with any safe sleep anticipatory guidance at discharge. Of the materials provided by birthing hospitals, 96% (26/27) was consistent with the American Academy of Pediatrics Guidelines (SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment). 52% (14/27) of newborn nursery directors responded to the online survey. 93% (13) of respondents knew of the passage of the legislation. 71%(10) reported that their institutions provided materials in both English and Spanish; and 43% supplemented this anticipatory guidance with videos. 57% of respondents reported that they provided caregivers with additional supplies (e.g. sleep sacks, pack, and plays, baby boxes) to support a safe sleep environment. 79% reported that free materials were a facilitator, while 60% reported that providing anticipatory guidance to non-English speaking caregivers was a barrier.

Overall, there was no significant change in rates of SUID in Connecticut before (58.86/100,000) and after (55.92/100,00) the passage of the legislation. However,

significantly more infants died from positional asphyxia from an unsafe sleep environment after the passage of the legislation (10.8% vs.27%; p=.0002).

Conclusions:

Many Connecticut hospitals comply with legislation to provide caregivers with evidence-based anticipatory guidance on the provision of a safe sleep environment at newborn hospital discharge. However, rates of positional asphyxia increased after passage of the legislation. The role of such legislation to reduce the number of SUIDs from unsafe sleep conditions should be reconsidered.

Objectives:

Attendees will learn:

1. To recognize how hospitals comply with legislation mandating the delivery of anticipatory guidance for safe sleep at newborn discharge;
2. To identify the role of such legislation in reducing rates of SUIDs due to an unsafe sleeping environment.
3. To evaluate compliance of safe sleep education after implementation of state legislation.

Saturday, December 7, 2019 Lightening Poster Rounds

Smoke Free for Families: A Pilot QI Primary Care Practice Program to Help Reduce Infant Mortality Risks

Mike Gittelman, MD, Kristen Fluitt, MS, Samantha Anzeljc, PhD-QI, Arun RajanBabu, BS, Melissa Wervey Arnold, BSJ, Melinda Mahabee-Gittens, MD, MS

Background:

Besides pre-term births and birth defects, tobacco smoke exposure and inappropriate sleep position/ environments contribute to high US infant mortality rates. The Smoke Free Families Quality Improvement (QI) program works to increase screening and counseling rates by primary care providers (PCPs) for families with children < 1 year during well-child visits (WCVs) to reduce risky smoking and sleep behaviors.

Methods:

Pediatric practices, recruited from the Ohio Chapter, American Academy of Pediatrics' database, self-selected to participate. A screening tool for caregivers with children < 1 year with talking points and resources, were to be implemented into every WCV. Demographics, tobacco exposure and safe sleep practices were assessed. Over 10-months, subsequent visits were matched to determine changes in smoke exposure and safe sleep practices. Physicians

received American Board of Pediatrics Maintenance of Certification Part IV credit for participation.

Results:

Fourteen practices (60 providers) participated; 7196 screens were completed. The majority of caregivers were white (69.4%) and mothers (87.3%) and the mean (SD) age of child was 139.7 (118.0) days. By month two, PCPs were screening for tobacco exposure at 80% of WCVs, a 60% increase over baseline. A total of 1363 (18.9%) had at least one smoker screen positive for smoking (523 (7.3%) were the primary caregiver) and 1727 (24.0%) infants screened at risk for sleep-related deaths. Of families with repeat visits who received counseling, 46.7% reduced the number of cigarettes smoked per week (-28.75 (SD=6.33) cigarettes) and 46.9% improved their unsafe sleep practices.

Conclusions:

PCPs participating in a QI program increased screening for infant mortality risks. After counseling and providing resources about smoking risks and safe sleep, a significant number of caregivers reported to practice safer behaviors at subsequent visits.

Objectives:

Attendees will learn:

1. To recognize causes for infant mortality;
2. To describe a QI program in the pediatric office setting that can encourage physicians to screen for risks;
3. To identify self-reported behavior change by families at subsequent WCVs.

A tri-campus safe sleep initiative: How do we fix unsafe infant sleep practices in the inpatient setting?

Traci Leong, PhD, Olivia Gorbatkin, MD, Maneesha Agarwal, MD, Terri Miller, MPH, Terri McFadden, MD, MPH, Jonathan Johnson, BSN, Sarah Gard Lazarus, DO

Background:

The American Academy of Pediatrics (AAP) recommends the ABCs of safe infant sleep (alone, back, clear crib) to combat increasing rates of Sudden Unexplained Infant Death (SUID). It is unclear if these recommendations are followed for infants hospitalized in pediatric hospitals after the newborn period. The objectives of this study were to assess baseline infant sleep behaviors at three tertiary care freestanding pediatric hospitals and to evaluate the effectiveness of a hospital-based infant safe sleep program in improving adherence to safe sleep recommendations.

Methods:

A quality improvement program with pre- and post-analyses was performed on a convenience sample of infants <12-months old utilizing a crib audit tool on 5 pediatric floors at 3 children's hospital campuses. A validated crib audit tool was used before and after the safe sleep program intervention. It recorded the infant's sleep position, location during sleep, and sleep environment. Interventions included: 1) nursing education, 2) crib cards with a checklist of the ABC's of safe sleep provided for the cribs of hospitalized infants, and 3) tracking boards to report weekly measured compliance with the ABCs. Chi square analysis was used to compare adherence to recommendations before and after program implementation

Results:

There were 227 cribs included pre-intervention and 286 cribs post-intervention. Overall, there was no significant change in safe sleep positioning (79% to 77%, $p=0.61$). There was a significant increase in adherence to the safe sleep environment recommendation (18% to 41%, $p<0.01$). Overall safe sleep, including both position and environment, referred to as ABC compliance, improved from 15% pre-intervention to 33% post-intervention ($p<0.01$). Only 59% of cribs audited displayed a crib card, demonstrating fair compliance on placement of the cards. There was a significant difference in compliance with safe sleep recommendations between infants with a crib card compared to those without (25% vs. 39%, $p=0<0.05$).

Conclusions:

Significant improvements were made in sleep environments and overall safe sleep compliance after introduction of crib cards and tracking boards. However, it is difficult to tell if the improvements were secondary to the crib cards due to only fair compliance with crib card placement. A multi-pronged safe sleep initiative does appear to be helpful in improving safe sleep in the inpatient setting, with greatest impact on safe sleep environment.

Objectives:

Attendees will learn:

1. To evaluate baseline sleep behaviors at three pediatric facilities;
2. To evaluate efficacy of a quality improvement initiative involving crib cards, nursing education and tracking boards on safe sleep (ABC) compliance;
3. To describe a multi-pronged approach to intrahospital safe sleep improvement.

Evaluation of a Mobile Safety Center's Impact on Pediatric Home Injury Prevention

Leah Furman, BA, Stephen Strotmeyer, PhD, MPH,
Barbara Gaines, MD

Background:

Low socioeconomic status is associated with higher rates of pediatric injury and can be a barrier to accessing injury prevention programs. A key advantage of a mobile safety center (MSC) is removal of accessibility barriers by delivering education and sample products to families in their local community. The purpose of this study was to evaluate the impact of an MSC on pediatric home safety knowledge, behavior, and device use. To our knowledge, this study is the first to evaluate an MSC that both utilized its mobile capabilities to visit various locations and collected follow-up data.

Methods:

Parents and caregivers with children living at home were recruited at six community partnership events attended by the MSC during June and July of 2018. Informed consent was obtained, and participants completed a pretest questionnaire assessing demographics and home safety knowledge, practices, and device use prior to participation in the MSC's home safety educational program ("intervention"). After completing the program (approximately 20 minutes), participants completed a knowledge reassessment posttest. Participants were then offered free safety products: a smoke detector, a gun lock, and a childproofing kit containing electrical outlet covers, doorknob covers, and cabinet latches. Two identical follow-up surveys assessing home safety knowledge, practices, and device use were distributed four weeks and six months post-intervention. Descriptive statistics, Friedman tests, and Wilcoxon Signed-Rank tests were used to assess changes in home safety knowledge, practices, and device use.

Results:

50 participants were recruited. 29 completed the first follow-up, 30 completed the second follow-up, and 26 completed both. There was an overall increase in safety knowledge between the pretest and each subsequent test (posttest ($p < 0.001$), first follow-up ($p = 0.002$), and second follow-up ($p = 0.005$)). Some behavioral changes were also reported, including a stepwise increase in respondents who reported having the Poison Control hotline programmed into their cellphone or written near a home phone (follow-up 1 $>$ pretest ($p = 0.002$), and follow-up 2 $>$ follow-up 1 ($p = 0.025$)). Of the respondents who accepted safety products, 84.2% and 86.4% reported using the smoke detector, 57.7% and 72% reported using the doorknob

covers, 84.6% and 88% reported using the electrical outlet covers, and 46.2% and 48% reported using the cabinet latches at first and second follow-up respectively.

Conclusions:

The MSC may be an effective means of increasing home safety among families with children. Participation in the MSC's home safety educational program significantly increases home safety knowledge, prompts positive changes in some safety behaviors, and spurs home safety device use. By promoting preventative measures, widespread implementation of MSCs could potentially reduce childhood injury rates within local communities without easy access to traditional safety centers.

Objectives:

Attendees will learn:

1. To identify the advantages of a mobile safety center;
2. To describe the assessment tools used to analyze home safety;
3. To Recognize the impact of the mobile safety center's educational program.

Sleeping Safe: Protecting our most vulnerable infants

Adrienne Gallardo, MA, Marianne Bridwell-Chapman, BA

Background:

Sleep-related death remains the leading preventable cause of death for infants in our nation. The Kohl's Sleeping Safe Project collaborates with nonprofit community agencies to identify families at risk for safe sleep incidents. Small group, round table discussions provide an opportunity to deliver safe sleep and infant safety education. Our program provides training, linguistically appropriate educational resources and safe sleep kits through a generous Kohl's grant.

Methods:

The Kohl's Sleeping Safe Project developed in collaboration with community partners provides evidence-based, culturally sensitive education during the prenatal period or as soon as possible following birth. Pictorial, linguistically appropriate educational tools aid in disseminating education to families with limited literacy level. Best practice safe sleep recommendations from the AAP and CDC graphics provide the foundation for our education.

Community partners identify low-income pregnant women in need of a safe sleep location for their newborn. In order to meet families near their home, Partners provide meeting space for 1.5 hours and translation services as needed. Families who lack a safe infant sleep location receive a “Safe Sleep Kit” generously funded through the Kohl’s Foundation. This package contains a portable bassinet/play-yard, Halo Sleep Sack and crib sheet with safe sleep messaging. Swaddling, use of pacifier and set-up and take down of play yard demonstrations are included during the class. The class is devoted to our mission of Safe Home, Safe Ride, Safe Sleep.

To date we are providing six events per month in collaboration with social service agencies, local health departments, WIC offices, school based programs and our hospital care management team.

Results:

Over the past year 18 months of operation the Kohl’s Sleeping Safe Project has collaborated with community organizations to provide 1:1 education during 98 scheduled round table events. 594 caregivers have participated and 552 Safe Sleep kits have been provided to families identified as not having a safe sleep location for their newborn. Translation services provided by partners and pictorial linguistically appropriate educational materials allow us to overcome language barriers and low literacy levels when communicating with participating caregivers. Each participating family receives a follow-up phone call. Follow-up has been challenging due to the transient lifestyle of these low income, at risk families. While we have only been able to reach approx. 60% of families by phone, 100% report appreciation for the resource and education and 100% report that they are using the products for safe sleep at home.

Conclusions:

Sleep-related death remains the leading preventable cause of death for infants. Children born into poverty, and children of color, have the highest rates of SUID. While we know which factors decrease risk for sleep-related death, there are many barriers to parents implementing those measures, including: knowledge, fatigue, inexperience, lack of resources, and cultural factors. Over the past 18 months, the Kohl’s Sleeping Safe Project has been addressing these factors by providing education and resources to our community.

Objectives:

Attendees will learn:

1. To describe important aspects to consider when assessing community needs and developing a program to target identified community health need;
2. To recognize barriers to working with vulnerable

communities when language barriers and literacy limits the receipt and understanding of information;

3. To identify strategies to overcome barriers to meet the needs of vulnerable immigrant and at-risk families to improve the safety of a child’s home environment.

Launching a Hospital Wide Safe Sleep Modeling Initiative: Champions for Change

Gina Lowell MD, MPH, Kyran Quinlan MD, MPH, Carrie Drazba MD, Jean Silvestri MD

Background:

Sudden Unexpected Infant Death (SUID) continues to affect young infants at an unshakeable rate. Unsafe sleep practices including prone sleep position, bed-sharing, and soft bedding are implicated in the majority of SUID. Modeling infant safe sleep practices in hospitals has been recognized as a key undertaking in promoting infant safe sleep practices after a family is discharged to home.

The Ohio AAP’s Education and Safe Sleep Environment (EASE) Quality Improvement project has shown that infant safe sleep in the hospital environment and caregiver education of safe sleep practices can improve substantially. In 2017 we undertook the EASE QI project to improve infant safe sleep modeling in our institution’s Mother Baby Unit (MBU).

Methods:

From August 2017 through December 2017, we structured a 3-step Plan-Do-See-Act (PDSA) QI cycle in our MBU. We collected baseline, cycle 1 and cycle 2 data using the EASE Safe Sleep Audit Tool. Our Cycle 1 intervention was the placement of Crib Cards depicting the ABC’s of Safe Sleep. Our Cycle 2 intervention was the development of a mandatory learning module (LEAP) for all MBU nursing staff regarding SUID and Safe Sleep modeling. Following the completion of this project, dedicated MBU staff continued to perform ongoing audits to ensure continuation of safe sleep modeling and promotion.

Results:

At baseline, 46 sleeping babies were audited, 31 of whom were sleeping in a crib. 20/31 (65%) were on their backs; 10/31 (32%) were on their sides; and 1/31 (3%) was on its stomach. There was clutter in 21/46 (46%) cribs. Following the Crib Card intervention, 43 sleeping babies were audited, 26 of whom were sleeping in a crib. 18/26 (69%) were on their backs; 10/31 (23%) were on their sides; and 2/26 (8%) were on their stomach. There was clutter in 13/43 (30%) cribs. Following the LEAP module training, 42 sleeping

babies were audited, 24 of whom were sleeping in a crib. 24/24 (100%) were on their backs. There was clutter in 6/42 (14%) cribs. In 2018, 63 sleeping babies were audited, 39 of whom were sleeping in a crib. 38/39 (97%) were on their backs; 1/26 (3%) was on its stomach. There was clutter in 1/63 (2%) cribs.

Conclusions:

Adopting evidence-based tools such as the EASE project with engagement of motivated staff can transform the sleep environment for babies in the MBU, as well as influence other pediatric units to follow suit. Following the success of the MBU Safe Sleep Modeling project, we developed the Hospital Safe Sleep Modeling Workgroup, with the goal of obtaining Cribs for Kids Hospital Safe Sleep Certification. The HSS Workgroup developed a strategy to secure Safe Sleep Champions and perform PDSA QI cycles and ongoing audits responsive to the needs of each unit. We look forward to reporting similar outcomes for our NICU, General Pediatrics unit, and PICU in the near future.

Objectives:

Attendees will learn:

1. To identify evidence-based tools and methodology for modeling infant safe sleep in the hospital setting;
2. To describe how to engage unit champions who can ensure ongoing promotion of infant safe sleep in a responsive fashion to each unit's unique needs;
3. To recognize how regular data collection and reporting both motivates and validates unit champions to chart the course of infant safe sleep promotion.

Safe Gun Storage: A Survey of Preferences among Parents and Caregivers of Children

Catlin Dennis, BA, Meredith Boulos, BS, Adrienne Gallardo, MA, Susan DeFrancesco, JD, MPH, Tess Gilbert, MHS Kathleen Carlson, PhD, Ben Hoffman, MD, MPH

Background:

Guns are a leading cause of death among children. The American Academy of Pediatrics advises that guns be stored locked and unloaded at all times. While there are many options for safe gun storage, little is known about parent preferences and priorities when choosing gun storage devices. This study examines preferences for locked handgun storage devices among parents and pediatric caregivers with guns in their homes.

Methods:

We conducted a cross-sectional survey of caregivers

who self-identified as gun owners. Participants were recruited at community events and a children's hospital in Oregon. Participants (n=281) completed an anonymous, in-person survey assessing gun lock type and cost preferences for five storage devices (cable lock, life jacket lock, combination-access lockbox, electronic lockbox, biometric lockbox).

Results:

Over half of participants identified as female (58%), and the majority were 25-34 (40%) or 35-44 (31%) years of age. When queried on their primary reason for gun ownership, nearly half (41%) reported personal protection, followed by a combination of personal protection and hunting/recreational activities (20%). A majority (69%) of participants reported currently owning a locking gun storage device. Of the options available, 92% ranked "rapid access" devices (either the electronic lockbox or biometric lockbox) in their top two when ranking the firearm storage devices. When considering cost, most participants preferred the electronic lockbox.

Conclusions:

Results suggest a significant majority preference for rapid access locking gun storage. Making preferred locked gun storage devices more accessible to caregivers may increase safe gun storage.

Objectives:

Attendees will learn:

1. To identify parent and caregiver preferences for safe storage devices and criteria used to select a given device;
2. To discuss parent and caregiver utilization of currently owned firearm storage devices and barriers to achieving ideal utilization;
3. To recognize willingness of parents and caregiver to pay for various storage devices .

Changing the Community Conversation on Firearms

Janet Fitch, MA, Kaija Zusevics, PhD, Barbra Beck, PhD, Stacey Dickert, MS, Mark Flower, Michael Levas, MD, MS, Marlene Melzer-Lange, MD

Background:

Firearms are a leading cause of injury and death to children and adolescents, yet legislation, advocacy, and funding to prevent firearm injuries trail behind initiatives and prevention of other injuries. Changing the conversation about the ways we talk, act and think about firearm violence in our communities

utilizing non-polarizing methods is needed to further a community-approach to firearm violence prevention.

Methods:

Utilizing a public health approach, we held community town hall conversations to understand what stakeholders in our Midwestern community wanted to learn about firearms and firearm violence to inform the development of an online conversation toolkit. Stakeholders included educators at all levels of education, local members of the non-partisan League of Women Voters, public health professionals, health care professionals, students, and a broad range of community members. During the stakeholder conversations, we collected themes, website structure recommendations, recorded personal stories, and essential content for the development of the web-based toolkit.

Results:

With the expertise of a health care media specialist, we designed the infrastructure for a web-based toolkit that includes information on firearm epidemiology, types of firearm injuries, community conversation models, media clips, and sample agendas for community meetings. Our health care media specialist sought out best naming and structure to brand the website. Our website, Beyond Gun Politics, is being developed and will be accessible to the public on August 1, 2019. Challenges in accomplishing this project include the convening of town halls throughout our community as well as assuring that diverse voices and opinions are represented. We will evaluate our project through website metrics such as how often the website is accessed as well as written evaluations of our stakeholders.

Conclusions:

Utilizing a public health approach and garnering stakeholder input, we were able to design and post a firearm injury prevention website for public use. Next steps include evaluating and analyzing use of our website, determining best practices for the discussion portion of the website, sustaining updated website content, and expanding the website for use in other communities. We plan to further disseminate the content through live, town hall meetings throughout our 4-county communities.

Objectives:

Attendees will learn:

1. To describe how non-polarizing conversations may further firearm injury prevention;
2. To recognize how town hall meetings may inform firearm injury prevention strategies;
3. To identify elements for developing an injury prevention website.

Safe Gun Storage: A Behavioral Economic Survey of Preferences among Parents and Caregivers of Children

Catlin Dennis, BA, Meredith Boulos, BS, Adrienne Gallardo, MA, Tess Gilbert, MHS, Susan DeFrancesco, JD, MPH, Kathleen Carlson, PhD, Ben Hoffman, MD, MPH

Background:

Guns are a leading cause of death among children. The American Academy of Pediatrics advises that guns be stored unloaded and locked at all times. While there are many options for safe gun storage, little is known about how behavioral economic factors impact preferences among options for locking gun storage devices. This study examines preferences for locked handgun storage devices among parents and pediatric caregivers with guns in their homes.

Methods:

We conducted a cross-sectional survey of caregivers who self-identified as gun owners. Participants were recruited at community events and a children's hospital in Oregon. Participants (n=281) completed an anonymous, in-person survey assessing gun lock type and cost preferences for five storage devices (cable lock, life jacket lock, combination-access lockbox, electronic lockbox, biometric lockbox).

Results:

Over half of participants identified as female (58%), and the majority were 25-34 (40%) or 35-44 (31%) years of age. When queried on their primary reason for gun ownership, nearly half (41%) reported personal protection, followed by a combination of personal protection and hunting/recreational activities (20%). A majority (69%) of participants reported currently owning a locking gun storage device. Of the options available, 92% preferred "rapid access" devices (either the electronic lockbox or biometric lockbox) demonstrated by ranking one of these devices as either their first or second choice. When considering cost, most preferred the electronic lockbox.

Conclusions:

Results suggest a significant majority preference for rapid access locking gun storage, Making preferred locked gun storage devices more accessible to caregivers may increase safe gun storage.

Objectives:

Attendees will learn:

1. To recognize parental preference for safe gun storage devices;
2. To identify how economics impact gun storage choices;
3. To recognize ways to improve programs to prevent firearm injuries.

Firearm Safety Anticipatory Guidance: Parent and Caregiver Attitudes and Experiences

Lois Lee, MD, MPH, Chris Rees, MD, MPH, Caitlin Farrell, MD, Sara Schutzman, MD, Eric Fleegler, MD, MPH, Rebekah Mannix, MD, MPH, Ron Samuels, MD, MPH, Michael Monuteaux, ScD, Judy Schaecter, MD

Background:

Firearm homicide and suicide account for nearly 30% of the total mortality among U.S. youth 15 - 24 years old. Approximately 22 million U.S. children live in households where firearms are stored, with 71% of firearms stored unsafely. The American Academy of Pediatrics (AAP) recommends providers discuss firearm safety and injury prevention with families. The objective of this study was to pilot an anticipatory guidance survey regarding firearm safety among parents/caregivers of children in a primary care setting.

Methods:

We conducted a cross-sectional pilot survey of parents and caregivers of children and youth 0- 25 years old in an urban primary care clinic at a tertiary care children's hospital in December 2018. Survey content was developed based on published literature on firearm safety and primary care provider and firearm researcher input. Online REDCap™ surveys were completed anonymously by parents/caregivers in clinic. Frequencies of responses were calculated. Survey responses were analyzed by the following: parent/caregiver education level (high school or less, college or greater); parent/caregiver age (< or > 35 years old); and age of child at medical visit (< or > 10 years old). Comparative analyses were conducted using Fisher's exact test and the chi-square statistic.

Results:

Seventy-five parents/caregivers completed the survey. All approached by study staff agreed to participate. Surveys took 5 -12 minutes to complete. Respondents were 89% female, 72% < 35 years old, 41% black, 23% Hispanic, and 64% had some college or greater education. Eighty percent of children at the medical visit were < 10 years old. Provider anticipatory

guidance on health and safety topics was reported as very/extremely important by 84% (63/75). When asked specifically about firearm safety, 65% (48/75) of parents reported this topic was "absolutely appropriate" for discussion, compared to 83% (62/75) for child passenger safety ($p<0.01$). Firearm safety discussions at the last check-up for the child was reported by 18% (11/75), compared to 72% (47/75) for child passenger safety ($p<0.05$). Only 2/75 (2.7%) responded they would be offended by provider advice "not to store guns in the home for the safety of the child."

The majority (79%, 59/75) agree with the AAP's statement, "the absence of guns from children's homes...reduces children's risk of injury," and 72% (54/75) felt there was "some" or "a great deal" of evidence behind this statement. There were no statistically significant differences in these responses by parent/caregiver age or education level or child's age.

Conclusions:

A parent/caregiver survey on anticipatory guidance, focused on firearms, was feasible and acceptable in this primary care setting. Parents/caregivers reported it is important and appropriate for providers to discuss firearm safety, and few would be offended. In contrast, firearm safety was infrequently discussed by their provider. Understanding parent/caregiver attitudes and experiences with anticipatory guidance can improve firearm anticipatory guidance efforts with parents/caregivers.

Objectives:

Attendees will learn:

1. To describe parent and caregiver beliefs regarding the importance of primary care provider injury prevention anticipatory guidance;
2. To recognize differences in parent/caregiver acceptance of firearm anticipatory guidance and actual experience with receiving this anticipatory guidance;
3. To discuss differences in attitudes and experiences of parents/caregivers with firearm anticipatory guidance compared to child passenger safety advice from providers.

**Saturday December 7, 2019
Workshops**

Child & Adolescent Road Traffic Injuries: Global Trends and Use of Data for Decision-making

Nino Paichadze, MD, MPH, Eugenia Rodrigues, MD, MPH, PhD, Imran Bari, BDS, MPS, MPH, Adnan Hyder, MD, MPH, PhD

Description:

Each year, 1.35 million people are killed on roadways around the world. Road traffic injuries (RTIs) are a leading cause of death for children and adolescents aged 0-19 years. Children use roads as cyclists, pedestrians, motorcyclists and occupants of vehicles; often the road environment is not built considering the children's needs, making them one of the most vulnerable and affected road users. This indicates a need for the shift in current child and adolescent health agenda to include road safety, which has largely been neglected.

In this workshop participants will be exposed to global trends in child and adolescent road traffic injuries, gaps in the availability of data on the topic and ways to communicate some of the issues surrounding this subject.

Objectives:

Attendees of this session will learn to:

1. Discuss global trends in child road traffic injuries;
2. Effectively formulate main findings;
3. Successfully communicate findings to decision-makers;
4. Identify techniques to effectively use data for future research;
5. Identify effective preventive strategies on road safety.

Writing an Abstract: Not Just for Presentation Anymore

Kirsten Bechtel, MD, Dina Burstein, MD, MPH, CPSTI, Pina Violano, PhD, MSPH, CPS-T, Michael Levas, MD, MS, Marlene Melzer-Lange, MD

Description:

Abstracts are an important way to showcase program or research studies for professional meetings. Besides presenting at professional meetings, abstracts may also help the writer conceptualize their project. 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.

This workshop will be used to discuss the various professional uses of abstracts, provide strategies for how to write high-quality abstracts, and explain reviewers' objective perspectives on rating abstracts. Examples of abstracts will be reviewed and during the second portion of the workshop, attendees will be divided into small groups to practice writing each section of an abstract as well as review some samples. Participants are encouraged to bring some information, data, or a working abstract related to a program/study to use for hands-on practice.

Objectives:

The attendees of this session will learn to:

1. Discuss the uses of abstracts in professional life;
2. Describe how to clearly state the objectives, methods, and results of your abstract;
3. Illustrate how to write and review scientific abstracts;
4. Explain how to review abstracts;
5. Recognize how to cite abstracts in CVs.

Drowning Prevention: The Impact of Relationships, Messaging and Coalitions in Protecting Kids

Ben Hoffman, MD, MS, Sarah Denny, MD

Description:

Proposal: Drowning is the leading cause of injury death in children 1-4 years old. After the drowning death of Levi Hughes and Emmy Miller, daughter of Olympic skier Bode Miller, public attention to drowning increased and the American Academy of Pediatrics (AAP) felt a responsibility to respond. A partnership was formed between the AAP and the families, and a plan was set in motion to revise the Prevention of Drowning Policy Statement; involve the families in a presentation at a National Conference of Pediatricians; develop an aggressive dissemination plan to encourage pediatricians to identify children at high risk of drowning, counsel families accordingly, and engage with their Chapters and communities to help promote programs and policies that prevent drowning.

Objectives:

Attendees of this session will learn to:

1. Discuss the updated AAP policy recommendations on drowning prevention;
2. Recognize materials that should be a part of a Prevention of Drowning Kit;
3. Describe 3 examples of program or policy changes attendees can support in their community for institutions to increase awareness of drowning risk

and drowning prevention strategies;
4. Describe the benefits of partnerships with families and communities in injury prevention advocacy;
5. Identify people who should be involved in the development of a Prevention of Drowning Kit and a drowning prevention program.

Injury Prevention Counseling in the Clinical Setting: How to Do It Efficiently and Effectively with Real Life Examples and a Discussion of Gaps in Research

Michael Gittelman, MD, Mark Zonfrillo, MD, MSCE,
Wendy Pomerantz, MD, MS

Description:

Physicians, nurses, physician extenders and community leaders play a pivotal role in educating and counseling parents and families. However, there tends to be too much information to discuss in such a short time period during a health supervision visit or in any counseling period. A guideline for approaching these anticipatory guidance issues with families and approaching issues that are age appropriate at the time of visit are essential. The effectiveness of this approach in different settings will be reviewed. Some approaches using screening tools with targeted counseling have been most effective. One tool will be reviewed with successes discussed. Also, the use of the electronic health record and surveillance screens in local communities to concentrate discussions will be reviewed. Finally, new approaches to injury counseling will be discussed along with needs for research on this topic. Injury prevention counseling is one of the 4 “e’s” to prevent injuries, best practices should be discussed and utilized.

Objectives:

Attendees of this session will learn to:

1. Discuss an approach to counseling about injury prevention, past literature and successes of this approach. and new research concepts to make injury prevention counseling more effective;
2. Compare different approaches to preventing injuries in the clinical setting and the challenges of injury prevention counseling and the effects of counseling in different settings (eg. Emergency Department vs Primary Care Provider’s offices);
3. Describe the literature on the effectiveness of primary care injury prevention counseling;
4. Illustrate new thoughts to an approach for counseling using old behavior change models;
5. Identify ways to use surveillance and GIS mapping, electronic health record and mHealth-based solutions (screening, prompting clinicians, real-time and

customized education of both providers and parents/ families) to help overcome barriers in order to facilitate these efforts.

Comprehensive Playground Safety Programs

Amy Hill, MS

Description:

This workshop will feature comprehensive playground safety programs. The Safe at Play program in Chicago has two components: 1) playground surveys and inspections and 2) community playground builds. Through the Safe at Play program, all of the Chicago Park District playgrounds were surveyed on an annual basis from 2005-2011. The data from these surveys were used to improve the maintenance at the playgrounds and eventually served as a catalyst for the Chicago Plays Project. Launched in 2013, the goal of Chicago Plays was to replace all 500+ playgrounds in the system within a 5-year period. Chicago Plays finished its final playground in 2018. Lurie staff continue to survey Park District playground and perform “spot” inspections in selected communities. Lurie staff also help childcare and Head Start centers stay in compliance with regulations by performing safety inspections at 25-30 centers. We also build playgrounds in Chicago communities and completed our 20th community build this year.

Objectives:

Attendees of this session will learn to:

1. Recognize playground hazards and how to become a certified in playground inspection;
2. Describe ways to work with childcare providers, childcare centers, schools and park systems to survey playgrounds for safety;
3. Identify ways to use and publish the data to advocate for safety changes;
4. Discuss community-built playgrounds;
5. Illustrate how to work with community members to identify playground safety issues and how to resolve them.

Introduction to Program Evaluation: Planning, Designing, and Implementing Program Evaluations

Maryann Mason, PhD, Sarah Suiter, PhD, MS, Sarah Welch, MPH

Description:

Program evaluation, which uses social science research methods as a mechanism through which to narrow the gap between research and practice, is often an important tool for injury prevention efforts. Program evaluation can provide important information needed to understand intervention implementation, outcomes and impact. Evaluation can also be a first step toward more generalizable research projects. This interactive workshop is focused on the basics of program evaluation and includes information on building stakeholder engagement, evaluation planning, methods, and design. Intended for those with no formal evaluation training, the workshop focuses on helping participants understand the evaluation process and developing awareness and skills for implementing a basic program evaluation in house. Information useful in working with external evaluators is also included. The workshop will involve presentations, real life examples, small group exercises, and discussion. The workshop has been given in a variety of venues with very positive reviews.

Objectives:

Attendees of this session will learn to:

1. Compare similarities and differences between research and evaluation;
2. Describe a stakeholder engaged evaluation,
3. Identify common evaluation types, designs and components;
4. Illustrate a variety of uses/applications for evaluation findings;
5. Discuss how to anticipate and proactively address common evaluation challenges.

Sunday December 8, 2019

Post Traumatic Stress Symptom Screening in Children after an Emergency Department Visit for a Potentially Traumatic Event

Kirsten Bechtel, MD, Marcie Gawel, MSN, MS, CPN, SANE, CPS-T, Kristen Hammel, MSW, Jennifer Brown, BS

Background:

In the US, 62% of children and adolescents experience at least one traumatic event in their lifetimes. It

is unknown how many will subsequently develop symptoms of post-traumatic stress or post-traumatic stress disorder (PTSD). The Pediatric Emergency Department (PED) is an ideal setting for children with traumatic events to receive follow-up evaluation for symptoms of post-traumatic stress and interventions to interrupt and prevent PTSD.

The PED Trauma Referral Program at Yale New Haven Children's Hospital was established to identify children with traumatic events to offer to screen for post-traumatic stress symptoms after ED discharge. Children with post-traumatic stress symptoms are then offered referral to the Yale Childhood Violent Trauma Clinic (CVTC), which provides the Child and Family Traumatic Stress Intervention (CFTSI), an intervention for children ages 7-18 explicitly designed for the early phase of traumatic response, as well as other evidence-based, trauma-focused mental health treatments.

Methods:

We sought to evaluate the proportion of children who present to the PED after a traumatic event that report post-traumatic stress symptoms after discharge, and of these, those that engage in trauma-focused services, either with the CVTC or another provider.

From October 1, 2018, to February 28, 2019, we sought to determine the number of children whose caregivers reported at least one symptom of post-traumatic stress on a brief trauma screening. This screening was administered by one of the PED Trauma Referral Program providers during a follow-up telephone call between 3 and 7 days of PED discharge. Those caregivers who reported their child had at least one symptom of post-traumatic stress were offered referral for treatment.

Results:

268 children met the criteria for referral for post-traumatic stress symptom screening. Mean age was 11.1 years. Most were female (51.3%); black (42.3%); non-Hispanic (68.5%); and had government insurance (59.9%). Traumatic events included motor vehicle crashes (66%); animal bites (11.2%); physical assault (10.9 %); sexual assault (5.2 %); child abuse (2.6%).

Of those eligible for referral, 68 (25.4%) caregivers agreed to a referral for traumatic stress symptom screening. Of these, 39 (57.4%) were successfully contacted by telephone within 3 to 7 days of ED discharge and screened for trauma symptoms; 28 (71.8%) had at least one symptom of post-traumatic stress reported by a caregiver, and 21 (75%) accepted a referral for treatment.

Conclusions:

Of the children screened after presenting to the PED after a traumatic event, 71.8 % had at least one symptom of post-traumatic stress; of these, 75% accepted referral for treatment. We plan to evaluate the demographics of children who report post-traumatic stress symptoms and those that engage in treatment, as well as the characteristics of their traumatic events, to improve identification and referral of children who visit the ED after a traumatic event and are at risk for post-traumatic stress symptoms.

Objectives:

Attendees will learn:

1. To describe an ED referral process for screening for post-traumatic stress symptoms after potentially traumatic events;
2. To identify the types of traumatic events that may lead to post-traumatic stress symptoms in children;
3. To recognize the types of interventions to mitigate post-traumatic stress symptoms in children.

The Feasibility of Tablet Based Intimate Partner Violence Education and Screening Among Female Caregivers in a Pediatric Emergency Department

Jennifer Durocher, BS, Susan DiVietro, PhD, Rebecca Beebe, PhD, Steven Rogers, MD, Garry Lapidus, PA-C, MPH

Background:

Intimate partner violence (IPV) is a major public health problem that affects nearly 1/3 of women in their lifetime. IPV is prevalent within families and often occurs when children are present. Children exposed to IPV can experience disruptions in normal development and are at risk for emotional and behavioral problems across the lifespan, and are at an increased risk of child maltreatment. Despite the American Academy of Pediatrics statement that screening for IPV is the best way to prevent child abuse, validated IPV screening tools are not consistently used in health care settings, particularly in pediatric settings. The purpose of this study is to determine the feasibility of a tablet-based IPV education and screening model for female caregivers who bring their children to the Pediatric Emergency Department (PED).

Methods:

IPV education and screening were conducted using a computer tablet during limited daytime hours on weekdays beginning in March of 2019 and continuing throughout April. Participants were recruited from the urgent care, "Fast Track," section of the PED. Inclusion criteria were: female caregivers 18 years of age and older who were alone with their child(ren) and could

read English or Spanish at the 6th grade level. After obtaining informed consent, participants provided demographic information (age, race, education, relationship status, and zip code) on computer tablets. The tablet then displayed a brief IPV educational module. Participants completed a modified version of the HITS screening tool after watching the module. The screen asked, over the past 12 months, how often their partner had hurt, insulted, threatened, screamed at, forced sexual activities upon, or choked them. The six screening questions were answered on a Likert scale of never to frequently. A score of 7 or above indicated a positive IPV screen. Subjects were also asked if they would like support from a hospital social worker. Descriptive statistics were calculated for each variable.

Results:

Over half of the 108 female caregivers (n= 58, 54%) were eligible for the study, 10 subjects declined or did not complete the screen, resulting in 48 (44%) completed screens. Nearly half (48%) of the female caregivers were 20-29 years of age, 36% were black, 25% white, 48% single, and 48% had some college experience. The majority of caregivers screened negative (n=4). There were 4 (8.3%) caregivers who screened positive (scores = 7, 8, 11, and 12). Of the 4 who screened positive, none were married or requested social work support.

Conclusions:

Tablet based education and screening is feasible in a PED. Further expansion of this work is warranted to address the significant impact IPV has on female caregivers and their children.

Objectives:

Attendees will learn:

1. To recognize the frequency and patterns of Intimate Partner Violence (IPV);
2. To identify the health effects, outcomes, and costs associated with IPV and its impact on children;
3. To articulate the opportunities and challenges of IPV education and screening in a pediatric emergency department.

How do Caregivers Feel About Being Offered Gun Safety Devices in the Pediatric ED?

Sofia Chaudhary, MD, Lawrence Chang, MD, Sarah Fesnak, MD, Cherie Debrest, MSW, Meaghan Reich, CRNP, Joel Fein, MD, MPH, Anna Weiss, MD, MSEd

Background:

Firearm injuries are the second leading cause of injury-related mortality for children ages 1-17 in the United

States. Most deaths occur in homes with an unsecured handgun. Safety counseling combined with distribution of safety devices (gun locks, lock boxes) has been shown to increase safe storage in the home. To date, there are no reports in the literature of a caregiver-informed approach to safety device distribution in the ED setting. The objectives of this study are: (1) To assess caregiver perspectives regarding distribution of firearm safety devices in the pediatric ED; (2) To estimate caregivers' current gun storage practices and interest in receiving safety devices in the pediatric ED.

Methods:

We conducted 25 semi-structured interviews with caregivers presenting to the ED of our urban freestanding children's hospital in Fall of 2017. Interviews addressed caregivers' knowledge of firearm safety, opinions on provision of free safety devices in the ED, and attitudes about a proposed safety device distribution program. Interviews were recorded, transcribed, and iteratively coded for emergent themes. We subsequently performed a needs assessment survey in a separate convenience sample of 100 ED caregivers to determine in-home firearm access, storage practices, and receptiveness to receiving safety devices in the ED.

Results:

Caregivers were generally receptive to distribution of safety devices in the ED setting, citing broad outreach as an advantage of an ED based program. However, some were concerned about the potential to make families uncomfortable or to normalize firearm ownership. Respondents suggested offering safety devices to all families to avoid the appearance of profiling. Most were receptive to having their child's pediatrician follow up on use of a distributed device. 100 separate caregivers completed the survey portion of the study; 22% reported the presence of a firearm in the home for some part of the day. Of those, 73% use a safety device for their gun, 64% store their firearm unloaded and keep ammunition stored separately, and 82% were interested in receiving safety devices in the ED.

Conclusions:

Caregivers find the ED to be a suitable setting for providing firearm safety devices and safety counseling. Caregiver input is critical in the successful design and implementation of safety device distribution programs.

Objectives:

Attendees will learn:

1. To describe a qualitative approach to obtaining caregiver input on implementation of a firearm injury prevention program;
2. To recognize caregiver opinions and concerns

regarding development of an ED based firearm safe storage program;

3. To describe current firearm safety practices amongst caregivers in an urban ED.

Child passenger safety education in the Emergency Department : Teen driving, car seats, boosters, and more.

Cassi Smola, MD, Annalise Sorrentino, MD, Nipam Shah MBBS, MPH, Kathy Monroe, MD, Michele Nichols, MD

Background:

The leading cause of death in children aged 19 and under is traumatic injury from Motor Vehicle Crashes (MVC). Non-use or improper use of car seat restraints significantly adds to the morbidity and mortality. Considering the complexity of Individual state laws as well as change in laws without educational efforts, emergency department (ED) encounters may provide an opportunity for education, regardless of the reason for the ED visit. The purpose of the study was to determine the effect of educational intervention on knowledge and counseling behaviors of pediatric ED nurses regarding child passenger safety(CPS).

Methods:

A pre/post educational intervention study was conducted in an urban pediatric ED focusing on pediatric ED nursing staff. Responses to knowledge base (9 questions) and routine counseling behaviors (4 questions) on the topics of CPS were collected before and after the intervention. In addition, we collected years of nursing experience. The intervention included an interactive lecture covering the topics of car seats, teen driving, seat belts, and Alabama graduated driving laws. We performed descriptive statistics for frequencies and proportions and McNemar test to compare categorical variables. p less than 0.05 was considered statistically significant.

Results:

Pretests were administered to 83 nurses with 64 nurses receiving the educational intervention and posttest. For the pretest study group (N= 83), 34% had been nurses for less than a year. Many of the pretest nurses reported "never" or "occasionally" counseling about CPS (56% car seats, 62% booster seat, 56% teen driving, 32% seat belts). We compared the knowledge of CPS guidelines and laws between nurses working 0-1years vs. >1 year, and there was no statistically significant difference. Of the four behavior questions, all showed percentage increase in intent to counsel families but only one reached statistical significance. Two knowledge questions did not show significance

due to a high correct baseline knowledge rate (98% and higher). Of note, baseline knowledge of MVC being leading cause of death was well known in both pre and posttests. Of the remaining 7 questions, 5 questions showed statistically significant improvement in knowledge ($p < 0.001$ for 3 questions and $p = 0.02$ and $p = 0.009$ for other two).

Conclusions:

EDs can be a great source of education for families and patients. While this study shows minimal counseling was occurring and nurses had poor education of some of CPS guidelines prior to intervention, the posttest results are encouraging and show improved intention to counsel and knowledge of CPS.

Objectives:

Attendees will learn:

1. To articulate child passenger safety guidelines for car seats, booster seats, teen driving and seatbelt use;
2. To describe counseling practices of pediatric emergency nurses and baseline knowledge of CPS issues;
3. To identify ways to improve knowledge and counseling intentions of ED nursing staff.

An Intervention to Improve Knowledge and Increase Comfort of Concussion Management Among School Medical Staff

Stephanie Lyons, CPST, Kirsten Loftus, MD, Kate Berz, DO, Kelsey Logan, MD, MPH, Tara Rhine, MD, MS, Wendy Pomerantz, MD, MS

Background:

Pediatric concussions represent a significant health burden, with reported rates continuing to increase. School return after concussion is challenging and often exacerbates concussive symptoms. School medical staff are tasked with caring for these children despite receiving little formal training. The aims of this study were to evaluate if an educational intervention improved the ability of school medical staff to identify and manage pediatric concussions and to assess knowledge retention at 6 and 12 months.

Methods:

Medical staff from 33 Public Schools were eligible to participate. A baseline survey about concussion identification and management was administered to school medical staff attending an in-service prior to the 2017-2018 academic year. Education was presented to participants and a posttest survey was given to determine education effectiveness. Knowledge retention was reassessed at 6 months and 1 year;

repeat education was provided via e-mail after the 6 month assessment. Results were analyzed using paired t-test and only results for participants who completed all surveys were analyzed.

Results:

Sixty school medical staff completed the initial survey. All follow-ups were completed for 40 participants: 2 (5.0%) medical assistants, 27 (67.5%) registered nurses, and 11 (27.5%) nurse practitioners. The mean test scores were pretest 82.4%, posttest 91.9%, 6-month test 86.5%, and 1-year test 87.3%. There was a significant increase in mean posttest score compared to pretest ($p = 0.002$). Scores significantly decreased between the posttest and 6-month test ($p = 0.003$) and between the posttest and 1-year test ($p = 0.001$). However, both the 6 month and 1 year mean scores were significantly improved from initial pretest scores ($p = 0.002$, and $p < 0.001$, respectively).

Conclusions:

School medical staff knowledge of concussions improved following a brief intervention. Although knowledge remained improved relative to baseline at 1 year, there was some loss of knowledge relative to post-intervention scores.

Objectives:

Attendees of this session will learn:

1. To identify educational interventions that can improve the ability of school medical staff to identify and manage pediatric concussions;
2. To discuss how Periodic follow-up education every 6 months at minimum impacts the knowledge retention and co
3. To recognize little is known about school nurse's knowledge of concussions and comfort with diagnosis and management.

Regional Socioeconomic Distress as a Risk Factor for Inter-hospital Transfer of Pediatric Non-Accidental Traumas

Brett Tracy, MD, Carol Gerrin, MPH, Kathryn Bailey, FNP, Heather McGonagill, BS, Randi Smith, MD, MPH, Heather MacNew, MD

Background:

Management of pediatric non-accidental trauma (NAT) requires a multidisciplinary approach, which is most often available at designated trauma centers. An appropriate transfer to these hospitals can improve outcomes as can identification of the unique circumstances that led to the transfer. We sought to investigate one center's experience with pediatric NAT and elucidate risk factors that predict inter-hospital transfer of these injured children.

Methods:

We performed a retrospective review of a Level 1 trauma center's registry for pediatric patients admitted from 2016 to 2018. Patients > 4 years of age and patients sustaining purely accidental trauma were excluded. We divided the NAT cohort into transfers and non-transfers and compared demographics, socioeconomic community characteristics, admission details, injury patterns, child protective services (CPS) intervention, and discharge dispositions. Socioeconomic distress was measured as distressed community indices (DCIs), which were obtained from an interface that uses US Census Bureau data. We employed student's t-tests and χ^2 tests for continuous and categorical data comparison. Logistic regression was used to determine which variables predicted transfer and partial least squares was applied to calculate the variable importance of projection (VIP) of each predictor on the overall DCI score.

Results:

There were 372 children <4 years of age who presented to our hospital during the study period, of which 30 were victims of NAT (8.1%). Sixteen patients (53.3%) were transfers and 3 patients died (10%). There was no statistical difference in demographics, admitting details, injuries, length of stay, CPS involvement, or discharge outcomes between groups. However, transferred patients originated from significantly more distressed counties (DCI: 66.7 vs 28.8, $p=.0099$), which had a greater percentage of adults without diplomas (18.0 vs 13.1, $p=.0171$), percent adults not working (39.1 vs 31.5, $p=.0128$), a higher housing vacancy rate (13.2 vs 10.9, $p=.0103$), but a lower minority share (38.2 vs 46.4, $p=.0247$). Predictors of transfer were the county's DCI (OR 1.03, 95% CI 1.01-1.06, $p=.0161$), adults without diplomas (OR 1.19, 95% CI 1.02-1.38, $p=.0247$) adults not working (OR 1.15, 95% CI 1.02-1.30, $p=.0247$), housing vacancy rate (OR 1.57, 95% CI 1.07-2.31, $p=.0216$), and minority share (OR 0.90, 95% CI 0.82-0.99, $p=.0405$). The percentage of adults not working (VIP 1.1148) and the median income ratio (VIP 2.0258) were the two metrics of the DCI most responsible for the greatest variability in DCI amongst transferred patients. (see Appendix: page 67)

Conclusions:

More than half of our institution's pediatric NATs were transfers. These children come from socioeconomically distressed communities where non-Hispanic whites are the majority share. Outlying facilities may better identify and protect at risk children by increasing their vigilance toward caregivers residing in communities with particular socioeconomic risk factors.

Objectives:

Attendees of this session will learn:

1. To recognize that the Distressed Communities Index (DCI) combines seven economic indicators into a single measure of community well-being. The index is constructed from the U.S. Census Bureau's American Community Survey 5-Year Estimates;
2. To discuss why children living in distressed communities rather than prosperous ones are more likely to be transferred to Emory School of Medicine at Grady Memorial Hospital because of non-accidental trauma;
3. To identify why unemployment and median income ratio may be potential causes of pediatric non-accidental trauma.

Emergency Department Documentation of Child Passenger Restraint Use after a Motor Vehicle Crash

Sadiqa Kendi, MD, James Chamberlain, MD

Background:

Approximately 26% of Emergency Department (ED) visits are for an injury. Motor vehicle crashes (MVC) are the leading cause of mortal injury in children. One key component in preventing serious injury and death in children from motor vehicle crashes is proper age-appropriate restraint use. The ED visit after a motor vehicle crash is an opportunity for a teachable moment on proper child restraint use, but only if improper use is identified. There are limited data on how often adequate restraint information is collected and documented by ED providers to identify improper child restraint use. Our objective is to determine how often documentation of restraint use in children after an MVC is detailed enough to determine age-appropriate proper restraint use.

Methods:

We conducted a retrospective chart review of visits to the Children's National Emergency Department, an urban, academic, Level 1 Pediatric Trauma Center, from 10/2015-10/2018. We included all visits for children < 13 years old with an ICD-10 code for motor vehicle crash. Complete documentation of child restraint use was defined as identification of location of the child in the car (front vs rear seat), identification of forward or rear facing car seat for <24 month olds, and identification of type of restraint used (car seat, booster seat, or lap and shoulder belt).

Results:

It took 159 visits qualified for inclusion in the study. 65% of visits (n=103) were low acuity (ESI level 4 or 5). There was either no documentation, or incomplete documentation of child restraint use in 53% of visits (n=85). Complete documentation of child restraint use was identified in only 47% of visits (n=74), with half of them (n=37) identified as incorrect use and half (n=37) identified as correct use.

Conclusions:

In more than half of motor vehicle crashes seen in a pediatric ED, inadequate details are collected to determine proper age-appropriate restraint use. Identification of incorrect restraint use is an opportunity for a teachable moment that is being underutilized.

Objectives:

Attendees of this session will learn:

1. To identify the AAP Recommendations for proper child restraint use;
2. To recognize rates of complete documentation of restraint use at an urban, large, tertiary care Emergency Department;
3. To discuss methods for addressing the low levels of complete documentation.

A Corporate Sponsored Children's Hospital Comprehensive Community Outreach Injury Prevention Program

Andrea Cheli, CPSTI, Dina Burstein, MD, MPH, CPSTI, Michael Mello, MD, MPH

Background:

Injuries are a significant public health concern and are a leading cause of death across all 50 states. This program was developed through a partnership between a Children's Hospital and a corporate sponsor to prevent injuries in children and young adults through community outreach and education. The program was designed to be a mobile injury prevention education program, traveling to communities throughout the region, as well as an educational resource for high school, undergraduate and graduate students.

Methods:

The program launched in 2014, consisting of a variety of community outreach activities. Additionally, strategies were developed targeting high school students (PSA contest), undergraduate / graduate students (Summer Scholars Program) and MPH students (Assistantship Program). The program partners with multiple local agencies, such as Head Start Programs

and WIC offices, sharing in the goal of injury prevention and community outreach. Outreach efforts are targeted using hospital and community injury data. To ensure a widespread impact, the program works with children of all ages, tailoring initiatives for each age demographic. In addition to disseminating safety information at community events in our safety van equipped with TVs, tablets and a sound system, the program promotes various injury prevention topics through a program webpage. New safety topics are added to the webpage each quarter, continually growing the library of safety resources for families in the community. Safety tips, upcoming events, and other information pertinent to the program are sent to community members through a monthly email newsletter. The program has social media presence on Facebook, Twitter, and Instagram, allowing interaction with community members and an online presence. This also allows community members to easily share important safety information with their friends and family. Earned media appearances are also utilized for outreach efforts.

Results:

The program has attended over 400 events to date, reaching an estimated 80,000 families. To date, 23 undergraduate s and seven graduate students have participated in the program in some capacity. Six high school students have been recipients of the scholarship contest award. Our social media presence has grown to include over 1500 followers on our multiple platforms. Our online newsletter reaches over 1800 contacts.

Conclusions:

We have reached thousands of families through a multifaceted approach including partnerships with local agencies, attending a wide variety of community events, our website e-newsletter and social media accounts as well as through traditional earned media appearances. We have also been able to engage high school, undergraduate and graduate students in the field of injury prevention. This unique mobile injury prevention program has pioneered the way we disseminate injury prevention education to our regional communities. Differing program vision with our corporate partner as well as funding challenges have threatened program growth and sustainability.

Objectives:

Attendees of this session will learn:

1. To recognize how to work with a corporate sponsor to develop a program;
2. To identify ways to cultivate relationships with community partners;
3. To identify ways to adapt to funding limitations.

Social workers' determination of when a child being left home alone constitutes child neglect

Erin Evans, MD, Gerene Denning, PhD, Alycia Karsjens, LMSW, Charles Jennissen, MD

Background:

Decisions made by child welfare workers related to the determination of child neglect play an important role in promoting responsible childcare and preventing harm to children. However, the factors that influence these decisions are poorly understood. This study's objective was to identify factors influencing determination by social workers as to when leaving children home alone constitutes child neglect.

Methods:

Email invitations to participate in an online survey were delivered from October through December of 2015 to National Association of Social Workers (NASW) members designating their practice as "Child/Family Welfare" (N=4,933). Respondents were asked to indicate whether scenarios involving a child of varying age knowingly left home alone for four hours were neglect, in the presence or absence of injury to the child and the presence or absence of relevant law. Descriptive (frequencies) and bivariate (chi square) analyses were performed.

Results:

The study was completed by 485 child/family welfare social workers, ~10% of those who received an email invitation. In the scenario where there were no relevant laws and the child was uninjured, almost 100% of experts determined this was child neglect for children 4 years old. For 6, 8, 10, 12, and 14 years of age, this was 97%, 83%, 51%, 11%, and 1%, respectively. A significantly higher percentage of social workers considered it child neglect for most ages if there was an injury versus not, and if there was a law versus not. For 14 years of age, the proportion went from 1% if there was no law and no injury to 51% if there was a law and the child was injured. Similarly, for 12 years of age, the proportion went from 11% if there was no law and no injury to 64% if there was a law and the child was injured. There were some demographic differences observed in the ages determined to be child neglect for each scenario. Older social workers, Caucasians, parents, males and those who had been or were child investigators were less likely to determine child neglect for older aged children included in the study for some of the scenarios as compared to their respective counterparts. Ninety-four percent of participants stated that leaving a child home alone for four hours should be illegal if the child was <8 years old, and over 80% said it should be illegal for children <10 years of age.

Conclusions:

Despite the risk to the child being the same, sustaining an injury and the presence of a law both increased the percentage of social workers that considered a child being left home alone for 4 hours as child neglect. These results suggest the need for guidelines and/or safety laws related to childhood supervision, as well as their uniformity across the country, in order to direct social workers in their evaluation of potential cases of child neglect and to better protect children from harm.

Objectives:

Attendees of this session 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. To identify at least two factors which affect social workers' 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.

Implementation of an Abusive Head Trauma Prevention Program through Interdisciplinary Collaboration: A Pilot Study

Heather Lavella, BSN, RN, CCPN, Rebecca Sandhu, BSN, RN, CCPN, Autumn Nanassy, MA, Rochelle Thompson, MS, CPST, Catherine Markel, BSN, RNC-NIC, Loreen Meyer, MSN, RN, CCRN, CPEN

Background:

According to the National Center on Shaken Baby Syndrome (2018), shaken baby syndrome/abusive head trauma (SBS/AHT) is the leading cause of child abuse death in the United States. In an attempt to reduce rates of SBS/AHT in our community, our institution piloted an evidence-based educational program for both nurses and caregivers called the Period of PURPLE Crying. The goals of the pilot were to increase nurse and caregiver knowledge related to SBS/AHT.

Methods:

The implementation of this program at a level I pediatric trauma center consisted of both a nursing and caregiver intervention. First, nurses from the pilot units participated in a pre-test to determine baseline knowledge related to SBS/AHT. Following the pre-test, nurses completed an online Period of PURPLE Crying implementation training and were given a post-test following the course. Pre- and post-test mean scores were compared to determine if there was a statistically significant increase related to SBS/AHT knowledge.

Once the educational component of the intervention was completed by nurses, they were mentored by a Period of PURPLE Crying champion on their unit in a train-the-trainer fashion and began disseminating program information to caregivers with children under the age of six months in the household on two medical/surgical units and in the neonatal intensive care unit. Caregivers (N = 87) watched an educational video, reviewed information in a booklet with a nurse, and participated in teach-back related to the key points of the intervention in both a hospital and community setting.

Results:

Prior to the intervention, nurses (n = 115) scored an average of 8.03 out of 10.00 on the SBS/AHT assessment. Following the intervention, nurses (n = 120) scored an average of 9.00 out of 10.00 on the assessment, which demonstrated a statistically significant increase in nurses' knowledge; $t(233) = -6.61, p < 0.001$. Only 60% of nurses received prior SBS/AHT education, demonstrating the need for additional education. On average for the one-on-one education, caregivers (n = 69) were able to recall 8.55 out of 12.00 key educational components from the Period of PURPLE Crying program in the hospital. Caregivers were most likely to recall ways to comfort their crying baby (94%) and why shaking a baby is dangerous (93%). Of the key concepts presented in the PURPLE acronym, caregivers were most likely to remember that crying during this stage will continue despite efforts made by parents to soothe (72%). For education in the community, caregivers (n = 18) worked together to recall 12.00 out of the 12.00 key educational components.

Conclusions:

Overall, the study provided education to 150 caregivers of children six months of age or younger. The importance of interdisciplinary collaboration, professional development, and employee engagement will be further discussed.

Objectives:

Attendees of this session will learn:

1. To identify the key educational concepts associated with the Period of PURPLE Crying abusive head trauma/shaken baby syndrome prevention program;
2. To discuss the planning and conceptualization behind launching a nurse-driven educational intervention;
3. To recognize the impact of the Period of PURPLE Crying education on staff and caregivers.

Creating and Sustaining a Community-Based Safety Store

Lindsay Pollok, MPH, CPSTI, Carlee McConnell, MPH, CPSTI, Stewart Williams, BS, CPSTI

Background:

Unintentional injury is a leading cause of morbidity and mortality for children in the United States. Many of these injuries, including drowning, poisoning, motor vehicle crashes, suffocation, and falls, are preventable. Families with limited resources may have less access to affordable safety equipment for their child. A community safety store conveniently located in a medical office building adjacent to a children's hospital aims to increase access to affordable safety products to families and children in the community, not just patients.

Methods:

The community safety store was created when gift shop space became available in a medical office building adjacent to the children's hospital. The purpose of creating a safety store external to the children's hospital was to fill a gap in the community by providing safety items with no mark-up in cost. The store is in a high traffic area of the medical office building with an inviting atmosphere and family-centered philosophy. Development of the store included thoughtful design of store graphics, logos, marketing pieces and educational materials as well as deciding on inventory items and planning the layout. Marketing materials were distributed throughout the community and hospital network to encourage the public to visit the store for low cost safety equipment. Creative interactive displays on safe sleep for infants, child passenger safety, poison prevention, furniture tip-overs and water safety were created to engage caregivers and children and provide hands-on learning opportunities to reinforce best practices. Since opening, staff have tracked metrics and been utilizing barriers and challenges as opportunities to make process improvements and operations changes to increase sustainability of the store.

Results:

Continuous process and quality improvement to store operations, messaging, partnerships, and staffing has increased the store's reach and presence in the community. An agreement was developed with a health plan affiliated with the children's hospital to provide free bike helmets and booster seats to children who received their annual well check. Revenue has increased by adding in novelty items with higher margins so that safety items can remain at affordable prices. The safety store hours were covered by injury prevention staff when the store first opened but through a partnership with the hospital volunteer services, trained volunteers now cover all

shifts, increasing the store's sustainability. For families in need of a car seat, the store serves as an alternative to attending a car seat inspection/distribution event and enables the injury prevention program to recover a portion of the cost of the car seat.

Conclusions:

A community safety store operated by a children's hospital and open to the public can increase access to safety items and provide tailored education for underserved families. This program fills a gap in the community for families who need low cost items but may not be able to afford regular retail prices or attend community child safety events. With leadership support and hospital buy-in, this program model can be adapted and implemented by other organizations.

Objectives:

Attendees of this session will learn:

1. To describe how to successfully develop a safety store initiative by leveraging existing resources and partnerships;
2. To demonstrate how continuous quality and process improvement is essential to injury prevention program success;
3. To discuss how an injury prevention program can extend reach of a safety store initiative by tailoring messaging, information, and products to a target audience.

Recreational Off-Highway Vehicle Crashes Resulting in Victims Being Treated at a Regional Trauma Center: Mechanisms and Contributing Factors

Meaghan Reaney, DO, Gerene Denning, PhD, Charles Jennissen, MD

Background:

Recreational off-highway vehicles (ROVs) are off-road vehicles that have become increasingly popular in recent years. By definition, ROVs travel at least 30 mph, and unlike ATVs, have a roll-over protective structure and restraints such as seat belts or a harness system for each seating position. Few published reports have addressed ROV crash epidemiology. The objective of this study was to evaluate ROV crashes with respect to demographics, crash mechanisms, injuries and associated risk factors.

Methods:

A retrospective chart review was performed on patients with injuries related to ROVs from 2004-2017 treated at the University of Iowa Emergency Department.

Descriptive (frequencies) and bivariate (chi square) comparative analyses were performed.

Results:

Seventy-three patients with injuries related to riding ROVs were identified. 63% were males and 98% were Caucasian. About one-half (48%) were <16 years of age, and nearly two-thirds (64%) were ≤25 years old. Of those children with pertinent documentation, 57% did not have adult supervision at the time of injury. There were as many passengers as operator victims, and a higher proportion of children were passengers (72%) as compared to adults (28%), $p=0.002$. Still, 28% of child crash victims were drivers of the ROV (recommended for operators ≤16 years only). Nearly four-fifths of crashes with injured adults occurred at night, while all crashes involving children occurred during the day ($p=0.004$). One-third of crashes occurred on roadways.

The primary crash mechanism was a rollover for nearly two-thirds (64%) of the victims, while only 13% involved a collision with an object or another motor vehicle. None of the victims whose primary mechanism was an ejection were struck and/or pinned by the vehicle but one-half those injured by other mechanisms were. Only one injured patient was wearing a helmet and one-fourth of victims had a documented loss of consciousness. The majority of victims (80%) were unrestrained including all patients whose primary mechanism was an ejection from the vehicle. Of those adults tested for alcohol, two-fifths were positive; no children were positive for alcohol. Over two-thirds (70%) of the ED patients were hospitalized. One-fourth (26%) of all victims required ICU care, one-half of these being children.

Conclusions:

Although ROVs have roll bars, lack of adherence to manufacturer safety recommendations including helmet and safety belt use is reducing their benefit. Youth suffer a high percentage of the injuries related to ROVs, often without proper adult supervision or while driving. This data supports manufacturer recommendations that children should be prohibited from operating ROVs. Increased efforts are needed in educating the public regarding the safety measures that should be taken while operating and riding ROVs.

Objectives:

Attendees will learn:

1. To describe at least three differences between a recreational highway vehicle (ROV) and an all-terrain vehicle (ATV);
2. To identify at least three risk factors for crash and injury while riding an ROV and safety measures that may be taken;

3. To discuss at least three ways in which pediatric ROV-related crashes and resultant injury are different from that of adults.

Parental Attitudes and Family Helmet Use for All-Terrain Vehicles and Bicycles

Cole Wymore, BS, Gerene Denning, PhD, Charles Jennissen, MD

Background:

Head trauma is a frequent cause of serious injury in all-terrain vehicle (ATV) and bicycle crashes, and the use of helmets by riders has been shown to be protective for both. This pilot study's objective was to compare family helmet use for ATVs versus bicycles, as well as to determine the attitudes towards and level of importance parents ascribe to the use of helmets on these vehicles.

Methods:

A survey was administered to a convenience sampling of adults who attended the 2017 University of Iowa Health Fair that had at least one child <18 years of age at home. Those with no children or only children >18 years old were excluded. Demographics, frequency of helmet use, and information about factors that might influence helmet use were collected. Descriptive (frequencies) and bivariate (chi square) analyses were performed.

Results:

Ninety-eight subjects completed the survey. Ages ranged from 26-57 years (mean 40 years) and three-quarters were female. About one-fifth owned an ATV. As reported by the respondents, 61% of subjects, 51% of spouses and 72% of children had ridden a bicycle, while 19% of subjects, 18% of spouses and 28% of children had ridden an ATV in the past year. The percentage reportedly always wearing a helmet while riding a bicycle was 62%, 73% and 55%, compared to just 11%, 14% and 32% while riding an ATV for subjects, spouses and children, respectively. Moreover, the percentage reporting never wearing a helmet while on an ATV was 68% for subjects, 71% for spouses, and 45% for children. Despite this, when subjects rated the importance of children wearing a helmet when on a vehicle (scale 1-10), there was no difference between ATVs or bicycles, with an average importance of over 9 for each. A variety of responses were provided as to why parents felt their child did not always need to wear a helmet, and these responses were similar for ATVs and bicycles. Many parents reported a "strict no helmet, no bike/ATV riding rule" as the most effective way to get their child to always wear a helmet.

Conclusions:

Study results support previous findings of greater helmet use while riding bicycles than on ATVs, although parent's belief in the importance of helmet use was similar for both. Further research with a larger sample size should be conducted to better understand the social and environmental influences that shape parental helmet attitudes and practices in order to improve safety interventions for increasing helmet use on both bicycles and ATVs.

Objectives:

Attendees will learn to:

1. To discuss whether riders are more likely to wear helmets when on bicycles or on all-terrain vehicles, and the general degree of importance adults report they put on wearing a helmet;
2. To identify at least three reasons why parents feel their child do not always need to wear a helmet when riding an all- terrain vehicle or bicycle;
3. To recognize the method parents stated was most effective in getting their children to always wear a helmet.

Effect of Lockboxes and Education on Safe Storage of Medications

Alicia Webb, MD, Kathy Monroe, MD, MSQI, Michele Nichols, MD

Background:

National patterns of opioid use and misuse have reached crisis levels in recent years. According to the CDC, opioids were involved in more than 47,000 deaths in 2017. This crisis disproportionately affects certain areas of the country, and children in these areas are at high risk of exposure to these potentially dangerous medications. Safe medication storage is a proven barrier to ingestions in the pediatric population. Based on previous research, caregivers are often unaware of the importance of safe storage practices or do not have a safe place to store medications. Many are also unaware of the opioid crisis.

Methods:

Caregivers of patients presenting to a large, urban pediatric Emergency Department (ED) who were triaged as non-emergent were approached for participation in our survey. To ensure informed participation, non-English speaking caregivers were excluded from participation. All data was collected verbally and entered into an online database. Questions were designed to assess current perceptions and practices related to prescription medication storage, medication disposal, and awareness of

the opioid crisis. A brief verbal instruction about the opioid crisis and recommended safe storage methods was provided, and participants were given a medication safety handout. At the end of the survey, all participants were given a medication lockbox. A follow up phone survey was conducted two weeks afterward and participants were asked to rate their use of and satisfaction with the lockbox.

Results:

Fifty caregivers accounting for 112 total children were enrolled. Demographics were compared to data on overall visits to the ED and the sample was found to be statistically similar to the overall ED African American and Caucasian population ($p=0.06$; $p=0.33$). Only 4% reported they currently stored medications in a locked or latched place. Almost 40% reported their main barrier to storing medications in a locked or latched place was that they did not have a safe storage place. Fifty percent were unaware of the opioid crisis. Ninety-two percent reported they would use a lockbox if given one. Twenty-eight (56%) responded to the follow up phone call survey two weeks later. Ninety percent reported they had placed their medications within the provided lockbox. Ninety-two percent reported being “very satisfied” and 8% reported being “somewhat satisfied” with the lockbox and how it works.

Conclusions:

Despite widespread reporting of this issue, many caregivers remain unaware of the opioid crisis and of what constitutes safe medication storage practices. Providing medication lockboxes removes a commonly reported barrier of not having a locked place to store medications. This intervention dramatically improved practices reported at follow-up. This study also highlights the feasibility of educational outreach programs within a busy, urban Pediatric ED.

Objectives:

Attendees of this session will learn:

1. To describe current perceptions and practices of caregivers related to storage of prescription medications;
2. To discuss the use of lockboxes to reduce both unintentional and intentional pediatric ingestions;
3. To recognize the feasibility of educational outreach within an emergency department setting.

Stop the Bleed: The Impact of a Basic Bleeding Control Course on High School Personnel’s Perceptions of Self-Efficacy and School Preparedness

Autumn Nanassy, MA, Adam Zwislewski, BSN, RN, CCRN, PHRN, Rochelle Thompson, MS, CPST, Loreen Meyer, MSN, RN, CCRN, CPEN, Jason Butchko, BSN, RN, PHRN, Judy Popple, MSN, RN, PHRN, Harsh Grewal, MD

Background:

Uncontrolled bleeding is the number one cause of preventable death from trauma. The Stop the Bleed (STB) initiative was created to convey basic information about bleeding control to lay people. Previous research suggests that confidence in one’s ability to correctly apply a tourniquet and willingness to use a tourniquet increased significantly following STB training. Given teen violence in urban settings is on the rise and school staff may be the first responders to the scene of an incident, the objective of this study was to assess both perceptions of self-efficacy and school preparedness related to responding to a life-threatening bleeding emergency in personnel at an urban high school.

Methods:

High school personnel rated their agreement with statements about perceptions of self-efficacy and school preparedness on a 5-point Likert scale ranging from 1.00, “strongly disagree” to 5.00, “strongly agree” prior to the STB training on a paper assessment. Staff also answered a check all apply multiple-choice question related to how school personnel could be more prepared to respond to a life-threatening emergency, with the option to choose from equipment, training establishing clear procedures, and other with room for a qualitative response. Once all questionnaires were collected, school personnel completed the one-hour STB training course that included didactic and hands-on components. Following the course, school personnel completed a post-education questionnaire with the same three questions as the pre-education questionnaire.

Results:

Prior to the training, school personnel ($n = 156$) neither agreed nor disagreed ($M = 3.04$; $SD = 1.61$) that they felt prepared to respond to a life-threatening bleeding situation. Following the education, school personnel ($n = 126$) agreed ($M = 4.05$; $SD = 1.08$) that they felt prepared to respond to a life-threatening bleeding situation. The increase in perceptions of self-efficacy was statistically significant; $t(281) = -7.36$, $p < 0.001$. School personnel also rated perceptions of school preparedness higher on the post-education questionnaire ($M = 3.85$; $SD = 1.00$) than on the pre-education questionnaire ($M = 2.85$; $SD = 1.23$);

$t(281) = -8.11, p < 0.001$. Prior to the intervention, 87% of personnel felt that they needed training, 80% stated their school needed to establish clear procedures, and 74% stated that they needed equipment to be more prepared for a life-threatening bleeding event, compared to 63%, 69%, and 78% following the intervention, respectively.

Conclusions:

Overall, the one-hour basic bleeding control course statistically significantly increased both perceptions of self-efficacy and school preparedness in a sample of urban high school personnel. Following the training, school personnel were less likely to state that they needed training and clearer procedure. Determining the optimal placement of bleeding control stations, limitations, and future directions will be discussed.

Objectives:

Attendees of this session will learn to:

1. To describe the Stop the Bleed initiative and basic bleeding control education;
2. To discuss the impact of Stop the Bleed training on perceptions of self-efficacy and school preparedness;
3. To identify the importance of multi-institution, interdisciplinary collaboration.



24th Annual Injury Free Coalition for Kids® Conference
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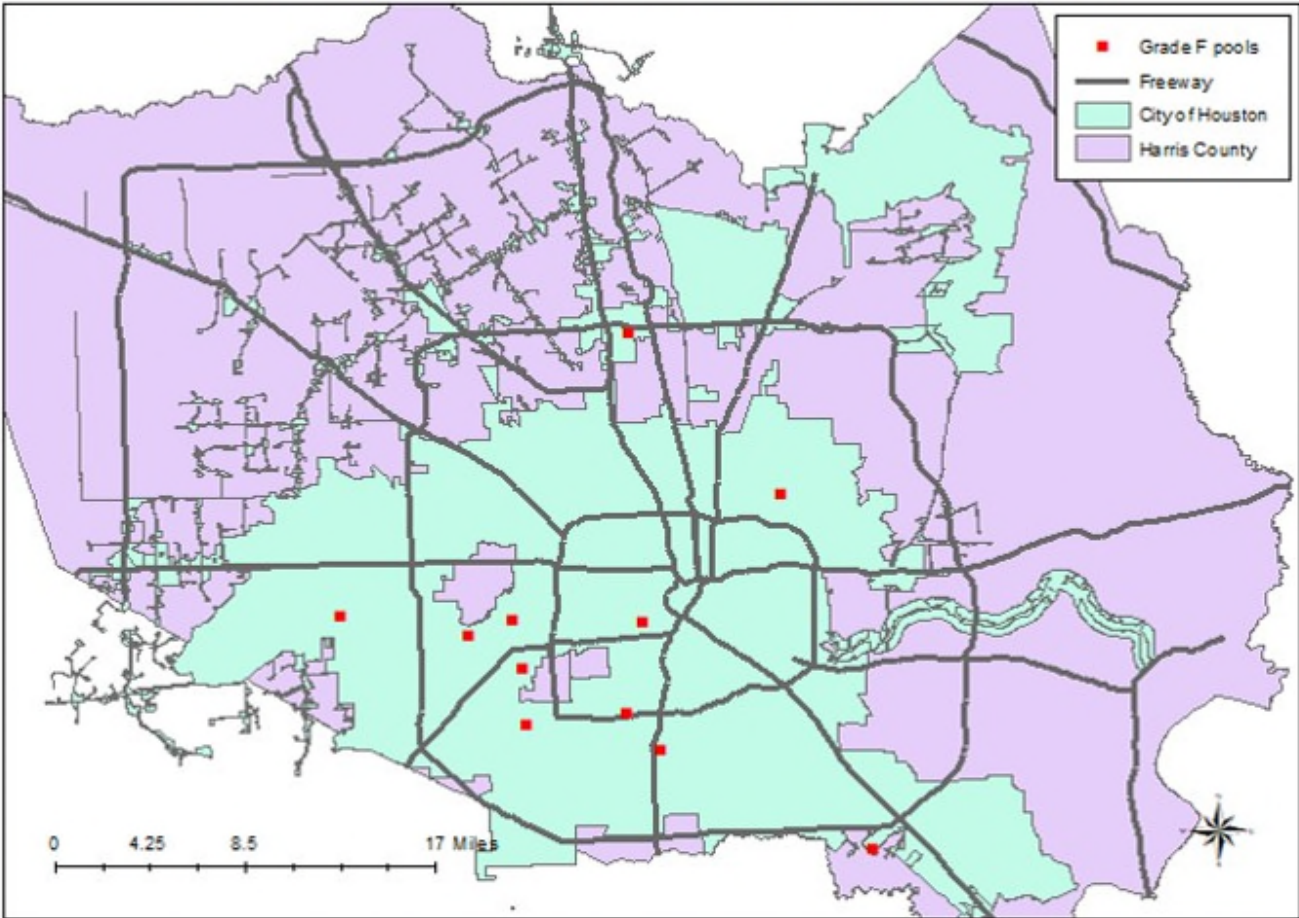


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APPENDIX

Grade F Multifamily Pools in the City of Houston

Graded by Model Aquatic Facility Inspection Form



* see corresponding abstract on page 40

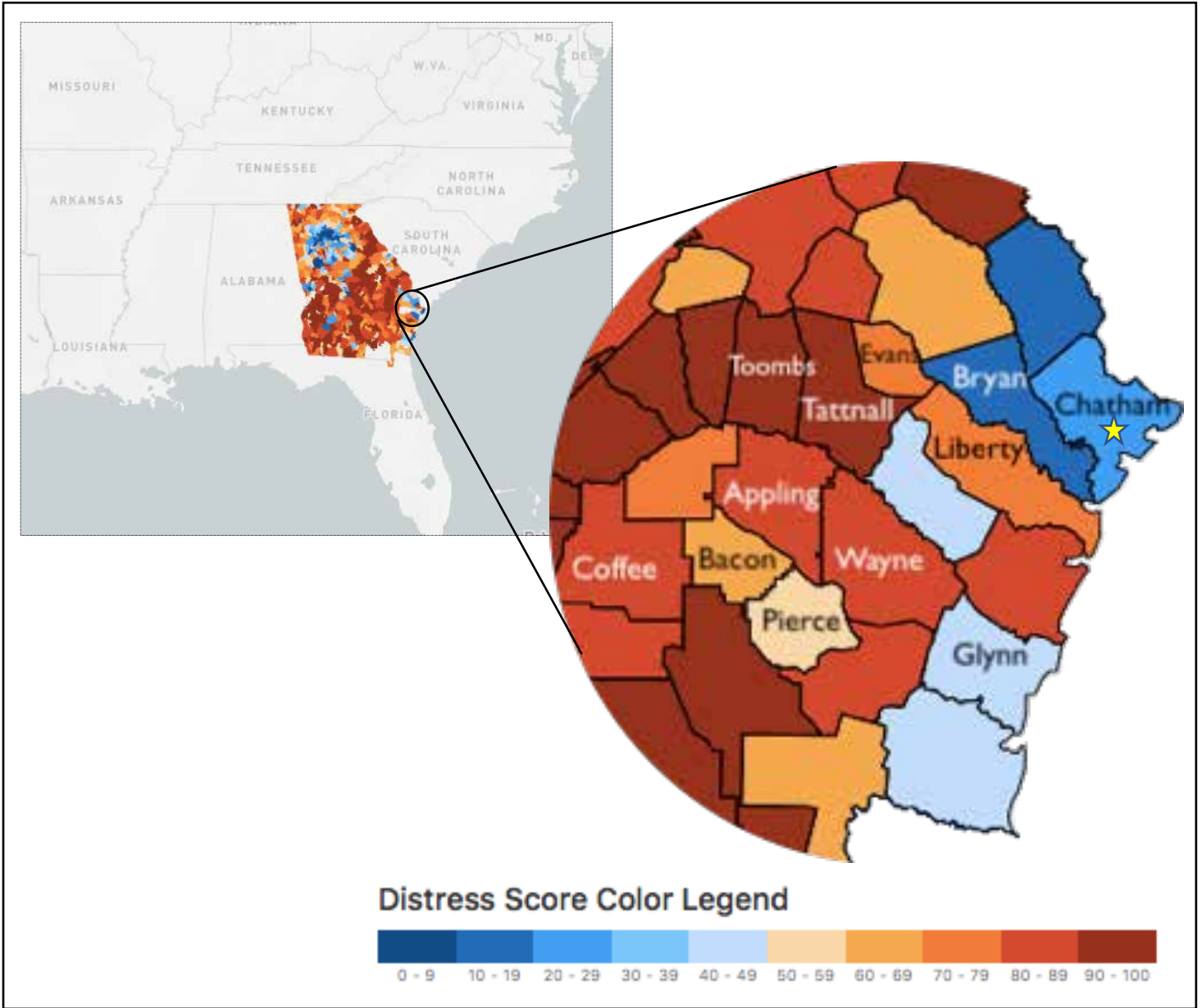


Figure 1. Distressed communities index (DCI) map of Georgia. Zoomed portion includes all counties from where the study patients originated. A yellow star indicates the location of the hospital where the study was performed. Distress scores range from 0 (most prosperous) to 100 (most distressed). *The images are adapted from the Economic Innovation Group's webpage www.eig.org.*

* see corresponding abstract on page 56



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24th Annual Injury Free Coalition for Kids® Conference
Forging New Frontiers:
Motor Vehicle Safety for All Ages



December 6-8, 2019 - Ft. Lauderdale Embassy Suites

BIOS

2019 Bios

24th Annual Injury Free Coalition for Kids® Conference

Forging New Frontiers: Pediatric Injury Prevention - Motor Vehicle Safety for All Ages

Phyllis Agran, MD, MPH, MA, FAAP, Irvine, CA

Dr. Agran is American Board of Pediatrics certified in General Pediatrics and Pediatric Gastroenterology. She is Professor Emeritus, UC Irvine School of Medicine and a practicing physician. She founded the Child Injury Prevention Research Group at UCI focused on translating research into policy. She is a past president of California Chapter 4, American Academy of Pediatrics (2009) and in 2019 elected to serve again as Member-at-Large. She chairs the Chapter Committee on Injury and Violence Prevention. She serves on the National American Academy of Pediatrics, Executive Committee of the Council on Injury and Violence Prevention and the National Nominating Committee. Her current work, an American Academy of Pediatrics CATCH project (Community Access to Child Health) and Healthy Tomorrows Partnership for Children project, Clinic in the Park •Connect •Screen •Educate, is a unique one-stop-shop health collaborative model designed to promote health and prevent disease, targeting vulnerable children. (www.clinicinthepark.org). She has been an advocate for public health policies aimed at reducing trauma and injury to children. She received her BA degree from UC Berkeley, a Masters Degree in Biology from Boston University, an MPH from Harvard University, and her medical degree from UC Irvine.

Maneesha Agarwal, MD, Atlanta, GA

Dr. Agarwal received her undergraduate and medical school degrees from the University of North Carolina at Chapel Hill. She completed her pediatrics residency at the Boston Combined Residency Program and her fellowship in pediatric emergency medicine at Carolinas Medical Center. She is currently an assistant professor at Emory University School of Medicine and works clinically at Children's Healthcare of Atlanta. She was a founding member of the Children's Injury Prevention Program (CHIPPP) in Atlanta, which she continues to lead today and represents pediatric interests in the Injury Prevention Research Center at Emory. Her specific interests include poisoning prevention, large dataset research, and the mentoring of future generations of pediatric injury prevention advocates including graduate students, residents, fellows, and faculty.

Nina Agrawal, MD, New York, NY

Dr. Agrawal is a long-time advocate for child health and safety at the community, state, and national levels. The tragedy at Sandy Hook elementary school prompted her to lead advocacy, activism, and organizing on gun violence as a public health issue. She co-founded the Gun Safety Committee for NY state – American Academy Pediatrics and partners with community organizations to keep children safer. Drawing on her clinical experience in the South Bronx, she recently co-authored an article calling for the official classification of exposure to gun violence as an adverse childhood experience. The next step is to educate parents and community providers on new gun violence prevention policies and how to keep their children safe.

Miguel Arroyo, MD, Baylor, TX

Dr. Arroyo is a senior fellow in Pediatric Emergency Medicine at Baylor College of Medicine. He works clinically in the Emergency Department at Texas Children's Hospital. Dr. Arroyo's research interests lie in injury prevention and health disparities. He is a child advocate and enjoys visiting with legislators both at the state and national levels, advocating for laws aimed at reducing childhood injury. Dr. Arroyo earned his B.S. from St. Mary's University in San Antonio and his M.D. at the University of Texas Medical Branch in Galveston. He completed his pediatrics residency at Baylor College of Medicine. He enjoys spending time with his partner, his pets and exploring the wonderful city of Houston.

Imran Bari, BDS, MPS, MPH, Washington, DC

Imran Bari is currently working as Research Program Associate in Global Health Department, Milken Institute School of Public Health, the George Washington University. His research focuses on non-communicable diseases, economic costs of communicable and non-communicable diseases, violence prevention among women in low-and middle-income countries. Dr. Bari holds a Master of Public Health in global public health epidemiology and disease control from George Washington University. He is a dentist and also holds a master's degree in Demography (Population Sciences) from Pakistan Institute of Development Economics, Pakistan.

Kirsten Bechtel MD, 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.

Sophia Brizeus, BA, Boynton Beach, FL

Ms. Brizeus is a medical coordinator who lives in Boynton Beach, FL. She is passionate about spreading awareness on drowning prevention, having lost her 23-month-old daughter, Soraya, in 2018.

Dina Burstein, MD, MPH, CPSTI, Providence, RI

Dr. Burstein is a Research Scientist and an Assistant Professor of Emergency Medicine (research) at The Warren Alpert Medical School of Brown University. She also coordinates community outreach activities including the Injury Free Coalition for Kids in Providence program and the Rhode Island coalition of Safe Kids Worldwide and also serves at the state child passenger safety training contact. Dr. Burstein earned her medical degree at the University of Massachusetts Medical School and completed a residency in pediatrics at Yale-New Haven Hospital. She 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 Injury Prevention Center at Hasbro Children's Hospital to help keep kids safe throughout Rhode Island.

Sofia Chaudhary, MD, Philadelphia, PA

Dr. Chaudhary attended medical school at the Medical College of GA. She pursued her pediatric residency at Emory University and is currently a third year pediatric Emergency Medicine fellow at the Children's Hospital of Philadelphia. She has a research interest in pediatric injury prevention specifically penetrating injury and falls injury. She was one of the cofounders of the Children's Injury Prevention Program at Children's Healthcare of Atlanta and is currently an Associate Injury Fellow with the Center for Injury Research and Prevention at CHOP.

Andrea Cheli, CPST-I, Providence, RI

Child Passenger Safety Technician Instructor Cheli is a program coordinator and community outreach educator at the Injury Prevention Center of Hasbro Children's Hospital and co-coordinator of Safe Kids Rhode Island. Ms. Cheli has developed community-based programs that aim to prevent injuries in children and families by bringing education outreach directly to vulnerable communities. Prior to her current work, Ms. Cheli served as Program Coordinator for the Reducing Youthful Dangerous Decisions (RYDD) Program, a court-referred youth intervention program. Ms. Cheli received her B.A. in Psychology from Rhode Island College and is a Certified Child Passenger Safety Technician Instructor.

Tiffany Davis, MPH, CPSTI Indianapolis, IN

Ms. Egam-Rojas is the Injury Prevention Coordinator for the Trauma Services Department at Riley Hospital for Children in Indianapolis, Indiana. She has a Bachelor of Arts degree from Franklin College and she received a Master of Public Health Degree from Indiana University Richard M. Fairbanks School of Public Health. Ms. Davis has worked at IFCK Indianapolis for almost two years and carries out the majority of injury prevention programming on child passenger safety, safe sleep, home safety, child protection, and violence intervention and prevention. Ms. Davis has focused on vulnerable populations including those of low socioeconomic level and those children whose mothers are recovering from opioid addiction. Last, Ms. Davis has worked to get safety and injury prevention messaging intertwined with her hospital's Marketing and Public Relations Department.

Sarah Denny, MD, FAAP, Columbus, OH

Sarah Denny, MD, FAAP, works as an attending physician in the Division of Primary Care Pediatrics at Nationwide Children's Hospital and as an Associate Clinical Professor of Pediatrics at The Ohio State University School of Medicine. She is Co-Chair of the Injury, Violence and Poison Prevention for the Ohio Chapter of the American Academy of Pediatrics. At the national level, she serves on the Executive Committee for the Council on Injury, Violence and Poison Prevention for the American Academy of Pediatrics. Dr. Denny is Co-Director for Resident Advocacy Education at Nationwide Children's Hospital and enjoys teaching pediatric residents how pediatricians can effectively advocate for the needs of their patients. Dr. Denny sits on the Board of Directors for the Ohio Chapter of the American Academy of Pediatrics and is the co-chair of the advocacy committee.

Lyse Deus, MEd, CPSI, Miami, FL

Ms. Deus received her MS in Education. Her experience has centered on health and safety education working with people of all ages and ethnicities - from seniors to children. At the Injury Free Coalition for Kids of Miami she serves as Program Administrator for the Injury Free Mobile, a mobile child injury prevention center. Ms. Deus is fluent in English, Spanish and Creole. She is passionate about prevention and helping others.

Jim Dodington, MD, New Haven, CT

Dr. Dodington is an Assistant Professor of Pediatrics and Emergency Medicine at the Yale School of Medicine and an attending physician in the Pediatric Emergency Department at Yale-New Haven Children's Hospital (YNHCH). He serves as the Co-Medical Director of the Injury Prevention, Research and Community Outreach Program for Yale New Haven Hospital and is the Associate Medical Director for Pediatric Trauma at YNHCH. His research interests include injury and violence prevention with a focus on qualitative methods, injury epidemiology and developing and evaluating hospital-based violence intervention programs. He was the research director for an NIH-funded youth violence prevention project called Youth Haven, in collaboration with the Robert Wood Johnson Foundation Clinical Scholars Program at Yale. He is currently working to develop a Hospital-Based Violence Intervention Program at Yale-New Haven Hospital.

Candice Dye, MD, FAAP, Birmingham, AL

Dr. Dye, is an Associate Program Director for the Pediatric Residency Program at the University of Alabama at Birmingham. She is an Associate Professor in the Division of Academic General Pediatrics serving as the Medical Director for the Primary Care Clinic, the pediatric continuity clinic. Clinically she attends in the continuity clinic as well as on the general pediatric hospitalist medicine service and the newborn nursery. She has been a member of the Association of Pediatric Program Directors (APPD) since 2013, originally serving briefly as an APD at the University of Arkansas for Medical Sciences in a similar role clinically and administratively before relocating to Birmingham in 2014. Her interests revolve around patient advocacy, resident education and mentoring. She has won several teaching awards including being honored with the prestigious Ralph Tiller Distinguished Faculty Award by the graduating residents in 2017.

Jane Edwards, MSc, London, Ontario

Ms. Edwards is an Injury Prevention Specialist for the Trauma Program at LHSC & Children's Hospital. She is a graduate of Western University with a BSc(Hons) degree in Microbiology & Immunology and the University of London/London School of Hygiene and Tropical Medicine with an MSc in Infectious Diseases. During her schooling, Ms. Edwards worked at LHSC's pediatric and adult Emergency Department and learned firsthand the devastation of traumatic injury. She is the Injury Free Program Coordinator for Children's Hospital, Co-Chair of the Trauma Association of Canada's Injury Prevention working group as well as Co-Chair of London Middlesex Road Safety Committee, and sits on many community and inter-hospital committees dedicated to reducing injury. Ms. Edwards is a strong advocate for pediatric injury prevention and has worked to implement programming within the hospital, and in the community at large.

Caitlin Farrell, MD, Boston, MA

Dr. Farrell received her MD in Medicine from the University of Pennsylvania School of Medicine. She completed her internship and residency in Pediatrics at The Children's Hospital of Philadelphia. She completed her fellowship in Pediatric Emergency Medicine at Boston Children's Hospital where she was chief fellow. Dr. Farrell completed the Program for Clinical Effectiveness at the Harvard School of Public Health. She joined the faculty of the Division of Emergency Medicine at Boston Children's Hospital in 2016. Dr. Farrell's research interests focus on pediatric trauma and injury prevention. She is interested in the epidemiology of injury, social determinants of health, strategies for injury prevention, as well as the acute management of trauma patients. Her prior work has included pediatric fractures, motor vehicle safety, firearm-associated injury, and child abuse fatalities. Her interest in the pre-hospital care of ill and injured children has led to a collaboration between EMS education and research.

Janet Fitch, MA, Milwaukee, WI

Ms. Fitch's first co-producer role in documentary was: *Through One City's Eyes: Race Relations in America's Heartland* (PBS 1999). The film's award-winning community engagement campaign was also the topic of Fitch's Masters Thesis in Journalism. At a time when creating community engagement with documentary film was an emerging field, Fitch was awed by the possibilities of documentary impact. Now an established documentarian, she applies lenses of race, class, gender, geography and generations to take us away from the world of polarizing frameworks, offering a fresh glimpse of expanded critical thinking and sensible solutions to societal problems. As director of the award-winning, 3-part documentary series, *Guns, Grief and Grace in America*, Fitch depolarizes discussion of gun violence by redirecting focus to a frame of Public Health prevention. Recognition of her work at the intersection of the arts and social change includes a wide range of venues, accolades and awards, including the Milwaukee Business Journal's Women of Influence Award in Public Policy. Fitch's films have aired on National PBS and Public Television and screened at multiple film festivals, winning awards in both film and engagement categories. Fitch's proficiency with engagement and impact continues to flourish as her films live long productive lives, serving as tools for deliberative dialogue around the issues of our times.

Michael Flaherty, DO, Boston, MA

Dr. Flaherty is a pediatric critical care physician at MassGeneral for Children in Boston, MA. He grew up in North Andover, MA and attended Emmanuel College in Boston where he obtained a B.S. in both biology and chemistry. He went on to obtain his medical degree from the University of New England College of Osteopathic Medicine in Biddeford, ME and returned to Massachusetts to complete his residency in pediatrics at the Baystate Medical Center/Tufts University program. During residency, he became interested in pediatric injury prevention research, and was part of the first group to study graduated driver licensing for the prevention of adolescent motor vehicle fatalities in Massachusetts. His research won him the American Pediatric Association Resident Research Award in 2014. He went on to complete his fellowship in pediatric critical care medicine at Massachusetts General Hospital where he became involved with the Trauma and Injury Prevention Outreach Program. He stayed on as faculty at MassGeneral for Children where he continues research in pediatric trauma and injury prevention, as well as maintains active interests in graduate medical education.

Leah Furman, MS, Pittsburgh, PA

Ms. Furman is a third-year medical student at the University of Pittsburgh School of Medicine. She is interested in exploring the impact of widespread community involvement and outreach programs on home safety. Her current work is focused on the Mobile Safety Center at Children's Hospital of Pittsburgh. She graduated summa cum laude from Wellesley College with a BA in Chemistry and French.

Adrienne Gallardo, MA, CPST-I, Portland, OR

Ms. 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. She has dedicated her professional focus on Injury Prevention and advocating for children. She has been a Child Passenger Safety Technician since 2002, and an Instructor since 2012. Adrienne has led the development of the Injury Prevention Program at OHSU Doernbecher Children's Hospital which includes an Injury Control Program benefiting patients and their families along with an Injury Prevention outreach program serving Oregon, SW Washington and Portland Metro communities. Services provided through the Safety Center include community outreach programs providing education and resources in areas including safe sleep, child passenger safety, home and bike safety, as well as providing a car seat inspection station at Doernbecher Children's Hospital, and monthly car seat clinics throughout the community. 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, OH

Dawne Gardner is an Injury Prevention Specialist with the Comprehensive Children's Injury Center at Cincinnati Children's Hospital Medical Center. In this Specialist position, Dawne is a Certified Child Passenger Safety Technician and the local Program Coordinator for the National Injury Free Coalition for Kids and Safe Kids Worldwide. For her focused work on helping to eliminate disparities in childhood injuries, Dawne has helped develop and implement community programs that have measurably decreased the frequency of pediatric unintentional injuries treated in our local emergency rooms. She is the 2019 recipient of the Safe Kids Worldwide Emilie Crown Safety Vanguard Award for Outstanding Local Coordinator and the 2014 award recipient of the Injury Free Coalition for Kids Program Coordinator of the Year. Dawne currently serves on the Injury Free Coalition for Kids Board of Directors and the Safe Kids Worldwide President's Advisory Council, offering her expertise to support global advances in the field of injury prevention.

Mike Gittelman, MD, FAAP, Cincinnati, OH

Dr Gittelman 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. Dr. Gittelman used to serve on the IFCK Board, and 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 currently the President of the AAP's Ohio Chapter. With this Chapter, he has developed a state-wide bicycle helmet intervention, a gun safety program in the pediatric office setting, a hospital-based safe sleep QI program, and an injury QI program for practicing pediatricians. 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. He has published his efforts extensively in peer-reviewed journals.

Meredith Haag, BS, Portland, OR

At OHSU, Meredith has championed issues surrounding child injury prevention ranging from firearm safety to newborn sleep safety, and has furthered efforts to revise pediatric blunt trauma evaluation protocols in the State of Oregon to reduce unnecessary CT exposure for children. She successfully authored a resolution engaging the Oregon Medical Association to endorse a ban of flavored e-cigarettes, and continues advocacy efforts as her district's Section on Pediatric Trainees representative on the American Academy of Pediatrics Resolution Task Force, recently representing the SOPT's position on a national scale regarding child separation at the border and anticipatory guidance on firearm safety. She plans to be a pediatrician.

Mia Hamilton, BA, Little Rock, AR

Ms. Hamilton is a Program Coordinator for Building Censuses for Safer Teen Driving a National Highway Safety Office funded program at Arkansas Children's Hospital. She holds a Bachelor of Arts degree in Criminal Justice from the University of Arkansas at Little Rock. She is pursuing Master of Arts degree in Social Work with a concentration in Advanced Direct Practice from the University of Arkansas at Little Rock. Mia is passionate about helping children and young people reach their full potential. Mia enjoys traveling, crafting, and spending time with her husband, family and friends.

Amy Hill, MS, Chicago, IL

Ms. Hill is Executive Director of the Injury Prevention and Research Center at Ann & Robert H. Lurie Children's Hospital of Chicago. In this role, she is Director of Safe Kids Illinois and Chicago and project coordinator of the Injury Free Coalition for Kids of Chicago. She has managed Injury Prevention programs at Lurie Children's since 2002. She holds a Bachelor of Arts from Loyola University of Chicago and a Master of Science in Public Administration from DePaul University. She is currently pursuing a Master of Public Health from the University of Illinois Chicago. She is a Certified Child Passenger Safety Technician and a Certified Playground Safety Inspector.

Benjamin Hoffman MD, FAAP, CPST-I, Portland, OR

Dr. Hoffman 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 Vice-Chair for Community Health and Advocacy, Director of the Oregon Center for Children and Youth with Special Health Care Needs, and Medical Director of the Tom Sargent Safety Center. He is also currently the Chair of the American Academy of Pediatrics Council on Injury Violence and Poison Prevention, and Director of the Community Pediatrics Training Initiative.

Pam Hoogerwerf, BS, Iowa City, IA

Ms. Hoogerwerf is the Manager of the Injury Prevention and Community Outreach program at the University of Iowa Stead Family Children's Hospital, as well as the Program Coordinator for Injury Free Coalition for Kids site at the hospital. She grew up in Cedar Rapids, Iowa and completed her undergraduate studies at the University of Iowa receiving a B.S. 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, Lawn Mower Safety 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.

Mitchell Hooyer, BA, Iowa City, IA

Mr. Hooyer is a third year medical student at the University of Iowa Carver College of Medicine. He grew up on a cattle farm outside Sioux Center, Iowa, and completed his undergraduate studies at Drake University where he majored in Biochemistry and Cell & Molecular Biology. His free time is spent exploring Des Moines restaurants, helping on the family farm, and planning his next hike. Mitchell wants his research to improve injury prevention education and help give those most vulnerable a voice. If even one less kid gets hurt as a result he will be happy.

Adnan Hyder, MD, MPH, Washington, DC

Professor Adnan Hyder is Senior Associate Dean for Research and Professor of Global Health at the Milken Institute School of Public Health of the George Washington University. For over 20 years, Dr. Hyder has worked to improve global health in low- and middle- income countries across Africa, Asia, Latin America, and the Middle East; and pioneered empirical work around health systems, ethics, and injury prevention in the developing world. He has conducted studies focusing on defining the epidemiological burden, understanding risk factors, exploring potential interventions, estimating economic impact, and appreciating the socio-cultural correlates of non-communicable diseases around the world. He has studied health systems constraints, biomedical ethics, participated in trainings of thousands of health professionals, defined the loss of healthy life years, and explored issues of health policy development. Dr. Hyder has co-authored over 330 scientific peer-reviewed papers and numerous world reports on road safety, child injuries, and health systems. Dr. Hyder received his M.D. from the Aga Khan University, Pakistan and obtained his MPH and Ph.D. in Public Health from Johns Hopkins University, USA.

Kristyn Jeffries, MD, Kansas City, MO

Dr. Jeffries grew up in a small town in southern Indiana and is a proud alum of University of Notre Dame and Indiana University School of Medicine. She completed her residency at Children's of Alabama in Birmingham, Alabama where she worked on ATV safety research and advocacy. She is now a first year Pediatric Hospital Medicine Fellow at Children's Mercy in Kansas City, Missouri. During her fellowship, she plans to further pursue her interests in injury prevention research and policies.

Charles Jennissen, MD, Iowa City, IA

Charles Jennissen, MD, is a Clinical Professor in the Departments of Emergency Medicine and Pediatrics at the University of Iowa Carver College of Medicine in Iowa City, Iowa, and Principal Investigator for the University of Iowa Stead Family Children's Hospital Injury Free Coalition for Kids site. Most of his research projects have addressed injury-related issues with an emphasis on off-highway vehicles (OHVs) such as all-terrain vehicles (ATVs). 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 inform the public and governing officials of the dangers of OHVs on public roads.

E. Lenita Johnson, MA, Kansas City, MO

Ms. Johnson is the National Marketing, Programming and Communications Director for the Injury Free Coalition for Kids. After a 20-year career of reporting, producing and anchoring, the five-time Emmy Award-winning Broadcast Journalist began working for the Injury Free Coalition for Kids. Prior to leaving the industry, Ms. Johnson worked as the Special Projects Producer for KMBC-TV where she produced primetime specials and documentaries. Much of her work centered around Harmony in a World of Difference, a program designed to heighten community awareness of cultural, ethnic, and religious differences and similarities in an effort to reduce discrimination. It was what she saw from behind the camera which led her to move into injury prevention. Ms. Johnson received her Bachelor of Arts degree in News Editorial from the University of Texas, at Arlington and completed her Master's in Communications at Northern Illinois University of DeKalb. In March of 2000, Governor Mel Carnahan appointed her to a six-year term on the Board of Governors of Central Missouri State University. Ms. Johnson became the first African American female president of the board. While serving on the board, she helped to institute the "Summer Bridge Program," a program to prepare first generation college students. She serves on the Board of Trustees of Second Baptist Church. Among the nearly 50 awards acknowledging her work, she was recognized as one of Kansas City's Most Influential African Americans. However, Ms. Johnson's proudest achievement is the building of two playgrounds, which are the Coalition's first two in Kansas City.

Sadiqa Kendi, MD, FAAP, CPST, Washington, DC

Dr. Kendi is a pediatric emergency medicine physician at Children's National Health System. She is a Bloomberg American Health Initiative Fellow, and an injury prevention researcher with a focus on equity. In addition, she is the medical director of Safe Kids DC, and is laying the foundation for the first Safety Center (center to provide injury prevention equipment and education to families) in Washington, DC.

LaShonda Kendrick, BA, Milwaukee, WI

Ms. Kendrick is an injury prevention coordinator at Children's Hospital of WI, I've been here for 5 years. She coordinates the hospital car-seat program and home safety in our Emergency Department Trauma Center. She is the mother of a 12-year-old son that keeps her busy with his Amateur Athletic Union basketball and football. She is currently in school pursuing her dream to become a nurse. She enjoys making sure kids and their families are safe and have a good experience at Children's Hospital of WI.

Andrew Kiragu, MD, Minneapolis, MN

Dr. Kiragu is Co-Principal Investigator of the Injury Free Coalition for Kids of Minneapolis. He is currently the Interim Chief of the Department of Pediatrics and Medical Director of the Pediatric Intensive Care Unit at Hennepin County Medical Center in Minneapolis. He is an Assistant Professor of Pediatrics at the University of Minnesota. He completed his undergraduate studies at Dalhousie University in Nova Scotia, Canada and subsequently graduated from Howard University College of Medicine in Washington, DC. He served his residency in Internal Medicine and Pediatrics, followed by a fellowship in Pediatric Critical Care at the University of Minnesota. As a pediatric intensivist at HCMC, one of Minnesota's premier Level 1 Pediatric Trauma Centers, he has considerable expertise in the management of critically injured children particularly those with severe traumatic brain injuries. He is also engaged in injury prevention efforts with Injury Free Coalition for Kids Minneapolis and serves on the boards of Safe Kids Minnesota and the Midwest Injury Prevention Alliance. Dr. Kiragu is an active advocate for children at the state level and is President-Elect of the board of directors of the Minnesota Chapter of the American Academy of Pediatrics.

Garry Lapidus, PA-C, MPH, Hartford, CT

Mr. Lapidus is the Director of the Injury Prevention Center at Connecticut Children's Medical Center / Assoc. Prof. of Pediatrics & Public Health, UConn School of Medicine where the Injury Free Coalition for Kids of Hartford is housed. He is physician assistant and provides care to sick and injured children in the Pediatric Emergency Department. Mr. Lapidus is a member of the faculty at Connecticut Children's Medical Center. He is a national leader in injury prevention research, education and training, community outreach programs, and public policy. He is a published author in the field with over 65 peer reviewed journal articles and has given numerous presentations to local, national, and international audiences. He is past Chair of the Injury Control and Emergency Health Services section of the American Public Health Association.

Mr. Lapidus has served as a member of the several grant scientific review panels. He is the instructor for the "Injury and Violence Prevention" course currently offered as part of the Master of Public Health Program at the University of Connecticut School of Medicine. He also serves as a preceptor for medical and public health graduate students engaged in injury research and practicum projects.

Lois Lee, MD, MPH, FAAP, Boston, MA

Dr. Lee's work focuses on childhood injury prevention, firearm safety, pediatric trauma care, health policy, and diversity in medicine. This is grounded in her clinical work as a pediatric emergency medicine physician at Boston Children's Hospital and Associate Professor of Pediatrics and Emergency Medicine at Harvard Medical School. She received her M.D. at the Perelman School of Medicine at the University of Pennsylvania. She completed her residency in pediatrics at the Children's Hospital of Philadelphia and her pediatric emergency medicine fellowship at Boston Children's Hospital. During that time, she also received her M.P.H. at the Harvard T. H. Chan School of Public Health. She is currently serving as the President of the Injury Free Coalition for Kids. With her expertise she holds national positions in the American Academy of Pediatrics Committee on Pediatric Emergency Medicine and the Council on Injury, Violence, and Poison Prevention. She actively advocates for child health with her passions for promoting health and preventing injuries to children and adults.

Michael Levas, MD, MS, Milwaukee, WI

Dr. Levas has been with the Medical College of Wisconsin's Section of Pediatric Emergency Medicine since 2011. He is a local product from the south side of Milwaukee and completed his undergraduate work at Saint Norbert College in De Pere, WI. Following graduation from the Medical College of Wisconsin, he completed his residency and fellowship training in Kansas City, MO. He completed his Masters in Clinical and Translational at the Medical College of Wisconsin. Since joining the faculty at the Medical College, Dr Levas has been intimately involved with health care disparities, youth violence, and injury prevention policy and research. He is the assistant medical director of Project Ujima, one of the premier hospital-based youth violence prevention/intervention programs in the United States. He currently serves as Vice Chair of Diversity in the Department of Pediatrics and as Deputy Director of the Comprehensive Injury Center at the Medical College of Wisconsin. He further co-chairs the Injury Reduction Initiative at Children's Hospital of Wisconsin.

Stephanie Lyons, BS, CPST, Cincinnati, OH

Ms. Lyons is an Injury Prevention Coordinator with the Comprehensive Children's Injury Center at Cincinnati Children's Hospital Medical Center. Receiving her Bachelor's Degree of Science in 2011 from the University of Cincinnati she has used her education and knowledge of community engagement to help develop and implement injury prevention programs throughout the Cincinnati area. She is also a dedicated Child Passenger Safety Technician who enjoys working with children after several years in adult traffic safety and occupant protection. Stephanie enjoys applying her love and knowledge of injury prevention both professionally and at home with her husband two-year-old son, Daniel.

Deena Liska, MEd, Milwaukee, WI

Ms. Liska is the Teen Driving Coordinator for Children's Hospital of Wisconsin Community Education and Outreach. She has coordinated state level teen traffic safety programs and been a Child Passenger Safety Technician/Instructor with Children's Hospital for more than ten years, partnering with the Wisconsin Department of Transportation, Department of Health, and State Farm. Ms. Liska has a Master of Art in Education and was a Firefighter and Emergency Medical Technician for more than 15 years before moving into injury prevention. In addition, she has been a certified Child Passenger Safety Technician/Instructor for more than ten years.

Gina Lowell, MD, MPH Chicago, IL

Dr. Lowell is a general pediatrician at Rush University Medical Center in Chicago with specialty interests in childhood injury and child abuse and neglect. She has conducted research in unintentional injury prevention using both hospital-based and national data systems to gain a clearer understanding of burn-related injuries in young children to guide innovative prevention strategies. She has joined in research efforts to better understand the epidemiology of sudden unexpected infant death and has analyzed infant safe sleep practices of mothers engaged in home visiting programs. As Director of Community Health for Pediatrics since 2016 she has worked to develop maternal-child health initiatives directed at improving the health of Chicago's communities through addressing the intersection of the social determinants of health and maternal-child health outcomes. She practices general pediatrics at the Rush Pediatric Primary Care Center and as consultant for Rush's Child Protection Team. She also teaches evidence-based medicine to medical students, pediatric residents and faculty.

Mariann Manno, MD, Worcester, MA

Dr. Manno is a Professor of Pediatrics and Emergency Medicine at the University of Massachusetts Medical School and faculty in the Division of Pediatric Emergency Medicine at UMass Memorial Children's Medical Center, Worcester MA. She is the Associate Dean for Admissions at UMass School of Medicine. Along with Dr. Michael Hirsh, she is Co-director of Injury Free Coalition for Kids-Worcester.

Maryann Mason, PhD, Chicago, IL

Dr. Mason is an Assistant Research Professor in the Department of Pediatrics at Northwestern University's Feinberg School of Medicine. Dr. Mason is the principal investigator for the Illinois Violent Death Reporting System (IVDRS) and works closely with the Illinois Department of Public Health to lead work on the Statewide Drug Overdose Reporting System (SUDORS), Illinois' opioid overdose fatality tracking system. Dr. Mason received her PhD in Sociology from Loyola University of Chicago. Her areas of research include qualitative methods, public health surveillance systems, child health and well-being, community-engaged research and injury and violence prevention.

Carlee McConnell, MPH, CPSTI, Austin, TX

Carlee McConnell serves as an Injury Prevention Coordinator in the Trauma Department at Dell Children's Medical Center. In this role, Carlee leads the Safe Kids Austin community coalition and aims to reduce childhood injuries in the Greater Austin area through coalition building, education, outreach, public awareness, and policy advocacy. The Safe Kids Austin coalition focuses primarily on child passenger safety, bike and pedestrian safety, drowning prevention, and safe sleep for infants. Carlee completed her Master's in Public Health at the University of North Carolina, Chapel Hill.

Eileen McDonald, MS, Baltimore, MD

Eileen McDonald is senior scientist in the Department of Health, Behavior and Society at the Johns Hopkins Bloomberg School of Public Health, where she directs the master's program in health education and health communication. She is core faculty of the Johns Hopkins Center for Injury Research and Policy and serves as their Associate Director for Translation. Her injury research focuses on the application of innovative health education methods, health communication technology, and other clinical- and community-based interventions aimed at reducing pediatric injuries. Eileen co-created Safety in Seconds, a free smartphone app that focuses on child passenger safety and residential fire safety. She and Johns Hopkins colleagues have conducted numerous RCT and national surveys on topics from opioid storage and use practices to fire and life safety topics. Ms. McDonald holds a bachelor's degree in health education and a master's degree in health administration. Eileen is the PI for the Injury Free Coalitions for Kids-Baltimore, where she spearheaded the award-winning bike helmet video, You Make the Call.

Terri D. McFadden, MD, FAAP, Atlanta, GA

Dr. McFadden is a General Pediatrician and a Professor in the Department of Pediatrics of the Emory University School of Medicine. She serves as Medical Director for Primary Care at the Hughes Spalding campus of Children's Healthcare of Atlanta where she sees patients and teaches residents and students. She leads primary care efforts within the Emory Department of Pediatrics PARTNERS for Equity in Child and Adolescent Health program. She is a Fellow of the American Academy of Pediatrics where she serves on the Executive Committee of the Council on Early Childhood and as President of the Georgia Chapter. McFadden is the Co-PI of the Injury Free Coalition for Kids. She serves on the boards of several child-serving organizations including Project Health Grandparents, Georgia Brain Trust and the Georgia Board of Physician Workforce. Her academic and professional interests include comprehensive care for the underserved, childhood injury prevention, early brain/early literacy development, social determinants of health, and medical education. She holds a Bachelor of Science degree from Spelman College and a medical degree from the Johns Hopkins School of Medicine.

Suzanne McLone, MPH, Chicago, IL

Ms. McLone, MPH, is the lead epidemiologist for the Illinois Violent Death Reporting System (IVDRS), and the State Unintentional Drug Overdose Reporting System (SUDORS) for Illinois. IVDRS and SUDORS are projects of the Injury Prevention & Research Center at the Ann & Robert H. Lurie Children's Hospital of Chicago. Ms. McLone has twenty years of experience conducting epidemiological analyses of factors which affect the health and well-being of children and adolescents in Chicago and Illinois; evaluating interventions to improve children's health and well-being; and providing analytic and statistical support to clinical faculty working in community health and persons working in child and adolescent advocacy and public policy working on risk factors and protective factors associated with child and adolescent health. She has eight years of experience managing data of and conducting epidemiological analyses with state-based surveillance systems, i.e. IVDRS, and more recently SUDORS. Her areas of expertise include adolescent pregnancy, violence and injury prevention, and the epidemiology of 'deaths of despair': homicide, suicide, and opioid overdose.

Maria McMahon, MSN, RN, PNP-PC/AC, CPST, Boston, MA

In my role as Trauma Program Manager at a Level I Pediatric Trauma Center, I supervise the Injury Prevention Program's Child Passenger Safety Program. I am also a Child Passenger Safety Technician (CPST) with certification in transportation of a child with special needs. I continually work to educate both nursing and clinical staff as well

Marlene Melzer-Lange, MD, Milwaukee WI

Dr. Melzer-Lange, is a 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, and the American Academy of Pediatrics Council on Violence, Injury and Poisoning Prevention, Violence Prevention Subcommittee. 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 four grandchildren.

Mary Beth Moran, PT, MS, MEd, San Diego, CA

Ms. Moran was the Program Coordinator of Injury Free Coalition for Kids of San Diego for 10 years (2007- 2018) as the Manager of Injury Prevention. She recently assumed the role of Director of the Center for Healthier Communities which houses the injury prevention program at Rady Children's Hospital. Ms. Moran joined the injury prevention community at Rady Children's Hospital from a clinical background as a physical therapist. After 20 years of treating injuries after the fact she decided to use her background in health care, education and evaluative sciences toward preventative interventions.

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

Kathy Monroe MD, MSQI, Birmingham, AL

Dr. 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 and is a member of the executive committee for the national AAP COIVPP council. 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.

Hope Mullins, MPH, Little Rock, AR

Ms. Mullins is the Assistant Director for the Injury Prevention Center at Arkansas Children's Hospital. She has worked in the injury prevention field for 18 years with an emphasis in research, evaluation and education. Hope holds a Masters of Public Health from the Faye W. Boozman College of Public Health in Little Rock, Arkansas. She is also a certified child passenger safety instructor and a certified research specialist.

Jessica Naiditch, MD, Austin, TX

Dr. Naiditch is a pediatric general surgeon and Trauma Medical Director at Dell Children's Medical Center of Central Texas. She 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. Dr. Naiditch's clinical interests include trauma clinical care, pediatric surgical oncology and other congenital anomalies.

Michele Nichols, MD, Birmingham, AL

Dr. Nichols is a Professor of Pediatrics at the University of Alabama at Birmingham. She attended Auburn University, 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, Kathy Monroe, and Cassi Smola, lead an Injury Prevention and Child Advocacy rotation for all interns, and they also, with Annalise Sorrentino, are all faculty advisors for our Coat of Arms – our Community Outreach and Advocacy resident organization.

Joseph O'Neil, MD, MPH, Indianapolis, IN

Dr. O'Neil is a Professor of Clinical Pediatrics at Riley Hospital for Children at IU Health, Indiana University School of Medicine. He is a member of the Section of Developmental Pediatrics and Complex Care at Riley Hospital for Children. Dr. O'Neil is boarded in Neurodevelopmental Disabilities. Dr. O'Neil earned his Medical and Master of Public Health degrees from the Indiana University School of Medicine. Prior to becoming a medical doctor, Dr. O'Neil earned his Bachelors and Master of Science in Civil Engineering, specialized in structural mechanics, from the University of Notre Dame and worked as a professional engineer for several years in the aerospace industry.

At Riley Hospital, he is Director of the Spina Program and is actively involved in the craniofacial, Cerebral Palsy, Neurodevelopmental Diagnostic, Newborn Follow up, and Autism Diagnostic clinics. In these clinics Dr. O'Neil teaches and supervises residents, medical students, and nurse practitioner students. He has developed curriculum for primary care providers for spina bifida, cerebral palsy, dysphagia, and metabolic disorders. In all these clinics Dr. O'Neil emphasizes transportation safety.

Dr. O'Neil's primary area of research is prevention of childhood injuries, especially for children with special healthcare needs. Nationally, Dr. O'Neil served as an executive member of the American Academy of Pediatrics' Council on Injury, Violence and Poison Prevention, and on the state level he is the past Chair of the Injury Prevention and legislative Committees for the Indiana Chapter of the American Academy of Pediatrics. Dr. O'Neil is the Co-Medical Director of the Automotive Safety Program at Indiana University. Also at the State level, he is a member of the Department of Education School Bus Committee. As a member of the Council on Injury, Violence, and Poison Prevention, Dr. O'Neil is the primary author for the national statements on the safe transportation of children with disabilities on school buses and passenger vehicles.

Nino Paichadze, MD, MPH, Washington, DC

Dr. Paichadze is Assistant Research Professor in the Department of Global Health at the Milken Institute School of Public Health, the George Washington University. Her research focuses on non-communicable diseases (NCDs), injury prevention, digital health and research capacity development in low- and middle-income countries. Her research interests include utilizing mobile technologies for optimizing data systems on NCDs and associated risk factors, using the data for defining gaps in the management of chronic conditions and understanding the impact of commercial determinants on health outcomes. She is interested in applying digital behavior change approaches to mitigate the burden of NCD risk factors among adolescents and youth and metabolic and physiological changes in older adults. Dr. Paichadze holds a Master of Public Health degree from the Johns Hopkins Bloomberg School of Public Health, where she also completed her postdoctoral fellowship and a medical degree from Tbilisi State University, Georgia.

Lindsay Pollok, MPH, CPST-I, Austin, TX

Ms. Pollok is an Injury Prevention Coordinator at Dell Children's Medical Center, a Level 1 trauma center in Austin, Texas. Her background includes developing public health programs, building community partnerships and managing grants at the county, region, and state levels. In her current role, Lindsay works directly with families and caregivers, builds relationships with organizations in the community and works to strengthen hospital policies. Additionally, Lindsay has worked closely with Texas lawmakers to advocate for state legislation that supports injury prevention best practices and policy. Lindsay is the site program coordinator for the Injury Free Coalition for Kids, a strategy team member of the Texas Injury Prevention Leadership Collaborative and is a past member of the National Child Passenger Safety Board. Lindsay earned her Bachelor of Science degree in Biomedical Sciences from Texas A&M University in 2008 and a Master of Public Health degree with a concentration in Social and Behavioral Health from the Texas A&M Health Science Center in 2010.

Wendy Pomerantz, MD, Cincinnati, OH

Dr. Pomerantz serves as the immediate past President of the Board of the Injury Free Coalition for Kids and current Co-Principal Director of Injury Free Cincinnati. She received her undergraduate degree from the University of Texas at Austin and her medical school degree from the University of Texas Southwestern Medical School in Dallas, Texas. She completed a Pediatrics Residency at Children's Medical Center of Dallas, a Pediatric Emergency Medicine Fellowship at Children's Hospital Medical Center in Cincinnati, and a Master's of Science in Epidemiology at the University of Cincinnati. Currently, she has a faculty appointment as a Professor of Clinical 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 since 1998. She has published many peer-reviewed articles in the fields of injury and poison prevention. Her interests include poison prevention, concussions, program evaluation, education, and geographic information systems.

Joyce Pressley, PhD, MPH, New York, NY

Dr. Pressley is an Associate Professor of Epidemiology and Health Policy and Management at Columbia University Medical Center where she serves as Director of the Outreach Core for the CDC-funded Injury Control Research Center. She is active with the Transportation Research Board of the National Academy of Science, Engineering and Medicine where she chairs the Occupant Protection Committee and is a member of the Alcohol and Other Drugs Committee. Her ongoing research interests include evaluating the impact of legislative regulatory policies and laws on motor vehicle safety, the impact of alcohol and drugs, technological advances for motor vehicle occupant protection and data surveillance systems essential to evaluate rapidly changing vehicle technologies, shifting vehicle fleet trends and environmental factors that impact transportation safety. Her recent and upcoming publications include evaluating the impact that laws and policies and their enforcement exert on motor vehicle occupant injury as well as the economic burden—particularly for front- and rear-seated motor vehicle occupants, risk factors for poor crash outcomes, factors impacting enforcement and the relation between high visibility enforcement and serious injury. Her experience in research, teaching and injury prevention is multidisciplinary—crossing the disciplinary boundaries of public health policy, epidemiology, emergency medicine, critical care, economics and health care management. She formerly served in the leadership of several national injury prevention organizations including as Chair of the Injury Control and Emergency Health Services Section of the American Public Health Association and as Chair of the Council of Centers for the Society for the Advancement of Violence and Injury Research.

Chuck Pruitt, MD, Salt Lake City, UT

Dr. Pruitt is the Principal Investigator of Salt Lake City Injury Free at Primary Children's Medical Center.

He 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 Director of Child Advocacy at Primary Children's Hospital. He is a member of numerous professional and academic societies, president of the Utah chapter of the American Academy of Pediatrics, 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 conference planning committee for Injury Free Coalition for Kids.

Kyran Quinlan MD, MPH, Chicago, IL

Dr. Quinlan is an academic general pediatrician and immediate past Chair of the Executive Committee of the American Academy of Pediatrics' Council on Injury Violence and Poison Prevention. He is Professor of Pediatrics at Rush University Medical center in Chicago. Dr. Quinlan completed the Epidemic Intelligence Service at CDC focused on child injury epidemiology and prevention at the National Center for Injury Prevention and Control. His publications include a study in the Journal of the American Medical Association showing that the majority of child passengers killed by drinking drivers in the United States were riding in the same vehicle with them. He has published numerous studies on child safety in the peer-reviewed literature and has been successful in helping to protect children through community advocacy efforts. He received an MD from Loyola University in Chicago, completed his pediatric residency training at the University of Chicago, and received a Masters in Public Health at the University of Illinois at Chicago. He was a Physician Advocacy Fellow of the Center on Medicine as a Profession of Columbia University working on child pedestrian safety in low-income areas on the south side of Chicago.

Teresa Riech, MD, MPH, FAAP, FACEP, Peoria, IL

Dr. Riech completed her undergraduate training in Biology at Southern Illinois University. She then went on to the University of Illinois College of Medicine at Rockford, completing a combined Doctorate of Medicine and Masters of Public Health program. The focus of her Masters degree is Health Policy and Administration. She completed the combined Internal Medicine and Pediatrics program at Indiana University, and then completed Emergency Medicine Residency at the University of Illinois College of Medicine at Peoria. She is an attending physician in the Emergency Department at OSF Saint Francis Medical Center, and since 2011 has served as the Director of the Pediatric Emergency Department. She is currently an Associate Clinical Professor of Emergency Medicine and Pediatrics.

In addition to her civilian career, Dr. Riech also served in the Illinois Air National Guard and US Air Force for 21 years, recently retiring as a Lieutenant Colonel. During her military career, she served as a flight medic, and then an F-16 Flight Surgeon, her military career took her on medivac and disaster response missions in locations such as Iraq, Afghanistan, Bosnia, and Guyana South America, as well as Hurricanes Katrina and Rita. She also served as an emergency response physician for NASA's shuttle program. Her research interests include pain management in the Pediatric ED population, disaster preparedness, and Virtual Reality training programs, most recently in development of virtual reality training programs for mass casualty disaster response. Her husband, also a pediatrician and internist, is helping her raise 3 rambunctious children, ages 4, 6 and 8. They are 5 minutes from an ED visit at all times.

Steven Rogers, MD, MS-CTR, Harford, CT

Dr. Rogers 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 the Co-PI and Executive Board Member for Injury Free Coalition for Kids. He is also 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 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' as well as caregivers' ability to identify and prevent injury and violence.

Eugenia Rodrigues, MD, PhD, MPH, Washington, DC

Dr. Rodrigues is Regional Advisor for Road Safety, Risk Assessment Unit, Sustainable Development and Environmental Health Area at the Pan American Health Organization (PAHO), in Washington, DC. As a medical doctor with a Doctoral and a Master's degrees in Preventive Medicine from the São Paulo University, Brazil, she worked as an Epidemiologist in the surveillance of infectious diseases at a local level for many years. She was the National Coordinator of Injury Surveillance at Brazil's Ministry of Health. Currently, as Regional Advisor at PAHO she leads technical cooperation with Member States in the design, implementation and evaluation of public policies for the promotion of road safety and prevention and control of injuries due to traffic crashes; support to Member States to develop and implement studies related to the identification and determination of the causes and risk factors for road traffic crashes; and compiling, analyzing, evaluating and disseminating information on the magnitude of the injuries caused by traffic crashes.

Kerryn Ashleigh Roome, BS, Atlanta, GA

Ms. Roome is a 4th year medical student at Emory University's School of Medicine. She is also currently pursuing her Masters in Bioethics as a dual degree student. Kerryn plans on going into pediatrics and has an interest in promoting safe sleep and providing parents and caregivers with the education and tools to successfully implement safe sleep practices in their homes.

Karen Sheehan, MD, MPH, Chicago, IL

Dr. Sheehan is a Professor of Pediatrics and Preventive Medicine at Northwestern University's Feinberg School of Medicine. She is a founding volunteer of the Chicago Youth Programs, a community-based organization that works to improve the health and life opportunities of at-risk youth. She divides her clinical time between directing the Chicago Youth Programs Clinic at Ann & Robert H. Lurie Children's Hospital of Chicago and practicing pediatric emergency medicine. She is also Associate Chair of Advocacy for the Department of Pediatrics and Medical Director of Lurie Children's Injury Prevention & Research Center and Healthy Communities.

Cassie Smola, MD, Birmingham, AL

Dr. Smola is an assistant professor of pediatrics in the Division of Hospital Medicine within the Department of Pediatrics at the University of Alabama at Birmingham. She completed medical school, residency, chief residency, and pediatric hospital medicine fellowship at UAB. Her interests include medical education and the use of medical technology, advocacy, cleft and craniofacial pediatrics. She is a co-director of the injury prevention and child advocacy residency rotation as well as a co-director of the resident community outreach group. She is passionate about the use of car seats and teaches the residency rotation about car seats.

Annalise Sorrentino MD, FAAP, FACEP, Birmingham, AL

Dr. Sorrentino graduated from the University of Missouri – Kansas City School of Medicine and completed her pediatrics residency and pediatric emergency medicine fellowship at the University of Alabama at Birmingham (UAB). Since completing her training, she has been academic faculty at UAB, with a focus on education. She has been involved with the American College of Emergency Physicians on a state and national level and enjoys teaching to trainees and colleagues of all levels and backgrounds. She serves as one of the faculty advisors for the pediatric resident advocacy group, Coat of Arms, which works to serve and protect the children in Birmingham and surrounding areas.

Nicholas Stange, Iowa City, IA

Mr. Stange is a fourth-year undergraduate student at the University of Iowa majoring in Biomedical Science. He is currently applying to medical schools in the hopes of pursuing an MD/MPH combined degree track. He is interested in public health and public policy research and hopes he can use his research to aid local legislators in implementing safer regulations for off-road vehicles.

Tanya Stewart, MSc, London Ontario

Ms. Stewart is the Injury Epidemiologist & Data Specialist for Children's Hospital at London Health Sciences Center. She has an appointment with the Department of Paediatrics at Schulich School of Medicine & Dentistry at Western University. Ms. Stewart has 29 years' experience with Trauma & Injury Prevention research and helped develop the Trauma System of Ontario. Her research interests include injury prevention evaluations, quality improvement and injury research, specializing in traumatic brain injuries and their prevention in the pediatric population. Ms. Stewart has over 50 peer-reviewed publications and has won several national and international research awards, the Johnson & Johnson Injury Prevention Award, a provincial Safety Leadership Award, a regional quality award for her work on infant abusive head trauma prevention and in 2015 was a recipient of the Vanguard Award from WORLDDiscoveries® for "Metabolomics Profiling of Concussion". She serves on the Executive of the Interdisciplinary Trauma Network of Canada and was instrumental in making London the first international site of Injury Free in 2013.

Stephen Strotmeyer, PhD, MPH, Pittsburgh, PA

Dr. Strotmeyer is a Trauma Epidemiologist at the Benedum Pediatric Trauma Program at the Children's Hospital of Pittsburgh. Stephen holds a Masters in Public Health and a Doctorate in Epidemiology from the University of Pittsburgh. He has over 15 years of experience in injury prevention research, with expertise in sports and recreational injury and clinical research studies. Currently Dr. Strotmeyer serves as the epidemiologist for several funded studies and the Injury Prevention Program at Children's Hospital.

Sarah Suiter, PhD, MS, Nashville, TN

Dr. Suiter is Assistant Professor in Human and Organizational Development, and the Director of the Community Development and Action M.Ed. program at Vanderbilt University. Prior to coming to Vanderbilt, Dr. Suiter was a Senior Program Evaluator at Centerstone Research Institute. Dr. Suiter received her Ph.D. from Vanderbilt University in Community Research & Action, and completed a postdoctoral fellowship at Duke University Medical Center. In the past 10 years, Dr. Suiter has worked with over 40 domestic and international organizations to design and implement program evaluations aimed at improving organizational process, outcomes, and impact.

Rochelle Thompson, MS, CPST, Philadelphia, PA

Ms. Thompson is the Injury Prevention Coordinator at St. Christopher's Hospital for Children (SCHC). She graduated with her MS in Psychology in September 2016 from University of Phoenix. Mrs. Thompson has educated over hundreds of families on a variety of preventative injuries such as scald burns, bike safety, pedestrian safety, home safety, fire prevention, gun safety, fall prevention, car seat safety, and safe sleep. Mrs. Thompson has published and represented at regional and national conferences with poster presentations. Mrs. Thompson loves interacting with children and families with the ability to relate to living in the lowest poverty community. She takes pride in making a difference to help change the behavior of what could inevitably prevent an injury. Beyond her work at SCHC, she works per-diem as a Mobile Therapist for a Peer Mentoring organization.

Brett Tracy, MD, Atlanta, GA

Dr. Tracy is a second-year Trauma & Surgical Critical Care Fellow at Emory University in Atlanta, Georgia. He earned his B.S. in Biology and Spanish from Siena College (Loudonville, NY) and his medical degree from The George Washington University (Washington, D.C.). He completed his general surgery residency in Savannah, Georgia at Memorial University Medical Center-Mercer University School of Medicine and is a board-certified general surgeon. In addition to Dr. Tracy's current clinical activities at Grady Memorial Hospital, he is extremely involved in research and specifically interested in studying how a community's socioeconomic profile can influence pediatric and adult trauma patient outcomes. Of note, Dr. Tracy is an avid writer, manuscript reviewer, educator, health policy advocate, and quality improvement liaison. He is also an active member of the American College of Surgeons (ACS) through the Health Policy Advisory Council (HPAC), the General Surgery Coding and Reimbursement Committee (GSCRC), and the Resident & Associate Society (RAS) Advocacy and Issues Committee. Moreover, he belongs to the Eastern Association for the Surgery of Trauma (EAST), Association of Academic Surgeons (AAS), Southeastern Surgical Congress (SESC), and Society of Critical Care Medicine (SCCM).

Purnima Unni, MPH, CHES, Nashville

Ms. Unni is the Pediatric Trauma Injury Prevention Manager at the Monroe Carell Jr. Children's Hospital at Vanderbilt, Nashville, Tennessee. She has been working at Vanderbilt for the last 11 years. Ms. Unni has a Master of Public Health degree from Portland State University, Oregon, and undergraduate degrees in Education and Psychology from the University of Mumbai, India. She is also a Certified Health Education Specialist (CHES).

Ms. Unni is a strong advocate for injury prevention in her community and has been active in the field for more than 20 years. She was instrumental in securing the Injury Free Coalition for Kids site designation for her hospital. She has developed and implemented innovative programs in Nashville and its surrounding counties. She actively works to form partnerships with local agencies to tackle injury prevention issues. She is a member of several national and state committees. Ms. Unni also has a strong interest in research and has published in the Journal of Trauma and Acute Care Surgery, American Journal of Emergency Medicine, and the Journal of Pediatric Surgery. She has also presented her work at numerous national conferences. She has also served as an ad hoc reviewer for "Pediatrics".

Pina Violano, PhD, MSPH, RN-BC, CCRN, CPS-T, New Haven, CT

Dr. Violano is the Manager for Injury Prevention, Community Outreach & Research for Yale New Haven Hospital's Level I Adult Trauma Center & Yale New Haven Children's Hospital Level I Pediatric Trauma Center. She is also the Co-Director of Injury Free Coalition for Kids in New Haven. She 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. Her research focus has centered on the reduction of gun violence through gun buy-back programs, safe storage of guns, educating gun shop owners on risk factor for suicide and the mentally unstable as well as adapting a disaster-preparedness approach to gun violence more specifically, the relationship between perceived collective efficacy, its subscales of social cohesion and informal social control, and exposure to gun violence. She has collaborated with a street-based outreach worker program to reduce gun violence specifically among 13-24-year olds through education, advocacy, and mentoring interventions within the City of New Haven, Hamden and West Haven. This work has culminated in the creation of Yale New Haven Hospital's first hospital-based violence intervention program (HVIP). Her commitment to the community is evinced by these projects, as well as ongoing membership on local, regional and national committee and boards. She is also an appointed member of CT's Child Fatality Review Panel and a registered nurse with over 30 years experienced. She holds a PHD in Public Health and is a certified child passenger safety technician with training in transporting children with special healthcare needs.

Chris Vitale, MSN, RN, Pittsburgh, PA

Ms. Vitale is the injury prevention manager for Children's Hospital of Pittsburgh of UPMC and has been the program coordinator for Injury Free Coalition for Kids in Pittsburgh for the past 18 years. She has over 35 years of experience in trauma care and injury prevention, including clinical, education, administrative and community outreach. Chris developed and coordinates the following programs: The Safety Center, Child Passenger Safety, Hard Heads, The Flipside – Violence Prevention, and FOCUS – Expanded, Teen Programs. An experienced grant writer, she has received more than three million dollars for injury prevention programming. She is a core team leader of the Allegheny County Child Death Review Team and also a member of multiple state, county and community boards.

Alicia Webb, MD, Birmingham, AL

Dr. Webb is a Pediatric Emergency Medicine Fellow at University of Alabama at Birmingham and Children's of Alabama in Birmingham, AL. She completed her pediatric residency at UAB after having done undergraduate and medical school at the University of Missouri in Columbia, MO. She is originally from Edwardsville, IL. Her research and advocacy interests are focused around injury prevention and educational outreach.

Sarah Welch, MPH, Chicago, IL

Ms. Welch is Associate Director of Lurie Children's Hospital Evaluation Core in the Smith Child Health Research, Outreach, & Advocacy Center. She also serves as the Community Research & Evaluation Associate Director of the Consortium to Lower Obesity in Chicago Children (CLOCC). She has been working in program evaluation for 10 years. She has extensive experience in evaluation design, project management, data collection, data dissemination, and evaluation capacity building. She has worked with a broad range of community and public agency partners in the public health field.

Flaura Koplin Winston, MD, PhD, Philadelphia, PA

Flaura Koplin Winston, MD, PhD, Distinguished Chair in the Department of Pediatrics and Scientific Director of the Center for Injury Research and Prevention at the Children's Hospital of Philadelphia (CHOP) is a tenured professor of pediatrics at the University of Pennsylvania Perelman School of Medicine. At CHOP she also leads the CHOP Innovation Ecosystem Initiative. Her interdisciplinary background in medicine, engineering and public health has allowed her to conduct research at the interface of child and adolescent health, injury, technology and behavior, thereby building the scientific foundation for the leading cause of child death - injury - while also building and leading effective multi-stakeholder healthcare and prevention teams. Her "research-to-action-to- impact approach" to academic entrepreneurship has led to new patents, products, programs, policies and laws as well as a CHOP spin-out technology company called Diagnostic Driving, Inc. For her scientifically rigorous and impactful work, in 2017, she was elected to the National Academy of Medicine.

Mark R. Zonfrillo, MD, MSCE, Providence, RI

Dr. Zonfrillo is a pediatric emergency medicine physician, a clinical epidemiologist, and Associate Professor Emergency Medicine and Pediatrics at Hasbro Children's Hospital and the Alpert Medical School of Brown University. His research focuses on pediatric injury epidemiology, with emphasis on risk factors for motor vehicle occupant injuries, concussion, and disabling injuries in children. He serves on the Executive Committee for the Council on Injury, Violence and Poison Prevention of the American Academy of Pediatrics. He also serves on the Board of Directors for the Society for Advancement of Violence and Injury Research and the Association for the Advancement of Automotive Medicine.

