

CDC *Vital Signs* Town Hall Teleconference

Child Injury Q&A Transcript

**March 17, 2012
2:00pm – 3:00pm EDT**

Amanda Miller: Thanks everyone for such excellent presentations. I want to remind our attendees that you can get in the queue to ask a question by pressing star 1. You'll need to record your name when prompted, and then you will be announced into the conference by the operator, (Melinda), when it is your turn to ask your question. I encourage you-all to take advantage of this opportunity to share strategies, lessons learned, challenges, et cetera. And I will turn this over to Dr. Holzman to kick off today's discussion.

Dr. Greg Holzman: Great. Thank you. Once again, excellent presentations and lots of interesting stuff being - going on, and I have a couple different questions, but I'm just going to start off with one and see what other questions come up from the group.

But Lindsey, when you talked about the ProDads program and saying all the men in those two counties that are on - in the probation system are going through the training program, is there anything to look at how this will continue on after funding has been completed or how this might be expanded to other areas, if this is being shown to be a successful program?

Lindsey Myers: We are certainly starting to explore those ideas. The pilot project is just in its second - completing its second year, but that is part of the discussion. And, you know, we've taken some time to really build the partnerships with the probation systems in these two local communities and are hoping that, you know, they have some educational requirements and protocols that they're -

they already require as part of the probation system. And we're hoping that they're going to just adopt this as something that they continue to offer.

We've been providing, you know, very small levels of funding. Each community right now gets \$25,000, which isn't a lot. It's been some to have them participate in our evaluation efforts and those types of things to do planning. But I don't feel like we're, you know, funding the program per se.

So I'm hoping that it'll be something that can continue on after these pilots are done. It's using evidence-based programs that already exist and have their own curricula and those types of things. So the communities don't really need to develop that kind of thing on their own.

And we are - hopefully with our core funding now going to support a couple of communities in rural areas to see how it works there before thinking of a larger sustainability plan. The two communities that are currently participating are in urban areas, and so we want to see if it works equally well in rural settings.

Dr. Greg Holzman: Great. Thank you. Operator, do we have any questions or calls on yet?

Coordinator: Thank you. Showing no current questions. But as a reminder, star 1.

Dr. Julie Gilchrist: This is Julie, and I'd like to ask Lindsey a question. I was delighted to see the ProDads, but, you know, as somebody who works in unintentional injury, I see injuries to kids, unintentional injury, child neglect and child abuse as kind of along a continuum. And a lot of the homes that are at risk for child neglect and abuse are also the target homes for much of our unintentional injury work.

And I was wondering if that program includes, you know, the - how to, you know, keep kids safe, you know, not just to not shake them, but also other ways to keep a home environment safe for a child?

Lindsey Myers: Yes, thank you. That's a great point, Julie, and one I should have mentioned. You know, we've been really interested here to try to look at the intersection between unintentional and intentional injury, particularly where, you know, a supervision for young kids and things, a lot of the factors that contribute to unintentional injury are precursors to some of the intentional injury. So I definitely think that's a great point.

These programs that the communities are using are evidence-based programs and include some constructs of that. That's an issue that we've been working with and partnering with other grantees that the Colorado Children's Trust Fund has to try to incorporate unintentional injury messaging to complement the programs that they're already doing. They address it at some level, but probably not to the extents that we would like it to.

We've also been starting to partner over the last year or so with our Early Childhood Home Visitation Programs in our state, because again, you know, sort of the same issues, the lines between unintentional and intentional injury for this age group and for these audiences are often, you know, similar strategies. So it's something that we are continuing to work on and to try to strengthen those components of the program.

People have been very receptive to that idea and are usually happy to incorporate, you know, some general safety information and things as we move forward. We're also particularly interested, not so much with the ProDads project, but with looking - with Early Childhood Home Visitation and really trying to get them to incorporate safe sleep messaging into their

curricula to help with the suffocation issue that we've been seeing increase nationwide.

Dr. Greg Holzman: Operator, do we have a question?

Coordinator: Thank you. We do have a question. Nancy Hanson, your line is open.

Nancy Hanson: Hello, this is Nancy. I'm from Children's Hospital Association, and both Dr. Gilchrist and Kate Carr mentioned the National Action Plan for Child Injury Prevention that was released yesterday. And I was wondering if either of you could tell us a little bit about the Steering Committee that will promote implementation of that plan and its composition and activities?

Dr. Julie Gilchrist: This is Julie, and I was delighted that the - they decided to take on the Steering Committee for the implementation. However, I don't know that I can tell you the makeup. The original - I don't know if it's going to be the same as the Steering Committee that helped drive the development of the plan. I can certainly put you in touch with people who can give you the list and I - the plan itself may include the Steering Committee members in it. I haven't clicked on it to see if there's a list.

Yes, so if you want to send me your email, send it to jrg7@cdc.gov, I'll try and forward that onto someone who can help you with that. I'm sorry that I don't have that answer right now in my head.

Nancy Hanson: Thank you.

Coordinator: I'm showing no further questions on the phones. But once again, star 1 at this time. One moment please.

Dr. Greg Holzman: As we're waiting for one more question, I'll - I'd like to ask Dr. Gilchrist real quickly, we ask so much with the providers and the primary care system, and one thing - as one of the recommendations is to include child safety education for all new parents and at all pediatric visits. Is there any hierarchy at all to the type of prevention modalities that we should talk to that show more evidence that it works with the provider saying something to their patients versus others.

And I know there is definitely timeframe differences if you're talking to a parent with a 1-year-old versus a parent with a 17-year-old, but I was just wondering if there's a little bit more information for those providers who have to relegate what they have time to do and how to - how (unintelligible)?

Dr. Julie Gilchrist: Yes, that's an excellent question. And, you know, I would have to say it would go back down to, you know, burden of injury. So 50% of child injury deaths that we report on were - involve motor vehicle traffic, and that doesn't necessarily mean that they were all the occupants. In fact, I think just under half were occupants. So the remainder were people who got hit by a car either on a bike or a pedestrian or some other mode. But they're traffic related, and so I think certainly that's one place to focus your energy. And that, you know, is in all ages.

If you're talking to families under - with kids under 1, then certainly safe sleep. You know, I think there's a lot of misunderstanding about the risks in the sleeping environment and when parents are sleep deprived, you know, they tend to fall asleep with the infant wherever they are, on the couch, on the wherever and that puts the infant at risk.

And then, you know, 1 to 4 year olds, you can certainly ask if they have access to any water in the home. You know, is there a backyard swimming pool, above-ground, in-ground, and target that. As they get older then

potentially, you know, Parents Are the Key which is a program for teen drivers - for parents of teen drivers becomes an issue.

And so, I think the anticipatory guidance would really, you know, be targeted obviously to the development of the child. But in addition to that, anything that you can be made more practical and more helpful is going to have more of an impact.

So beyond just saying, "Hey, you should have a car seat and use it," then the practices that also have a child passenger safety technician who can go out with the parent to the car and check the car seat and give them practical advice about the installation and use of the car seat, would certainly be more helpful than, you know, just a, "Hey, you should use a car seat."

So not only the topics and the age of the child based on the burden of injury, but also, you know, how practically can that practice actually participate. If they can't do that, can they then find out a list of where local car safety seat check stations are. Oftentimes, fire stations will do it. Things like that to where they can provide very useful actionable information to the parents. Does that make sense?

Dr. Greg Holzman: Yes. Thank you very much. Operator, it doesn't look like we have any further callers; is that correct? Any questions?

Coordinator: Thank you. That is correct. Showing no questions on the phones.

Dr. Greg Holzman: I guess if there's no further questions, then I think maybe we'll get to ending early. I will hand this back over to Amanda Miller.

Amanda Miller: Thanks everyone who participated in our discussion. Before we close, I just want to ask you to take a moment to look at the last slide on the PowerPoint.

And on this slide, you'll find our email address. It's ostltsfeedback@cdc.gov. That's O-S-T-L-T-S feedback@cdc.gov. We'd really love to know from you how we can improve these teleconferences so they're more beneficial.

Also, we will not have a Vital Signs Town Hall Teleconference in May, but I hope you will join us again in June. And we will send out more information as that date approaches. I'll say a final thank you to our presenters, Dr. Julie Gilchrist, Kate Carr and Lindsey Myers and for everyone for joining us today. Thank you.

Coordinator: Thank you. This does conclude the conference. You may disconnect at this time.