

CDC *Vital Signs* Town Hall Teleconference

**Child Injury
Transcript**

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

Coordinator: Welcome and thank you for standing by. All participants will be on listen-only until the question-and-answer session. Today's conference is also being recorded. If you have any objections, you may disconnect at this time. I'd now like to turn today's meeting over to Dr. Greg Holzman. Thank you. You may begin.

Dr. Greg Holzman: Thank you. Good afternoon. And I'm glad you could join us today to discuss the latest Vital Signs report on the number one cause of death for children in the United States: unintentional injuries.

The good news from this report is that the number of children dying from injury has declined nearly 30% over the last decade. Yet we all know that even one death is too many. And unfortunately, this success is not shared by all population subgroups or states. In addition, the death rate for some injury mechanisms has actually increased during the last ten years.

There are a number of strategies that have been shown to be effective in preventing children - child injuries from occurring. On today's call, we'll hear from colleagues in Colorado and from Safe Kids Worldwide on how they have integrated many of these strategies into their activities to prevent child injuries.

In addition to this month's Vital Signs report, I want to briefly highlight the recently released National Action Plan for Child Injury Prevention. This

resource provides the roadmap for insuring better health outcomes for our children by focusing on action steps for research, data, education and health systems.

So without further delay, I will turn the teleconference over to Amanda Miller from the OSTLTS Communication Team who will introduce our speakers and facilitate the discussion portion of today's meeting. Thank you.

Amanda Miller: Good afternoon, everyone. Thank you for joining us today. Before we get started, I want to remind you that you can download today's PowerPoint presentation and view bios for each of our presenters on the Town Hall Teleconference Web site. The Web address is www.cdc.gov/stltpublichealth. That's S-T-L-T public health with no spaces. There is a link directly to the Town Hall Web site under Highlighted Products and Resources on the bottom right.

This site is also where we will add the audio recording and the transcript for today's meeting, and they should be available next week. If you have any problems viewing the PowerPoint presentation, right-click and select Save As to download the presentation to your computer, and this should eliminate any issues you may have with your browser opening a larger file.

There will be time for questions after the presentations today, and you can get in the queue to ask a question at any time during the teleconference. You'll press star 1 and record your name when prompted.

Now it's my pleasure to introduce today's speakers. I'm going to introduce all of the speakers now, and then during the presentations, each speaker will hand off to the next one when they are finished.

Joining us today to provide a summary of this month's Vital Signs report is Dr. Julie Gilchrist, a pediatrician and medical epidemiologist with CDC's National Center for Injury Prevention and Control. Then Kate Carr, President and CEO of Safe Kids Worldwide will discuss that network's efforts to prevent childhood injury and highlight the role Safe Kids can play in conjunction with the new National Action Plan.

Lindsey Myers, Manager of the Injury and Violence Prevention Unit at the Colorado Department of Public Health and Environment will be our last presenter today. Myers will share information about the Colorado Child Fatality Prevention System and some of the programs they've designed to prevent leading causes of childhood injury death in the state.

And now, I will turn the call over to Dr. Gilchrist.

Dr. Julie Gilchrist: Thank you, Amanda.

Amanda Miller: You're welcome.

Dr. Julie Gilchrist: So every parent's worst nightmare is the death of a child, and every year nearly 9000 children and teens die from injuries, leaving behind countless loved ones to deal with those losses. Today we're going to talk about the trends in child injury deaths in the United States from 2000 to 2009.

The next slide. Unintentional injury is the Number 1 leading cause of death in children after infancy. It accounts for 37% of all deaths to children between the ages of 1 and 19, and fatalities are just the tip of the iceberg. For every child that dies, another 25 are hospitalized and 925 more are treated in the ER, and many more are treated in doctors' offices, clinics or at home. In 2005,

injuries that resulted in death, hospitalization or an ED visit cost nearly \$11.5 billion in lifetime medical expenses.

On Slide 6, you can see that the U.S. child injury rate doesn't compare favorably with other high-income countries. This figure shows that the unintentional injury death rates for children ages 1 to 14 years in a selection of countries in 2008 and the U.S. rate highlighted in purple is 4 times higher than the top-performing nations including Sweden and the Netherlands.

So on Slide 7, we've highlighted some key findings that were from the new figures released yesterday on unintentional injury deaths among children and teens. More than 9000 children, 0 to 19 years, died from unintentional injuries in the U.S. in 2009, and while we're delighted that this is a - almost a 30% decrease over the decade, injury is still the Number 1 cause of death among children.

Slide 8 includes the figure that shows the overall trend across these years in unintentional injury death rates, and it shows a trend for boys and girls. The overall rate declined 29% among children from 15.5 per 100,000 in 2000 to a rate of 11.0 per 100,000 in 2009. The pattern for boys and girls was remarkably similar, although notably every year the death rate for boys is almost twice the death rate for girls.

Slide 9 includes the figure that shows the same data broken down by racial and ethnic groups. All racial and ethnic groupings had significant linear declines over the time period. However, American Indian and Alaskan native children continue to have the highest death rate throughout the study period with a 2009 rate nearly double that for African-American children, the population with the next highest rate.

Slide 10 includes the figure that - includes the same data broken down by age group. The highest death rates are in the oldest age group, 15 to 19 year olds and in the youngest age group, children less than 1. The overall death rates decreased among all age groups except the children under 1, where the rate now surpasses that of 15 to 19 year olds.

Slide 11 presents the leading mechanisms of unintentional injury deaths by child age. The top mechanisms of child injury death by age group in 2009 are presented, and the horizontal axis lists each age group while the vertical axis has the percentage of child injury death. For each age group, the top three causes are displayed with all other causes grouped as other injury.

Among children less than 1, suffocation accounts for 77% of injury deaths. In 1 to 4 year olds, drowning is the leading cause, taking almost a third. As children age, motor vehicle traffic related deaths make up a larger proportion of injury deaths, accounting for about two-thirds of those deaths among 15 to 19 year olds.

Slide 12 includes a map that shows the 2009 injury death rates by state. States with the lowest death rates, below the national rate of 11 per 100,000 are in pale yellow. And states with death rates from 11 to 18 are in orange, and rates of 18 and above are in dark red. There are wide variations in injury death rates among states, a six-fold difference, with rates ranging from 4.0 in Massachusetts to 25.1 per 100,000 in Mississippi.

Next slide, the states and communities can play a critical role in protecting our children. We'd love for people to align their efforts with CDC's National Action Plan for Child Injury Prevention, which is available at cdc.gov/safechild. They can also strengthen data collection on child injury to identify problems and track progress. Many states are involved in child death

review, which gives a wonderful opportunity to standardize data collection and compare between and among communities and other states.

We can use strategies shown to reduce injuries such as graduated driver's licensing, learn to swim programs and prescription drug monitoring programs, and public health can play a role in promoting all of these. Improved access to poison control centers, trauma center care and preventive services, everything from child safety seat inspection stations to training in CPR and basic first aid, and public health can also promote these.

On Slide 14, there's a list of state resources where you can get more information. In 2008 the WHO put out a report on child injury prevention. It covers injury worldwide among children and has a great discussion of proven preventive practices by mechanism, and it's worldwide, but the science is the same no matter what country you're in.

At the same time, we released the first Child Injury Report, which includes fatal and nonfatal data, and it includes it by age, mechanism and state. So if people are more interested and want to get more state data, there's some available there.

As of yesterday, we have the MMWR that includes trends for the first time in child injury deaths by state and by mechanism. There's a Vital Signs fact sheet, which we attempted to summarize this extensive information, and we also released the National Action Plan for Child Injury Prevention. We hope that it will highlight the problem, raise awareness of the problem, identify and promote proven solutions and galvanize efforts around child injury through all the partners who can play a role.

Additionally, we'd like to highlight materials for parents on the - from the Protect the Ones You Love initiative. It's also available on the same site at cdc.gov/safechild, and it provides specific information directly for parents on actions they can take to prevent each of the leading mechanisms of child injury deaths.

On my last slide, it's my favorite quote, "Never doubt that a small group of thoughtful committed citizens can change the world. Indeed, it's the only thing that ever has." So at this point, I'd like to turn it over to Kate Carr from Safe Kids Worldwide. Thank you.

Kate Carr: Thank you, Julie, and I - that's one of my favorite quotes as well. Good afternoon, everyone, and thank you for the opportunity to be with all of you today. This is such a significant moment, and Safe Kids is honored to be a part of the launch of the National Action Plan.

Our mission is outlined on Slide 17, and it is very fitting in with this moment. We are - we were formed with the intent to prevent unintentional childhood injury. As has been noted the Number 1 cause of death for children in the United States, and indeed, a major factor for mortality and morbidity in the rest of the world.

On Slide 18, you'll see where we work. Safe Kids Worldwide works with organizations in 22 countries on 5 continents, all united by a common mission to keep our kids safe. In the United States, our network consists of 600 state and local Safe Kids Coalitions and Chapters across all of the 50 states.

Our goal, on Slide 19, is quite simple. We want - all of our work is targeted at preventing childhood injuries. We do this through careful cutting-edge research, implementation and evaluation of data-driven programs, robust

advocacy on issues of importance, impactful communication and marketing campaigns to raise awareness of the issue and help drive behavior change. Our funding comes from corporate, federal and foundation sectors as well as individuals.

On Slide 20, I've detailed a number of our risk areas, and I could take hours to describe our many programs, but we really don't have that much time. Let me talk a little bit about just a few. Our Safe Kids Buckle Up program includes child passenger safety checkup events. We did 8000 last year. Hypothermia prevention, I'm in Boca Raton today where we launched our Hypothermia Campaign. Spot the Tot to address the issue of backups.

Countdown 2 Drive to help prepare young teenagers for when they go into the driving mode. And the certification of Child Passenger Safety Technician and Instructors, this year we expect to certify over 35,000 safety technicians, which is quite a process. Our Fire and Burn program addresses smoke alarms and carbon monoxide detection, cooking safety, and we work with Head Start centers to educate young children and their families.

I was reminded of the importance of pedestrian safety just this morning when I was watching the news and saw that a young child had been hit by a car while standing at a school bus stop here in Boca Raton. So even something as simple as pedestrian programs are - remain extremely important.

On Slide 21, we've given you a little flavor of some of our recent research. In September, we released a report, A Look Inside American Family Vehicles, detailing information from over 78,000 car seat inspections that we conducted, and we followed that with a report on attitudes and behaviors of parents when Halloween rolls around.

The next slide on Page 22 details our most recent campaign, Safe Storage, Safe Dosing, Safe Kids: A Report to the Nation on Safe Medication. As noted earlier, the increase in poisoning deaths among teens is particularly important, and we find that while poisoning overall - deaths from poisoning overall have decreased, we're seeing an alarming trend for our teenagers that we're paying a great deal of attention to.

In addition, 165 kids every day, roughly 4 school buses full of children are treated in emergency departments after taking medication on their own. We can't say enough about this issue, and we had a really great campaign that was launched in March on it. If you have a moment, take some time to visit our Web site at safekids.org and check out our video on this. It's very - if it can be helpful, we'll help you download it. Campaigns that we have coming up in 2012 are also listed on Slide 22.

Finally, I'd like to say a word about the CDC's launch of the National Action Plan. We really want to salute all of the people who were involved in the development of this plan, and we have some specific activities that we plan to do to support the efforts of the many who are involved.

First and foremost, we'll advocate for the passage, strengthening and enforcement of the existing child safety laws, and we have a number of campaigns underway on everything from fire sprinklers, carbon monoxide, concussions, any of the leading issues that I'm sure all of you on this call are familiar with.

We've already shared the National Action Plan with our 600 coalitions and chapters here in the United States, and if you are someone who's on Twitter, well, you can retweet our messages that are out there today. So follow us on Safe Kids USA, our Twitter account. We'll be doing other social media as

well on Facebook, and we'll continue the effort to keep this campaign at the forefront of consciousness on social media.

And finally, we are pleased and honored to serve on the CDC's Steering Committee to promote the implementation. The most important thing I think that we can continue to address and need to, is the need for behavior change, and to change behavior you have to get the word out. So as you'll see on Page 24, we're pretty active in doing that. We had 1,000,008 visitors to our Web site last year, and that number continues to grow as we push our efforts on - so other social media channels.

So we'll be out there, and we look forward to working with all of the partners on this call. I now am going to turn this over to Lindsey.

Lindsey Myers: Hi everyone. Thank you for inviting Colorado to present a little information about what we have been doing in the area of childhood injury. I'm going to spend a little time talking a little bit about how we look at our data in the State of Colorado, though it's very similar to, I know, what other state health departments regularly do.

The Colorado Public Health Department, like other state health departments, regularly use data - death certificate data and hospitalization data to describe the burden of childhood injury. And in 2010, Colorado is excited that we finally began collecting electronic emergency department data for the first time. So we're starting to explore what that data adds to the picture of childhood injury in our state.

The information that I will present today and is pictured on Slide 26 really focuses on how we've used, primarily our death certificate data to inform our child injury prevention work. While the Child Injury Vital Signs report

focuses on unintentional injury, in our state we tend to look at both unintentional and intentional childhood injury data when setting our priorities, and that's some of the data that you see on this slide here.

So you can see for under age 1, a similar pattern to what was found in the Vital Signs report that was released yesterday. Suffocation being the leading cause of injury death for infants.

Colorado has been very fortunate to participate for the last three years in the CDC's Sudden Unexpected Infant Death Case Registry Project, and while I'm not going to go into detail about how we're starting to use the data from there, certainly - but looking at our suffocation data and comparing it to what we're seeing with trends going on with SIDS and unexplained deaths or undetermined deaths, it's something that we're really working hard to do and thinking about how that data can really help inform our intervention in the same way that I'll describe we've done with other issues.

For age groups 1 to 4, you see that injury is 38.4% of all deaths in this age group are due to injury, and child abuse is the leading cause. And I will present a little data about and information about a project that we've been working on to address that issue.

For both ages 5 to 9 and ages 15 to 19, motor vehicle crashes are the leading cause of injury deaths in those age groups. And for interestingly, in Colorado or unfortunately, for the 10 to 14 year old age group, suicide is actually the leading cause of injury death in Colorado.

So if you turn to Slide 27, you'll see a little information about our Child Fatality Prevention System. The Colorado approach to our injury prevention work for children is often, at least in part, formed by or based on the Child

Fatality Prevention System work. Colorado has had a multidisciplinary Child Fatality Review program since 1989, and it was codified into our state statute in 2005 and named the Colorado Child Fatality Prevention System.

Colorado does not receive any state money to operate this program, and so our Injury Suicide and Violence Prevention branch has to blend funding from several different sources to fund the program. Currently the majority of our funding for this program comes from our Maternal and Child Health Block Grant as well as a little funding from the Sudden and Unexpected Death Infant Case Registry and a couple of other sources.

The unique thing about this is that by blending the funding sources and really using this system as a basis to look at our prevention work, you know, we're able to resource and fund some really innovative and interesting pilot projects that are truly based on our data and the circumstances that we're seeing in child deaths.

Our Child Fatality Prevention System state team reviews all Colorado death occurrences of children under age 18. We look at cases from all causes at some level but conduct more thorough reviews on the approximately 400 child deaths that are the result of injury, violence and suicide in the State of Colorado.

The overall mission of the Colorado Child Fatality Prevention System is to understand the incidents and causes of child deaths and to make recommendations for changes to laws, rules, policies, et cetera to prevent child deaths, and we've taken a lot of the approaches that are highlighted in the new Child Injury Prevention Action Plan and really we're excited to see that report come out yesterday, because I think it - that plan aligns nicely with some of the work that we are already doing.

Ultimately our program aims to act as a - aims to act as a catalyst for public health action, which means really using the data and trying to get it into the hands of people who can use this information at the local level as well as to our state level partners.

In the next three slides, I will give you three brief examples of the Child Injury Prevention projects that we are currently working on related to child abuse, suicide and motor vehicle safety. All three of these projects were based on our Child Fatality Prevention System data, which uses death certificates as sort of the base of that information where we use that as a jumping point to get more information on circumstantial data.

So if you click to Slide 28, we have for the last couple of years initiated a project called the ProDads project. For many years, the Child Abuse Clinical Subcommittee of our Child Fatality Review System found that many fatalities in our state were the result of shaking or other violence by young male caretakers.

These young men had often not had any previous experience with caretaking of children. Additionally, this has been a traditionally difficult population to reach as young men are usually not part of the educational system, and unlike their female counterparts, sometimes lack appropriate role models.

It became clearly evident that something needed to be done about this when several counties experienced or one particular county experienced 6 child fatalities from shaking baby syndrome within 4 months in 2009. So this was something we were taking a close look at through our data and really for the last 20 years have seen this pattern of, you know, the unrelated male caregiver of a child being the perpetrator of child maltreatment.

So this project started by convening a collaborative group to discuss current efforts to reach this population and best practices to educate these young men about caretaking of young children. The collaboration included state health departments - or the State Health Department as well as the State Department of Human Services and the Judicial Department. It also included county probation and program providers in two separate counties that were aware of current program offerings and implementation strategies.

The group determined that the most effective way to impart these caretaking skills to this population was by making the completion of parenting classes part of the probation requirements. So programs were selected in two counties, and these counties have been working for the last two years in their - with their probation systems to offer Nurturing Parenting Programs in this population of young men regardless of whether the men are currently parents or not.

Both programs are utilizing an evaluation tool called the AAPI-2 to help determine the program effectiveness, and this is a tool that is commonly used in the Nurturing Parenting Program. It measures constructs such as increasing empathy of parents, increasing knowledge of child development, decreasing the value and use of corporal punishment, decreasing the potential for the reversal of parent-child roles and increasing the value of children's power and independence.

These constructs are well-researched factors in child maltreatment prevention, and while the data from this project are - is not quite conclusive yet based on the small number of participants and the fact that this is, you know, just a pilot that we're continuing to run, both sites in the counties are seeing improvements in at least three of the five Nurturing Parenting constructs.

However, these young men who have received these services have also indicated that the program is working to help them understand how to better parent, and we've actually been fortunate to get some really great media attention in both of these counties, interviewing men who have gone through this program, which to me, has been really impressive given that, you know, these are men in the probation system and not the typical folks that you see talking about parenting on TV.

So this has been a really great opportunity. The initial two pilot sites for ProDads were funded by the Colorado's Children's Trust Fund, and in January, our Colorado Injury Community Planning Group, which is part of our core Violence and Injury Prevention Programs in Colorado selected child maltreatment as one of its four priority areas to focus with our grant dollars from that funding source as well.

And so through that project, we're going to be funding some additional pilot sites for the ProDads project and really hoping that we can compile the data across sites and start to really report some good evaluation findings for this program.

On the next slide, on Slide 29, you see some information about a project that we've worked on for youth suicide prevention. Again, data from the Child Fatality Prevention System was really useful in helping us kind of target and develop a program that would specifically address youth suicide.

Our data indicated that many youths who completed suicide in Colorado had prior contact with the juvenile justice and child welfare system. So the Colorado's Office of Suicide Prevention Data Program used this data as a basis to apply for a Garrett Lee Smith Grant from the Substance Abuse and

Mental Health Services Administration to train gatekeepers that work with adolescents in these systems.

We call our project, Project Safety Net, and it is a program that focuses on youths at risk for suicide. Under this program, adults work - who work with adolescents in the juvenile justice and child welfare systems and who work with Hispanic, Latino and lesbian, gay, bisexual, transgender and questioning youths are trained to recognize and intervene with suicidal youths.

Adults who interact with these high-risk youths are trained on how to identify and refer suicidal youths to lifesaving services and resources. Additionally, the Office of Suicide Prevention works with its grantees to improve systems serving youths in the intervention communities by ensuring there's a cross-system referral and follow-up protocols to facilitate a seamless continuum of services.

The Office of Suicide Prevention provides funds received through SAMSA to agencies serving over 22 counties in the state, and these counties implement strategies and trainings designed to ensure that youth at risk for suicide are identified, assessed and referred to the appropriate services.

Project Safety Net is now in its sixth year, and in between 2009 and 2010, 478 Coloradoans were trained as gatekeepers to recognize and intervene with suicidal youths. Three and six months follow-up surveys have indicated that at least 49 youths have - that shown signs of suicide to these gatekeepers have been actually referred to and followed up with mental health services.

So we're trying as best we can to sort of, you know, take the data that comes from child fatality, turn it into a great intervention and then try to use data again to evaluate its effectiveness and how it's working on the ground.

My last example on Slide 30 is around child motor vehicle safety, and you see here a graph that represents our teen fatality - motor vehicle teen fatality death rates for 15 to 19 year olds, and we've seen just a really impressive decrease in the last several years for teen motor vehicle fatalities. And we have been working really hard on this issue for really the last decade with many of our partners.

After Colorado first implemented its graduated driver's license law in 1999, the Colorado Child Fatality Prevention System, you know, continued to review circumstances related to child motor vehicle crashes and deaths and found that our original graduated driver's license law did not go far enough. For example, data indicated that the majority of teen motor vehicle fatalities involved teen drivers with multiple teen passengers, and several of the other trends that were also being seen at the national level at the time.

The Child Fatality Prevention System published its teen motor vehicle fatality data and made recommendations to policymakers for years and years to enhance Colorado's graduated driver's license law, and we were really excited in 2004 during the legislative session that the graduated law was, in fact, strengthened by including passenger restrictions for new drivers, extending the permit period for - from 6 months to 12 months and making the seatbelt law primary for teen drivers and any of their passengers.

In preparation for this law going into effect in 2005, our Injury Prevention Program collaborated with Maternal and Child Health Programs here within the State Health Department to create a group called the Colorado Teen Driving Alliance, which is a group of public and private partners interested in supporting the enforcement of the graduated driver's license law and improving teen motor vehicle safety in Colorado.

The Colorado Teen Driving Alliance has been meeting monthly since 2005 and has been the primary entity responsible for educating parents, teens and law enforcements about the graduated driver's license law. So we are really working on law implementation and have been for the last six or seven years to try to make it stick, and I - you know, we'd like to say that some of that nice decrease that happened between 2004 and '05 and continuing on into the future is at least in part due to a lot of the work that this coalition has done over the years.

While we've experienced a 60% reduction in teen motor vehicle fatalities since 2004, there is still a lot more work to be done. The alliance continues to work with the Child Fatality Prevention System to analyze teen motor vehicle crash data and to identify ways to improve the graduated driver's license law to prevent teen deaths. The alliance works to build policy capacity among its partners by offering policy trainings to local public health departments and local teen driving safety coalitions.

We also - the alliance also serves as an implementation team for the Maternal and Child Health Program here at the State Health Department, which provides funding to local health departments to work on teen motor vehicle issues. And so this group has really provided, I think, a lot of the infrastructure that has allowed, you know, the education about the law and hopefully, you know, continuing to look at our data and seeing ways to strengthen it, we'll have the infrastructure in place to really affect policy at the state level through our local partners and state-level partners.

And just in closing, on Slide 31, I list some contact information. The Colorado Department of Public Health and Environment employs a variety of strategies to prevent child injury and death. We use data from Child Fatality Prevention

System and other available data resources to improve our interventions and our programs.

The State Health Department plays several different roles. We act as conveners, as funders and as innovators, and this slide contains the contact information for the program managers that oversee the programs I have mentioned today. Please do not hesitate to contact any of us with questions if you have specific questions about those programs there. And we really appreciate the opportunity to share some of this information with you.

I will turn it back over to Amanda to start the discussion.