

MCHB/DCAFH
Protecting Families at Home:
Best Practices, New Products and Resources
April 8, 2009

STEPHANIE BRYN: Welcome to the MCHCOM.com webcast. Thank you for joining us. This webcast is all about protecting families at home and we will showcase best practices for prevention, new products, and resources. I'm Stephanie Bryn from the Maternal and Child Health Bureau at HRSA, and we are very proud to share with you the efforts and the resources of three very important groups. Today the home Home Safety Council, proliferation will be the speakers.

Next slide please. Here we go. So, now here are the instructions from CADE, center for advancement of distance education, who make this possible, and thank you to the staff for their assistance.

Next slide please. First I'm going to read about the webcast. The slides will appear in the central window and should advance automatically for you. The slide changes are synchronized with the speaker's presentations, and you do not need to do anything to advance the slides. You might need to adjust the timing of the slide changes to match the audio by using the slide delay control at the top of the messaging window.

We encourage you to ask the speakers questions at any time during the presentation. Simply type your question in the white message window on the right side of the interface. And hit send. Look for the selection question for speaker. Please include your state or your organization in the message so that we will know where you are participating from.

The questions will be relayed to the speakers periodically throughout our broadcast.

Again, we encourage those questions from you as our audience today.

On the left of the interface is the video window. And you can adjust the volume of the audio using the volume control slider, which you can access by clicking on the loud speaker icon. Those of you who selected accessibility features when you registered today will see text captioning underneath the video window.

At the end of the broadcast the interface will close automatically and you will have an opportunity to fill out an evaluation on line. Please take a couple minutes to do so. Your response will help us plan for future broadcasts, and in this series, and also improve our technical support. This broadcast archived at www.mchcom.com, in about one week and any questions we do not get to answer today on our webcast we will follow up and answer for you.

Now, where do we spend our time? We spend a lot of our time in the home. We do spend time playing, we do spend time at work, at school, in the community, and also during sleep. So be thinking of these things that we do with our lives as you listen to our broadcast today.

Next slide please. Now from this chart you will see, and it's from the National Electronic Injury Surveillance System, you will see reasons for emergency department visits and you can see that there are many, and there's a little difference in how many are visited by males and by females. So we wanted to kind of put the statistic as it relates to age and as it relates to again -- gender in front of you. And the NEISS system is funded, and collects

data from a set of hospitals and gives us a picture, a national picture of what the problems are.

Next slide, please. Now here is a chart that shows us the reason for visiting the emergency department. And you can see that we have a lot of trouble in the home and in the community with regard to falls. And this is particularly interesting and will be addressed by our speakers today. You can see falls are a huge number to be watched as are the other nine mechanisms, and injury causes to be looked at.

Next slide, please. This slide, I hope you can see, goes into the reasons for the ED visits and again, falls are huge in the younger ages, middle ages, and up to age 29. The others are what you would expect with regard to cut and overexertion, and the next slide, the unintentional home injuries mechanisms for the age groups 30 and up, again, falls are a huge, falls are something we need to work on in terms of prevention, struck by, overexertion, cut and pierced, the same story across the chart. Next slide, please. And for the older ages, again, our number one issue is falls. So, you'll be hearing a bit about falls today and we want to help you protect people in homes and in communities that you serve. Next slide, please. So, the word is getting out about safety in the home, and about home hazards. And we are particularly interested in this new advertisement where they are focused on how men can be in a portion and a break target audience to address injury in the home, and in particular what they can do to protect infants, children, adolescents and their families as well. Next slide, please. So what will we learn today? We are going to learn about what to do to address home safety. A bit about creating targeting messaging for special populations and for the populations you serve. We're going to be talking about partnerships. Talking about integrating your messages and we are going to be talking about action ideas for prevention, as well as wonderful resources for you.

Next slide, please. Today's speakers, first speaker is Meri-K Appy, president of the Home Safety Council. Our second speaker will be Linda Church, associate director of special projects for Proliteracy. And our third speaker is Ellen Schmidt, national outreach director. Next slide, please. And now Meri-K Appy.

MERI-K APPY: Thank you, Stephanie. It is so fun to be with you today. I'm looking forward to talking with you and inviting your questions about home-related injuries.

I would like to advance to the next slide and just tell you a word about the Home Safety Council. We are kind of an unusual non-profit in that we were founded by a for-profit company, Lowe's Home Improvement in the early 1990s, and for ten years they founded it and supported it exclusively. In 2002, however, we became independent of Lowe's. They remain a very wonderful partner of ours and continue to fund us, but we diversified our funding, moved to Washington D.C. where we could play a larger role on the national injury scene, focused on accidents in the home. In and around the home and it's a much bigger problem than many people realize, resulting in almost 20,000 deaths each year, and more than 21 million medical visits. The Home Safety Council works with partners and really focuses often on caregivers, adults who take care of younger children and older loved ones. But we work through schools, through employers, we really try to find innovative ways to reach people who can really make a difference in their home setting. Next slide, please. I'm going to just share a public service announcement that the Home Safety Council sponsored a few years back, it's called "story time," and I would like to set a tone for the injury prevention in the home if you would please run the PSA. And you are not running the PSA. Sorry, looks like we have a technical problem.

Let's move on to the next slide. Home Safety Council work is very data driven. In 2002, we commissioned a study through the University of North Carolina injury prevention research center and followed it up with a trend analysis called the state of home safety in America. Statistics I'm about to share with you come from that study, and the full study is on our website at home.safetycouncil.org, under the research tab. Let's take a picture of how the Home Safety Council frames priorities. You can see that the 20,000 people dying in the very place they like to feel the safest is really our mission, and we tend to organize our priorities based on accidents that have the most important consequences. Those relating in death. As Stephanie was mentioning earlier, falls are a huge problem, whether nonfatal or fatal. In fatalities, they most affect our older citizens in the country. Same with injuries, falls are a huge problem. Overall, the private sector bears about 10% of the cost of injury in our country, which is upwards of \$380 billion a year. The top five causes of home injury deaths in descending order are falls, number one, poisoning number two, fires and burns number three, but those are number one for children ages 1-15. Number four is choking, suffocation, especially serious in the first year of life. And number five, drowning suffocation. So, when we try to figure out what are the issues we really are going to tackle with the help of partners in the community, those are the top five.

Next slide, please. This graph will show you how injuries affect across the age range, and you can see that on average we lose 2,000 plus children every year from accidents in and around the home. To me, the reason I love to get up in the morning and do the work I do is because I know as you do that almost always these injuries are preventable. We can predict them, we can prevent them. But unfortunately, there are a lot of folks out there who are missing our message. So part of the challenge to us as injury prevention advocates is to figure out what is it we really need to say, what is the best way to say it, and how can

we deliver these messages in a systematic way so people in the community who can actually help us spread the message in a way that people will know how to take action.

Next slide, please. When we are talking about children, fires and burns, choking suffocation, drowning submersion. The advent of the child resistant cap has made a huge dent in the child deaths, but still the poison control centers will tell us in terms of poisons that there are more than 2 million poisoning exposures every year, and more than half are kids under the age of 6. So the top five causes remain important to the home safety council and to communities regardless of age.

Next slide. I would like as we go through this little conversation to point out resources that may be of use to you as injury prevention experts in your community. The Home Safety Council over the past few years has published safe haven reports. These take the data from the state of home safety in America and kind of go one step further by doing on the public opinion research to paint a better picture of what's going on. There are four safe haven research, this is largely due to the leadership of our director of education and outreach, Dr. Angela, who works with our PR firm, and with survey experts in trying to get a snapshot of what are people doing when it comes to injuries in and around the home. The titles are quite small, let me share the four research papers that we have also on our website at home.safety.council.org, 2006 report is entitled "a national survey of parents, home safety perceptions and actions." In 2007, we released "safe haven for older adults, examining the home safety practices and perceptions of those caring for an older adult." Three, 2008, is the "safe haven, a look at the nation's knowledge and youth of home safety products and practices." Let's see what's happening in terms of installation of smoke alarms and CO alarms and child latches. And 2009, "safe haven, room by room

research," and I'm going to show you another resource that will bring that alive in your community.

Next slide. The way we organize our work is you can see on that bottom row, the foundation of everything we do is research. And, we also are big believers in evaluating what we do. So, the -- it kind of forms a full circle. The next step up is our media work, and that's essentially, it goes to the problem of trying to put injury prevention on the public radar screen. I don't know about you, but I sometimes feel that ours is an underdog issue out there. People really don't think these accidents are going to ever happen to them. And they tell us that even if they do think there might be a problem, they are not quite sure what to do about it. Very often folks tell us the reason they are not making changes at home is because they are not quite sure of what to do, or they think it's going to cost a lot of money. Well, the media can be a huge asset to us in helping put the issue out there in people's minds, and then sharing kind of doable sorts of things that are manageable for the average person to do to be a lot safer. The good news about our underdog issue is that we know what works, and our challenge is to have people do more of it. But, it's not just a matter of making them aware. It really goes to that issue of educating people in a way that motivates and inspires them to take action. So you'll see in a moment the Home Safety Council works a lot with the school systems, for example, where we can get our messages embedded into systems that give us a chance to kind of talk about these things over time. Repetition being very important. And other kinds of venues into the community where we can access people in a good setting, where we can really talk with them about these things over time and answer all their, the questions that are most relevant to them. That's good education. Action-oriented education. We really believe in that. Public health, of course, public policy, that's the real icing on the cake. And when we can actually advocate for changes that are, become institutionalized, that's the best of all. To do that,

we need a lot of partners, so we believe in working through the Home Safety Council expert network, I'll tell you about that, folks like you, public health, teachers, people who are really positioned to repeat our message in an accurate way over and over. That leads to change.

Next slide, please. Media, as I say, we do a lot. We have a wonderful partnership recently with "Today Show" and that helped us get our message out. These are quick hits, don't necessarily result in action. It takes much more to make a change in society.

Next slide. We can go right on to the next slide. These are some examples. Let me share with you a new online tool that I hope will help bring home safety to light in your community and the work you do.

Next slide. It's called my safe home.org. It's a virtual 11-room home where visitors can click on a room, room by room, and we will point out in an animated 3-D way what are the risks in the room and what can you do about them.

Next slide, let me give you some examples. Okay. So, we have done some research and we found out that the public when we asked them what room of the home do you think is the most dangerous, they answered kitchen. Well, it's sometimes hard to know for sure, based on the way the stats are organized. What is the most dangerous room, but certainly the kitchen has a lot of hazards. And we ask people in our research have you ever experienced, for example, a cooking-related burn, one in five said yes, they have. But when we asked them have you taken steps to actually make your home safer, very few have actually done it. We are going back to why not, part of it is that they maybe simply don't understand what to do. The little image on the left shows a very practical thing that

we are encouraging parents to do. That's to create a kid-free zone around the stove. Actually taking masking tape or painter's tape and putting it in a three-foot area so children can physically see the area we want them to stay away from. One of the injuries that happens a lot in terms of scald burns has to do with young children coming close to the stove, perhaps they see a pot handle leaning out over the edge of the stove. They reach up and pull the burning liquid down on them. So part of this has to do with parents being aware of the danger of cooking-related burns, scald burns, and teaching children from a very young age to stay well away from heat sources. We are also really kind of practical things, using oven mitts to protect people's skin. But the most important thing in terms of preventing a cooking fire has to do with staying in the kitchen. Unattended cooking is the leading cause of home fires, so part of our message has to do with getting the word out when you are cooking, stand by your pan. I think that was Tammy Wynette. And we are also concerned about scald burns from hot beverages, so one of the messages there is to use a commuter mug, even when you are inside to protect children. And we want to make sure that folks are aware of the poisoning hazards that can happen in the kitchen by reading the labels. Many, many people don't know the word in all capital letters on the label is called the signal word. It's caution, warning, danger, poison, keep out of reach of children. Our message to parents and caregivers is when you see any of those words on the label, know that that is an item you don't just want to leave under the kitchen sink or the floor of the garage. These are items you want to gather up and put into a safe place using a child safety latch. Over and over we are going to have to tell folks this. Because if you go in almost anybody's home in America and look under the kitchen sink, you are going to find a lot of things we wish were not there and that's one of the reasons there are so many poisoning exposures to little kids every year.

Let's move on to the bathroom if you'll go to the next slide, please. This was another room that people were aware could be dangerous. But again, they're really not taking the actions we would like them to make in terms of safety improvements in the bathroom. Such as installing grab bars. Now, when I talk to folks in my life and I mention a grab bar, they recoil in horror and say never, never, you know, a grab bar is for an assisted living place and forget about it. That's not true. The good news is the manufacturers have come out with all new designs of grab bars so they look lovely, they're designed to go in with the decor, easier to install. The Home Safety Council believes strongly grab bars are for everyone. And there are three of them in my bathtub, I love grab bars. But even for little children, let's face it, you are navigating a hard, wet, slippery surface. So they help everybody and we have to do a little social marketing on our grab bar message. The others being, of course, in the bathroom, hot tap water and making sure the water temperature out of the tap is no higher than 120 degrees Fahrenheit. And you want parents to know that whenever children are near any amount of water, whether it's an inch in a bucket, or a bathtub or the toilet, wherever there's standing water, that's a real danger to children, especially little ones who are built in a way that they are top heavy. So a child can toddle over, and look into the bucket and fall head first into it. They don't have the upper body strength to pull out. The parents and caregivers need to know this is a hazard. So remaining within an arm's reach, practicing touch supervision, you are close enough to your child near water that you can touch her is really important. So when you go to safehome.org and click on the bathroom, you will see the tips, here a voiceover, we are pointing out any amount of water in the home. We also, in the bathroom, are talking about poisoning prevention. Another place where people often have medications or cosmetics or even stuff like mouthwash is actually labeled. We have to make sure that parents and caregivers of young children these are dangerous and they have to be locked away, using child safety locks. So when you go to my safehome.org, it's very vivid and it moves

around and some of the messages are actually animated, using 3-D animation, so it brings our messages to life. Let's move on to the bedroom, and you'll see that people really feel they have taken steps in the bedroom, and I believe this may be that many of them have smoke alarms in their bedroom. Now, that's great, except that we all know in the fire safety arena that while 96%, national average of smoke alarm usage is 96%. But actual working smoke alarms is way lower than that. We are now thinking it's around 25 to 30% of homes. A large problem has to do with aging smoke alarms. If you aren't aware of this research, it's quite clear that smoke alarms don't last forever. There was a big push to put them in homes in the 1970s, and in many cases people have not replaced them since then. We now know that the technology in the smoke alarm wears out after about 10 years. So if your alarms are 10 years old or more, or you are not sure how old they are, it's time to replace them and there are new technologies where you can actually interconnect the smoke alarm, so if one goes off, they all sound. That gives you precious extra time to get out. Let me share one more piece of research about fire safety. These studies were done recently. A fire can go from first ignition to flashover, everything in the room is super heated and bursts into flames at once. Years ago it took 15 minutes for the fire to get to flashover. Nowadays, it's down to about three minutes. So what this means is people need to have working smoke alarms to wake them up, they need to have a plan, particularly to get to their kids and loved ones to get out in time. But we know from our studies that only about 13% report ever having done a home fire drill. That is simply not enough, and I hope all you guys out there will join us in trying to convince people talking about it is not enough. You have to map out your plan and walk it through.

We were, next slide, please. We had a really great opportunity, this slide may be a little dark for you, but it's a screen grab from, that is on our website as well, it's a little clip from "Today Show" where they took nighttime cameras and installed them in a family's home

with four children under the age of 10. We filmed them sleeping. I went back and talked to the family about how they were going to go off and do a fire drill. A week later they went there, the children slept through the alarm. The alarm was blaring for 20 minutes and one child of the three woke up and exited. It's a big, big problem. Please join us, we have a lot more work we have to do in the fire stuff. Okay. Still in the bedroom, just a few more slides from my safe home.org, if you would. You are looking at a child's bedroom, in the right-hand corner is a crib. One of the messages we know we have a lot more work to community has to do with safe sleep for children. The message has to do with what is safe sleep environment. Maternal and Child Health Bureau was instrumental in putting it on my personal radar screen, and not only having me today but for sharing the issues we need to learn about and advocate more. The whole idea of putting a baby on his back in essentially an empty crib is going to take a lot of social marketing. Because when moms, young moms and dads look at the nursery magazines, these are not the cribs they are seeing. When J. Lo brings her kids home from the hospital, it's not the crib she's putting the kids in. And the mom has knitted the blanket she wants in the crib and here we are as public safety folks saying much of what you thought of as SIDS is actually a suffocation problem, it's an injury problem. Well, people don't know that. And it's, it's going to take all of our voices joining together to really send that message. So that's one thing I'll put on your radar screen. It's in my safe home.org, but it needs to be in more places. Window cord blinds, bedrooms, and talking about the home fire sprinklers. I'll talk a little more in a moment. Let's move to the back yard.

Here we are obviously concerned about a lot of issues, the next slide, you'll see if you have back yard pools, I'm sorry, I said that too fast. Go to the previous slide, forgive me, you'll see messaging about pool safety. Isolation, 4 foot or 5 foot fencing around all four sides. It's a message many people just don't know. Grilling in the summer, you know,

people are putting the grills up against the side of the house and you wonder why there are thousands of fires every year associated with grilling. Only 8% reported having the isolation fencing which really scares the pants off me and even fewer have a gate that locks. Most people think that that sliding glass door is enough of a barrier. But we as injury folks know that is not true. So joining together we have to get out the message again and again and again. What does it look like, what's the right positive image of a safe environment? Talking about it is not enough to show. And we hope it will be a resource to show the benefits.

Next slide about the back yard, a few more things about making sure the children always swim with a grown up and that no one swims alone. We talk about outdoor safety having to do with ladders. 150,000 injuries reported to emergency rooms every year. This is more in the middle age group, and a lot of guys are falling off ladders. So, we actually have safe ladder use messaging on my safe home.org how to position the ladder, safe standing level, what does it look like. And very importantly, and this is one personally that I'm quite passionate about, when I visit homes out there in America and I do my little pop quiz and look at back yard play areas, I can tell you for, from personal experience, I almost never see a safe playground environment in the back yard. I have rarely, rarely see 12 inches of soft surfacing that extends six feet in all directions. People just don't know about this. They think the grass is soft enough if their child falls. And as a result, too many children are breaking limbs and suffering head trauma. So, we are going to have to help people understand this by showing them what does it look like when you do it right, and our back yard does it right. Let's talk about stairways for a moment.

Next slide. Falls as we have talked about for all age groups, huge problem. The consequences of a fall is much more severe for older adults. So that's an important

message. But we are also sending a message about making sure that there are baby gates used when, in homes where little children live or visit during those precious toddler times before kids get really reliable on the stairs. We need the public to know there needs to be a sturdy safety gate at the top and the bottom. Simple things like keeping clutter off the stairs will help reduce the incidence of falls because folks just trip on that kind of thing. One of the messages that many people do not know is safety feature, the safety benefit of having handrails on both sides of the stairs. Obviously you can trip either going up or going down. And you are going to probably reach out with your dominant hand. So there needs to be a round circular railing on both sides that you can reach out and really grab onto. Most people don't have that at home. So preventing stairways has to do with making sure there is good lighting at the top and the bottom of the stairs. This is a personal experience. When I was growing up, my brother's mother-in-law came to visit us. We, she tried to get, use the bathroom in the middle of the night, got disoriented and pitched right down the stairs. So this is near and dear to my home. So make sure there are night lights and the stairs are protected, especially if there are older loved ones in the home.

Next slide. Just a few more resources if you'll go to the next one I'll put on your radar screen that June is home safety month for the Home Safety Council and if you go to the website, you'll be shown a whole bunch of resources that are free and downloadable to help you take advantage of June as home safety month in your community. Fill in the blank media kinds of things, we try to make it quite simple and we would love for you to join us during home safety month.

Next slide. Also on our website under educational programs are school programs. We often have these available at a very low cost. Our partner for the last five years has been Weekly Reader and together the Home Safety Council and Weekly Reader have seven

different classroom programs we distributed for free through generous grants, targeting pre-K through 8. And they do a wonderful job of evaluating and serving the teachers. So we know the programs have reached more than 75 million teachers, students and family members. The feedback we get from teachers, especially, and from parents is used to create even better programs the next time. So we really pay attention what's working, how long should the programs be, very often the teachers tell us give us a DVD. Make it really short. We are really busy out here. But teachers are wonderful partners. They want to keep their kids safe. Avoid the empty desk where a child can't come to school to learn because an injury has either forced them to stay home and nurse the injury or even worse, prevented them from growing to their full potential. Think about the teachers.

And the next slides are the programs. As I say, pre-K, early elementary, one really cool program for middle school science on fire safety, and then we also have programs for older adults.

Next slide. Some of the downloadable materials you'll see on the Home Safety Council reflect the work we have done with Proliteracy and my wonderful friend, Linda Church, will be speaking about it next. But the Home Safety Council is influenced by work on proliteracy, and what they have taught us about the low literacy in America, and the number of people who would struggle most of what we used to hand out. Now the Home Safety Council thinks about making the messages as small and clear as we possibly can, and whenever possible, putting a picture right near that small, clear message. Many of our materials are offered in English and Spanish. The one on the right shows a version that is in black and white to make it more readily downloadable.

Next slide, please. I can't let you go without speaking about fire sprinklers, because I am just in love with them. My background is as a fire safety educator originally, more than 25 years in various fire organizations and from that I broadened out into other injuries. But I can tell you that the fire services can be your ally in so many ways. One way you can help us is to educate the community that a fire sprinkler is the best thing anybody can have when it comes to fire. They are most reasonable to install in new construction, or when you do a lot of retrofit. But if you go to the [my safe home.org](http://my-safe-home.org), click on the bedroom, you can actually see an animated sprinkler demonstration that shows you how they work. There are a lot of myths that if one activates they all activate. No, they're individually heat activated, not smoke. We need our public health folks out there to be helping us with sprinklers and there are a lot of misinformation. Please, please help us. Knowing what we know in the fire safety world, nothing better than a home sprinkler system. One more slide I'll wrap up in a second or so, I am really thrilled to tell you that there's a new program for preschool which is a very high fire death rate. Second only to older adults. It's number one, for dying in a fire. And the Home Safety Council got a grant from the Department Of Homeland Security and FEMA, to have a program called "start safe." We are partnering with the, partnering with the The National Head Start Association, Proliteracy has been helping us, because the exciting part about start safe is not the only things we are doing to bring the firefighters into the pre-K classrooms to teach the children, but because it's Head Start, we have the opportunity to reach the parents and caregivers. So much of the emphasis is on teaching those parents what they can do to keep their kids, to keep their kids safe and as we saw in the "Today Show" thing, if we are counting on the smoke alarms to wake up the children, we are kidding ourselves. It will take a parent or adult to get the children out and we are hoping to send the message in a positive, not a scary way to parents. So, how can you get all of these great things?

Next slide. This is the big invitation. Invite you to join the Home Safety Council expert network. It is free. You can see the URL, it takes you to the sign-up page. We have around 4,000 members. Most of them are local fire departments. We don't actually do a lot of marketing to build our numbers, because we try whenever possible to offer our, to offer our expert network members free and low cost materials. And frankly, if everybody asked for our free materials, we would not have very many free materials anymore. And so this is the best kept secret out there, and because you are on this webinar, we are inviting you to join us. If you do, you'll be able to get a copy of the start safe program along with reduced prices for the things we do sell, and very often free sample materials of stuff we can give you. We would welcome your input. Welcome your partnership because our strong feeling is the best thing we can do is work together to tackle the huge problem of home-related injuries in America. So now I would like to segue into an introductory -- introduction of my wonderful friend Linda Church.

Go to the next slide and preface this by sharing another personal story. When I first got to the Home Safety Council five years ago I had an opportunity to apply for a big grant from the department Of Homeland Security on a topic involving fire safety. My original idea was try to get money to translate things, because a lot of the fire departments were calling us up saying you know, we have 93 different languages spoken in our school system and we don't have educational materials to share with them. So, okay. That's what we tried to do. I go on my computer, research how can we make this affordable, make this doable, how can we meet this need. And in doing the research for the grant I came across a statistic that blew me away. That has to do with the number of adults in our country who would struggle to read not only in English, but also in their native language. Linda Church, my wonderful friend from Proliteracy will tell you more about this. But essentially, we don't have, only have a problem with language. The barrier is often literacy and even if we were

to translate all the things we have got, all the brochures and the pamphlets, even if we were to translate those from English into Armenian or Hmong or Spanish, many of the people we are trying to reach in high risk homes would struggle to read it in their native language as well. So, a little light bulb goes on. Maybe it's not always a problem of language. Maybe literacy is where it's at. But lo and behold, Home Safety Council did not know very much about adult literacy in America. So again, you know, Google, Google, who does know about that? My search led me to Proliteracy, headquarters in Syracuse, New York. We went there to visit and said we are about to apply for a big grant, will you join us? And at first they were a little reluctant. Fire safety was not on the priority list for adult literacy providers in our country. But we got together, talked about it, joined forces and through that work a wonderful program was born called the home safety literacy project. To tell you a little more about adult literacy SIDS -- literacy in America and how it affects the work you do, and to talk more about the project and know of it as a resource for the work you do, I would like to introduce you to my dear friend, Linda Church.

LINDA CHURCH: Thanks, Meri-K. I'm really glad to be here today to be able to share with you the home safety literacy project and one of the big benefits of the partnership is that you each learn about the other, and so while the Home Safety Council has learned a lot about literacy, Proliteracy has learned an awful lot about safety, and some of my friends, quite frankly, Meri-K, don't want to hear me talk about it anymore.

Let's go to the next slide, as Meri-K mentioned. It is a partner project. Home Safety Council was the sponsoring partner. We worked with Oklahoma State University fire protection publication and I'm with Proliteracy, the third national partner. Just a little about Proliteracy. It's a for profit organization, headquarters in Syracuse, New York, and we work internationally as well as in the U.S. It's for programs working to improve the lives

of their families and communities. And this project targets those adults with low literacy skills to help them understand and use the information that can help prevent deaths and injuries in their homes. We are going to be talking about some literacy statistics in just a minute. But the people we work with are those who lack the basic reading and writing or English-speaking skills, to function effectively and to meet their goals. We wanted to share this project with you today because it's a model that you might want to consider if reaching these adults is a high priority with you, in reaching them with health and safety messages through partnership and through the use of materials written and what we would call plain English. And best of all, as Meri-K mentioned, that through the expert network, these materials are actually created.

Next slide, please. The a-ha moment. This is what Meri-K was referring to when she talked about the research that led to our partnership and thinking that literacy might be a major factor in why safety educators were unable to continue to lower the number of people who were dying and being injured in home fires. And that literacy might be playing a role in this. So, after she and her associate Peg Carson came to Syracuse to talk to us about fire literacy, we were still not real sure this was the direction to go. I made a call to a local program director of ours in the northeast just to see what she thought about literacy and safety and she paused for a moment and she said Linda, I have to ask you, where were you a month ago? She said, we just lost all the members of one of our immigrant families to a home fire. She said students may not be asking about this, but they surely do need this information and wouldn't it be great if we could combine safety information with the literacy instruction that we provide.

The next slide -- before we go further, you have heard about home safety from Meri-K. So let's talk a little bit about literacy, and what we mean when we use the term literacy. At one

point years ago people were considered literate if they could sign their name. But as our society became more complex, the need for literacy skills increased. So we have a situation where in World War II the Army defined literacy as having a 4th grade education. In 1952, the census bureau defined literacy as having six or more years of school. And today, we talk about literacy in terms of having the ability to use printed and written information to function in society, achieve one's goals and develop one's knowledge and potential. We'll talk a little bit more about literacy levels in the United States in just a minute.

Next slide. The home safety literacy project model is really made up of two parts. It's made up of the partnership between the safety educators and the literacy providers, so it's a combination of that partnership, and the safety teaching tools which are materials that were designed, plain English materials I referred to designed especially for adults with limited reading. Originally when we started this model, as Meri-K said, fire was our concentration. So the fire service was the original partners. They had the expertise, but the literacy instructors already had access to the adults, the fire service wanted to reach. So with the help of those instructors, we could include safety messages in their literacy instruction using the materials we designed. So there you have the partnership and the materials. Then the role of the fire service became supplementing this with their expertise, with their presentations, their demonstrations, installation of smoke alarms, and home safety checks, all of the things that they do regularly in the course of public education. As this project moved on, we moved into other safety issues like disaster preparation and preventing poisoning, and this made it possible to work with the fire service as well as new partners. And I'll be showing you samples of the materials we used in just a minute.

Next slide. One of the first things that we had to do for this project was to decide what the key messages were that we wanted to communicate to these adults. And whenever you get a group of experts together in one room, they come up with just reams of messages that they think are really important about their field. So the key was to focus, to discover those messages that we thought would really make a difference in people's behaviors. And so the messages that we focused on were install and maintain smoke alarms, create and practice a home fire escape plan, develop a communication plan for disasters, how to communicate with family members when a disaster happens, and assemble, ready to go and ready to stay kit.

Next slide. Back to literacy for a moment, and take a look at what we know about literacy in the United States. The latest study we have is the 2003 national assessment of adult literacy, or call it NAAL. And it was a representative sampling people over 19. How well they could use the literacy. So they were presented with tasks related to every day materials like energy bills, letters, Post Office forms, brochures, newspapers, articles. The results -- what people were actually being measured on were three different things because literacy is not a single thing. They were being measured on their ability to use prose literacy, and that's the ability to read and understand continuous text, pamphlets, personal letters. On their ability to use document literacy to understand charts, graphs, forms, employment forms, and on their ability, their quantitative literacy, their numeracy or their math. Let's look at the results of the national assessment. There were adults who took the assessment fell into one of four levels of literacy. And you can see from the highest to the lowest here, the top two levels proficient and intermediate. People at that level are able to take care of their needs. The people that this project and Proliteracy focused on are those that fall in the basic and below basic level. So let me just describe each of those levels a little bit so you can get a sense of the people and what they can do.

In the below basic level, the very lowest level, people can do the most, either have no literacy skills, up to the ability of being able to do simple concrete tasks. So for example, they could sign a form, they could add numbers on a bank deposit slip, but literacy is a real challenge, and for example, one of the tasks on the assessment asked people to just copy, copy a person's name and address into the correct place on a form and 8%, only 8% of the people were able to do this. Now if we move up just a little bit into the basic level, these are people who can use very familiar text that they see every day and it may be a television listing, but they don't really depend on printed material for information. It's just too frustrating in most cases. As Meri-K said when she was talking, we sample safety materials at the time we started the project and found out most were at the 6th to 11th grade level, and these would have been way beyond the ability of the basic and below basic category. So these people, these are folks who rely on friends and neighbors for information. And that may not be, always be accurate or complete.

Next slide please. Let's take a look at the prose results and remember the prose is the continuous, like letters and brochures and newspapers. And the NAAL found in the United States, there are 93 million, about 43% of adults who fall into the below basic or basic category. 30 million in below basic, the very lowest level, and another 63 million in basic. That's 93 people who might have difficulty reading maps, for example, to find emergency shelters, directions on medicine labels, hospital consent forms or a mother's day card. These are people who take those fire safety materials that their children bring home from school every October and they say oh, great, I'm glad you had this in school and they set them aside saying to their children we'll talk about these when we have more time, but that time never comes because they still can't read those materials. Let's look at some of the characteristics of people who fall into the lowest group and what we'll be looking at is the below basic group, those who find literacy the greatest challenge. This slide shows you a

breakdown of ethnic and racial groups, and what the study found, among Hispanics, 44% were in the below basic group. Blacks, 24%, among Whites, 7%. So, it differs with ethnicity, and racial groups. This particular chart doesn't reflect all of the groups that were included in the assessment. We just highlighted these three. But the point is that although some minority populations may in general have lower rates of literacy, the problem can apply in all groups.

Next slide. Education levels, let's look at that. 50% of the people without a high school diploma were in the below basic category. That very lowest category. It may not be surprising but so were 11% of people who did have a high school diploma. And 2% of college graduates fell into that category. So again, the message is, education level does not always equate with literacy levels when we are thinking about who might have literacy needs that we need to pay attention to.

Next slide. Just one more characteristic and this is age, and you probably have been reading in your magazines and newspapers about the extremely high dropout rate, 50% or higher in some large cities. But we need to keep in mind that it's really people age 65 or more who are twice as likely to have low basic skills as younger people, as you can see in this chart here. 23% of those age 65 or older fall into this category, and one of the striking things about that is that these people are also at higher risks of fire. And, many of them are caretakers for other family members, including their grandchildren.

Next slide. So you might ask how this affects you. We, like you, want the home to be safe for everyone. So, if you want to improve children's safety in a home, consider that the caretakers that you may be working with may have a literacy problem, and as you have

just seen briefly, that's no matter their ethnic racial group, level of education, or their age. But they're not going to tell you that. And that's -- that's people like Johnnie Gilchrist.

Next slide, please. Johnnie is one reason we think our project works. He, because it pairs the safety educators through the literacy providers who already have a trusting relationship with these adults. Despite his reading problems, Johnnie sent one child through college and when he retired, he signed up at a reading program. He admits it was a struggle, he now pays his bills online and communicates with email.

Next slide. You might wonder who provides literacy and adult basic education in your community. Well, it's a combination of one or more of these local education agencies, being the school district, community colleges, or community-based organizations which often used train volunteers to do the instruction. So, we encourage you to, if you are interested in serving this population, to go and meet with them. Now, let's look at some examples of materials that we put together for this project. This is a list of the components in the home safety project, and we'll look specifically at each one of them as we go. Keep in mind that these materials are available at no cost in a couple of different ways. One of them is being a member of the expert network.

Next slide. For people who have very little literacy skills, we convey these messages in pictures in what we call a pictograph. This shows a smoke alarm is essential to wake you up in time to get your family out safely. You may only have three minutes to do that. All student materials here are also available in Spanish. So, this is the very beginning level. If you don't have hardly any reading and writing, English reading and writing skills. Next slide, for people who have a little bit more reading, we have large posters and smaller versions what we call prepared pads. This comes from the disaster preparedness

materials and one of the messages on this, for example, is pick someone out of town to call if you get separated because often the long distance lines will function when phone service is out in the immediate area.

Next slide. This is what we call easy reader bee. It's really a four-page booklet that looks like a comic book. So it uses a little bit of text but it uses pictures to tell a story about adults dealing with real life situations.

Next slide is what we call reader A, it's the same pictures, and the same story, but more flushed out and this is a little booklet that is 24 pages long, no longer looks like a comic book. So, we have materials for each of many different levels.

If you'll turn to the next slide, you'll see newspapers. People who are reading at about a 4th or 5th grade level can use this. It has a lot more explanation about messages and makes the assumption that students at this level can do some independent reading.

Now, on the next slide, there are two additional pieces that are meant for, the first one here for the community leaders putting the project together. It includes background on both fire safety and on literacy. It includes a planning process for the partners to follow, and as well as case studies.

The next slide, you will see the teachers' manual, step by step instructions with optional handouts and activities for a variety of situations. But this is what the teacher uses, and it gives them a little more background so they can feel confident in teaching the fire safety messages. The project was evaluated by Pacific Research Associates. They compared the groups with control groups and found that more families in the participating groups will

installed working smoke alarms and had created escape plans. That's the kind of behavior change we were looking for.

The next slide, I would like to mention just two of the sites that we have worked with. The first site was in Plano, Texas, one of the first seven pilot sites. And there the fire department educator co-taught weekly classes with the parents and other caregivers in the Even Start program. The fire department members made home visits once that relationship of trust was established and they were invited in to install smoke alarms and discuss the family's emergency escape plan. So, the keys to success in Plano, in addition to the partnership and the great material, were that they had a Spanish speaker at every presentation, that people were familiar faces so the firefighters who came back to present each time were the same ones, again building that trust level. And that they had common goals, both the fire service and the Even Start program were trying to reach out to the Hispanic community. Plano was also a place that illustrated how adaptable the curriculum is for local programs. The adults who are participating in their project wanted to know about how to use a fire extinguisher. So, Lowe's offered to donate a fire extinguisher to each student in the project if they finished the course. And not long after the course ended, one of the students named Maria was able to use her free fire extinguisher to put out a fire in a neighbors' apartment and she probably saved that neighbor's life. Another group that we worked with was Arkansas, and we recently worked with three different states. We wanted a chance to testify the project by creating state level teams that then would go out themselves and recruit, train and support local communities in implementing low cost safety projects. So, in Arkansas, they worked both on fire and disaster and the state partners were the burn center of Arkansas Children's Hospital, Arkansas literacy council, and the state fire marshal's office. The keys to success in Arkansas were the ability and the dedication of the state partners to communicating with each other and the

fact that the national partners had put together a training guide the states could use in training the people from the local communities. That there were seven communities involved, not just one, so there was a synergy and sense of excitement of them all being part of a single effort. The partner commitment goes at the national, state and local level was critical. And actually so was the weather, because about the time this project was starting, there was extensive flooding in Arkansas and it provided a real incentive for the students to learn about disasters. And the last key to success was celebrating success. And this is a picture of a barbecue that Fayetteville, Arkansas sponsored for participants where they celebrated not only what they had learned, but also the trust that had been built between the firefighters and the participating families that would serve them well, well into the future.

Next slide. Just as a recap, the benefits of the home safety literacy project to safety educators were four. One, that high priority families were served. Two, that more people provided life safety education, now that teachers were helping, even the students themselves were talking to others. Three, that there was more trust between the safety groups and now that's low literacy audiences, not law literacy. And fourth, that the agencies, the safety agencies now had direct access to the caregivers most able to make changes related to safety in the home. So I hope that the model and the material that I've been able to share with you today will be helpful as you think about how you can improve your ability to reach this audience. And here are just a couple of places to get more information. You can download this handout from the website.

Next slide. This shows you where you can go on the website, on the web for information about what literacy levels in your own state and county are.

Next slide. This slide shows three places on the web where you can go to find local literacy program in your area. You can actually, in most cases, just walk into your local library and ask who provides literacy services and they'll be able to tell you.

Next slide. If you would like to see the materials again, they are free to expert network members. They can be downloaded free from this website or you can actually order a set of published materials for a very low cost by calling this number. So thank you very much. It's been great to be with you today. And now I know that Ellen has, would like to talk with you about some other exciting projects. Ellen.

ELLEN SCHMIDT: Thanks, Linda. That was a great presentation and I can tell you from my listening to your presentation there is really a lot that we don't know, at least in public health, about literacy and that we really have to learn a lot more about. So thanks for sharing that information. I want to tell you a little bit about the children's safety network before we get started. And the children's safety network is funded by the Maternal and Child Health Bureau and Stephanie who you heard at the beginning is our project officer. And we have been around for about 17, 18 years. And we are a national injury and violence prevention resource center and the primary audience we work with are those people in state health departments who focus on injury and violence prevention, and particularly among children, adolescents, and young mothers and folks like that, children with special health care needs. So we have been working lately on a project about integration. So now that we have heard from Meri-K and from Linda about some of the things we really need to know about, I kind of want to move into a little bit about how do we move this into systematic approach from the public health standpoint.

So next slide. So we are going to talk a little about integration. And I know this all sounds kind of oh, my God, this is boring. But I really think this is the way in which we are going to make these things a part of our system, so that they become as Meri-K said earlier, you know, it's part of the education, it's part of what we do in the home. So, what we want to try to do here is to look at ways to include a selected injury prevention best practice, and most of that is what you have been hearing about today, is things that you can reach to the audience about home safety. And so we want to take that program and figure out how do we get it into existing programs within the state health department. For example, Maternal and Child Health programs, and how can they take that information from their programs and deliver the messages that are so hard to get out there to the most at risk population. And we feel like this is really an enhancement of the service already being provided in the community, plus helps reach a mutual goal and both of the community delivering the service and for the injury and violence prevention folks looking to reduce the injuries, not that everybody is not interested in reducing injuries, but it's their main focus at the health department and we feel it's a cost effective alternative to a stand-alone topic-specific program. So you are delivering multiple messages at the same time.

Next slide, please. We also believe that we really want to have a program that is complimentary to the service and it doesn't compete. So, for example, one of the programs that we think would merge really well with home safety is our home visiting program that many public health agencies do out in the field. And so they go into individuals' homes, and check out a lot of different things. And one of the other things they can check out is how is the home arranged in a way as Meri-K has suggested, is safe for that home, and how are the nurses who go into that home going to deliver the message in a way that those people in that home are going to hear it most effectively. So, we want to match the best practice with those available resources and sometimes we don't realize

that there are resources in the community that we can tap into that can help us deliver our messages. And you have already heard from Meri-K that Home Safety Council is working with schools, and they are working with fire departments and different folks out there trying to get the messages out. Well, Maternal and Child Health programs have helped work with the schools, they also go into the homes and work with the providers of service. Involved in community health programs. There are a lot of different angles at which Maternal and Child Health programs and other health department programs can focus on these messages and deliver them to their colleagues and the people that they serve. So we also believe that the health department, and particularly the injury and violence prevention program, and their partners, like the fire department and safe kids and other groups, can help provide the information and the training and the technical support to those people going out to the homes, how do you install the smoke detector, how do you find out about doing an escape plan and things like that. And they would, hopefully, know that they have resources that they can refer people to, such as the program that Meri-K talked about a little bit earlier. So we want to make sure that these activities are kind of embedded in what the program offers on a regular basis, and that's a way you are going to enhance the sustainability of the messages. And as we all know, it's nice to say, you know, oh, my gosh, how many times do we have to say put up a smoke alarm. However, there's always new families coming to the area. There's always new babies. So it's not like we are staying in the same generation, we are thinking that we are delivering the message to the same people over and over again, which probably is not a bad idea anyway. But, we have new people that need to hear this message. And so although we think we are delivering it over and over again, it's really not the case.

Next slide. So I've already started talking a little about why should you partner with Maternal and Child Health programs. Well, their main focus is they need to work towards

the health, safety and well-being of all children and youth. And they also are very advantageous in that they really have very good outreach to the high risk and hard to reach population. So they have a variety of services that they either provide directly or indirectly through contracts and partnerships, and so I have listed some of them on the slide here, and you can see, you know, WIC, women, infants and children, some of the programs are on child passenger safety, where they teach people outside the clinic how to put in a child passenger safety seat properly. Also work in child care centers, and really a lot that needs to be done in a child care center, just like in a home. Many of those centers are homes. And they need to be as safe as your very own home. So there's a lot of different places. Teen parenting programs would be another place, where you want to teach those parents now that you are going to have a kid, what do you need to do in -- you need to do in the home to make it a safe place for the child, not to mention yourself. We don't want to lose a child, we don't want to lose a parent and make the child an orphan. It's important to look at both sides and say yes, you are an adult and you are to have good decision-making, but all the adults don't have good decision-making, including probably a few of us on this call don't always make the best decisions for ourselves when it comes to safety. So we can practice many of the things that Meri-K is talking about as well.

So next slide. So, these are the kinds of things we were talking about in terms of the home Safety Council work. And home visiting is provided by the nurses trained community members and health aides, and a lot of different groups and they can provide any of these different injury prevention activities and many of them you have heard about so far.

Next slide. I want to give you a few examples of what's happening out in states that we know about right now. We know in New Mexico, they're doing a lot of work with their child,

home child care providers. They have created a home safety curriculum for them, and in the last two years, they have trained 5,000 child care providers. And I just spoke to the fella who is in charge of this program the other day, and he said it's -- it's gotten so much good press that they are just getting more demands than ever. And so merging these resources with a program and a very enthusiastic person like John is fabulous. And so both programs in Minnesota and Maine are very similar in that they have other trained staff, including public health nurses that are going into homes and looking at the home and checking off on their list to see are things done that are safe in this home, and if not, they will install safety equipment and they will provide safety education on-site. In Missouri, they're working on looking at home hazard reviews, and they have conducted them in child care settings in 2007. They went and visited 800 child care centers. That's a lot. That's a lot of homes that they are visiting. And it's really hard to get into all of those homes.

Next slide. So we also, these are some of the other home safety partnerships that I would suggest that you consider. We have mentioned a number of these before. One of the ones in relation to the work that Linda was talking about is the adult education and continuing education, English as a second language. There are many community programs and, what do I want to say, community recreation programs that offer the services. There's no reason why one of your safety professionals could not go into the class and talk about home safety.

Next slide. So we may not all look the same, exactly the same. But we really can make a really good team when we all get together. So it's important not to assume that you only need people that look like you or think like you or have the same education as you do that they will not make a good team member. So that's a really important thing.

Next slide. And so my questions back to you, I would ask you to think about when you get off this presentation and start writing down what you are going to do about it, is what partnerships do you have now, and are they internal to your program or external to your program. How could this information that you have heard today expand those partnerships. And what new partnerships could you develop that would really help you take action for home safety.

Next slide. So just as you don't know where, what those partners are going to look like, you don't necessarily know where you are going to find them. And I'm not sure if you can really see the little faces that are sticking out of that sewer drain there, but there are little raccoon babies just waiting to be asked to do some partnership, and then there are all the cute little hamsters helping the other people get the flowers for their home. I'll turn it over to Stephanie to end our session, but I just wanted to put up information about how you can contact us, and the CADE service will be putting up handouts provided for the set of, this slide series. So I'm going to turn it back over to Stephanie and thanks so much for your time and attention.

STEPHANIE BRYN: Thank you Ellen. I want to thank the speakers who are with us today and Linda especially on the phone, and want to go to questions but I think I'm going to, have the next slide, there it is.

That one, please. Again, it's all about safety, it's all about what you know and message it to your target audiences. And Meri-K, there were four questions and comments that came in. Would you handle those and come right back to me, please?

MERI-K APPY: Sure. I think the dog should be using oven mitts. One of the questions we had in addition to the grab bars in bathrooms is the importance of having slip-resistant surfacing in the bathtub. We do include that in our messaging and I have to go back and look to see if that it is on my safe home.org in the bathroom, but it's a consistent message of putting nonslip decals and slips on the bottom of the bathtub or bath mat to make sure the folks are not slipping that way. So thank you for that point. Some of the questions that are coming in are comments, and I really appreciate them. We are so open to the ideas you may have to improve my safe home.org or any of the work we do. Thank you. One of our participants today suggests the Home Safety Council track down the international association for child safety and I will do that. I'm not familiar with them and would love to get to know them to help expand our own partnership. Someone from the American academy of pediatrics, asked about the term touch supervision. And if I'm not mistaken, it came from the day when Dr. Murray Catcher served with me on the Lowe's safety council, I'm pretty sure he explained to me the concept of touch supervision, and I've used it a lot in the work I do because moms really get it when you say, you know, you are close enough to reach out and touch your child. It really kind of brings that message to life. So thank you. I'm pretty sure I'm right about that. We had a question, or a comment about making sure that we specify with baby gates at the top and the bottom, to actually have people mount them, because the pressure treated gates can, you know, give way if the child has a head of steam. That, too, is a message I almost always use, but perhaps not on my safe home.org. And one of the participants might be a fire safety educator. He's asking about how the new start safe preschool program compares to an existing program that has been out a number of years and it's very good, the play safe be safe program. That was created especially to address the issue of child-set fires, and to try from an early age not only teach kids about not ever touching matches and lighters and also to help the parents and caregivers understand the danger of a match or lighter in the hands of

children. The comparison is it's very complimentary. Start safe will give you more resources perhaps to refresh your program. Our program includes a big book a teacher can use in a group setting to reach children, with children identifying really one basic concept. And that is teaching the children how to identify something that is or can be hot, and to stay away from it. So the way we are doing this is through this big book and the DVD with the song "I spot something hot." We want the children to look around the room and spot the hot things and stay three giant steps away. And there are also caregiver materials so the focus for start safe goes beyond the preschool classroom with the children and zeros in with the caregivers. I'll conclude with an editorial plea, one of the reasons I think working with public health offers us such a wonderful opportunity. Really, if we are not working with the parents and the adult caregivers in our communities, we are going to miss the boat. Because as much as we want to teach children from a very early age how to make better, wiser, safety decisions, that's going to help us grow a future generation, a safer family. But today and tomorrow your children are going to be safe in society, it's parents and caregivers that will make them so, so we have to get them and motivate them and help them communicate in a way they can understand and embrace, which is why working with the providers a whole new way at approaching this. It has helped the Home Safety Council so if there were one thing I would do at the end of the presentation, identify your adult literacy partner and start working with them. They just are so heartfelt, they are dealing with the same families we are trying to reach with the injury messages and going together, we'll make sure we meet all those. Thank you for the great questions and comments.

STEPHANIE BRYN: Next slide, please. A final comment. We are hoping that we are encouraged you to move to action, and I think that the resources that have been presented today, you'll kind of know where you can go quickly to find information and to

find new partners or continue your relationship with older partners. I wanted to leave you with those three kind of thoughts about best practices and messaging and strengthening partnerships. And show you how precious our world is and how precious our homes are. And I want to thank everyone who participated today, both out in Internet land and here, and on the phone with Linda. And tell you that the PSA that didn't play will be archived and will play on www.mchcom.com In about one week. Thanks so much for joining us. We enjoyed it.