

Taking Action to Keep Kids Alive: Connecting to National Resources

September 13, 2006

STEPHANIE BRYN: Good afternoon, everyone. Welcome to the broadcast. "Taking Action to Keeping Kids Alive". Today's slides will appear in the central window of your computer and should advance automatically. The slide changes are synchronized with the speaker's presentation so you don't have to do anything to advance the slides. You may 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 of the interface, select question for speaker from the dropdown menu and press send. Please include your state or organization in your message so that we'll know where you are. The questions will automatically be relayed onto the speakers periodically throughout this broadcast. If we don't have the opportunity to respond to your question during the broadcast, we'll answer by email after the broadcast. Again, we encourage you to submit questions at any time during this broadcast.

So 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 loudspeaker icon. Those of you who selected accessibility features when you were registered will see text captioning underneath the video window. At the end of the

broadcast the interface will close automatically and you'll have the opportunity to fill out an online evaluation. Please take a couple minutes to do so. Your responses help us improve our broadcast and help improve the technical support. So today we'll be speaking and the sponsors are the Maternal and Child Health Bureau and The National Center for child death review and many of the MCHB funded resource centers are participating.

Next slide, please. And next slide please. Here is a list of the participants today, MCH-funded resource centers. If you're injury and violence professionals or child death team members there is an intersection where each of us can work together more effectively and that's one of the goals of the broadcast. The next slide, please. The Resource Center Consortium where the resource center is listed on the slide before have come together since the year 2002. That's a sharing to work together to prevent and respond to violence that is physical, social and emotional. And they work together, these resource centers in the consortium, to minimize duplication of efforts and to improve technical assistance services to health professionals, injury and violence professionals and child death review professionals especially. Next slide, please. The consortium has a few goals listed here and when the child death team findings and recommendations are sent forward, prevention strategies and policies and practices are needed to follow through on what those recommendations are. Another goal of the Resource Center Consortium and the resource centers is to help you link with Title V MCH program and link into injury and violence prevention. The other goals are, of course, to expand efforts to include infants, child and adolescence in injury and death programs and offer guidance and technical assistance.

The next slide, please. How to access the centers. Each will provide you with a direct access that you may call them directly, they each have very active and helpful websites or email the Resource Center Consortium and the team will sort the requests and send them to the appropriate responder. And you can see here is the email address for the consortium.

Next slide, please. The goals of today's webcast are four. We want to raise awareness about child death review and we want to raise awareness and interface where injury and violence prevention professionals can work actively together. The common goal among us is to help keep children and adolescents alive. We want to showcase these partnerships for you today and to promote the prevention and data resources available to child death review teams. And lastly we want to help explain how injury prevention professionals can be involved with the child death review process in their own community. Next slide, please. And now Teri Covington will be the next speaker.

TERI COVINGTON: Good afternoon. And thank you all for participating in this webcast. We're excited to be able to come out and sort of sit in all of your offices across the country this afternoon through this amazing technology that HRSA has here in Washington, D.C. I wanted to give a quick presentation on -- let me find my stuff. Each of the presenters will present for about 12 minutes to highlight what kind of resources we have available to you and also to give you some ideas on how you can use us or should use us regardless of whether you're a child death review team, injury professional or what have you and use

our resources to link your efforts at injury prevention and we're hoping through this that you'll actually maybe think of injury prevention in a new way by expanding your ideas from just unintentional or intentional injury to emotional injury and take it a little bit further.

Next slide, please. I'm the program director for The National Center for child death review. We've been funded by HRSA for five years now. We're going into -- this is our fifth year of funding and we were funded to provide technical assistance and support to child death review teams around the country especially to help them build a prevention model of death review moving from using the reviews for investigation and from a criminal justice approach into a public health prevention approach. Some of you on the webcast this next slide you'll say we already know this. You can listen in and this is really for folks that don't know much about child death review.

Could you back up to the previous slide? Thank you. What child death review is, is a multidisciplinary approach usually at a state or local level where teams come together and they review individual child deaths to try to understand the broad complex array of circumstances that were involved in the death and they use that understanding of those deaths to try to take action to prevent other deaths to children. Across the United States today every state has some type of review. There is a lot of variation in terms of where the reviews are based, what the primary purpose is but in 37 states there is actually child death reviews occurring at the local level. Community teams are actually reviewing cases of children that die in their own communities. The good news is that most teams around the country are reviewing deaths from all external causes. Teams are reviewing

"Increasing Your Program's Capacity to -- unintentional injuries and causes. States are issuing reports on their findings but we've found in our work with teams around the country is as teams mature in their review process and learn how to conduct reviews, we're learning how to take that next step to really translate our review findings into actions, into policies and practices at both the local, state and national level to prevent deaths.

Next slide. Just sort of a context for our whole afternoon discussion. There is about 53,000 child deaths under the age of 19 every year in the United States. On average that's about 146 children a day. Half of those are infants that usually die in the first 24 hours of life and a quarter of those are adolescents that usually die from unintentional and intentional injuries. The good news across the country is the rates of deaths are decreasing. The bad news is we continue to have wide disparities especially by race and economic status and gender.

Next slide. One of the things I wanted to emphasize when our center was funded, I myself had had almost eight years of experience with the child death review program in Michigan and we're a small -- a small staff with our resource center. There are three of us that work at the resource center. We have a budget of \$400,000 from HRSA. One of the things we've relied on in building the capacity for child death reviews is we've used the expertise in the field. I just noticed looking at the participant list on this webcast there is many of you out there that have been actively involved with us in developing our resource materials and participating in regional coalitions of state leaders and helping to provide training and technical assistance to other states and communities. I wanted to give you folks a lot of

credit and I think it's made our center have materials that are really rich because they're based on people's own experience in the field.

Next, please. Some of the resources that are available to you are, we have a national program manual for child death review that was authored by 19 folks from 11 states. We have guides to effective reviews that can help teams based on the type of death you're reviewing that will give you some guidance on the risk factors involved in those deaths, some of the demographics in those deaths and help you walk through a review in a coordinated fashion. We have training curricula. We often get requests for people for descriptions from state CDR programs. You can go state by state and get descriptions of goes. We have mortality data that we condense from material that's available for the center to vital statistics. You can be to our website and get the different child death review reports from the different states and we're really working now to try to link child death review teams to prevention resources.

One of our colleagues in California with the California injury program conducted a review of child death review state reports from around the country and analyzed 1,000 recommendations that were written by teams and one of the findings they found was that those recommendations weren't really written in a manner that was conducive to effective injury prevention planning. They tended to be very general. They didn't usually identify an actor or a recipient of the recommendations. They tended to be broad. Something as simple as, you know, we should implement efforts to get all teenagers to wear seat belts. Not real specific and not real directed and not always -- very rarely based on best

practices and evidence-based research that we know works to prevent deaths. So where we're at now is we're really trying to help the states link their findings from child death review to evidence-based effective practices at both the state and local level. The way we do that is by linking with our other resources that we have here today. I encourage everyone to use our website. It's a simple website. [Child death review.org](http://Childdeathreview.org) all one word.

Next slide. Another thing that we've been very busy with is that we provide a lot of on-site technical assistance, training and consultation. Starting the team, the steps on how to do that. Figuring out what should be on your teams. How you get ready for the first and very important meetings. All the way through how do you conduct reviews effectively and then the work we're doing now is how do you write quality recommendations and how do you translate those recommendations into policy, practice and programs?

Next. One of the exciting things about child death review and I think it's sometimes a well-kept secret is child death review teams at the state level have been very hard working and industrious in producing annual reports. The reports usually include comprehensive information about mortality data on the deaths of the kids and they usually include pretty comprehensive information across the broad range of deaths that identify what those risk factors were in those deaths. It can be a really important tool for states to use when they're trying to understand which kids are at risk in their states and it can be an important tool for injury prevention professionals to use when they're trying to advocate for injury prevention policies and practices in their own state. I encourage those of you to get your hands on those reports and use them to try to get your database and hook up with your

child death review teams because they'll often be able to provide you with information you can't get from any other source. This year our center launched a multi-state child death review case reporting system. We have 3 states -- 13 states participating using the same tool and looking forward in the next couple years as more states come on board to having a very rich database of injury information based on child deaths. The case report tool is pretty extensive. It gets into very precise and comprehensive information by cause of death and that information is being collected on every death that the teams are reviewing. I wanted to give you some examples of the work that is currently being done out in the states. There is a lot that is being done. We aren't doing a good job categorizing it. We're hoping that will be one of the things we'll do in the future. We aren't doing a really good job keeping track of what we do even though we know that the states and communities are doing tons and tons and tons of prevention work based on their reviews. This little smattering of brochures and reports and what have you gives you examples of everything from a local very small county in northern Michigan that implemented a drowning prevention campaign based on identifying rip tide currents in the great lakes, this was a county that had a population of, you know, maybe 10,000, 12,000 people but their work has launched a Great Lakes effort and now every year there is a convention on drowning prevention and being adopted throughout the Great Lakes. Another example is the number of states that have implemented child sleep campaigns identifying babies in risky sleeping environments tied into the whole issue surrounding SIDS and safe sleep and infant suffocation. You can contact us at 1-800-656-2434. You can email us at info at child death review .Org and I encourage you to visit our webpage. I'm going to introduce our next speaker -- if you have questions for me, you can send them through the web and

we'll answer the questions at the very end of the webcast. We won't do them at the end of each presentation. I'm transitioning now to Howard Adelman and Linda Taylor who are in California. You'll see their picture on the screen and listen to their voices.

HOWARD ADELMAN: Hi, this is Howard Adelman, the co-director of the—

LINDA TAYLOR: I'm Linda Taylor and we're pleased to meet all of you today and are especially pleased that we might be able to provide some resources to follow up on what you're talking about as action recommendations. What we find is as teams mature, nearly always they're no longer satisfied with understanding the cause of the problems. They really want to move to prevention. Our Center for mental health in schools is in its 12th year of funding from the Maternal and Child Health Bureau. We provide training, technical assistance and policy and program analysis. At the very end as we take you to our website you'll see that you can easily access a lot of free material that's available to download both under our center materials and under our online clearinghouse which we call quick find that's organized alphabetically by subject matter and allows you to connect not just to our materials but other materials that are available on the web. If you go to the next slide, you can see that we're defining mental health in very broad terms. We have tried to work with the public health framework that really begins to talk about promoting healthy development as well as preventing and responding to problems. On the next slide you can see that we are trying to do this not just through a continuum of interventions but really talking about schools as a major resource. I know that a lot of you are concerned that maybe schools are the cause of the problems for some of the kids that you're worried

about and kids that have not been successful and we understand the schools have a great number of resources and a lot of expertise and we're trying to mobilize that so it can become more effective.

You can see we talk about three overlapping systems, systems for promoting healthy development which really mobilizes a safe environment both at the school and then linking with the community. So that students who are taking high risk behaviors, students drinking and driving may have some options in their community and school for safer alternatives. The second system we hope would be a smaller one, we talk about a system of early intervention and what we're talking about there is really after onset. As soon as we see kids are in trouble, how do we use our resources in a more effective way? Right now we have all the categorical programs you can see lined up at schools and in communities and we talk about weaving those together to provide a stronger safety net for kids and then finally, how do we provide really effective evidence-based best practice treatments? As we move from an intervention continuum to systems we talk about infrastructure. What do we do with leadership? How do we provide school-based teams and school/community collaboratives? If you go to the next slide

.

LINDA TAYLOR: What you can see underscored quickly in that figure that we really think it's important to see that it spans primary, secondary and tertiary prevention and a lot of indicative intervention. It covers that. It is meant to do it in a graduated fashion so if we point out to people that we are moving quickly to get prevention and promotion in place,

that we hope eventually then we'll see a big drop in the need for deep-end services as we move along.

Next slide. You all know this. The whole business of what prevention programs can do. I'm really pleased to hear Teri talk so much about moving more in the direction of what we can do to prevent the problems. Just to emphasize on that slide as people move to prevention, we find that they often don't think broadly enough about what students and staff can do in playing a critical role and not just being recipients but in terms of people who will translate and move prevention programs together in a powerful way connecting with the community. Also want to highlight that often when we talk about prevention especially when we talk about selected and indicated interventions, we're moving off into talk about kids again when we really have to talk more broadly about changing the environments and doing them in systemic ways so a lot of our work nowadays talks to what the system of school has to look like and what the system has to look like in connecting with the community in a much different way than has happened in the past. Next slide.

HOWARD ADELMAN: So our work really focuses on the key role that schools can play in addressing these problems and as many of you might know, right now school is under a great deal of pressure just to focus on achievement test scores and you'll be pleased to know that research is beginning to show that student well-being is correlating so highly with achievement that no longer can schools overlook this as part of school readiness. I mentioned earlier that we are very concerned when schools are a source of a problem for

students and what we see is that when students aren't successful and that often begins in elementary school, that then we see sort of the related behavior problems. Less regular school attendance. More high-risk behavior. So we're determined to really focus on the earliest interventions in order to allow more students to be successful in school. Next slide.

LINDA TAYLOR: One of the questions, of course, that's probably on the mind of a lot of you is what role do school people play when it comes to participating in death review? They can become a really critical resource in terms of providing information about a particular child and particularly when we talk about psychological autopsies and so on they also provide a tremendous conduit to really start thinking about prevention activities. They can be a tremendous resource. They're always do a lot of work on prevention and it really becomes a question of how we link what the school can do and what the community can do and get more bang for the buck out of all of that. And then, of course, there is the whole business of communication and we'll talk about kids and adolescents and these problems we really have to get schools fully involved in that conversation.

Next slide. Before I do that, let me just mention also that one of the things that comes up to us a lot as questions is what stuff we might have that they could draw upon to pass on to people working in the schools that would really deal with this issue of taking actions to keep kids alive. And if you go to our website and you'll see that connection several times as we finish up, you can see we offer a tremendous array of free and readily accessible materials. We say it's your federal tax dollars in action you might as well grab load it and

use it. It's easily downloadable. If you can't find what you need, contact us and we can see about creating it. Mentioning our quick finds I would underscore we have quick finds as such things as bullying, child abuse, domestic violence, suicide prevention that reflects the work we've done and pulled stuff together but provides you direct links to a lot of the resources that you're hearing about today. On that other slide we offer a few examples of the specific aids that can be downloaded. These are a couple of things we thought we would highlight. One is the violence prevention in safe schools. The other is the school interventions to prevent youth suicide. A third is the bullying prevention and HRSA's link to stop bullying.

Next slide. We've also put in there, because in a lot of discussion has to go on now about what we're going to do to promote healthy social and emotional development if we're going to prevent a lot of the preventable problems among these kids and what we've tried to do is to highlight again our quick find that would take you to a lot of resources there. But also to draw your attention to castle's great work. They've done a major work here in terms of safe and sound which provides a school guide, a leader's guide to evidence-based practices along these lines and as we hear more and more about the need to link with evidence-based practices, this will be a useful resource for you. And another useful resource is -- comes from haw kin son's work which many of you are familiar with on positive youth development. We thought we would draw your attention to that and another thing you could link up with. Of course, if you want additional aids we would draw your attention to the national mental health information center, the Center for Disease Control and prevention has a lot of fact sheets and materials that can be pulled down and we

always like to bring people's attention to the Bright Futures and practice, the mental health work, all of which we can connect to through our website. The last slide is simply our contact information. And you can get through to us easily. We have a toll free number. You can email us directly, get on our website and connect through that and we do want to mention our sister center at the University of Maryland in Baltimore. The two centers have been operating for 12 years now and have a tremendous amount of resources. Next we'll hear from Ellen Schmidt.

ELLEN SCHMIDT: Thanks, Howard. My name is Ellen Schmidt the national outreach coordinator for the Children's Safety Network. That's what we'll talk about next and I'm really happy to be here and hope you can take a look at my slides easily. You learn something new about how your slides appear when you do these things. Maybe yellow isn't the best color. At any rate, we are a program funded by HRSA, MCHB for the last going into our 16th year. I hope many of you have known about us and we are available to work with primarily state health agencies. And we especially focus on our Maternal and Child Health programs and the folks that do injury and violence prevention at those locations.

Next slide. Our mission is to provide technical assistance and training and resources to MCH agencies so they can improve their capacity to address child and adolescent injury and violence prevention. Next slide. We have several sites. We have the core sites based in Massachusetts with a site in Washington, D.C. and we also have a site in Maryland. The economics and data analysis resource center and we've just moved some of our

resources over to the Michigan public health institute where Teri's center is based so the child death review and one of our state outreach specialists is located at the Michigan public health institute so all together we form the Children's Safety Network and we collaborate with each other to respond to questions and assistance -- and provide assistance to state health departments around the country. As you can probably hear from some of the names here, one of the features for the economics and data analysis resource center is to really look at some of the cost benefits of some of the prevention activities that we think of as best practices. Also to help the states look for and use their data and how to make it work for them in terms of various activities, whether it's educating their colleagues or legislators or whoever so that provides them with that kind of information. And we have state outreach specialists that are focused then in each of the states in the federal regional systems and they're going to be working very closely with the MCH programs in those regions to develop plans to address the needs.

Next slide. So as I've been saying that we do work with MCHB itself to help them reduce childhood death and disability, which is an important goal of the MCHB. We also provide technical assistance to these MCH agencies and their partners in injury and violence prevention. You've heard us talking about partnerships before. We really work to encourage our contacts in the state health department to work with all the various folks we've heard from so far and you'll continue to hear from. We really feel that coordination and collaboration among our national organizations and the resource center is really important to move forward the issue of reducing injuries and violence.

Next slide. MCH has performance measures that they ask the states to focus on. There are two national performance measures which you see on the slide, one to reduce motor vehicle related injury and fatality and the other to reduce suicide rates. States have created their own performance measures. Some of them have a performance measure that says we want to look at all childhood injuries and reduce those. Some say we want to work with rate prevention education or child maltreatment. So what we're trying to do is to work with the states to develop a program or a plan that helps them address those things they have identified through their needs assessment that they would like to address themselves. So next slide. So therefore Children's Safety Network's primary audience is the MCH director and their staff and colleagues within the health department that includes the adolescent health coordinators and various injury prevention directors. We also are working very closely with some of the big national organizations that have these folks as their constituents. For example, the association of Maternal and Child Health programs, the association of state and territorial health offices and the director's association. The National Association of city and county health officers and the national network of state adolescent health coordinators so we want to really focus and streamline our efforts to really try to make a difference with all these groups working together.

Next slide. So as providers of technical assistance and particularly with the number of years we've been working in this area we really feel like our technical assistance providers have an in-depth knowledge of state staff and their needs. We've really worked hard over the years to develop a trusting and reciprocal relationships. Many have worked in state health departments before and been active members in the various associations and it

allows us to better connect with those folks and I think that really assists us in being able to provide technical assistance and also learn from other states so that we can connect those two states together. Again, we try to confirm that the needs that the states have are being met and that we provide a technical assistance program that meets their needs. We also work in the area of capacity building. So helping state health agencies to really build the infrastructure and the data systems that they need to help get their programs out into the community, how to provide training and technical assistance to their constituencies and those kinds of things. As we've been talking about again I just want to reiterate the coordination and collaboration between groups.

Next slide. Some of the resources you would have access to include electronic mailing list which includes children's safety network where we send information out as we get it to help inform people on that listserv. You're certainly able to join in if you'd like to. You can let us know. I certainly encourage you to get onto our website. We have many, many publications and you can access them there. We also have something that is somewhat unique to these resource centers. We have a pretty substantial library that has over 4,200 entries into the library and we have a librarian and library assistant that can help you access information that you might need for your injury and violence prevention programs.

Next slide. We have also a lot of information about various topics and as I mentioned before, we also do a lot of work on programmatic topics. Looking for funding sources and we have fact sheets on our website and we provide information about these various topics and programmatic areas. We also, as we mentioned about the data cost center, they have

various injury incidents information, cost and prevention savings information. We have a number of presentations and trainings that are available for folks to look at if they want to develop a presentation or training using some of our information. It's available to folks and we certainly have been involved in the past in peer review journal articles and other publications which also are available on our website. I didn't want to take the time today to go through them all but you should look and see what is there and use those resources to your best advantage.

Some examples, next slide, of some of the technical assistance we've provided in the past, we've worked with state for the development of child safety legislation. They needed to respond to a request from the legislature to provide a statement about -- a support statement about that legislation. We provided them with information that they were able to use to write their position statement for that. We've also worked with many states in the area of strategic planning and helping them work at those plans and then to say okay, so I've got plans and things that I want to know about their topic areas but trying to make sure they also address the infrastructure and how they need to develop the core capacity to be able to implement those plans and what does it take to actually implement those plans? We were also involved in previous years of the Title V grantees in every state. Had to write a new application and needed to do a needs assessment and we worked with those states in having them look at statistics they could use in their needs assessment.

In terms of our work with child death review we've done a variety of things trying to encourage the child death review teams to come and talk to regional networks that we

work with and so Teri made a presentation to a southeast injury prevention regional network. We also respond to some of the requests that come across the CDR listserv when we think we can be of assistance, we'll chip in and respond to requests as they come across. We also, with our data center, are available to provide information about what we're looking at. What kinds of things are the child death review teams hearing about and the other questions they may want to ask, things they need to learn more about. If they're getting a lot of poisonings, learning more about how were the substances stored, are there other ways that we can look at doing some prevention for that? And the same thing with car safety seat use is are there things that the child death review teams can learn more about the placement of the child in the car, whether the seat was appropriate to age and things like that.

So next slide. I want to mention I worked with national organizations and in particular I want to focus on our work with the state and territorial injury prevention director's association who have -- they have a program called the state technical assessment team and they are -- work to go into a state and provide a point in time assessment of the state's injury and violence prevention program. Children's Safety Network with our support from HRSA has provided a person from Children's Safety Network to be on each one of those visits and that helps us, one, to get more information about what is happening in that state and also, then, afterwards to be able to provide more technical assistance. It's been a really terrific program. There have been 24 states visited so far.

Next slide. And this is how you can get in touch with us hopefully you can read that. So if you cannot read that, because I can't when I'm looking at it, the children's network website is www.Childrensafetynetwork.org. Put the two s in there. You'll continue to here more about our research centers from Kristin Teipel.

KRISTIN TEIPEL: I'm in Minnesota at the University of Minnesota. I am Kristin Teipel with the State Adolescent Health Resource Center we're at the University of Minnesota and we, too, are just like you've heard so far, a resource centers that are available to you. We're a four-state public health professionals primarily for MCH folks and the niche that we fill that's a little bit different than you've heard so far is we are specifically about adolescence as a population and not any particular health issue. So I am really happy to be with you here today. I look forward to hearing from you later on following this webcast. Just to let you know, we're funded by the Maternal and Child Health Bureau Office of Adolescent Health. We've been around for six years and thrilled to work with everyone.

Next slide, please. Our mission is, as you've heard as many of the other centers is we're about building capacity of public health to address adolescent health. We do the traditional things. We provide really hands-on applied technical assistance. We're on the phone with people. We sit, talk, grapple with issues. We work on things. We're more than just send you to a resource or send you data point or that kind of thing. We help people deal with what the issues are. Take the best practice, what do you do with it. How do you make it happen, that kind of thing. We also provide access to resources both as individuals ask for

it and some outbound resource materials that we have. And then again traditional skills with training.

Next slide, please. What drives our work? Well, we're mandated and funded under the Maternal and Child Health Bureau as part of the national initiative to improve adolescent health by the year 2010. It's a joint endeavor of the Maternal and Child Health Bureau and adolescent and school health. They've been working in trying to promote adolescent health through this initiative for a number of years. This stems from the Healthy People 2010 work out of Healthy People 2010, 21 critical objectives for adolescents were identified. This initiative is about helping everyone try to achieve these objectives. If you haven't seen them, please feel free to email me or contact me because a good majority of them are about mortality and injury and factors associated with those issues. They are issues that we're really concerned about. And the goal of the national initiative is to get out resources to help people come together and figure out ways to do what needs to be done to help adolescents be healthier and achieve these 21 objectives. We're directly funded to be a resource for that initiative. If you haven't heard about it, I would encourage you to actually since I didn't put websites up. Google the national initiative. The type of assistance that we provide again pretty traditional.

We're about building system capacity. So we, too, help states look at their state health department and say do you have what you need to get this work done to some level of quality assessment and quality improvement action planning. We work on strategic action planning. Helping people with needs assessments, identifying best practices. Where are

they? What are they, how do you use them? How do you get them out? Focusing a lot on partnerships. Adolescent health is addressed in many places in state agencies. How do you bridge all those programs and people and how do you make it all come together so you're collectively working to a better whole? As important to that state level collaboration is how do you involve youth as partners so that whatever is being done is done in ways best for young people. We are specifically focused on helping state adolescent health coordinators, most state public health departments have someone designated as the state adolescent coordinator and we're helping them to get the work done. Then lastly we have a specific focus on communications. We have our communications person here who is fabulous and works on helping people take their great ideas and how do you communicate it in ways that really catch the attention of people who need to act, who need to make decisions? Because we know that's an area that's often missing or not done as well as we would like it to be done.

Next slide, please. So ways we can help pretty traditional. We hang out on the phone a lot. Call us, we love to talk. We love to bridge you to other people that are doing similar things or who have expertise that you might be looking for. We can do background research, help you provide access to resources, review materials you've developed as you've developed a report. If you've developed a Power Point presentation and want a critical eye we're happy to do that. We do visits. We come out and do state system capacity assessments. Meetings and analyze the results. We can facilitate meetings and we do trainings. Next slide, please. The kind of resources that are available to you besides just people power, we, like lots of other folks, have an electronic newsletter called E-

adolescence and it's a collection of resources that are geared for state-level folks. Things that we think are helpful and useful to your work. It covers all sorts of adolescent health issues and systems issues data, partnerships, collaboration, communications, you name it. The one thing I do talk about if you're interested in getting on this list to get this newsletter please email me but if you have a resource you'd like to have included that you think would be good to get out to other folks we'd love to hear from you on that also. We also partner on a series of teleconference trainings with the leadership education adolescent health training programs. Seven university-based adolescent training programs and we are conducting quarterly teleconference training. Pretty low technology based on providing updates on research-based information on adolescent health and an opportunity to talk and discuss and network about what does that mean? The next session will be on Thursday, October 19th. It is on adolescent reproductive health going from vaccines and beyond. It is from 12:00 to 1:30 eastern time. Upcoming trainings will be on mental health. Obesity training and access to healthcare. If you're interested in learning about that, please feel free to contact me and we'll connect you up on that one. Next slide, please. Next level resource that's available to you is we do an orientation training for new state adolescent health coordinators and help them figure out what their position is like. How to take the leadership role and how to move forward with it. If you're interested in any resources we have or interested in who your state adolescent health coordinator is feel free to contact us. Lastly, we have resources available with framing youth development. It's the communications piece to our work. Our staff person can help you talk about how to frame your issues from a youth development perspective which is that holistic young person looking at the whole young person and what they need in ways that can be heard

and responded to effectively. So next slide, please, we look forward to hearing from you. Again my name is Kristin, there is my phone number and email. You don't see a web address. Our website is usually down because of some university issues that we have. So it's probably easier to email or phone me. I will with that on to Therese and thank you for your time.

THERESE MORRISON-QUINATA: Thank you, Kristin. Hello, I'm Therese and I'm here for the children's national resource center. The program was established with the passage of legislation in 1984. It is a national initiative designed to reduce child and youth disability and deaths due to severe illness and injury. Medical personnel, parents and volunteers, community groups and businesses, as well as national organizations and foundations, all contribute to this effort. The federal health resources and services administration, Maternal and Child Health Bureau administer the program in partnership with the United States Department of Transportation national highway traffic safety administration. It is the only federal program that focuses specifically on improving the quality of children's emergency care. Currently only state governments and accredited medical schools are eligible to receive EMSC grants. The EMSC grants are awarded and managed by the health resources and services administration to improve existing emergency medical service assistants and to develop and evaluate improved procedures and protocols for treating children. The emergency medical services for Children National Resource Center, a part of children's national medical center in Washington, D.C., was established in 1991 to provide technical assistance to the emergency medical services for children grantees to help them achieve the EMSC program initiatives.

Next slide, please. The emergency medical services for Children National Resource Center is based in Silver Spring, Maryland, and has additional staff in Portland, Oregon, St. Louis, Missouri and North Carolina. The EMSC program provides funding to states via partnership grants. The program also supports targeted issues grants which are typically awarded to individual researchers, investigating pediatric emergency care issues that have regional or national impact on pediatric emergency care services. The pediatric emergency care applied research network it's the first federally-funded multi-institutional network for research in pediatric emergency medicine. They work with diverse demographic populations and across varied regions to promote the health of children in all phases of emergency care.

Next slide, please. The national resource center provides both an interactive and communication listserv for grantees. The partnership for children stakeholders members and family advisory networks. The partnership for children's stakeholder group is a multidisciplinary consortium of 17 national and professional organization that contribute to the program's mission. That's savings kids' lives by developing resources of regional and national significance. The advisory network is often referred to as FANN includes family representative selected by EMSC grantees. The national research center organized this to provide guidance and support in their efforts to support EMSC state grantee activities. Products and models developed by grantees, along with essential resources, collected by national resource center staff including our librarians are housed and managed by the national resource center.

Next slide, please. The public policy on partnerships team within the emergency medical services national resource center provides assistance with emerging public policy and public health issues. EMSC coalition and groups, federal and state legislative and regulatory developments, and EMSC partnerships work very closely with the EMSC partnership for children stakeholders group. Next slide, please. As you can see from this slide the emergency medical services for Children National Resource Center provides technical assistance to EMSC grantees in 56 states, territories and the district of Columbia to assist in the development of pre-hospital emergency medical services systems that focus on the emergency needs of children and their families. The type of example of technical assistance that the resource center provides primarily to the EMSC grantees and we appreciate the invitation from the research center consortium to participate in this webcast. We provide grants management specifically to EMSC grantees, project management, research topics, disaster preparedness, family-centered care, assisting EMSC programs family representatives seeking out resources as they work closely with EMSC program coordinators and managers within their states and most recently the development and implementation of performance measures, which every state is striving to successfully achieve.

Next slide, please. Some examples of the work of the national resource center, the EMSC program which relates to child death review team is one project is improving injury prevention capacity in the child death review process. Many child death review teams often lack the data and resources required to generate scientifically sound convention

recommendations. After reviewing an injury death, the investigators in the study were developed an evidence-based guide to best practices in the prevention orientation review of child injury deaths. They planned on integrating emergency medicine regional injury prevention coordinators and local child death review teams as the expert in injury prevention and worked to develop and test a computer-based decision support tool to facilitate RIPC and the local CDR teams to link data collected in the context of child death review to evidence-based injury prevention guidelines and resources. They would then collaborate to promote the implementation of these guidelines.

Next slide. Another example of a project done relating to child death review teams is the Kansas City School of Medicine. They developed a screening protocol for the pediatric emergency department. They have identified both the barriers and opportunities for IPV screening. It's intimate partner violence and referral in a pediatric emergency department and the university developed an IPV educational model for pediatric emergency healthcare providers. Findings of this model program indicated that children whose parents is a victim of spousal abuse are at greater risk of child abuse. The model protocol developed for emergency personnel encouraged providers to inquire at the time of the emergency visit and transport to screen parents about possible spousal abuse and to document information collected. In cases where spousal abuse is suspected, a recent protocol provides processes for healthcare providers to prevent and therefore reduce the frequency of child abuse.

Next slide, please. Focus activities of the emergency medical services for children program national resource center are currently engaged in including -- the activities include providing technical support to EMSC grantees to achieve performance measures. We are working with state grantees on grant and project management. Developing and broadcasting live EMSC program webcasts with another one upcoming on pediatric trauma scheduled on September 27th. Another project that we are actively engaged in is the Institute of Medicine study release and we're also working very closely with family representatives within the state to help them work closely with the EMSC program managers and principal investigators to help them meet the performance measures and carry out their EMSC initiative.

Next slide, please. The EMSC national resource center website is currently located at www.emsc.org -- this is different than what you see on your slide. The current site is www.emsc.org but we're moving to a dot gov website soon and that address is located on your screen.

Next slide, please. If you should have any questions, you can call us at 202-884-4927. You can also email [information @ EMSC-NRSC.com](mailto:information@EMSC-NRSC.com).

Next slide, please. Another resource center funded by the EMSC program is the national EMSC data analysis resource center. Their mission -- let me go back a bit. In 1995 NEDARD was established at the university School of Medicine. Their purpose is to help grantees and state EMS offices develop and improve their capacity to collect, analyze and utilize EMS and other data to enhance pediatric emergency care. Without

data we're unable to prove the -- to actually show and prove the needs of each of the states and the performance measures which give us a lot of structure and enable us to now identify -- identify what needs each of the states may have related to pediatric care. The principal investigator is Mike Dean. And you can contact Mike at Michael.Ely at HSC Utah.EDU. The other website is www.nedarc.org.

Next slide, please. That's the last slide. Don't move forward. This is NEDARC's new web shop. They develop workshops developed on data analysis evaluation and things of that sort. The grant writing for EMSC researchers is largely promoted -- they largely promote pediatric research and pediatric emergency network often referred to -- they conduct side visits to grantees as they go to the emergency medical services data standards and they support EMSC program activities by assisting the data collection and evaluation of performance measures. Thank you very much. I would like to transition now over to Lloyd Potter who is joining us in Boston.

STEPHANIE BRYN: We're going to you now.

LLOYD POTTER: I have gone through my whole introduction and realized it was on mute.

[LAUGHTER]

Sorry about that. Good afternoon, everyone. My name is Lloyd Potter, I'm the director of the Suicide Prevention Resource Center based in Massachusetts. And I'm also the director of the Children's Safety Network which Ellen Schmidt just talked about earlier.

And one of the things that in terms of where, I suppose, one of the resource centers that's a little odd here because we aren't funded by HRSA and all of the other resource centers that we've heard about so far are. I think that certainly illustrates the leadership that HRSA has provided over the years in advancing efforts and supporting states' efforts to do injury and violence prevention and certainly David and Stephanie Bryn are two people that have pushed that forward. I'm quite thankful for their efforts and I'm sure all of you are as well. But then I'll also add that the Suicide Prevention Resource Center is funded by is substance abuse and mental health services administration and the model we use is very closely aligned with, in terms of providing technical assistance and information resources, closely aligned with the Children's Safety Network and much of our capacity and ability to provide technical assistance on suicide prevention really evolved out of the Children's Safety Network given that CSN has really worked for a long time around one of the HRSA performance measures of preventing suicide among adolescents or youth.

So next slide, please. I wanted to in that context just talk very briefly about some of the national advances in suicide prevention to give you some context of where suicide prevention is relative to other violent injury outcomes and I would say before the Surgeon General's call to action which was published in 1998, suicide prevention with the exception of the leadership that HRSA was providing, was a fairly off the screen injury prevention issue. And it was really the Surgeon General's call to action and along with that Healthy People 2010 developed some objectives related to suicide prevention that really started moving things along. And kind of at the same time the Institute of Medicine was developing and then published reducing suicide the national impairment report and the

national strategy for suicide prevention was published shortly after that. Kind of around the same time. So it's really having a national strategy which, if you can see on the slide that a number of Department of Health and human service agencies, including HRSA, provided leadership in advancing that and getting it published and many of the agencies listed and beyond are engaged in suicide prevention.

From my perspective what's interesting is a lot of this happened under the Clinton administration, the things I've just talked about, and recently under the current administration, George Bush administration there was this president's new freedom commission on mental health and the first recommendation that came out of their report was to fully implement the national strategy for suicide prevention. So one of the things that's interesting about suicide prevention is that it does kind of -- it doesn't really -- it's not a political issue. It cuts across political lines and has support for suicide prevention, has continued through both a Democrat and Republican administration. The presidency and freedom commission led to the development of a number of documents to transforming mental health care in America and suicide prevention is very prominently focused in transforming mental healthcare. I could talk a fair amount about that in terms of things where suicide prevention are being integrated into mental healthcare across multiple systems but I'll -- I won't go into that now. Then I think finally and probably the most significant policy issue that's occurred is the passing of the Garrett Lee Smith memorial act which has resulted in substantial funding that goes to states and also to colleges and universities to implement suicide prevention activities. I believe very soon they're expecting there will be somewhere around 29 states that have received funding to

implement youth suicide prevention effort. So that's a very significant thing in terms of policy.

Next slide, please. I want to talk to you now a little bit about some of SPRC's core activities and certainly our primary activity is providing technical assistance and providing customized assistance and resources largely to states and certainly in our first few years before the Garrett Lee Smith memorial act we were working very hard to try to get all states to develop and begin to implement suicide prevention plans. And now most -- I think there are 48 or 49 states that have them. And now we have soon 29 states that will have Garrett Lee Smith memorial act funds. Our mission in terms of working with the states has really started to shift toward working with the grantees who have received these funds and we're working to provide them with technical assistance and helping them with their work plan. We service all states. Anybody that calls we will give them a response and try to help them address the issues they need to whether they're a state, a community or an individual or parent, a teacher, we'll respond to them. We do a lot of work in terms of developing resources and delivering those on our website and you'll see that later. We've developed a number of white papers and provide guides for coalition building, logic modeling, doing a number of other things related to suicide prevention planning and many of the tools that we have are translatable across injury outcomes.

So the tools that we've developed could be used for motor vehicle injury prevention or for other kinds of injury outcomes. Then we've also developed a number of both online and face-to-face training products as well that we are delivering. We have really tried to

develop an evidence-based practice registry that's available on our website. The information there. We're also working with the national registry for evidence-based programs and practices which is a registry of programs so we're working with that as well. We're also working on this -- I mentioned earlier this mental health transformation. I think this is one of the areas where when we're talking about the child death review center, I think that the idea behind the concept of mental health transformation is trying to find where are there opportunities for improving the way we deliver information and services and programs? And I think one of the areas is certainly trying to improve data and to try to then learn from those data where the problems are occurring and how we can target programs and as many of you may be aware, suicide completion data tends to be fairly poor and tends to not give us very good or in-depth information about the circumstances and events leading up to the behaviors that resulted in the suicide death. So certainly, I think, child death review teams have really taken some leadership there in trying to provide much more in-depth information that can then be utilized in targeting programs for prevention.

I'll also just mention, then, that we also mentioned earlier we provide a response to a diverse set of stakeholders and, of course, we manage all of our federal resources very carefully and frugally. Next slide, please. In terms of the work that we do with states, territories and tribes, we have a great staff of prevention support specialists that provide technical assistance and they work very hard to develop, build and maintain relationships with our partners in the states. Many of you probably know our prevention support staff and they're very responsive and we provide customized support to our constituents. So we

really work to know them, know their needs and deliver the information they need. Then we also really try to make sure they're aware of evidence-based practices and help them to implement those when they are appropriate. And provide a continuum of services that are focused on trying to create change that is sustainable even beyond their federal funding or helping them to identify other sources of funding as well. Obviously we try to find existing resources that can be leveraged working within school systems, working within existing mental health systems and other ways of practice and prevention efforts trying to integrate suicide prevention into those. We use our website as well. Next slide, please. Our Internet-based resources, we maintain an email list and we have something called "the spark," a weekly newsletter and provides links to new resources as well as news stories and a number of other things. A number of other listservs as well. If you aren't on them and are interested in learning more about them or subscribing there is a URL on the slide there that you can follow to subscribe to some of our email lists. We also have all kinds of publications and resources available on our website and then we maintain webpages for each of the 50 states that has contact information data, information about plans and other information there as well so that's a resource if you're interested about your state or learning about what other states are doing.

Okay. So the next slide you can see just some -- actually some new and upcoming products. I won't talk about those and then I'll go to the last slide just so you can see our contact information which has 1-877, our toll-free number. Our URL and email to us it will be routed to somebody who will respond to you quickly. Thank you very much. And now I would like to turn it back over to Stephanie Bryn.

STEPHANIE BRYN: Okay. Thank you very much. I think the audience can probably understand this is a little complicated with people in the field but we really wanted the opportunity to showcase the resource consortium, plus the suicide prevention consortium and we really wanted the opportunity to showcase what they do. How they can be helpful to you, how valuable their resources are and it's that intersection or the round about, if you will, where the child death review recommendations and the prevention strategies need to come together. And we wanted to make sure that we made the point and the case about how important you all are to each other. And so if that intersection that we're trying to showcase about how you can all work together and give you the valuable resources that you could use. Now we do have about four questions, I think, and I'm going to turn it over to Teri Covington to respond to some of the questions, Teri.

TERI COVINGTON: Thank you, Stephanie. And thank you to all the presenters today. I'm going to ask the questions and ask our panelists to see if they can come up with some of the answers. We had some really great questions. And a couple of you sent questions that were more technical and we'll send you emails. These are more broader general questions that we can all learn from. The first is -- I think this is a Children's Safety Network question. How can collaborations occur at the state level around the issue of injury prevention and how can we at the local level participate in that type of collaboration?

ELLEN SCHMIDT: Thanks, Teri. This is Ellen Schmidt responding to that question. And I think that it's really important that we try to do the same thing at the state level that we're

trying to do here at the federal level in remembering that all of us represent different groups that are represented in the states. And so getting those folks together either in a coalition or a network or a planning group or something like that so that you can communicate and learn from each other and every time I've ever participated in a state coalition or even a planning group people are always learning from each other. They're like wow, I didn't know you were doing that and you can really learn from each other and much of what we have to do in order to do intervention for this issue, because it's such a broad issue, is to integrate those interventions into existing programs. So being able to communicate with each other is really important. And another issue that is important for people to work together on is the development of state plans particularly those that are, you know, broad based like the injury and violence prevention plans. So those groups should be sure that they have people that represent mental health, people that represent the schools, somebody from the child death review teams. So they really need to do, you know, very broadly the adolescent health coordinator. Keep in mind all the different people that you're hearing about from the various resource centers here and it is better to maybe be too broad and then what's really important is that you get some really specific activities down on paper and what the action steps need to be to make those happen. Of course, record it. Thank you, Teri.

TERI COVINGTON: You're welcome, Ellen. The next question is how can we best encourage local review teams to include more specific recommendations and their findings on case reviews. Once the recommendations are provided, probably to state and

local stakeholders, how can agencies use the recommendations to implement prevention activities?

I really think it's a training issue. When we've done training with folks around the country, especially at the local level, it's really a simple issue -- a simple process of teaching people how to rewrite recommendations and how to write them so they're more strategically focused. We actually have some information on our website that you can go to under the prevention section that will show you some steps to follow in crafting effective recommendations. It is really just a strategic thing. It's almost like a planning tool. It teaches you how to be more specific in writing your recommendations. I would encourage you to go to those. I would encourage you to use some of your state injury experts and any of the resource centers you heard from today especially if you try to focus it around adolescent health, mental health and what have you. And the other thing is call us if you really are looking for assistance on how to do this we can guide you through this. We do a lot of training at the state level. We've done it where we've brought in local teams. I'm thinking of an exercise we did in Hawaii last year where we had all the local teams come in and they reviewed and looked at the recommendations they had written over the last few years and we helped them rewrite them and then we took it one more step. Now that you've got these where are you going to take them and try to make them happen?

ELLEN SCHMIDT: If I can pitch in. One of the things the director's association has done through their state technical assessment team is to write recommendations to the state and we have had similar issues with getting those recommendations to be shall we say

more functional. Sometimes we started out with writing but we felt the states should consider doing XYZ and, you know, what does that say, the state can then come back and say we considered it? Making them more action oriented but I would encourage you also to even look at -- talk to us and we can try to put you in touch with folks to look at some sample recommendations, what is a good one and what's not a good one and maybe we can collaborate even the CDR and CSN to expand our understanding of the recommendation wording.

TERI COVINGTON: Another question that ties in with the answer. Where can we get information on the EMSC project that Therese addressed to try to help teams be more strategic in developing recommendation? That project is still being piloted in the State of Washington We're looking at sometimes the end of this fiscal year to try to translate all of that into a working document. It will be a web-based system where people can go on the web, let's say they did a review of a child drowning. They could get onto the site and it will help guide them through a -- it will be an interactive process where they'll actually be able to write an effective recommendation based on the risk factors they identified in the drowning. That will be a wonderful tool. It is not ready yet because it's being piloted. Brian Johnston is the contact there and we'll put that on archives as well so people can contact Brian.

TERI COVINGTON: Another question in keeping with our time, this is a data question. Which of the resource centers is available to acquire information on health data for

children ages one to adolescents. I'm aware of the adolescent health resources available but how can I supplement that data to get child health data?

STEPHANIE BRYN: For the data and economics resource center?

ELLEN SCHMIDT: Well, yeah. This is Ellen Schmidt again. I think that the person to contact would be Monique Shepard at the Children's Safety Network Data Resource Center. Her email address is ms I'm sorry, scratch the m sheppard @ pire.org. And ask her that question. I think she's the one who can best either answer the question or refer you to where to get the information. I'll repeat the email address correctly. Sheppard @ pire.org.

ELLEN SCHMIDT: Our next question relates to some of the work that Howard and Linda are doing in California. Howard, if we wanted -- Howard and Linda, if we wanted to develop a violence prevention youth development program in our school because of a cluster of youth homicides can we come to you for help on the best programs out there and can you help us implement a program?

LINDA TAYLOR: We would be happy to talk to anyone who wants to develop that sort of teamwork with the school. We know that there are a lot of sort of best practice ideas and one of the things that we're very interested in especially from our work with safe schools/healthy students, is trying to extract what are the principles and the lessons learned and how do we adapt them to any specific community? For us getting the

leadership and buy-in from the administration and the support service staff at the school is a very key part of doing this work.

HOWARD ADELMAN: We'd be glad to direct you to some model programs and examples of that. We would also probably try to get you to see the bigger picture because we're really concerned about the fragmentation that's been going on in schools which ends up leading to a marginalization. We have to blend together and not needing to address another program but how we start working with the folks there to broaden their sense of what they're doing. Many of them are doing programs along this line and we'd talk to you about how you can mesh yourself in all of that.

LINDA TAYLOR: We've really tried to talk, too, about strengthening neighborhoods and the role that a school or any sort of endeavor like the one you're describing might play in getting all the partners to the table. Not just a few agencies or a few law enforcement folks but really to think about the natural leaders in the community, the faith-based organizations as well.

HOWARD ADELMAN: Just anybody who wants to probably should just email us quickly and we'll get to talking specifics.

TERI COVINGTON: Our last question before we close up, we're almost out of time. And I've shortened the question but it is what case studies have served as early warning signs of -- if so, what national or state programs and legislation or safety engineering have taken

place? I think this is a nice question to end up with because I can give you an example of something that's happened rather recently and it really I think it was because of people working together in partnerships across the injury arena that was -- it's called kids in cars. And what happened a few years ago is this advocacy organization called kids in cars based in Nebraska started to identify a number of serious injuries of children where they were injured by power windows. When the children are standing up on the seats of the cars and the power windows they hit the button, by pushing down with their elbow because it was the type of power window button you didn't have to lift up. You just had to push down and the window would open. Well, they came to the injury world and they said can you help us find more cases? And sure enough, child death review teams began submitting their case reviews. Children's Safety Network worked with them and 80 deaths due to this type of injury were identified. And national -- kids in cars then took on the role of doing national advocacy and they went to the car manufacturers and the highway traffic safety folks and this in last year's highway traffic omnibus bill there is actually a provision in there that is going to require the automakers to reengineer the power window buttons. I'm not sure what the time frame is. It's an excellent example of when we all work together we learn from local reviews, we funnel that information up and it actually ends up having a national impact and it will hopefully lead to fewer deaths of children.

STEPHANIE BRYN: That's a perfect way to end the webcast. We did talk about how we're all working together and its that intersection where we all can work together and meet to make a change and to help take action to keep kids alive. Thank you for joining us today.