

## **Preventing Child and Adolescent Deaths: Resources and Partnerships Webcast Questions and Answers**

*Q. When creating a grouping do you look at an entire year? How many would cause you to consider them a group?*

Response from Brian Johnston: The size of a group really depends on the volume of fatalities reviewed by your team. We'd suggest reviewing 3 or more similar cases as a group. In some situations, the team will review an individual case on the regular schedule, then come back and re-review related cases when there are enough of these to make a group. The idea, in all cases, is to look for patterns of prevention opportunity.

*Q. You state, "minimize the discussion of preventability" -- How would you frame discussions about prevention?*

Response from Brian Johnson: The key is to move discussion away from "was this specific death preventable?" and towards "what can we do to prevent similar deaths for occurring in the future?" Teams can get bogged down in debate over what- if anything - might have been done to intervene with a child or family to prevent the death under review. While there are clear gaps in prevention for some cases, in many the answer is less obvious. Deciding that a death was not preventable really closes the door to further discussion about prevention of future deaths from the same mechanism. It is more productive to use the case to review known risk and protective factors, as well as existing and potential prevention programs available in your community.

*Q. Our state has a centralized state level CDR process. As a large and rural state similar to Washington, do you have suggestions for ways to involve team members from rural localities where the deaths have occurred?*

Response from Brian Johnston: The first priority in getting input from rural areas in your death review process should be to allow flexible membership on your team. Invite experts in rural/farm safety, rural human services and other agencies with specific interest in your rural population on days when you plan to review a rural death, but don't expect them to show up to other meetings. A prevention-focused review process could also cluster the review of rural deaths to capitalize on the input available from these guest experts. Consider video teleconferencing the meeting to reduce barriers imposed by distance. You might also consider varying the location where you meet: conduct a CDR session in a rural community, perhaps combined with a media event to highlight a particular issue identified through your reviews of local child deaths. Finally, look for members with "dual credentials" - maybe an EMS provider from a rural area who could speak to EMS and rural issues.

*Q. Annual reporting is now a legislative requirement in CA for Child Death Review Teams. Are the age groups used in the best practices based on the CDR team data or*

*CDC age group break down? The CDC age group break down does not fit with the CDR age group data set. How do we get the CDC to match their data to the CDR data set. We can't match data if theirs goes to 19 or 20 years of age as a child.*

Response from Brian Johnston: The best practices site uses only 2 age groups in its search feature: young children and adolescents. These are based on whatever the CDR team chooses to call a specific fatality. This isn't a surveillance or reporting site so we don't feel the need to conform to other standard age groupings.

Response from Sara Rich: The WISQARS Leading Causes of Death Reports (<http://webapp.cdc.gov/sasweb/ncipc/leadcaus10.html>) allows you to select specific age categories. That way you can adjust the age breakdowns to match your CFR data set. You also may want to contact your state Vital Statistics office for help and/or information on obtaining mortality data. The link for California is <http://www.dhs.ca.gov/hisp/chs/>.

*Q. Does every state have CDR teams?*

Response from Sara Rich: Currently, every state has an active CDR program except for Idaho. Idaho did have a team for several years but it disbanded. Idaho is working to start again in 2007.

*Q. Where is the Online Decision Support Tool? Is it available to other teams?*

Response from Brian Johnson: Right now, the online decision support tool is only available to the Washington state teams participating in our grant-funded study. We anticipate making the site available to all CDR teams later in 2007 and hope to have it clearly linked from the website of the National Center for Child Death Review and/or its multi-state CDR Case Reporting System.

*Q. For teams that already have data collection systems, is there any plan for funding of translation matrixes -- in other words, how to bridge between data systems already in place, and this system? Having to enter data in multiple places with hundreds of cases becomes a HUGE issue for our clerical staff.*

Response from Sara Rich: Two states have already completed successful data migration projects. These states have a data analyst on staff that assisted the National Center throughout the process. Options to fund data migration projects are being researched.

*Q. Is there a list of the 32 states that had findings lead to prevention programs? Are the prevention programs described?*

Response from Sara Rich: There is a list of the 32 states that responded to the National Center's request regarding prevention programs implemented as a result of the CDR process. However, there isn't a comprehensive description of the programs. Some are listed on the Center website, [childdeathreview.org](http://childdeathreview.org), under state spotlights.