ACKNOWLEDGMENT

We would like to thank the AAP Friends of Children Fund for its continued support of the Academy's Healthy People 2010 Grant Program for Chapters.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Program Summaries</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Fire Safety in Centennial Neighborhoods ........................................... 3</td>
<td></td>
</tr>
<tr>
<td>Arkansas Chapter</td>
<td></td>
</tr>
<tr>
<td>II. Connected Kids Goes to School – California Chapter 4 ........................... 7</td>
<td></td>
</tr>
<tr>
<td>III. Community Based Pediatrics Residents as Agents of Injury and Violence Prevention – Massachusetts Chapter</td>
<td>10</td>
</tr>
<tr>
<td>IV. Decrease Drownings Among Vietnamese-American Children – Washington Chapter</td>
<td>12</td>
</tr>
<tr>
<td>V. Staying Alive: Preventing Young Adolescent Fighting, Gun Violence, and Death – Wisconsin Chapter</td>
<td>15</td>
</tr>
</tbody>
</table>

National AAP Injury and Violence Prevention Resources .................................. 18
INTRODUCTION

Healthy People 2010 presents a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a road map for improving the health of all people in the United States during the first decade of the 21st century. Healthy People 2010 represents the third time that the US Department of Health and Human Services (HHS) has developed 10-year health objectives for the nation.

In 2002, the AAP Board of Directors approved the Healthy People 2010 Grant Program for Chapters and assigned the oversight role for this grant program to the District Vice Chairpersons (DVCs) Committee. The overall goal of the program is to help chapters establish networks in their communities to support the development and implementation of programs that address pediatric objectives within the US Department of Health and Human Services’ Healthy People 2010 initiative.

In May 2005, the DVCs reviewed the Healthy People 2010 pediatric objectives and determined that injury and violence prevention was the topic area on which the Healthy People 2010 Grant Program should focus for 2006. Through the support of the AAP Friends of Children Fund, the Academy offered a grant opportunity to chapters to help them develop and implement programs that eliminated health disparities listed within focus area 15, “Injury and Violence Prevention”, as identified in Volume II of the November 2000 edition of Healthy People 2010, which is available at www.healthypeople.gov).

Five chapters were awarded grants of $20,000 each to fund their programs. The period of performance began on June 1, 2006 and concluded on May 31, 2008. As stipulated in the terms of the agreement, chapters were required to submit final reports at the conclusion of the grant period and highlights from those reports are included in this publication.

These program summaries describe five very different approaches to eliminating health disparities within the area of injury and violence prevention. Each of these pilots demonstrates some promising practices that warrant further study to determine their long-range effectiveness. In the short term, all 5 chapters forged new partnerships, activated communities to address this important issue, and have plans to continue this work.

Summaries include information on the program goals, what groups they collaborated with, evaluation tools, and outcomes. Please contact the project director if you would like more information about a particular program.
PROGRAM SELECTION CRITERIA

A Request for Proposal that included the following eligibility criteria was mailed to all chapter presidents, vice presidents and executive directors. The programs submitted must:

• Have a measurable impact on the Healthy People 2010 goal of eliminating health disparities within the leading indicator, injury and violence prevention.
• Be a new program.
• Be led by a full Fellow of the Academy.
• Be supported by chapter leadership.
• Demonstrate general membership participation.
• Show collaboration with private and public partners.
• Demonstrate a realistic, achievable evaluation system.
• Include a concrete timeline for goals to be accomplished.
• Evidence that the chapter has the capacity to manage the grant.

Priority was given to proposals that:
• Demonstrate innovative and creative approaches.
• Address hard-to-reach populations.
• Demonstrate continuation of the program beyond initial funding.

Using this criteria as a guideline, a score sheet was created to assist the District Vice Chairperson committee members in assessing and ranking the applications. Members discussed the process for narrowing the number of finalists. Thirteen proposals were submitted, reviewed, scored and ranked. Since the number of applications was manageable, the committee reviewed each application, noting the positive and negative points of each. The committee also made a concerted effort to select chapters with diverse activities and target populations, in an effort to encompass a variety of programs. After much debate, the committee selected the Arkansas, California Chapter 4, Massachusetts, Washington, and Wisconsin chapters as recipients of the Healthy People 2010 injury and violence prevention chapter grants.
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**PROGRAM SUMMARY**

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## ARKANSAS CHAPTER

Grantee: AAP Arkansas Chapter

Program Name: Fire Safety in Centennial Neighborhoods

Primary Contact: Mary E. Aitken, MD, MPH, FAAP

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Project Director: Aimee Berry

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**PROGRAM DESCRIPTION & GOALS**

Fires and burns are the sixth leading cause of child injury-related deaths in the 72202 zip code of Arkansas, including the three residential communities known collectively as the Centennial Neighborhoods – the target area of this program. The goal of the program was to reduce the risk of fire-related injury to children by increasing the use of fire safety devices within homes and by enhancing the work of first responders. Several outreach events were employed to promote the installation of smoke detectors in the homes within this neighborhood. The primary activity to enhance the work of first responders was to increase visible house numbers in those homes and to distribute “files for life” magnets that post medical information for each family member and can be stuck on the refrigerator door for easy viewing.

**COLLABORATION**

*Fire Safety in Centennial Neighborhoods* was a partnership between services from the City of Little Rock, Arkansas Children’s Hospital (ACH), and the Injury Free Coalition for Kids. Key persons from ACH’s Injury Prevention staff, ACH Department of Community Outreach, and the Little Rock Fire Department met approximately every 8 weeks to guide the project and conduct process evaluation. Two Neighborhood Alert Centers, community-based outreach programs of the City of Little Rock, were kept apprised of plans. The project coordinator attended monthly meetings of the neighborhood associations and used their newsletters to promote participation in the project. The project’s activities were reported to the Injury Free Coalition at quarterly meetings and distributed to approximately 30 members through meeting minutes.

Residents of the Centennial Neighborhoods were engaged as partners in the implementation of activities. Residents assisted project staff in recruitment for smoke detector installations at community events. A committee representing each neighborhood association assisted in selecting house numbers that were consistent with the historical integrity of the homes and a local hardware store provided a 50%
discount for supplies. Other collaborators included the American Red Cross, City Year (an international volunteer organization), the Little Rock School District, a local Girl Scout troop, the local electric company, and the county sheriff’s department.

EVALUATION/MEASUREMENT

Registration forms and procedures for smoke detector installations were standardized. The program administrator created a database to track smoke detector installations generated from the registration processes with a reporting calendar at three intervals during the project for the Little Rock Fire Department to report counts of smoke detectors. Collection of completed installation data proved challenging due to unanticipated constraints within the fire department. There were also challenges within program personnel in conducting follow-up to maintain effectiveness and use of safety equipment.

Data from the 2006 state health department has been received and is currently being analyzed. Unfortunately, the lag time in receiving and analyzing surveillance data has delayed the ability to report any measurable impact of this program.

PROGRAMOUTCOMES

The following briefly summarizes outcomes that occurred as a result of the program:

Goal 1: Increase use of fire safety devices within homes:

- Staff and volunteers conducted registration for smoke detectors at 9 community events. Approximately 200 registration forms were completed and sent to the Little Rock Fire Department for smoke detector installation. The department reports a 50% installation rate.
- The project team developed standardized fire prevention kits and these are now located on every fire truck in the neighborhood. These allow firefighters to conduct home safety assessments upon completing a non-injury call and provide smoke detector installations as needed.
- Home safety education was conducted each month with teen mothers and families receiving protective services for physical abuse. Approximately 65 high-risk families received smoke detectors and electrical outlet plugs through these activities.
- An educational session on fire safety was conducted at a senior citizen center. Twenty-five participants registered for smoke detectors and over-the-stove automatic-released fire extinguishers.
- A community safety fair with fire prevention and response activities was conducted on the grounds of the Arkansas Children’s Hospital in November 2007.

UNANTICIPATEDBARRIERSANDLESSONSLEARNED

The Little Rock Fire Department (LRFD) changed senior leadership early into the project, which in turn, influenced priority given to the project at individual stations. The project team was assured that smoke detector installation occurred when
possible, but use of standardized tracking and reporting mechanisms was not consistent. The change in leadership also influenced adherence to city ordinances. Over 75% of residences in the neighborhood are rental property and the original plan was to install smoke detectors in any residence. The changed LRFD leadership placed a stronger emphasis on an ordinance requiring property owners to install smoke detectors. This was a concern of key informants in the community, fearing that this could lead to enforcement of other ordinances that could displace families who could only afford marginal housing. The compromise was to install detectors in single family dwellings, but require owners of multi-family housing to comply with city ordinance and codes.

Establishing contact with persons who registered for smoke detector installation was also challenging. Residents of the community are very transient. Although registrations collected at community events were promptly forwarded to the fire department, the project team had little control over how quickly this information was forwarded to stations and acted upon. Late in the project, the fire department began training civilians to conduct home assessments and smoke detector installations. In future efforts, the project team will maintain responsibility for contacting residents and use the LRFD volunteers for the installations.

Lessons from conducting a community safety fair were sobering. The event was planned to model a successful “Fire Fest” that is conducted in a neighboring community annually. Unlike that event, this community does not have a common area such as a retail store where residents gather naturally. In addition, congregants of the larger churches do not live in this area. Lastly, the available date for the event had numerous competing interests for residents. In the future, the project team will do more door-to-door advertisement of the event.

Goal 2: Enhance the work of first responders

- The primary activity for this aim was to increase visible house numbers on homes in the Centennial Neighborhoods. Volunteers attached address numbers on 75 houses and “files for life”, a record for medication and emergency contact information, were also distributed for each family member of those houses.

UNANTICIPATED BARRIERS AND LESSONS LEARNED

The project team incurred problems associated with ordinance barriers. A city ordinance prohibited the painting of house numbers on street curbs, as originally planned. Although infrequently enforced, it was important to comply with all known local regulations. Residents involved with restoring the historical integrity of homes in the neighborhood were concerned about the alternative plan, which involved placing numbers directly on the structures. Therefore, a committee assisted project staff in identifying three number styles that were appropriate for the age and design of those homes. The change in plans for placing the house numbers led to liability concerns of student volunteers on ladders and working on private property. The result was having young adults from City Year sign a waiver of liability.
FUTURE PLANS

The year 2007 was a milestone for the chapter's injury prevention program. Original funding for the Injury Free Coalition for Kids expired, leaving the program without staff dedicated to activities within the Centennial Neighborhoods. Concurrently, Arkansas Children's Hospital made a three-year commitment to support the development of the Injury Prevention Center to strategically increase injury prevention statewide. The program director is in the process of fully staffing the center and developing implementation strategies. Outreach to high-risk families is a priority and she anticipates continuing injury prevention in the Centennial Neighborhoods. A meeting took place in June with the nurse educator of the hospital's burn unit to begin developing additional fire prevention and safety strategies.

The city is conducting a weatherization project in a neighborhood adjacent to Centennial. The target population is the elderly, and fire safety is incorporated into winter weather education. Because the area has multi-generational families and there will be spill-over from Centennial, the program director has asked the Little Rock Fire Department to use the remaining smoke detectors in this new project. The project team has also offered educational and tracking materials from the Centennial project to the coordinator of this new program.
PROGRAM SUMMARY

II CALIFORNIA CHAPTER 4

Grantee: AAP California Chapter 4

Program Name: Connected Kids Goes to School

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PROGRAM DESCRIPTION & GOALS

The Injury and Violence Prevention Program (IVPP) of California Chapter 4 adapted
Connected Kids (CK), a national AAP violence prevention program for anticipatory
guidance, for use in school-related settings. CK includes developmentally
appropriate brochures that address various violence-prevention issues, training for
professionals in using the brochures, and a clinical guide. The pilot program,
Connected Kids Goes to School, focuses on middle-school children ages 11-14
years of age. There are fewer opportunities for pediatricians to provide anticipatory
guidance, including injury and violence prevention, to children in middle school.
However, injuries such as those due to car crashes, suicide and homicide markedly
increase during the adolescent years. That age bracket is a time in the lives of
children when the concepts and strategies of CK will make a difference to them, their
friends, and families. By expanding implementation from pediatricians’ offices to the
school setting, more children in this age group will be reached with violence
prevention messages and strategies. The specific goals of this pilot project were to:

1) Expand the CK program beyond anticipatory counseling in the pediatric
   office-based setting by training professionals providing services to children in
   schools and community venues.
2) Offer CK training to pediatricians and school-based professionals that
   appropriately address middle childhood and adolescent topics.
3) Link with and build opportunities for collaboration between Orange County
   pediatricians and school nurses, psychologists, counselors and teachers.
4) Translate a minimum of three CK brochures into Vietnamese and Spanish.
5) Work with at least one school and a designated community pediatrician to
   develop, implement and evaluate a pilot school-based CK program.
6) Use the results of the pilot school-based program to effectively develop the
   program and expand its impact.

A school-based CK workshop was held on February 27, 2007 in partnership with
Westminster School District (WSD). At that workshop, the CK guide for
professionals was provided to 38 participants, along with master copies and initial
supplies of CK brochures. Following the orientation, small group sessions took place to plan implementation in the specific settings of the participants. Workshop participants were eager to implement CK in a variety of ways, including one-on-one discussions with children and parents, integration of information in parent-teacher meetings, and development of parent education workshops.

COLLABORATION

The California Chapter 4 Injury and Violence Prevention Program collaborated with the multi-ethnic, socio-economically diverse Westminster School District and the District’s Stacey-Klegg Middle School campus to implement this pilot project.

EVALUATION/MEASUREMENT

Participants of the Connected Kids Goes to School workshop completed pre- and post-tests to assess changes in knowledge. They also completed evaluation forms to determine participant satisfaction and perceived ability to apply workshop content at work. Results of pre/post test comparison shows that scores for 33% of participants improved, 50% remained unchanged, and 17% decreased. Evaluation results were overwhelmingly positive, with an average score of 4.2 on a Likert scale of 1 (strongly disagree) to 5 (strongly agree) for all aspects of the program (effectiveness of workshop format, fulfillment of objectives, speakers presentations, and usability of presented information).

In addition, evaluation was conducted via an electronic survey, and via a focus group of participants approximately 3 months post-workshop to assess the implementation status of CK at the middle school campus. Overall, most survey respondents noted they “strongly agree” with the statement “CK tools were helpful in broaching sensitive topics with families.”

PROGRAM OUTCOMES

The following briefly summarizes outcomes that occurred as a result of the program:

- Thirty-eight (38) school-related professionals were trained.
- The workshop evaluation was highly positive, and participants requested a follow-up session.
- Carolyn Moser, MD (Chief Pediatric Resident at University of California - Irvine at the time of the project, now a community pediatrician), received an award in 2007 from the national AAP Section on Injury Violence and Poison Prevention for her work with California Chapter 4 on the Connected Kids Goes to School pilot project.
- Phyllis Agran, MD, MPH, was invited to present an overview of the Connected Kids Goes to School project at the 2007 NCE.
- Two brochures were adapted into Spanish and three into Vietnamese and all were focus-group tested in the community.
- Brochures were printed in English, Spanish and Vietnamese and a supply shared with the Westminster School District for dissemination throughout the schools.
- A supplement was developed to accompany the Professional Guide to assist local AAP chapters and other organizations in replicating this pilot project.
- Learning objectives for middle childhood and adolescents were developed by Dr. Robert Sege and incorporated into the Connected Kids brochures.

**UNANTICIPATED BARRIERS**

Half of the respondents indicated that they had not yet used the brochures. Several school site personnel expressed the need to remind staff at staff meetings about the program and to have brochures available at specific points of contact with students/families. With these points in mind, it is apparent that ensuring visibility and accessibility of CK materials is critical to successful implementation.

Schools are excellent partners for AAP chapters when designing and implementing strategies for improving the health of children. However, in order to continue implementation in schools, additional outside funding is usually needed. California schools are facing unprecedented budget cuts and staff shortages, and are thus challenged to cover even the most basic expenses.

**FUTURE PLANS**

This pilot project was the third phase in an overall strategic plan for implementation and expansion of Connected Kids in and throughout Orange County. Building upon its success within the community of Westminster, the chapter was awarded a $50,000 grant from the Avon Foundation to implement Connected Kids in Family Resource Centers in Garden Grove and Orange, in order to better reach children/families that are victims of domestic violence. Thus, the chapter is now embarking on a fourth phase to bring Connected Kids to Family Regional Centers in Orange County.

In addition, the chapter plans to submit applications for additional funding to expand the program to schools, other settings, and all pediatric age ranges (existing funding is restricted to ages 5 and under). Applications have been submitted to local Target stores to fund printing of select brochures. The chapter will explore the opportunity for publication in the Journal of School Health to share successes and lessons learned during this pilot project.
PROGRAM SUMMARY

III MASSACHUSETTS CHAPTER

Grantee: AAP Massachusetts Chapter

Program Name: Community Based Pediatric Residents as Agents of Injury and Violence Prevention

Primary Contact: Mariann Manno, MD, FAAP
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PROGRAM DESCRIPTION & GOALS

Injury is the leading cause of childhood mortality in the United States. However, few communities and fewer primary care offices have mounted organized efforts to deal with this significant health problem. The University of Massachusetts pediatric and family medicine residents receive their entire primary care continuity experiences in community practitioners’ private offices, in essence making the resident part of a community primary care practice. This project involved these residents as agents to disseminate established injury/violence prevention programs throughout a large, regional network of 13 primary care practices. The specific goals of this project were:

1) To assist pediatric residents and their community preceptors in identifying the most pressing injury/violence prevention issues for their practice.
2) To implement existing injury prevention initiatives for two of these concerns with support of the Injury Free Coalition for Kids-Worcester.
3) To measure the impact of this program on rates of injuries in children in central Massachusetts.

During a pre-implementation phase, 13 practices that are sites for primary care continuity experiences for UMass Pediatric and Family Medicine residents were visited and personnel were asked to identify the top two injury prevention priorities for their practice. During the pre-implementation phase, two established interventions were implemented for each practice. The residents’ role was to connect the patient with the services, i.e. provide Safe-at-Home kits, direct patients to local car seat safety checkpoints, or explain the gun buyback program.

COLLABORATION

This pilot program involved collaborative efforts between the University of Massachusetts Memorial Children’s Medical Center and the Injury Free Coalition for Kids, a nationwide network of community based injury prevention.
EVALUATION/MEASUREMENT

The final phases of this project included revisiting the 13 offices to assess change in practice patterns and satisfaction with the project, and formal evaluation of pre and post implementation surveys.

PROGRAM OUTCOMES

Ninety-nine individuals from the thirteen practices participated in the interviews and the following injury prevention programs were identified and implemented:

- Safe @ Home (10 practices)
- Car Seat Safety (8 practices)
- Goods for Guns (2 practices)
- Bike Helmets (6 practices)
- Teen Ride (2 practices)

Information on the project was presented at the 2007 AAP National Conference and Exhibition by Kelby Maher, MD, (UMass pediatric resident).

UNANTICIPATED BARRIERS AND LESSONS LEARNED

A challenge in both the pre-implementation and implementation phases was the time required to coordinate resident and preceptor schedules so that the office survey could be completed. In an attempt to minimize this logistical issue, the interviews with office staff took place early in the morning, or during the lunch hour and lunch or breakfast was provided.

FUTURE PLANS

The project is still in the final post-implementation phase and analysis of the results will help define specific future plans. However, the Teen RIDE with South County Pediatrics program was extremely popular and well publicized and the team has been invited to make similar presentations in the five Worcester public high schools over the course of the 2008-2009 academic year. This will be accomplished thanks to a $5,000 grant received from the American Public Health Association. In addition, the Injury Free Coalition for Kids-Worcester (IFCK-Worcester) has raised sufficient funds to build and operate a Mobile Safety Street educational exhibit which will travel to schools and other sites, such as primary care practices. The hope is to preserve the network of the thirteen practices as remote sites from the medical center where injury prevention programs can be disseminated as part of the IFCK-Worcester and the UMass Memorial Trauma Center outreach program. Finally, the AAP Massachusetts Chapter plans to publish the successes and challenges encountered during this project.
PROGRAM SUMMARY

IV  WASHINGTON CHAPTER

Grantee:  AAP Washington Chapter

Program Name:  *Drowning Prevention in a Vietnamese Community*

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PROGRAM DESCRIPTION & GOALS

The primary goal of the program was to decrease drownings among high risk, ethnically diverse groups, specifically Vietnamese-American children. The community-based project promoted water safety in the local Vietnamese community by increasing water safety awareness (awareness of open water hazards), recreational water skills (swimming lessons), and safe behaviors (use of personal flotation devices and life guarded sites). An advisory board was established and members met, sometimes via teleconference, every 1-2 months. Three key safety areas were identified by focus groups: *Learn to Swim, Swim Where There is a Lifeguard, and Wear a Life Jacket*, and press releases promoting these messages were disseminated through the Vietnamese media. Informational packets and posters were developed and translated into Vietnamese as well. Personal flotation device (PFD) sales at reduced cost were held monthly at one of the Seattle Parks open water sites and coupons for reduced prices for PFDs were translated into Vietnamese and were distributed at Seattle Parks swim lessons.

COLLABORATION

This was a collaborative program that was overseen by an advisory board that was comprised of community leaders and several organizations. Members of the Board were representatives from the following organizations: Seattle King County Department of Health/Injury Prevention Division; Seattle Parks/Aquatics Division; Harborview Translation Service; Children’s Hospital & Regional Medical Center; Children’s Hospital Family Resource Center; University of Washington/Pediatric Emergency Division; and the Injury Free Coalition for Kids. Strategies and materials were developed in conjunction with the Vietnamese Professionals Society, Refugee Women’s Alliance, Vietnamese language schools, temples and churches.
EVALUATION/MEASUREMENT

Pre-project and post-project surveys were given to Vietnamese families in Seattle and post-project surveys were given to Vietnamese families in Portland regarding their safety behaviors and water-related activities. The data from these surveys is still being analyzed and a final report will be mailed to the Washington Chapter and it is the intent of the program director to publish the results.

PROGRAM OUTCOMES

Members of this project learned a great deal about working with communities and the need for good community outreach coordinators who speak the language. It is important that outcomes and evaluation results get disseminated to all those who helped or were involved, including churches and language schools. The following briefly summarizes outcomes that occurred as a result of the program:

- Seattle Parks developed an informational brochure with a map of lifeguarded pools and beaches. This brochure was translated into Vietnamese for distribution in the Vietnamese community. The informational map was placed on the Seattle Parks website in English, but not in any other language.
- Posters that promoted each of the three identified safety areas were developed and translated into Vietnamese and distributed to the Vietnamese community.
- Over 250 life jackets were sold at a reduced cost at the Seattle Parks water sites. Unfortunately, it is unknown how many were purchased by Vietnamese families.
- A presentation highlighting the campaign was made to approximately 30 people attending the World Water Safety Conference in Porto, Portugal in September 2007. In addition presentations were given to the pediatric residents at Harborview Medical Center, Harborview Injury Prevention and Research Center’s weekly Research Seminar series, and at Children’s Hospital.

UNANTICIPATED BARRIERS

Project volunteers were unable to conduct pre-surveys in Portland because of difficulty connecting with organizations there. However, they were able to obtain surveys in the spring of 2008 (post intervention) at Vietnamese New Year events, language schools and through a community organization that serves the Vietnamese community. Thus, there are 124 completed surveys from the Portland community after the intervention, but not before the intervention. This information has been shared with the biostatistician that is preparing the final analysis.
FUTURE PLANS

This project achieved almost all of its goals thanks to the remarkable partnership with the Seattle Parks Department, Seattle Children’s Hospital and Regional Medical Center, and a few dedicated members of the Vietnamese community. Seattle Parks will continue to seek diversity among its patrons, its lifeguards, and extend its interface with diverse communities. Seattle Children’s Hospital will continue to translate its materials. As with most community research projects, over the 2 years of the project the team encountered increasing interest and demand for some of the interventions, especially the Vietnamese swim sessions. This was followed by community frustration and surprise that these interventions would no longer be available due to funding. The team will help the community identify ways in which these can be continued and will meet with Vietnamese community leaders, Injury Free Seattle, and city/county agencies to identify funding sources and outreach.

The program director applied for and was awarded a grant from the Children’s Hospital and Regional Medical Center Fund for Excellence to develop a session for families specifically addressing open water safety and to pilot it with families in the Vietnamese community. The logistics of conducting such a session will be based on what was learned from the Healthy People 2010 chapter grant activity.
PROGRAM SUMMARY

V WISCONSIN CHAPTER

Grantee: AAP Wisconsin Chapter

Program Name: Staying Alive: Preventing Young Adolescent Fighting, Gun Violence and Death

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Project Director: Kia LaBracke
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PROGRAMDESCRIPTION&GOALS

Milwaukee youth are at risk for violent, intentional injuries, as well as psychosomatic problems such as headaches, abdominal pain, post-traumatic stress and school avoidance caused by bullying and threats. The intent of the program was to promote healthy communication and relationships among sixth grade youth attending Milwaukee public schools through an asset-based approach to violence prevention and systemic integration of violence prevention practices in those schools. The overall goal was to design and pilot an innovative intervention to reduce intentional injuries, in particular, fighting, gun violence, and death among young adolescents. This was accomplished by bringing together pertinent community partners to design an intervention, piloting the intervention at two Milwaukee public schools reaching a total of 200 students, and evaluating the intervention through process and outcomes measures. The program addressed the Healthier Wisconsin 2010 plan by addressing major health risks including intentional injury and mental health disorder by focusing on urban, racially and ethnically diverse youth, and by building capacity and systemic programs in a school-based environment.

COLLABORATION

Staying Alive is an interactive, discussion-based, sixth grade violence prevention program facilitated by firefighters, paramedics, and youth violence experts with a special in-class format. Youth, families, community advocates, teachers and school leadership were active participants in the promotion and success of the project. Major partners included Milwaukee Public Schools, Milwaukee Fire Department, Project Ujima (Children’s Hospital of Wisconsin/Children’s Service Society of Wisconsin) and the Medical College of Wisconsin.
EVALUATION/MEASUREMENT

Pre and post surveys were completed by students. In addition, open-ended interviews were conducted with principals of the six middle schools that applied to the pilot program, the six, sixth-grade teachers from the applicant schools, and the two emergency medical technicians.

PROGRAM OUTCOMES

The following briefly summarizes outcomes that occurred as a result of the program:

- Developed a 5-day interactive curriculum, with two of the days being taught by Milwaukee Fire Department fire fighters and Project Ujima staff, and the other 3 days being taught by the classroom teacher.
- Five sixth grade classrooms (150 students) participated in the pilot curriculum.
- Sixteen fire fighters/paramedics have been trained in the curriculum.
- Twenty-four teachers have been trained in the curriculum.
- Presence of paramedics and fire fighters in schools had a positive effect on students in their respect and interest for their work.

CHILD HEALTH OUTCOMES

- Comparison of pre and post student surveys regarding violence showed an increased knowledge among students after the sessions.
- Pilot program confirmed that sixth grade appears to be a good time to implement the program because in many of the schools, sixth graders are experiencing several changes, such as assignment of personal lockers, having to change rooms for classes, being taught by a number of teachers, rather than just one, etc.

UNANTICIPATED BARRIERS

- Scheduling the curriculum within the school day/school year had challenges due to testing periods and the transient nature of enrollment in the first three weeks of the school year.
- Challenge of engaging teachers in the process.
- Funding/reimbursement for governmental agencies is complex due to union stipulations and other restraints.
- Difficulty of keeping the program alive over the summer when school and Milwaukee Public School employees are not on duty.

In summary, the “perfect” violence prevention program would be delivered by adults who “look like the kids” (similar racial background); expose students to opportunities they typically wouldn’t be able to participate in; continue through the summer; be flexible so that it could be adapted to the unique aspects of each school; and present students with options other than violence.
FUTURE PLANS

Milwaukee Public Schools (MPS) received funding for expansion of this project for the Milwaukee Fire Department (MFD) component ($96,000 each year for five years) as part of a Safe Schools, Healthy Students application. Through this funding, the MFD hired a full-time coordinator for Staying Alive, who will be responsible for scheduling the classrooms, fire fighters, teachers, and Project Ujima staff. The project also received funding from the Wisconsin Healthier Wisconsin Partnership Program for $150,000 annually for a three year period (July 1, 2008 through June 2011). In addition, all partners are pursuing a non-profit status for this project by incorporating the program into the Survive Alive House Program, under the auspice of its Board. The current Board was established nine years ago to provide external funding for the Survive Alive House program in Milwaukee. The Board will be expanded to include members with violence prevention expertise to represent the Staying Alive program.
The AAP Committee on Injury, Violence, and Poison Prevention investigates the causes of childhood injuries and poisonings and recommends initiatives to respond to these issues at the national and chapter level. The Section on Injury, Violence and Poison Prevention is dedicated to educating the general pediatrician and pediatric subspecialist on the prevention of injuries, violence, and poisonings. The Committee and Section together have established 3 priority issues: child passenger safety, teen driving safety, and youth violence prevention. Resources are available to members and chapters on these and many other issues related to injury and violence prevention. Unless noted otherwise, these resources are available from the AAP Bookstore at http://www.aap.org/bookstorepubs.html

Child Passenger Safety Resources

**Car Safety Seats: A Guide for Families**
This public education brochure is revised annually and includes guidance for families on the safe use of car safety seats, belt-positioning booster seats, and seat belts; an updated list of seats and travel vests that are available for sale in the United States; and contact information for the product manufacturers.

**Car Safety Seat Check-Up**
This public education resource highlights the basic principles of correct car safety seat installation and use in a check-off sheet format.

**Fact Sheet: Air Bag Safety**
This resource guides families in transporting children safely in vehicles that are equipped with air bags. It emphasizes that the safest place for children younger than 13 years to ride is in the back seat.

**Issue Brief**
The AAP Division of State Government Affairs has developed a Child Passenger Safety Issue Brief to assist AAP chapters in advocating for child passenger safety legislation that reflects best-practice recommendations in their states. The Issue Brief outlines existing state laws and enumerates components that should be included in all child passenger safety laws. It is available online to AAP members at http://www.aap.org/moc/displaytemp/BoosterSeats_issuebrief.pdf.

Teen Driving Safety Resources

**Parent-Teen Driving Agreement and Fact Sheet**
This resource includes a sample parent-teen driving agreement that can be customized with the specific rules and consequences for violating those rules agreed upon by the
parent and teen. It is intended to serve as a tool that pediatricians can provide to help establish frequent and open communication between parents and teens about safe driving. The publication includes guidance for parents on how to help their teens stay safe on the road and a pediatrician guide to implementation of the resource.

**Issue Brief**
The Teen Driving Issue Brief outlines the increased risks faced by novice teen drivers and presents the recommendations of the AAP policy statement “The Teen Driver.” It examines the graduated driver licensing (GDL) laws that have been passed in the states and advises AAP Chapters on how to advocate effectively for legislation that will protect teen drivers while they gain experience behind the wheel. It is available online to AAP members at [http://www.aap.org/moc/displaytemp/gdl_issuebrief.pdf](http://www.aap.org/moc/displaytemp/gdl_issuebrief.pdf).

**Violence Prevention Resources**

**Connected Kids: Safe, Strong, Secure**
*Connected Kids: Safe, Strong, Secure* is a primary care violence prevention protocol for families and children from birth through age 21. It consists of 21 educational brochures for parents and youth, a comprehensive clinical guide (available online at [http://www.aap.org/connectedkids/ClinicalGuide.pdf](http://www.aap.org/connectedkids/ClinicalGuide.pdf)), PowerPoint training modules, and a Web site ([http://www.aap.org/connectedkids](http://www.aap.org/connectedkids)). *Connected Kids* takes an asset-based approach, helping parents and families raise resilient children, and emphasizes connections with community resources. The program is available on CD-ROM with TIPP: The Injury Prevention Program, and 10 of the *Connected Kids* brochures are available for purchase in packs of 50.

**Connected Kids for Continuity Clinics**
In 2008-2009, with support from the Friends of Children Fund, complimentary *Connected Kids* materials are available for pediatric residency programs’ continuity clinics. Regular teleconferences will also be held to discuss ideas and experiences in using *Connected Kids* as part of training. Continuity clinic directors can e-mail connectedkids@aap.org to sign up to receive materials.

**Other Injury and Poison Prevention Resources**

**TIPP®—The Injury Prevention Program**
TIPP is a comprehensive primary care protocol for prevention of unintentional injury in children from birth through 12 years of age. It was first published in 1983 and has been revised extensively since then to reflect current patterns of childhood injury. TIPP consists of a clinical report on prevention of unintentional injury, a Guide for Safety Counseling in Office Practice (available online at [http://www.aap.org/family/tippmain.htm](http://www.aap.org/family/tippmain.htm)), Childhood Safety Counseling Schedules for early and middle childhood, and a package of materials consisting of Safety Surveys, age-specific Safety Sheets, topic-specific Safety Slips, and bicycle safety information for use in providing anticipatory guidance to parents and children. TIPP materials are
available in packs of 100, and the entire program is available on CD-ROM with Connected Kids: Safe, Strong, Secure.

**Fact Sheet: Baby Walkers**
This fact sheet enumerates the dangers associated with baby walkers and advises parents on safer alternatives.

**Fact Sheet: Trampolines**
This resource outlines the ways that children can be hurt on trampolines and recommends that trampolines be used only in supervised training programs, never at home, in routine gym classes, or on playgrounds.

**Home Safety Checklist**
This resource guides parents in making their homes as safe as possible for children by listing room-by-room steps to take in a check-off sheet format. It includes recommendations on crib safety, fire prevention, poison prevention, and playground and pool safety.

**Additional Public Education Brochures**
Public education brochures are available on several other topics, including:
- A Parent’s Guide to Toy Safety
- Keep Your Family Safe: Fire Safety and Burn Prevention at Home
- A Parent’s Guide to Water Safety
- Protect Your Child From Poison
- A Guide to Your Child’s Medicines
- Choking Prevention and First Aid for Infants and Children
- Playground Safety (available from Patient Education Online, a comprehensive online library of AAP patient education materials and handouts)

**ASK Campaign**
The ASK (Asking Saves Kids) Campaign, a partnership between the AAP and PAX / Real Solutions to Gun Violence, encourages parents to ask whether guns are present in the homes where their children visit. Materials including an ASK Community Guide are available online at http://www.paxusa.org/ask/index.html

**Endorsed Campaigns**
The AAP works with other organizations and federal agencies to promote safety through topic-specific campaigns. These include:
- Poison Prevention Week (with Poison Prevention Week Council), http://www.poisonprevention.org/poison.htm
- Take a Stand. Lend a Hand. Stop Bullying Now! (with the Health Resources and Services Administration), http://stopbullyingnow.hrsa.gov/index.asp?area=main
Policy Statements
The Committee on Injury, Violence, and Poison Prevention has current policy statements on numerous topics related to injury prevention:

NEW STATEMENTS IN PROGRESS
- Prevention of Choking Among Infants and Children
- Pedestrian Safety

CURRENT STATEMENTS (Available online at http://aappolicy.aappublications.org/)

Transportation Safety
- Bicycle Helmets
- Children in Pickup Trucks
- In-line Skating Injuries in Children and Adolescents
- Restraint Use on Aircraft
- Safe Transportation of Newborns at Hospital Discharge
- Safe Transportation of Premature and Low Birth Weight Infants (under revision)
- School Bus Transportation of Children with Special Health Care Needs
- School Transportation Safety
- Selecting and Using the Most Appropriate Car Safety Seats for Growing Children: Guidelines for Counseling Parents (under revision)
- Skateboard and Scooter Injuries
- The Teen Driver
- Transporting Children with Special Health Care Needs

Other Unintentional Injury Prevention
- All-Terrain Vehicle Injury Prevention: Two-, Three-, and Four-Wheeled Unlicensed Motor Vehicles
- Falls From Heights: Windows, Roofs, and Balconies
- Fireworks-Related Injuries to Children
- Injuries Associated with Infant Walkers
- Lawn Mower-Related Injuries to Children (policy statement, technical report, and parent page)
- Personal Watercraft Use by Children and Adolescents
- Poison Treatment in the Home
- Prevention of Drowning in Infants, Children, and Adolescents (policy statement and technical report, under revision)
- Reducing the Number of Deaths and Injuries from Residential Fires (under revision)
- Shopping Cart-Related Injuries to Children (policy statement, technical report, and parent page)
- Snowmobiling Hazards
• Swimming Programs for Infants and Toddlers
• Trampolines at Home, School, and Recreational Centers

Firearms Injury Prevention/Violence Prevention
• Firearm-Related Injuries Affecting the Pediatric Population (under revision)
• Injury Risk of Nonpowder Guns
• The Role of the Pediatrician in Youth Violence Prevention in Clinical Practice and the Community Level (Task Force on Violence, under revision)

Other/General
• The Hospital Record of the Injured Child and the Need for External Cause-of-Injury Codes
• Office-Based Counseling for Unintentional Injury Prevention
• Prevention of Agricultural Injuries Among Children and Adolescents
• The Prevention of Unintentional Injury Among American Indians and Alaska Native Children: A Subject Review

AAP Groups

Section on Injury, Violence, and Poison Prevention
The Section on Injury, Violence, and Poison Prevention (SOIVPP) holds its organizational meetings and hosts educational programs at the Academy's annual National Conference and Exhibition (NCE). Topics addressed at past educational programs included violence prevention, drowning, firearms, sports injuries, head injuries, teen driving safety, and child passenger safety. The Section also hosts a day-long program featuring hot topics presentations, a discussion of recent literature on injury, violence, and poison prevention, and scientific abstracts. The Section produces a semiannual newsletter (printed and available through the Members Only Channel) featuring updates on Section and AAP activities, legislative reports, meeting announcements, literature reviews, and abstracts.

Membership in the Section is open to all Fellows and Resident Fellows of the AAP with an interest in injury, violence, and poison prevention. Full members of the Section pay annual dues of $25. An affiliate membership category is open to licensed physicians currently ineligible for membership in the AAP and licensed allied health professionals actively involved in the prevention of injury, violence, and poisoning. Affiliate dues are $60 annually. To apply online (for current AAP members only), login to the Member Center (http://www.aap.org/moc/) and click “Join a Section or Council” under “Get Involved,” or download the section application at http://www.aap.org/member/AppforSectionMembership.pdf.

Chapter Injury Prevention Chairpersons
The AAP maintains a list of pediatricians who chair their Chapters’ injury prevention committees or work on injury prevention at the chapter level. This group corresponds through a dedicated e-mail list to ask questions and share ideas and resources that may
be useful to others working on injury prevention in their chapters. Contact your Chapter Executive Director to find out if your chapter has an injury prevention committee.

AAP Staff
AAP staff are available to answer questions or help you get involved in injury, violence, and poison prevention efforts.

- Bonnie Kozial, Manager, Committee and Section on Injury, Violence, and Poison Prevention, bkozial@aap.org
- Rebecca Levin-Goodman, MPH, Senior Manager, Injury, Violence, and Poison Prevention Initiatives, bgoodman@aap.org