

# Agenda

Friday December 5, 2014

## Time & Room

7:00 - 8:30  
Atrium

Breakfast

8:00 - 8:30  
Lobby

Registration

8:30 - 8:40  
Causeway I-III

Welcome Judy Schaechter, MD, MBA, Board President

8:40 - 8:50  
Causeway I-III

Introduction of Keynote Speaker: Michael Hirsh, MD

8:50 - 9:50  
Causeway I-III

Keynote Speaker Joseph Wright, MD, MPH

The Patient Protection and Affordable Care Act (PPACA) has placed heightened emphasis on the responsibility of tax-exempt, non-governmental hospitals to provide community benefit to the localities that they serve. Here-to-fore, community benefit was primarily a hospital corporate compliance function. However, the advent of greater specificity and more uniformity around the definition and delivery of community benefit is providing new advocacy and scholarship opportunities for university faculty and prevention scientists. Academic medical centers will also be compelled to proactively address local population health challenges, such as childhood injury, as a direct mandate of community benefit compliance. This didactic presentation focuses on the alignment of institutional community benefit compliance with a population health improvement agenda.

This session will enable participants to:

1. Discuss a model approach employed in the District of Columbia (DC), i.e. the DC Healthy Communities Collaborative, that involves partnership of academic medical center and community-based health leadership.
2. Describe the live, interactive navigation of a web-based data portal serving as an active repository of local population health-related metrics.
3. List ways collaboration among hospitals and community-based partners can produce a cost-efficient response to local health needs at the population-level and provide scholarly opportunities for academic medical center faculty.
4. Describe how fundamental tenets of the Health Care Reform legislation can be leveraged to promote commitment to community health improvement by hospitals.
5. Recognize how leadership advocacy exercised by clinicians and prevention scientists can productively engage hospital administrators to meet both corporate compliance requirements and confer meaningful public health benefit on communities served.

9:50 - 10:00

Break

10:00 - 12:00  
Causeway I-III  
Salons D-E

PI Meeting

PC Meeting

12:00 - 1:30  
Atrium

Lunch

1:30 - 1:40  
Causeway I-III

Introduction of Keynote Speaker: Barbara Gaines, MD

1:40 - 2:40  
Causeway I-III

Keynote Speaker Beth Edgerton, MD, MPH

2:40 - 4:00  
Causeway I-III

Panel Discussion: MOC, QI and Tablets; New Frontiers in Anticipatory Guidance for Injury Prevention

Quality improvement (QI) and Maintenance of Certification (MOC) can be utilized as tools to help support injury prevention within both institutions and primary care practices. This abstract session will have three agendas: highlighting efforts to create efficient, informative injury prevention counseling that results in behavior change in the primary care office setting through MOC projects; use of a tablet based educational system for widespread dispersion

# Agenda, cont.

of consistent, up to date injury prevention advice, and evaluating the consistency with which children’s hospitals model safe sleep behavior beyond the newborn nurseries.

This session will enable participants to:

1. Recognize that many children’s hospitals have sleep environments that do not look like what we are recommending for our patients, and assess what safe sleep advice is being followed and what is not in the in-patient (non-nursery) setting.
2. Describe how QI and safety committees can be powerful tools for helping hospitals to increase their compliance with recommended injury prevention strategies.
3. Describe how a tablet based injury prevention teaching system can be developed, deployed, and kept updated.
4. Discuss the power of MOC as a mechanism for enlisting injury prevention education and program support in busy primary care settings.
5. Recognize new perspectives on methods for evaluation of compliance with injury prevention guidelines by individuals and institutions.

Panel Discussion Moderator: Susan H. Pollack MD,  
 Director, Pediatric and Adolescent Injury Prevention Program  
 KY Injury Prevention and Research Center  
 Coordinator, Kentucky State Safe Kids Coalition  
 Assistant Professor, University of Kentucky  
 Department of Pediatrics, College of Medicine  
 Department of Preventive Medicine, College of Public Health  
 PI, Injury Free Coalition for Kids of Lexington at KCH

Presenters:

- Michael Gittleman, MD: A Quality Improvement Program Implemented into Primary Pediatrician Offices Can Encourage Families To Practice Safer Behaviors  
 Steve Rogers, MD: The Pediatric E-Network: A Pilot Program for Providing Injury Prevention  
 Jamie R. Macklin, MD: Education When Sleeping Isn’t Safe: Improving Safe Sleep Practices in Ohio with the EASE Project

4:00 - 4:15

Break

4:15 - 5:30

Causeway I-III

Panel Discussion. “Banging Heads and Water Safety” Brief Interventions for Concussion Education & Understanding Water and Boating Safety.

Two critical pediatric injury problems will be addressed in this session: the first two panel presentations are about concussions. There are between an estimated 1.6 and 3.8 million sports-related concussions in the United States every year. Concussions account for 13.2% of injuries and concussion reporting rates have doubled in the past decade. It is estimated that high school athletes sustain an estimated 136,000[3] to 300,000 concussions per year. The first abstract will present the results of a randomized controlled brief education intervention with high school athletes.

The second presentation addresses the sustainability of concussion prevention through implementation of an injury surveillance system. The second half of this session focuses on water safety, specifically drowning and boating safety. Every day, about ten people die from unintentional drowning. Of these, two are children aged 14 or younger. Drowning ranks fifth among the leading causes of unintentional injury death in the United States. In 2012, the Coast Guard counted 4515 accidents that involved 651 deaths, 3000 injuries as a result of recreational boating accidents. The fatality rate was 5.4 deaths per 100,000 registered recreational vessels. The first presentation is an epidemiological study on pediatric drowning and near drowning and the second examines boating safety.

This session will enable participants to:

1. Discuss the strength and limitations of a brief concussion education intervention with urban high school athletes.
2. Describe how to implement a standardized concussion management program for high school sport.
3. Discuss how to implement a concussion injury surveillance system.

# Agenda, cont.

4. Recognize variability in drowning and near-drowning by age.
5. List key risk factors for boat-related injury and death.

Panel Discussion Moderator: Peter Ehrlich, MD  
 Associate Professor, Surgery & Pediatric Surgery  
 University of Michigan Medical School;  
 Medical Director, Pediatric Trauma  
 CS Mott Children's Hospital  
 PI, Injury Free Coalition for Kids of Ann Arbor, MI

Presenters

Wendy Pomerantz, MD, MS: Impact of Education on Knowledge and Attitudes of High School Athletes about Concussions

Gillian Holtz, PhD: Sustaining a Countywide Concussion Care Program™

Purnima Unni, MPH: Variability in circumstances of pediatric drowning and near-drowning: Implications for injury prevention

Sarah Stempski MPH, MCHES: New science on boating behavior and risk,

6:30 - 7:30

Aqua/Terra Ballroom

Welcome Reception

7:30

Gulfstream B

Board Meeting

## Saturday December 6, 2014

7:00 - 8:00

Atrium

Breakfast

8:00 - 8:05

Causeway I-III

Good Morning Judy Schaechter, MD, MBA

8:05 - 8:15

Causeway I-III

Introduction of Keynote Speaker: Barbara Barlow, MD, MA

8:15 - 9:00

Causeway I-III

Keynote Speaker Sue Baker, MPH, ScD (Hon.): Unfinished Business -- Protecting Our Children from Injury

9:00 - 9:15

Break

9:15 - 10:35

Causeway I-III

Panel Discussion: Everything Old is New Again: Finding New Approaches to the Prevention of Known and Emerging Injury Risks

Injury remains the #1 killer of children and teens in the US with more than 9000 youth deaths from unintentional injuries each year and millions more requiring treatment in the emergency department. When coupled with youth violence and suicide, there continues to be a significant public health problem with lasting physical and emotional harmful effects to individuals, families and communities and with a substantial financial burden in both healthcare costs and future productivity. While injury deaths have decreased by 29% in the last decade, fire and burn injuries remain a leading cause of death, and overdose deaths from opioid pain relievers have tripled. This panel will provide insight into mitigation of well-known injury risks such as violence and suicide, but will also explore emerging injury risks.

This session will enable participants to:

- 1) Describe risk factors, medical interventions and clinical outcomes of unintentional opioid exposures in young children.
- 2) Discuss factors associated with the increasing prevalence of deaths involving opioid poisoning.
- 3) Describe the types of burns associated with glass fronted gas fireplaces.
- 4) Describe how state surveillance systems for suicide cases can be utilized to develop suicide prevention programs.
- 5) Identify opportunities to design innovative violence prevention programs that incorporate evidence-based interventions.

# Agenda, cont.

Panel Discussion Moderator: Terri McFadden, MD  
Associate Professor  
Dept of Pediatrics, Emory University School of Medicine  
Primary Care Medical Director  
Hughes Spalding Campus of Children's Healthcare  
PI, Injury Free Coalition for Kids of Atlanta, GA

Presenters:

Aaron Heffernan, MA, LCSW: Hip Hop Summer Camp: A Description of a Therapeutic Arts Program for Preventing Injury in Child Survivors of Violence in Urban Milwaukee

Anagha Loharikar, MD: Suicide in Illinois, 2005-2010: A Reflection of Patterns, Risks and Opportunities for Prevention

Pallavi Ghuge, MD: Unintentional Opioid Ingestions Presenting to a Pediatric Emergency Department

Lucy Wibbenmeyer, MD, FACS: A Multi-Center Study of Preventable Contact Burns from Glass Fronted Gas Fireplaces

10:35 - 10:50

Break

10:50 - 12:10

Causeway I-III

Panel Discussion: Innovation and Research at CDC Injury Control Research Centers

In 1987 the CDC began funding Injury Control Research Centers (ICRCs) throughout the United States to study ways to prevent injuries and disabilities. Injury Control Research Centers conduct research in all three core phases of injury control (prevention, acute care, and rehabilitation) and serve as training centers as well as information centers for the public. Research design in these centers is interdisciplinary and incorporates the fields of medicine, engineering, epidemiology, law, and criminal justice, behavioral and social sciences, biostatistics, public health, and biomechanics. During this session we will hear from leaders in our field working at Center for Disease Control (CDC) funded Injury Control and Research Centers (ICRC's) from across the country. We will learn about the feasibility of developing multi-center databases to help guide injury prevention measures at hospital based Safety Centers. We will also learn about a novel approach to reduce bullying through the integration of art and academics. Finally, the power of legal penalties to reduce injury rates will be demonstrated during a presentation about the affects Leandra's Law.

This session will enable participants to:

1. Recognize the complexities of developing a multi-center data base and strategies for conducting quality improvement initiatives in Injury Prevention.
2. Discuss the importance of using a public health approach to prevent bullying and how a novel arts-based program can address the problem of bullying.
3. Describe the positive impact that enacting legal penalties can have on preventing injuries through an analysis and interpretation of data from a New York law.
4. Describe the role of a CDC funded Injury Control and Research Center.
5. Recognize opportunities for future Injury Prevention research projects.

Panel Discussion Moderator: Steven C. Rogers, MD  
Pediatric Emergency Medicine Specialist  
Associate Research Director  
Div. of Emergency Medicine  
Coordinator of Emergency Psychiatric & Behavioral Health Services  
Connecticut Children's Medical Center Research Scientist  
Connecticut Children's Injury Prevention Center  
Assistant Professor- University of Connecticut School of Medicine  
PI, Injury Free Coalition for Kids of Hartford, CT

Presenters:

Eileen McDonald, MS: The Development of a National Database to Assess Children's Hospital Safety Centers

Corinne Peek-Asa, PhD: Using Art to Reduce Cyberbullying in School,

Guohua Li, MD, DrPH: Impact of Leandra's Law on Child Passenger Safety in New York

## Time & Room

# Agenda, cont.

12:10 - 12:20

Causeway I-III

Comments Karin Mack, PhD  
Associate Director for Science  
Division of Analysis, Research, and Practice Integration  
National Center for Injury Prevention and Control Centers for Disease Control & Prevention

12:20 - 1:45

Atrium

Lunch

1:45 - 3:05

Causeway I-III

Panel Discussion: New Inroads in Safe Teen Driving

Although there has been progress in the number of teen driving fatalities over the past 10 years, motor vehicle crashes remain the leading cause of death for teens in the US. Teens have an especially high rate of crashes in the first few years of driving, often due to inexperience and distraction. In this session, we will hear about new and ongoing programs developed to promote safe teen driving. The presenters will explain the rationale for the programs, describe fresh ideas about developing and instituting the programs, and present methods of measuring the impact of the programs. The use of novel and advancing technologies will be included.

This session will enable participants to:

1. Differentiate between approaches to promote safe driving for new teen drivers.
2. Discuss the use of advancing technologies in teen safe driving programs.
3. Describe methods of analyzing the impact of teen driving programs.
4. Discuss the importance of graduated driver licensing on reducing teen driver crashes.
5. Describe the use of focus groups to guide teen driving program development.

Moderator: Anne Brayer, MD

Professor, Emergency Medicine, and Pediatrics  
University of Rochester Medical Center  
PI, Injury Free Coalition for Kids of Rochester, NY

Presenters:

Lisa Wolfs, BScN: Informing Teens, Preventing Injuries: 25 Years of Impact

Marie Crew, RN: Teen Driving Toolkit for Pediatricians

Garry Lapidus, PA-C, MPH: Permission to Park: A Statewide Study of High School Parking

Permits to Determine Compliance with Graduated Driver Licensing Law

Tanya Charyk Stewart, MSc: From Focus Groups to Distracted Driving Video: Using Teen Input to Drive Injury Prevention Programming,

3:05 - 3:20

Break

3:20 - 4:40

Causeway I-III

Panel Discussion: Hospital Based Child Passenger Safety Programs: Addressing Child Safety Seat Needs and Parental Education

Motor vehicle crashes continue to be a leading cause of death and injury in children. The proper use of child safety seats can decrease the risk of fatal injury by 70% in the event of a crash. Unfortunately, many children continue to ride unrestrained or improperly restrained in child safety seats. Hospital based child passenger safety programs are important methods to provide child safety seats and child passenger safety education to patients and families. This panel will address several models for child passenger safety education programs for parents in both the inpatient and outpatient setting. The education of staff who can provide car seat consults will also be discussed.

This session will enable attendees to:

- 1) Describe different inpatient and outpatient models for child passenger safety programs.
- 2) List several different methods for educating parents about child passenger safety.
- 3) Describe various models of assessing the child passenger safety knowledge of parents.
- 4) Discuss a car seat educator model to train staff who are not certified as Child Passenger Safety Technicians to participate in a child passenger safety program.
- 5) Recognize the importance of hospital-based child passenger safety programs in increasing the knowledge and use of child passenger safety for patients and families.

# Agenda, cont.

Panel Discussion Moderator: Lois Lee, MD, MPH  
 Pediatric Emergency Medicine Physician  
 Boston Children's Hospital  
 Assistant Professor of Pediatrics, Harvard Medical School  
 PI, Injury Free Coalition for Kids of Boston, MA

Presenters:

Dina Morrissey, MD, MPH, CPSTI: Does an Inpatient Child Passenger Safety (CPS) Screening Program Improve CPS knowledge, Attitude and Practice among Families  
 Katie Horrigan, MPH: Components of a Comprehensive Hospital Based Car Seat Program  
 Catherine Rains, MPH: Are Parents Getting the Message? Evaluating Child Safety Seat Consultations at a Hospital Safety Resource Center  
 Erin Kuroiwa, MHI: Car Seat Education: What Works Best?

6:00 - 7:00 Reception  
 Aqua  
 7:00 Dinner  
 Terra Ballroom

Sunday December 7, 2014

7:00 Breakfast  
 Atrium

7:30 - 8:45 Business Meeting  
 Causeway I-III

8:45 - 9:00 Break

9:00 - 9:10 Introduction of Keynote Speaker: Judy Schaechter, MD, MBA  
 Causeway I-III

9:10 - 10:00 Keynote Speaker Senator Christopher Smith  
 Causeway I-III

10:00 - 11:20 Panel Discussion: Youth Violence: Are There Evidence Based Prevention Strategies?  
 Causeway I-III

Pediatric healthcare professionals have long recognized the increase in youth violence. In 2013, pediatric trauma centers in the United States (U.S.) reported 14,123 assault injuries to the National Trauma Data Bank, accounting for 9.2% of all injuries reported and 882 deaths. Assault injury has a high case fatality rate 6.25% only second to self-inflicted injuries. This discussion will review current research in juvenile violence. Topics to include screening for risky behaviors, dating violence, prosecution for unsecured firearms as a preventative measure for unintentional firearm injuries and review of patterns and risk for firearm death. At the end of this in-depth discussion participants will be able to incorporate strategic measures to decrease juvenile violence.

This session will enable participants to:

1. State two risk factors for dating violence.
2. Discuss preventative measures in education to decrease dating violence.
3. Identify weakness and strengths of screening adolescents in primary care setting.
4. Identify disparities in laws for unintentional firearm occurrences.
5. Identify injury prevention strategies to decrease suicide and homicide rates among adolescents.

Panel Discussion Moderator: Matthew L. Moront, MD  
 Chief of Pediatric Surgery &  
 Trauma Medical Director  
 St. Christopher's Hospital for Children's  
 PI, Injury Free Coalition for Kids of Philadelphia, PA

Presenters:

Alison Riese, MD MPH: The use of adolescent health risk behavior questionnaires, discussions of youth violence, and its relationship with other risk behavior discussions in primary care  
Judy Schaechter, MD, MBA: Pediatric Unintentional Firearm Injury and Gun Ownership/Storage Prosecution  
Anagha Loharikar, MD: Deaths from Firearms among Young Victims in Illinois, 2005-2010: a reflection of patterns, risks and opportunities for prevention

11:20 - 11:35

Break

11:35 - 1:00

Causeway I-III

Panel Discussion: Child Passenger, Pedestrian and Bicyclist Safety

Motor vehicle crashes are a leading cause of morbidity and mortality in children in the United States. Many of the deaths from motor vehicle crashes can be prevented by the use of age-appropriate restraints and reductions in impaired and distracted driving. Motor vehicle occupants are not the only ones at risk. According to the Centers for Disease Control, pedestrians are 1.5 times more likely than passenger vehicle occupants to be killed in a car crash on each trip. Other users of the road include bicyclists who are also at significant risk for injury. Data from the CDC reveals that while only 1% of all trips taken in the U.S. are by bicycle, bicyclists face a higher risk of crash-related injury and deaths than occupants of motor vehicles.

During this session, the panelists will discuss a model for evaluating the training of child passenger safety technicians, a program to improve child passenger safety for those at highest risk, factors associated with the use of proper restraints, racial disparities in the use of proper child restraints and pedestrian and bicycle safety programs.

This session will enable participants to:

1. Recognize how a logic model can be used to evaluate a child passenger safety program.
2. Identify how to use data from their own child passenger safety checklists to describe their efforts and identify potential gaps in service to in order to better align precious resources to the neediest groups.
3. Describe demographic factors associated with restraint use in motor vehicle crashes in children 0-9 years old and recognize that children riding in motor vehicles are still riding unrestrained, despite legislation and best practice recommendations regarding motor vehicle child passenger safety.
4. Recognize existing pediatric pedestrian and bicycle injury prevention programs and how to disseminate injury prevention programs using a train-the-trainer methodology.
5. Describe existing pediatric pedestrian and bicycle injury prevention programs and how to disseminate injury prevention programs using a train-the-trainer methodology.

Panel Discussion Moderator: Andrew W. Kiragu, MD

PI, Injury Free Coalition for Kids of Minneapolis, MN

Presenters:

Hope Mullins, MPH: Evaluation of a Child Passenger Safety Program  
Amber Kroeker, MPH CPST: The Forgotten Child: Using Data to Drive Practice in Child Passenger Safety- Are we Missing the Mark?  
Lois Lee, MD, MPH: Restraint Use in Motor Vehicle Crash Fatalities in Children 0-9 Years  
Valerie Neilson MSP: Evidence Based Pediatric Injury Prevention Programs

1:00

Terra Ballroom

Lunch - Presentation of Awards for Research Papers

## Accreditation Statement

### CHES

Sponsored by Cincinnati Children's, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to 13.5 total Category 1 contact education contact hours. Maximum advanced-level continuing education contact hours available are 0.

### CME

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint providership of Cincinnati Children's Hospital Medical Center and the Injury Free Coalition for Kids through the Center for Injury Epidemiology & Prevention, Mailman School of Public Health, Columbia University. Cincinnati Children's is accredited by the ACCME to provide continuing medical education for physicians. Cincinnati Children's designates this live activity for a maximum of 13.25 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## Disclosure Statement

Cincinnati Children's requires all clinical recommendations to be based on evidence that is accepted within the profession of medicine and all scientific research referred to, reported or used in support of or justification of patient care recommendations conform to the generally accepted standards of experimental design, data collection and analysis. All faculty will be required to complete a financial disclosure statement prior to the conference and to disclose to the audience any significant financial interest and/or other relationship with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in his/her presentation and/or commercial contributor(s) of this activity.

All planning committee members and/or faculty members were determined to have no conflicts of interest pertaining to this activity.