Written Testimony of
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"Keeping America's Children Safe: Preventing Childhood Injury"
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SUMMARY

Thank you, Mr. Chairman, for the opportunity to participate in this hearing on childhood injury prevention along with our colleagues and partners at the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention, Safe Kids Worldwide, and the Home Safety Council. My name is Amber Williams and I am the Executive Director of the State and Territorial Injury Prevention Directors Association, also known as STIPDA. STIPDA is the only membership association representing state public health injury and violence prevention programs and has more than 300 members who are professionals working at the state, territorial and local levels to prevent injuries and violence. During this hearing, I will share examples of how state public health departments have contributed to the declines we have seen in deaths due to unintentional injuries among America's children, as well as offer our perspective on future opportunities to keep our children safe.

If those of us working in the field of injury and violence prevention had been asked to share our progress regarding childhood injury prevention twenty years ago, we would have only been able to tell you that we know children were dying unnecessarily in car crashes, falling off bikes, in residential fires and other unintentional or "accidental" ways. At the time, however, we didn't understand enough about the problem. Fortunately, today my colleagues and I can sit before you and share the tremendous progress we have made collectively in reducing deaths related to unintentional childhood injuries. This progress is partly through the efforts of state health departments which have helped us better understand how children are being injured, what children are at greatest risk for injuries, what interventions are best to prevent these injuries, and ensure the widespread adoption of these interventions. State heath departments have also been strong allies of Safe Kids coalitions, and often serve as the lead agency for state coalitions. Through these relationships, state health departments provide data, technical assistance, training, and often financial and in-kind support.

Today I would like to share with you some of the specific ways state injury and violence prevention programs are preventing unintentional childhood injuries. The Georgia State Injury and Violence Prevention Program has been able to document at least 56 lives potentially saved since 2006 through a child safety seat distribution program and unique partnership with the Emergency Medical Services (EMS). The New York Injury and Violence Prevention Program was able to document reductions in bicycle-related injuries and traumatic brain injuries following the implementation of a statewide comprehensive bicycle helmet program that culminated in a bicycle helmet law passing easily through the state legislature. Finally, the Oklahoma Injury Prevention Service was able to identify a high-risk area in Oklahoma City for house-related fire injuries. In response, they conducted a smoke alarm distribution program. After the program, Oklahoma saw an 81% decline in residential fire injury-related deaths in the target population while rates declined only 7% in the rest of Oklahoma during the same time period.

As we look to the future, we see that so many childhood health issues are interrelated and that really what truly is needed is an investment in healthy communities. In healthy communities, children can walk to school without fear of being hit by a car, or becoming the target of bullies or other violence; they have access to safe equipment that will allow them to participate in sports and other recreational activities while being protected from a variety of injuries, including head and brain injuries. We need to expand our focus to building communities where American families can live active, safe and healthy lives.

FULL TESTIMONY

About STIPDA

Good morning Mr. Chairman, Senator Enzi, and other distinguished Members of the Subcommittee. It is my pleasure to appear before you as the Executive Director of the State and Territorial Injury Prevention Directors Association (STIPDA). We appreciate the opportunity to participate in this hearing and to share the stories of the success we've seen in preventing unintentional injuries and deaths among America's children from the perspective of state public health injury and violence prevention programs. Formed in 1992, STIPDA is the only organization that represents public health injury prevention professionals in the United States and has a membership of more than 300 professionals committed to strengthening the ability of state, territorial and local health departments to reduce death and disability associated with injuries and violence. To accomplish this, STIPDA engages in activities to increase awareness of injury, including violence, as a public health problem; provides training and technical assistance; supports policies designed to advance injury and violence prevention; and works to enhance the capacity of public health agencies to conduct injuries and violence.

The Role of State Public Health Injury and Violence Prevention Programs in Reducing Childhood Unintentional Injuries and Deaths

State governments have a responsibility to protect the public's health and safety. A comprehensive injury and violence prevention program at the state health department provides focus and direction, coordinates and finds common ground among the many prevention partners, and makes the best use of limited injury and violence prevention resources. State public health injury and violence prevention programs apply the public health approach to help understand, predict and prevent injuries and use a population-based approach to extend the benefits of prevention beyond individuals.

Public Health Approach to Injury Prevention
Define the problem
Identify risk and protective factors
Develop and test prevention strategies
Assure widespread adoption

State injury and violence prevention programs use surveillance data to determine how injuries occur, who is most at risk, and what other factors contribute to whether or not an individual will be injured and to what degree. We have also come a long way in our understanding of how to prevent injuries and look beyond just the personal behaviors that lead to an injury to also investigate to the products that people use, the physical and social environment, and the organizational and governmental policies affect the safety of our environments.

State programs have also contributed to the dissemination of effective practices through partnerships with injury control research centers, local health departments, local coalitions and other organizations. State programs provide training and technical assistance to local injury prevention efforts every day.

Although we have seen successes in many areas of childhood unintentional injury prevention, three areas that stand out include improvements in child passenger safety, bike and wheeled sports injury prevention, and residential fire-related injury prevention.

Child Passenger Safety

When you get into your car, do you automatically secure your children (or grandchildren) in car seats before buckling up yourself? Chances are, like most Americans, you do. However, just a few short decades ago this wasn't the case. Today it is more the exception than the rule for Americans not to buckle up – or to not use car seats for their children. In fact, when a celebrity recently drove with her infant in her lap, the public was outraged. Motor vehicle crashes are the leading cause of death for children and by putting a child in an appropriate restraint – whether it's a car seat turned to the rear of the vehicle for an infant or a belt-positioning booster seat for a young child – you can reduce serious and fatal injuries by more than half. However, there is still work that must be done to ensure everyone is restrained properly for every ride in the car and that car seats and boosters seats are used correctly.

It's evident that collectively, we have made incredible strides in reducing the number of children who die or are injured in car crashes by increasing the number of children who are restrained properly in car seats until they are able to properly fit in a car's seat belt. In fact deaths have decreased 32% during the last two decades. This success have been achieved using a number of strategies including: by strengthening laws that require children to be properly restrained and enforcing those laws, training child passenger safety technicians to work with parents and help them to use car seats properly, distributing car seats to low-income families, and increasing awareness of the need for car seats. We have changed the "norm" for riding in cars so that today there is an outcry when anyone is found driving with infants in their laps or turning their child's car seat to face the front of the car before the child's first birthday.

State injury and violence prevention programs are often involved in efforts to raise awareness, distribute car seats, conduct car seat checkpoints, and strengthen organizational policies:

- Over the last several years, the Georgia Injury and Violence Prevention Program has conducted a car seat distribution program to low-income families in 109 of the 159 counties in Georgia in partnership with local health departments, Safe Kids coalitions, and other organizations. Each seat distributed through the program has a teddy bear sticker that EMS personnel look for on the scene of car crashes. The state health department has documented at least 56 potential lives saved through this program so far between 2006 and March 2008.

- In New York State, the Bureau of Injury Prevention conducted a program called "Gimme a Boost" in three counties to determine the barriers to booster seat use and how to best increase use among 4-8 year olds. Through interviews with parents and guardians of 4-8 year olds, the Bureau was able to determine that reasons for non-use included: New York State law does not require use by 4-8 year olds, the belief that their child was too big or old for a booster seat, lack of knowledge about the need for booster seats and the injury risks associated with only using safety belts, and child resistance to using a booster seat. Booster seat distribution, public awareness campaigns, and school-based programs were implemented in the three counties to determine which combination(s) might be associated with increase booster seat use. Comparison to a control county that received none of the interventions found that the combination of all three interventions led to the largest increase in booster seat use from 21% to 53%. Using this information, as well as injury hospitalization and death data, communities educated their policymakers in support of legislation requiring the use of booster seats for children 4-6 years of age. The booster seat law was enacted in 2005.

- The Michigan Injury Prevention Program was able to identify that because the child passenger safety law did not include older children, parents were not using booster seats. Through a targeted educational effort, the Michigan Injury Prevention Program was able to demonstrate an increase in booster seat usage by 300%. These efforts and many others have translated into the support needed to strengthen the child passenger safety law to include older children and was signed by the Governor just this year. In fact, there are four new booster seat laws this year – bringing the total to 43 states - which now protect older children in some form through child passenger safety laws.

- The Utah Department of Health conducted a statewide program to increase booster seat usage among children ages 4-8 years from 2002-2005. Through partnerships with local health districts, the Utah Department of Health conducted awareness and media activities, distributed more than 2,000 child safety seats, conducted more than 120 car seat checkpoints to ensure families were using car seats correctly, and implemented booster seat policies in preschools and daycare centers. As a result, an estimated 44 Utahans are alive today and the death rate decreased 6% from 2002 to 2004 while booster seat usage increased by 10% from 2002-2005. Every $1 spent on child safety seats saves $41. In 2005, distributing 2,000 child safety seats in Utah saved approximately $3.3 million.

- In Colorado, the Injury and Violence Prevention Program conducted a booster seat program between 2001 and 2004. During this program, booster seat use by children ages 4-8 increased significantly in Colorado from 2001 to 2004. In 2001, adults reported that 86% of the 4-to 8-year-olds in their household always used a restraint while riding in a vehicle. Of those who always used a restraint, 15% used a booster seat. In 2004, the percentage of children who always used a restraint remained high at 89%, but booster seat use increased to 45%.

Today, motor vehicle crashes remain the leading cause of injury death for children, but the collective efforts of those working has lead to a 32% decrease in this rate over the last two decades. Future efforts should continue to focus on older children ages 4-8 who are still not ready for a vehicle's lap and shoulder belt as well as effort to ensure all states have laws that appropriately protect our youngest riders.

Bicycle and Other Wheeled Sports

Bicycling and participating in other wheeled sports, such as skateboarding, riding scooters and in-line skating, are excellent ways to increase physical activity and combat obesity and other chronic health conditions. Although these activities provide healthy exercise, they are not without risk of injury, with head injuries accounting for 60% of bicycle-related deaths and more than two-thirds of bicycle related hospital admissions. Extensive research has shown that use of helmets can reduce the risk of head and brain injury by 70% to 88%. Survivors of head injuries can have severe physical, emotional or cognitive problems that result in a long-term disabilities including difficulties with learning and activities of daily living.

Universal use of bicycle helmets by children ages 4 to 15 could prevent between 135 and 155 deaths, between 39,000 and 45,000 head injuries, and between 18,000 and 55,000 scalp and face injuries annually. If 85% of all child cyclists wore helmets every time they rode bikes for one year, the lifetime medical cost savings could total between $134 million and $174 million.

Over the last two decades, deaths have declined from 389 deaths to 132 deaths in 2004. State injury and violence prevention programs have contributed to the reduction in these injuries and deaths by providing data to partners, raising awareness, distributing bicycle helmets and supporting efforts to require the use of bicycle helmets by law. Today 21 states, the District of Columbia and over 140 localities have enacted some form of mandatory child bicycle helmet legislation. Efforts of state injury and violence prevention programs have included:

- From 1991-1995, the New York State Injury Prevention Program conducted a statewide multifaceted bicycle helmet safety program featuring a Teenage Mutant Ninja Turtle character. The program included a public service campaign, prescription pads for New York State pediatricians and family practice physicians to prescribe helmet use for children seen in the practice, and the development of seventy-seven community based programs. Community coalitions distributed more than 30,000 bicycle helmets to children from families and need. With so much public attention and support, in 1994, state legislation was enacted requiring all bicyclists under the age of 14 to wear a bicycle helmet. School-based and observational surveys documented an increase in helmet ownership and usage between 1989 and 1993, and the New York State injury and violence prevention program has found a steady decline in bicycle related deaths since the implementation of the program.

- The Louisiana Injury Prevention Program has provided information to advocates such as Safe Kids, Think First, the Governor's Highway Safety Commission, and other public and professional groups. These advocates have used the information to educate state legislators, inform their constituencies, and promote appropriate injury prevention behaviors. These activities led to establishment a law requiring the use of bicycle helmets, and re-establishing a law requiring the use of motorcycle helmets.

- After learning that children ages 5-14 have the highest rate of bicycle-related hospitalization and 32% of these hospitalized children sustain a brain injury, the Colorado Injury and Violence Prevention Program implemented a bicycle helmet program. Survey results indicate that the percent of Colorado children ages 5-14 who were reported as always wearing a helmet when bicycling increased slightly, from 40% in 1999 to 49% in 2005.

- In California, bicycle helmet legislation, which led to an increase in helmet use, resulted in an 18% reduction in the proportion of traumatic brain injuries among young bicyclists.

- The Florida Injury and Violence Prevention Program provided data on bicycle-related injuries comparing one county with the rest of the state of Florida upon request in January 2006 to the administrator of local health department. The administrator used the data to present to county commissioners, who finally opted to enforce the state's bike helmet law for riders under age 16 – the last county in the state to do so.

- From 1993-2000, the Oklahoma Injury Prevention Service collaborated with numerous national, state, and community partners and with funding provided by the National Center for Injury Prevention and Control, implemented bicycle helmet programs in several Oklahoma communities. These comprehensive, community-based efforts targeted children at greatest risk of bicycle related TBIs, those 5-12 years of age. Mini-grants were awarded to county health departments, schools, police departments, civic organizations, and injury prevention coalitions to implement bicycle helmet distribution and education programs throughout the

state. These bicycle helmet programs have been conducted in more than 90 communities and more than 100,000 bicycle helmets have been distributed. According to the OSDH Behavioral Risk Factor Surveillance System (BRFSS), from 1992 to 1998, reported bicycle helmet use among children increased from 6% to 25%.

Residential Fire

Finally, we have seen a lot of progress in preventing injuries and deaths due to residential fires through smoke alarm distribution programs. Children, especially those in rural areas, are at high risk for injuries and deaths due to residential fires – partly due to their greater likelihood of starting fires as well as their greater need for assistance in escaping fires. It is well established that smoke alarms are extremely effective at preventing fire-related injuries and deaths. An individual's chance of dying in a residential fire is reduced by half when a smoke alarm is present.

In the late eighties and early nineties, the Oklahoma Injury Prevention Service led the way in establishing the best practices for preventing fire-related injuries and deaths through an innovative smoke alarm distribution program that involved developing a strong partnership with local firefighters, identifying areas at highest risk for fires, canvassing these areas and installing smoke alarms outside sleeping areas and on each floor of high-risk homes.

The work in Oklahoma led to the development of a residential fire injury prevention program through the National Center for Injury Prevention and Control to provide funding to state health department injury and violence prevention programs to conduct smoke alarm distribution and installation programs. Through this funding, state health departments, in partnership with local firefighters, have been able to reach 185,000 high risk families, install more than 348,000 smoke alarms and potentially save more than 1,500 lives. Overall, deaths related to fires and burns have decreased nearly 60% over the last twenty years.

State successes have included:

- In Washington State, firefighters installed a smoke alarm in the mobile home of a Shoreline mother and her three-year-old son. Weeks later the alarm woke the mother, who found a portion of her home ablaze. She woke her sleeping child and escaped before the home became fully engulfed. She was treated for smoke inhalation and released; her son was unharmed.

- In Georgia, firefighters visited a home in Moultrie, installed smoke alarms in the proper places, and educated the family about a fire escape plan. When wires shorted and ignited the old wood home, a teenage boy awoke in the night to the alarm, alerted his mother and two younger siblings, and followed the fire escape plan. Although the fire damage was extensive, no injuries occurred.

- Between 1998 and 2006 in New York, the Bureau of Injury Prevention canvassed approximately 39,732 homes in communities across New York State, installed more than 21,000 smoke alarms, and documented 379 lives saved in 165 fire and severe smoke incidents.

Opportunities for the Future

We must continue to invest in the prevention efforts that have demonstrated so much success over the last twenty years, such as child passenger safety, residential fire injury prevention, and bicycling and other wheeled sports. Additionally, state injury and violence prevention programs must continue to study the patterns of injuries to identify new injury concerns – such as the recent rise in unintentional poisonings/drug overdoses, as well as translate new research into community-based practices.

As we learn more about what puts children at risk for injury, we must also consider the reality that children today are less active, more likely to be overweight or obese, and at increased risk for chronic diseases in adulthood. Yet parents are fearful of allowing their children to walk to and from school or to play outside due to the dangers of traffic and crime. America's children deserve to live in communities where they can be healthy and active without the fear of violence or "accidental" injury. Investments in healthy communities and smart growth initiatives are one of the strongest ways we can work together to improve the overall health and safety of America's children.

Although the American public tends to think about injuries as "accidents", the majority of unintentional injuries can be predicted and prevented.

We believe that with appropriate investments for continued and new injury prevention efforts, we will be able to see even more dramatic declines when we meet again to celebrate twenty-five, thirty and forty years of preventing unintentional injuries to children.