



Focusing on Ethnic Awareness

By Mary Watson, Ph.D., Safe Healthcare Coalition of Orange County

Why are some families choosing unlicensed health care after using local medical service providers? That's the question the Safe Healthcare Coalition of Orange County asked in a series of focus groups involving Latino-Mexican, Vietnamese and Cambodian families. The survey, funded by a capacity-building grant from the Children and Families Commission of Orange County, posed a number of questions regarding infant and child car seat/restraint system education received in physicians' offices. While the focus group results revealed many differences among the three

groups, one of the most significant differences occurred in the area of car safety.

Of the families involved, young Latino mothers were found to be the most informed about car safety. Spanish language outreach programs provided by schools, fire departments, police departments and community based organizations have made this population quite knowledgeable about the potential dangers and laws associated with children traveling in cars and trucks. These mothers were also the most aware of the availability of free child safety seats. Vietnamese parents were less informed and had experienced mixed responses from agencies when they attempted to access free safety restraint systems. One parent reported that she had registered with an agency to be notified when free car seats would be available so that she could get a larger seat as her child grew. The child grew, but the mother was never contacted. "I guess they forgot about me," she said. Cambodian families were found to be even less aware of safety laws and access to free car seats. To avoid paying fines, these families resort to buying car seats at swap meets, yard sales, and other non-traditional venues.

Few had knowledge of proper installation or utilization of passenger restraint systems.

Most of the participants in each group reported that they had learned little about car safety from medical service providers. However, lack of outreach programs available to Vietnamese and Cambodian families further limited their understanding of the importance of car seat safety and the awareness of community resources available. Unquestionably all three populations could benefit greatly from increased awareness of health and safety issues.

The study and the important discoveries made by the focus group surveys are part of the Safe Healthcare Coalition's research program to develop curricula for health care providers on how to more effectively communicate with Latino-Mexican, Vietnamese and Cambodian families. The curricula will be designed for medical assistants, nurses, social workers, physicians, and nurse practitioners as primary providers of health and safety education. For more information contact Mary Watson, Ph.D. 949-856-3181.



The California Chapter 4, American Academy of Pediatrics Injury Prevention Program was developed in 2001 with the mission to contribute to the prevention of injury, death and disability and secure wellness for children age 0-5 years and their families. Funding for this project is provided by the Children and Families Commission of Orange County.

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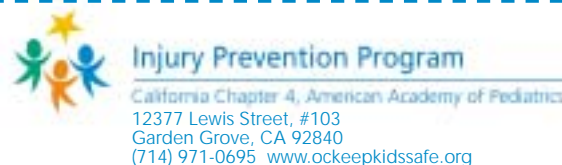
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Kids in and Around Cars

MOVING KIDS SAFELY

In the 3 year period, 1998-2000, a total of 1,312 Orange County children age 0-5 years were killed or hospitalized as a result of a motor vehicle related injury. The majority of the injured children were nearly equally distributed between passengers in cars (41%) and pedestrians (40%).

Physicians and other pediatric health care professionals must address both safe travel in vehicles as well as the risk of pedestrian injury in patient counseling, advocacy and in the media. The Injury Prevention Program of the California Chapter 4 American Academy of Pediatrics suggests that by discussing the safety of "kids in and around cars", we can address both passenger and pedestrian injury prevention strategies.

CHILD PASSENGERS

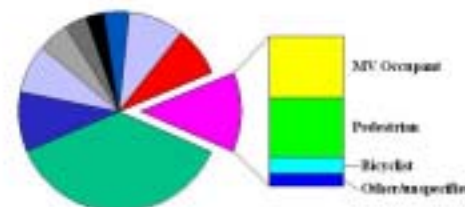
We have achieved high levels of car safety seat use. A recent National Highway Traffic Safety Administration (NHTSA) study estimated that restraint use is 99% for infants, 94% for toddlers, and 83% for 4-7 year olds. However, misuse of child restraint systems is extensive, primarily due to the car safety seat

harness not secured tightly on the child, and the vehicle seat belt not secured tightly to the car safety seat. The AAP recommends that infants remain rear facing in car safety seats until at least 20 pounds

and at least one year of age. Contrary to best practices, only 32% of the infants in the NHTSA survey were appropriately in rear-facing car safety seats, and only 62% of the toddlers were appropriately in front-facing car safety seats. Misuse compromises protection in the event of a car crash.

Continuing professional education and patient/family education with distribution programs in communities with identified needs are essential. In addition, enhanced legislation and enforcement of the occupant protection laws, including Kaitlyn's Law, which prohibits leaving a child under 6 years alone in a vehicle, are critical to further reductions in death and injury in motor vehicles. A new PediaLink CME course, "Moving Kids Safely: Introduction to Car Safety Seats", is available on-line that covers mechanisms of injury in motor vehicle crashes, seat selection and installation in vehicles, and placement of children in car safety seats. For more information, go to www.pedialink.org.

Transportation Related Injuries 0-5 year olds
Hospitalizations and Deaths, Orange County
1998-2000



CHILD PEDESTRIANS

In the US, for the years 1990-1998, the pedestrian death rates for children age 1 and 2 years exceeded the motor vehicle occupant death rate. Non-traffic pedestrian injuries (which include driveway backover events) represented about 1/2 of the pedestrian fatalities for children age 1 year. In 2002, Kids 'N Cars (www.kidsncars.org) documented greater than one child per week backed over in a driveway or parking lot. In over 60% of these incidents it was a parent or close relative behind the wheel. The Centers for Disease Control and Prevention (CDC) estimated that over 2,700 children are being brought to US emergency rooms after being backed over by a vehicle. In a related study 2/3 of the vehicles were pickup trucks or SUVs. (Nadler, Pediatrics, 2001.)

These tragedies are preventable. Prevention of pedestrian injuries essentially comes down to the supervision of children at all times when they are in the vicinity of motor vehicles, including their own driveways. Use of rear view detection devices such as driver alert sensors, mirrors and video camera devices, should contribute to the reduction of these injury events. Providing safe play areas that minimize if not eliminate access to streets and cars are necessary, but supervision is the critical element.

FIVE PRINCIPLES FOR SAFER TRAVEL

- 1 Airbags can be dangerous to children.
- 2 Infants must ride rear-facing in car safety seats until they are at least 1 year and at least 20 pounds, and preferably until reaching the maximum weight and height limits of the car safety seat in the rear-facing position.
- 3 Adjustments must be made when convertible car safety seats are changed from rear-facing to forward facing.
- 4 Car safety seats must be secure in the vehicle and the child must be secure in the car safety seat.
- 5 Children are safer in car safety seats as long as they fit.

Bull MJ, Sheese J, 106(5), Nov 2000

FROM
THE
ARCHIVES



HOW TO ACCESS PEDIALINK

1. Go to www.pedialink.org
2. Click the "Moving Kids Safely" icon.
3. Click the "Register" button and follow instructions

ALERT

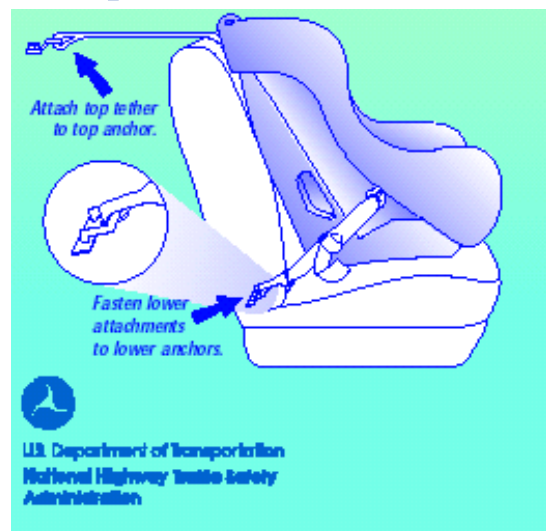
NEW TRANSPORTATION LAWS AND POLICIES

HELMET LAW IN CALIFORNIA All children under 18 years of age who ride a bicycle, non-motorized scooter, skateboard, in-line or roller skates on a street, bikeway, or any other public bicycle path or trail must wear a properly fitted and fastened bicycle helmet that meets the standards of either the American Society for Testing and Materials (ASTM) or the United States Consumer Product Safety Commission (CPSC), or standards subsequently established by those entities. Parents will be responsible for a \$25 fine if ticketed by the police department.

CHILD SAFETY SEAT REPLACEMENT

Insurance companies must ask if a child passenger restraint system was in use by a child during a motor vehicle crash that is covered by the policy, and if so, replace the child passenger restraint system. Parents may return the child safety seat to the California Highway Patrol for disposal. Any individual who sells or offers for sale a child passenger restraint system that was in use during an accident will be fined \$100.

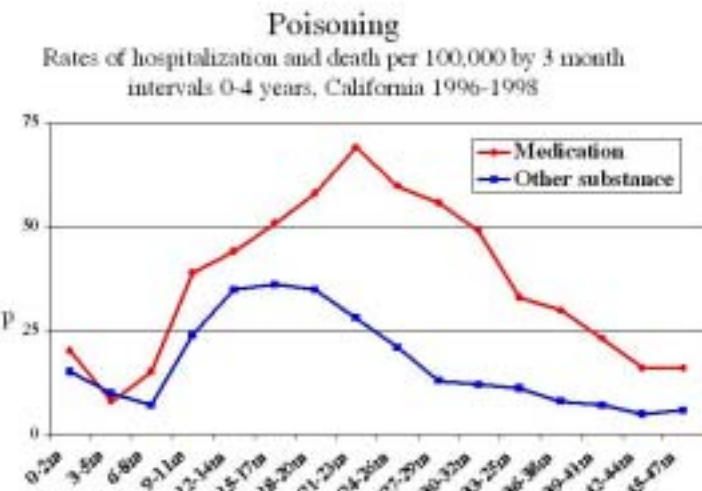
LATCH stands for Lower Anchors and Tethers for Children. New vehicles and child safety seats manufactured on and after September 1, 2002 will be equipped with the LATCH anchor system. Child safety seats will have a lower set of attachments that fasten to the vehicle LATCH anchors. Most forward-facing child safety seats will also have a top tether strap that attaches to the top anchor in the vehicle. The LATCH system is designed to improve the installation of the car safety seat to the vehicle seat. All car seats can also be secured with the vehicle seat belts



P O I S O N I N G

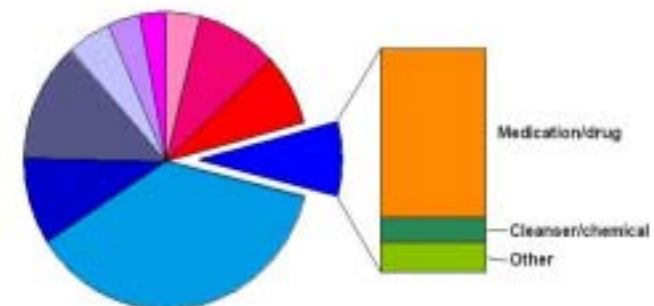
In the 3-year period 1998-2000, a total of 189 Orange County children age 0-5 years were hospitalized as a result of a poisoning and one child died. The highest number of hospitalizations was for children age 1 year followed by those age 2 years. Seventy-six percent of the poisoning injuries were for medication in contrast to 25% for other toxins such as cleansers and chemicals.

In a study of pediatric injuries for children age 0-3 years using California hospital discharge and death data,



poisoning was the second major leading cause of injury for children 0-3 years. Over two-thirds of these were poisoning by medication. The peak rate was for 21-23 month-olds (Agran, Winn, Anderson, UCI). Considerable outreach efforts have been undertaken by poison control centers and a universal toll-free number has been established. Child resistant containers and blister packaging for medications have reduced childhood poisonings substantially. Yet, poisoning by medications remains a leading cause of injury for young children. Cultural factors and views of medicines and vitamins may influence storage practices and increase risks of toddler poisoning (Mull; West J. Med, 1999). Pediatric health care professionals can help prevent many poisonings by counseling on safe storage of medications and other toxins- to keep them locked, high and out of reach at all times. We should also encourage families to keep the California Poison Control System's number posted near the telephone, and use it readily.

Poisoning Injuries 0-5 year olds
Hospitalizations and Deaths Orange County 1998-2000



Source: EPIC

WHAT'S NEW AT THE CALIFORNIA POISON CONTROL SYSTEM?

By California Poison Control System

Since its inception in 1997, the California Poison Control System's (CPCS) toll-free treatment advice and referral service has responded directly to over one million callers. In an effort to mirror and leverage this achievement, the CPCS has initiated a remarkable phase in the expansion of its education and outreach by choosing one simple focal point - the consumer. Although consumers may be somewhat aware of poison centers, few understand how, or why, such services fit into their lives. An investigation into consumer perceptions revealed not only a lack of comprehension, but also an image of poison centers as remote, dispassionate and unapproachable.

Poison Center Awareness among California Parents

In addition to eight focus groups, CPCS conducted a survey of 428 parents of children under the age of 5 years, with two socioeconomic and three ethnicities represented: higher income parents of all ethnicities, low-income African American, monolingual and bilingual Hispanic parents. Only 51% of all respondents had heard of the Poison Center. Only 48.1% of all low-income parents had heard of the Poison Center whereas 59.9% of all higher income mothers had heard of it.

How did parents hear about the Poison Center?

The majority of parents had learned about the Poison Center through their pediatricians.

Our core message shifts from "call in case of a poison emergency" to "call if you're not sure".

When asked to describe what an emergency is, focus group participants indicated this was any situation they perceived as life threatening. An emergency equaled impending tragedy, instinctively precipitating a call to 911, or a trip to the ED. However, they indicated they had few dependable resources to help manage potentially unsafe situations quickly, appropriately and without fuss at home. The CPCS can fill this void, offering consumers the rapid expert help and reassurance they seek. Developing a new visual identity specifically targeting the end user to cultivate a consistent, recognizable image that advanced our core message was critical. This identity addressed consumer perception and harnessed universal themes so as to resonate across social, economic and cultural lines.



MEDICAL CONSULTATION LINE

The California Poison Control System offers 24-hour expert telephone guidance with access to an attending medical toxicologist to assist with poison exposures of all types, including, snakebites, spider bites, plants, mushrooms and pesticides and overdose diagnosis and treatment. Specialty consultants are available to aid in the care of hospitalized poisoning victims.



TO ORDER IN CALIFORNIA
Submit your request for free materials (only shipping charges apply) on our website, www.calpoison.org and complete online order form. For questions about materials, call 1-800-582-3387.