

Michigan Department of Community Health  
Childhood & Unintentional Injury Prevention Section

**Summary of FY2001 Projects and Summary of Projects Planned for FY2002**

Prevention of Fire-Related Injuries

In FY99, the Childhood & Unintentional Injury Prevention Section received a three-year grant award from the Centers for Disease Control and Prevention to increase the prevalence of functional smoke alarms in communities with high rates of fire-related deaths, residential fire incidence and a high density of low income residents. Several communities (the Cities of Detroit and Flint, and Tuscola, Mason, Lake and Oceana Counties and the Arab Community Center for Economic and Social Services in Dearborn) received funding to support fire safety education and smoke detector installation. The overall goal of the program is to decrease deaths and injuries due to residential fires through distribution and installation of smoke detectors in high-risk homes that do not have adequate smoke alarm coverage in targeted communities. Program effectiveness is evaluated by comparing pre- and post-intervention residential fire incidence, injuries and deaths in targeted communities and through a follow-up contact with each participating household to determine the continued presence and functionality of program-installed smoke alarms.

Michigan SAFE KIDS

Michigan SAFE KIDS is dedicated to preventing unintentional childhood injury in Michigan. The state SAFE KIDS program is responsible for the development of new SAFE KIDS chapters and coalitions around the state; assisting in the implementation of community-based injury prevention programs; statewide dissemination of injury prevention information to children, parents and care givers; organization of child passenger safety training programs for firefighters, educators, law enforcement officers, public health workers, health and emergency care providers; and organizing and staffing car seat check up events for the general public. Car seats, smoke alarms and bike helmets have been distributed to eligible low-income families in partnership with firefighters, law enforcement, and neighborhood associations. The SAFE KIDS network is maintained and strengthened through an annual conference and bi-monthly teleconferences. Support for many of these activities is provided by grants from the National SAFE KIDS Campaign, businesses, state and federal government, and charitable foundations. Technical assistance on injury prevention issues is provided to SAFE KIDS members, public health staff and the general public. As of October 2001 there are 8 local coalitions and 31 local chapters.

SAFE KIDS Regional Coordination and Community Partnership Grants

The goal of the SAFE KIDS Regional Coordination and Community Partnership Program is to strengthen and expand the SAFE KIDS Coalition network and infrastructure in Michigan through regional coordination and community-based prevention activities. Regional SAFE KIDS Coordinators are housed in three locations throughout the state and are responsible for: coordinating an application process for local SAFE KIDS

Coalitions/Chapters within the region to implement and evaluate coordinated, multi-faceted, comprehensive local programs to prevent childhood injuries in their jurisdiction; implement regional activities to strengthen existing coalitions/chapters, establish new coalitions/chapters, and promote childhood injury prevention through highly visible public education initiatives, and provide incentive funding for local projects for any new coalitions/chapters formed within the region.

#### Michigan Emergency Department Injury Information Network (MEDCIIN)

While information fatal and hospitalized injuries is fairly complete in Michigan, data on patients who visit hospital emergency departments (ED) as a result of injury, and are then treated and released without being admitted to the hospital, are often limited or nonexistent. In 1997-98, the Michigan Department of Community Health began planning to establish a system to gather statewide data on injuries seen in hospital emergency departments. This information is valuable to identify high risk groups and causes of injury toward which public health interventions may be directed. As a result, a voluntary data collection system using of a representative sample of 23 emergency departments throughout the state is being implemented. This system will provide data to generate statewide, as well as regional, estimates of the types and causes of injuries, injury severity, and demographic characteristics of people seen in emergency departments for traumatic injuries. The system has been designed to build upon existing data collection methods and technologies in order to keep staff involvement and hospital resources to operate the system to a minimum. Data collection began in Spring 2000. Technical assistance and feedback on data quality were provided to hospitals and hospital-specific injury reports were prepared for 15 hospitals reporting a full year of injury data for 1999. An aggregate data report was prepared based on 20 reporting hospitals for 1999.

#### Core Injury Prevention Capacity-Building

In FY01, the Injury Prevention Program received a four-year grant award from the Centers for Disease Control and Prevention to build capacity at the state level toward operation as an advance-level injury prevention program. During the first year of the grant, funds were used to expand and improve the scope of information on injuries contained on the MDCH website; evaluate existing available data resources and analyzing data to define the magnitude of the injury problem in the state, the populations at risk, and causes of injury; conducting a technical review of the status of E-coding in the hospital discharge database; and conducting a comprehensive process evaluation of the program.

#### Fall Prevention in the Elderly

In the summer of 2000, the Michigan Department of Community Health initiated a process to identify best practice models of fall prevention programs designed to reduce the incidence of falls and fall-related injuries and deaths among people age 65 and over. The literature suggests that for programs to be successful in reducing the incidence or severity of falls and fall-related injuries they must be targeted to those at greatest risk and include: 1) assessment and/or screening to identify those at highest risk, 2) medical supervision to monitor medication and maximize control of medical conditions, 3) physical activity to improve flexibility, mobility and strength and 4) removal or modification of environmental hazards.

In 2001, in cooperation with the Michigan Osteoporosis Project and the Michigan Public Health Institute, a Fall Prevention Work Group was convened to provide information and feedback to be used by staff to prepare a white paper on falls among older adults in Michigan and to advise on potential grant opportunities to support implementation of the recommendations in the white paper. Alpena General Hospital Home Care Services received a fall prevention planning grant to plan a fall prevention risk reduction program for community-dwelling older adults in their service area.

Also in 2001, MPHI approached eight Michigan and national foundations with letters of intent for funding a fall prevention program for older adults. In FY02, proposals will be submitted as foundations respond to the letters of intent.

#### Consumer Product Safety Commission

Alerts containing information on product recalls and hazardous products are linked from the MDCH website for viewing by interested persons throughout the state.

#### Community Bicycle Helmet Program

With funds from the Michigan Office of Highway Safety Planning (OHSP), helmets were purchased and provided to local public health departments and SAFE KIDS groups for use in community-based bicycle helmet promotion programs. These programs took place as health fairs, bike rodeos and other activities involving a variety of community partners including law enforcement, firefighters, public health and the medical community. Bicycle safety materials are available through the Michigan Department of Community Health Clearinghouse for distribution to health educators, SAFE KIDS groups, and the general public.

#### Child Passenger Safety Grant Program

Public Act 282 of 2000 establishes a child passenger safety grant program within MDCH to provide support for training, promotion, and education concerning the child restraints. Through a competitive process, the department will make funds available to individuals or groups who are appropriately trained to purchase and distribute child safety seats; provide training on correct installation and use to caregivers; provide train-the-trainer sessions; and purchase and disseminate public education and information materials.

#### Child Passenger Safety Certification Training

The section hosted five National Highway Traffic Safety Administration's Standardized Child Passenger Safety Training Courses in 2001. Successful completion of the course requirements provides national certification as a child passenger safety technician. Certified technicians are needed to assist with the many child safety seat inspections conducted around the state. Attendees of the course included law enforcement, fire/public safety,

local health department staff, hospital personnel, and loaner program staff members. Currently there are 25 certified instructors in the state and over 500 certified technicians.

#### Public Child Safety Seat Inspections

The Michigan SAFE KIDS Coalition and local coalitions and chapters sponsor periodic public child safety seat inspections. These events are open to the public and child safety seats are inspected for proper use, recalls, structural integrity, missing pieces, etc. According to data collected during these check up events, approximately 95% of all child safety seats are not used correctly. Thousands of new child safety seats have been provided to families with old, unsafe and/or recalled seats through this program.

#### Child Safety Seat Distribution Program

There is a need for ongoing support for local safety seat distribution programs in terms of staff training, client educational materials and providing child safety seats to agencies that serve at-risk populations. Agencies that qualify for this program are as follows: 1) agencies that serve minority, rural, non-English speaking and/or low-income populations and who also have had at least one representative attend the NHTSA certification course; 2) car seat check up events following the two NHTSA certification courses; and 3) permanent fitting stations for child safety seats.

#### Project LOVE

In August 1999, Michigan SAFE KIDS, Inc. received funding to support the Michigan Law Officers Voucher and Education Program (Project L.O.V.E.). This program provides law enforcement officers the opportunity to provide positive intervention when enforcing the child passenger safety law. At the time of a traffic stop, if a motorist is found to be in violation of the child passenger safety law, the officer may issue a voucher for a free child safety seat if they determine a motorist would have financial difficulty purchasing a car seat. This voucher is redeemable at selected sites throughout the state. The motorist receives hands-on instruction on the correct use of the safety seat at the time the voucher is redeemed. While an officer must still issue a citation if a child is unrestrained, the voucher provides positive feedback to the family and the means to comply with the law. Furthermore, if the family does redeem the voucher for a free child safety seat, Michigan law provides that the court shall waive any civil fine or cost if a seat is obtained before the appearance date on the citation.

In FY01, the program was implemented in Mason, Oceana and Lake Counties and was continued in the existing pilot sites of Ann Arbor, Detroit and Lansing.

#### Initiative to Prevent Injuries in Amateur Sports

The Michigan Department of Community Health is supporting an initiative to prevent injuries in amateur sports recommended by the Michigan Governor's Council on Physical Fitness, Health and Sports. An advisory committee has been assembled, consisting of official representatives from twenty-one health and recreation agencies in Michigan.

Technical position papers and consumer-oriented guides on preventing injuries in the sports of football and in-line skating have been produced. During FY 00, schools requested 19,228 football booklets and 15,886 in-line skating booklets. Position papers for the sports of basketball, volleyball, and soccer are being developed.

## **Summary of Projects Planned for FY 2002**

### Michigan SAFE KIDS/Regional Coordination

The SAFE KIDS Program in Michigan grew substantially in 1999-2000. The number of chapters increased from 24 to 31. In total, there are 39 local SAFE KIDS groups in Michigan. Childhood injury prevention activities will continue to be implemented and expanded in 2002. In 2002, an evaluation of Michigan SAFE KIDS and the Regional Coordination/Community Partnership Grants will be conducted in cooperation with the Michigan Public Health Institute. The goal of the evaluation will be to determine the most appropriate method to allocate resources and the role of the state coalition.

### Michigan Emergency Department Injury Information Network (MEDCIIN)

The Childhood & Unintentional Injury Prevention Section will continue to collaborate with the MDCH Violence Prevention Section to implement the MEDCIIN system. Staff will continue to work with MEDCIIN hospitals to provide technical assistance and feedback on data quality and will prepare hospital-specific and statewide injury reports based on 2000 data.

### Community Bicycle Helmet Program

With funds from the Michigan Office of Highway Safety Planning (OHSP), bicycle helmets will be provided to local public health departments, Safe Communities Coalitions, and SAFE KIDS groups for use in community-based bicycle helmet promotion programs. The program will also support the development of bicycle helmet fitting stations for adults that will be held in conjunction with child passenger safety Check Up Events. Materials that provide information on how to properly fit/wear a helmet will be distributed at bike safety events and through the Michigan Resource Center.

### Core Injury Prevention Capacity-Building

During the second year of the grant, funds will be used to support collaboration with a wide variety of injury partners to develop and implement a process for creating a state injury prevention plan; analysis of core data sets will continue to determine where there are gaps, and to better define the magnitude of the injury problem in the state, and in-depth reports will be prepared; activities will be implemented to address recommendations for E-coding of hospital discharge data; activities will be implemented to address the critical issues identified in the Key Stakeholders Survey to improve services provided by the Injury and Violence Prevention Programs; and the MDCH Injury Program will continue to coordinate intentional and unintentional injury activities with various partners throughout the state.

### Fall Prevention in the Elderly

In the summer of 2000, the Michigan Department of Community Health initiated a process to identify best practice models of fall prevention programs designed to reduce the incidence of falls and fall-related injuries and deaths among people age 65 and over. The literature suggests that for programs to be successful in reducing the incidence or severity of falls and fall-related injuries they must be targeted to those at greatest risk and include: 1) assessment and/or screening to identify those at highest risk, 2) medical supervision to monitor medication and maximize control of medical conditions, 3) physical activity to improve flexibility, mobility and strength and 4) removal or modification of environmental hazards.

In 2001, in cooperation with the Michigan Osteoporosis Project and the Michigan Public Health Institute, a fall injury prevention program will be developed and pilot tested in communities with high risk, independent living seniors. The prevention program will be multifaceted and address at least the four elements described above. A report of findings will be prepared which includes recommendations for expanding the program statewide.

### Child Passenger Safety Grant Program

Public Act 282 of 2000 establishes a child passenger safety grant program within MDCH to provide support for training, promotion, and education concerning child restraints. Through a competitive process, the department will make funds available to individuals or groups who are appropriately trained to purchase and distribute child safety seats; provide training on correct installation and use to caregivers; provide train-the-trainer sessions; and purchase and disseminate public education and information materials.

### Child Passenger Safety Strategic Plan

The Michigan Department of Community Health will form a Child Passenger Safety Planning Team to coordinate a statewide child passenger safety strategic planning process. The team will assess the current status of child passenger safety programs and scope of resources in Michigan to identify strengths, weaknesses and gaps. MDCH will prepare a three-year strategic plan with recommendations for improving child passenger safety in Michigan.

## Booster Seat Campaign

MDCH will gather input from parents and caregivers of children ages 4-8 through focus groups to develop effective messages to promote booster seat use by this age group. A minimum of three regional focus groups (including the UP, Detroit and Mid-Michigan) will be held. Information gathered from the focus groups will be used to develop effective messages and educational materials for a statewide public education campaign to increase booster seat use in Michigan.

## Child Passenger Safety Training

Child passenger safety training activities will be expanded in FY 02 by conducting the National Highway Safety Administration's Child Passenger Safety Certification Course in two locations around the state. Efforts will be made to host the courses in areas that serve minority and other under-served populations. Spanish and other non-English-speaking participants will be sought. These training courses will increase the number of certified child passenger safety technicians in the state by at least 50.

Another training goal of FY 02 is to strengthen the network of current child passenger safety technicians and technician instructors in the state. A high level of expertise must be maintained to provide quality child passenger safety education to parents and caregivers. This will be accomplished through four, regional one-day workshops. The workshop will be an update of the latest and greatest developments in child passenger safety. The workshop will be offered to all graduates of the National Highway Safety Administration's Standardized 4-Day Child Passenger Safety Technical Course.

Additionally, at least four quarterly meetings will be held of the Michigan Child Passenger Safety Instructor Team to better serve Michigan's training needs.

## Sports Injury Prevention

During FY 01, the Sports Injury Advisory Group will be reconvened to evaluate position papers on basketball, volleyball, and soccer. After final approval of the technical papers, consumer booklets will be developed and made available according to a distribution plan directed by the Advisory Group. It is anticipated that printing costs will be partially covered by grants from Michigan professional sports teams.

## Pedestrian-Safe Communities Award Program

In cooperation with the Governor's Council on Physical Fitness, Health and Sports, a new award has been developed to recognize Michigan Communities that are making it easy and safe for their citizens to be physically active. To qualify for, "The Active Communities Award" a community must conduct a multi-faceted self-

assessment, earning points for policies and facilities that promote physical activity. Many of the award criteria require that applicants have safe facilities and injury prevention policies and educational efforts in effect. Resources to help communities achieve the safety standards are offered as part of the self-assessment package. This award was pilot-tested by seven Michigan communities in FY 00. During FY 01, the assessment process will be computerized so that the results of all the community self-assessments can be combined into one data base, creating the foundation for an informal surveillance system for pedestrian safety and physical activity promotion.

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