

Youth Safety Report on the 2009 Annual Symposia Pennsylvania Department of Health Violence and Injury Prevention Program

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Executive Summary

The Pennsylvania Department of Health's Violence and Injury Prevention Program holds annual statewide injury symposia addressing an injury topic. This year's topic, youth safety, was picked for two reasons: 1) Injury and violence are a leading cause of mortality and morbidity for youth nationally and in PA, and 2) To support the formation of a new statewide group dedicated to youth safety—the PA chapter of the National Organizations for Youth Safety (NOYS). This year over 90 participants representing a very diverse group of organizations and agencies came to six symposia around the state.

Injury is the leading cause of death for youth ages one-24 in PA. Over 60 percent of youth deaths are caused by injuries (both intentional and unintentional).[1, 2] The leading mechanisms for injury deaths in the one-24 age groups are motor vehicle crash, firearm, poisoning, suffocation, fires/burns, and drowning. The leading causes of injury hospitalizations in the one-24 age groups are motor vehicle crashes, poisonings, falls and being struck by or against an object or person.

Symposia participants shared their current efforts to reduce youth injuries and promote youth safety, which include a wide range of initiatives. These initiatives address direct injury causes (i.e. motor vehicle crash), risk factors (i.e. alcohol use) and protective factors (i.e. good parenting skills). There are also substantial efforts to develop partnerships and coalitions to further youth safety work in the state. While most efforts described are educational, there are also those that promote the use of safety equipment (like child safety seats) and those that aim to change the physical or social environments that allow, or even encourage, injuries.

Participants identified many gaps between the current problem of youth injuries and violence and the current efforts. Most of the conversation centered on educational efforts. Needs for improved outreach to both parents and teens was emphasized. Priority topics for educational outreach (teen driving, suicide, parenting skills) were identified. Needs in schools, both human resources and policies, were discussed. Participants also shared needs for improved infrastructure. Enhanced coordination and communication between youth-serving agencies, better sources of/use of data, more emphasis on primary prevention and more consistent funding were the main needs discussed.

The participants of the symposia identified seven main activities for the newly formed PaNOYS.

- 1) *Convene and coordinate youth safety agencies and groups from across the state*
- 2) *Prioritize, coordinate, and disseminate key youth safety messages*
- 3) *Support stakeholders and partners to use data and research*
- 4) *Offer training and technical assistance*
- 5) *Facilitate the use of media*
- 6) *Involve youth*
- 7) *Engage in advocacy*

Introduction

Purpose of Symposia

The PA Department of Health's (DOH) Violence and Injury Prevention Program (VIPP) is in a strategic planning process to develop into a larger, stronger, more effective agent for reducing the burden of injury on Pennsylvanians. The VIPP has received a grant from the Centers for Disease Control and Prevention (CDC) to help facilitate this strategic planning process. A multi-agency group of injury stakeholders from around the state have been meeting over the past four years as the Injury Community Planning Group (ICPG). The ICPG mission is "to develop a comprehensive and coordinated injury prevention effort which will guide Pennsylvanians to prevent injuries and violence across the lifespan by empowering state and local partners through the collection and analysis of data and the leveraging of resources for violence and injury prevention programs to recapture lost human potential."

Each year the ICPG picks a topic for an annual injury symposia. This year's topic, youth safety, was picked for two reasons: 1) To acknowledge injury and violence as a leading causes of mortality and morbidity for youth nationally and in PA, and 2) To support the formation of a new statewide group dedicated to youth safety—the PA chapter of the National Organizations for Youth Safety (NOYS).

While youth are not the age group with the highest injury death rate (seniors), they are the age group for which injury deaths represent the greatest percentage of overall deaths. For youth aged one-24, injuries represent over two-thirds of all deaths, with a peak at age 20, when 80 percent of deaths are due to injury [1, 2]. In PA, unintentional injury, homicide, and suicide are the three leading causes of death for teens and young adults; unintentional injury and homicide are among the four leading causes of death for children ages one-14[3] (Table 1). For every injury related death in this age group, there are many more hospitalizations and emergency department visits among youth due to injury and violence[2].

The National Organizations for Youth Safety (NOYS) is a collaboration of close to 40 national, youth-serving organizations with the common goal of promoting safe and healthy behaviors among our nation's youth. The states of Pennsylvania and Missouri were selected by national NOYS in 2007 to participate in a pilot program to increase collaboration at the state level between groups and agencies that consider youth safety issues. In February 2008, a meeting was convened at the PA Department of Education to establish PaNOYS in the commonwealth.

PaNOYS is a variety of commonwealth state agencies and non-profit organizations that have developed a state coalition to address and promote youth safety. The PaNOYS coalition engages a diverse group of dedicated professionals and youth advocates to enhance efforts to create and maintain a valuable network of safety partnerships.

The 2009 symposia on youth safety were attended by a diverse and very active group of participants. Six symposia were held around the state (91 participants):

- April 30 Northeast region: Wilkes-Barre (12 participants)
- May 5 Southwest region: Pittsburgh (6 participants)
- May 6 Northwest region: Clarion (15 participants)
- May 12 South Central region: Harrisburg (29 participants)
- May 13 North Central regions: State College (12 participants)
- May 19 Southeast region: Fort Washington (17 participants)

Participants represented many sectors and groups: schools (administration and nurses), state government, community-based prevention organizations, insurers, youth serving organizations, probation and parole officers, city councils, highway and traffic safety agencies, courts, law enforcement, child death review teams, preschools/day care centers, emergency medical services, universities, hospitals and trauma centers and community-based safety coalitions.

The goal of each symposium was to:

1. **Share data** about youth injury morbidity and mortality in PA.
2. Share participant organizations' experiences of **current efforts** to prevent youth injury and promote youth safety.
3. **Discuss gaps** in current efforts and ideas for expanding and improving efforts to prevent youth injury and promote youth safety.
4. Identify potential roles and activities for the newly established **PaNOYS**.

This report¹ summarizes the discussions from all six symposia, presented in the following order:

1. Executive Summary
2. Introduction
3. Summary of PA youth injury data
4. Summary of symposia discussions
5. Current prevention efforts
6. Gaps in current efforts and suggestions for expanding prevention efforts
7. Suggested role for PaNOYS

¹ Commonly used abbreviations in this report:
CHOP—Children's Hospital of Philadelphia
DUI—Driving while Under the Influence (of alcohol or drugs)
PennDOT—Pennsylvania Department of Transportation

Summary of Pennsylvania Youth Injury Data²

Overview

- Injury is the leading cause of death for youth one-24 in PA. Over 60 percent of youth deaths are caused by injuries (both intentional and unintentional).[1, 2]
- The leading mechanisms for injury deaths one-24 are motor vehicle crash, firearm, poisoning, suffocation, fires/burns and drowning.
- The leading causes of injury hospitalizations one-24 are motor vehicle crashes, poisonings, falls, and being struck by or against an object or person.

Unintentional injury

- Unintentional injury is the leading cause of death and hospitalization for all youth one-24 years[3].
- In 2005, 851 youth in these age groups died in PA from unintentional injuries[3].
- The leading mechanisms for unintentional injury deaths are motor vehicle crash and poisoning, with both showing dramatic increases in the teen years.
- The leading mechanisms for hospitalizations are falls and motor vehicle crashes. Falls are consistent across the age groups and motor vehicle crashes have a distinct increase after age 16.

Homicide

- Homicide is the second leading cause of *injury* death for ages one-24; between the ages of 15 and 24, homicide is the second leading *overall* cause of death[3].
- In 2005, 291 youth died from homicide in PA[3].
- The leading mechanism for homicide is firearm, although there is a distinct difference between the metropolitan counties (Philadelphia and Allegheny) and the rest of the state.
 - Firearms are involved in the cause of 90 percent of homicide deaths in the metro areas and just over 40 percent of homicide deaths in the rest of the state, with the remainder resulting from cutting/piercing and being struck by/against categories.
- In 2005, the same number (15) of children ages one through four died as a result of child abuse as died in motor vehicle crashes[3].

Suicide

- Suicide is the third leading overall cause of death for all youth 10-24[3].
- In 2005, 177 youth aged 10-24 died from suicide[3].
- Most completed suicides are by males using firearms.
- Most of the near suicides (self-inflicted harm hospitalizations) are by females using poisoning.

² Unless otherwise noted, statistics in this report are unpublished data from the PA Department of Health Violence and Injury Prevention Program.

Summary of Symposia Participant Discussions

Each symposium started with a presentation of current data on injury and violence mortality and morbidity for youth up to age 24 (see above). After that, the discussion covered current efforts, gaps and needs and, finally, what role PaNOYS should have.

Current Efforts

Discussion in each symposium began with participants sharing their current youth safety efforts. These efforts in preventing youth injuries include many areas, including those focusing on specific *injury causes*: motor vehicle crash, bicycle and wheeled sports, violence (suicide, child maltreatment, sexual violence, teen dating violence and community or gang violence), bullying, home safety (falls, fires, “baby proofing,” etc.), water and fire safety and safe sleep for infants. There are also efforts addressing *injury risk and protective factors*. Drug and alcohol abuse are the main risk factors addressed. Protective factors being addressed include parenting education and supporting “positive youth development.” (Positive youth development is a philosophy that focuses on building positive outcomes for youth; the most commonly known approach is the Search Institute’s 40 Developmental Assets, which represent the “relationships, opportunities, and personal qualities that young people need to...thrive.”[4, 5]) Finally, there are many efforts to build *community and organizational partnerships* that address all of the above issues.

There are three main kinds of initiatives that are taking place in each of these current areas. By far, the most common efforts are *educational*. Educational programs target children, parents, service providers and the general public. There are many programs for children and teens. School-based education can happen through many venues; there are classroom-based efforts (drug and alcohol education in a high school health class, fire safety in an elementary class), efforts through activities outside of the classroom (driver’s education in the schools or “Good Choices”—a bullying prevention curriculum used in guidance departments) and efforts through whole school assemblies (showing “The Yellow Dress,” a play on teen dating violence before prom). There are also many efforts to educate parents on youth injury prevention. There are two different kinds of educational efforts with parents—teaching parents about a specific injury topic and how to protect their child (i.e., educating new parents about baby proofing their house to prevent suffocation while sleeping, falls out of unlatched windows) and teaching parents how to parent (Nurse Family Partnership nurses teaching teen moms how to use appropriate discipline for children at different developmental stages). There are also programs targeting service providers, most often law enforcement (Court system training law enforcement on the relationship of underage drinking with motor vehicle crash and violence) and medical providers (PA American Academy of Pediatrics training with pediatricians on signs of child abuse and neglect and laws for reporting). Finally, there are educational efforts aimed at the general public (PennDOT public service announcements on seatbelt use, Red Cross television ads on home swimming pool safety).

The second kind of current initiatives are those that involve the use or installation of *safety equipment*. Child safety seat checks and installations are done widely, although they are infrequent in some areas of the state due to lack of certified technicians. Some programs give the actual seat to qualifying families. Free bike helmets are given away by many agencies, often accompanied by help with proper fitting and use. Many fire departments will have campaigns in which they give away smoke alarms and/or visit homes to check existing ones. “Cribs for Kids” is a program in many parts of the state that gives free “Pack-N-Play” cribs to families who couldn’t otherwise afford a separate sleeping space for their infant.

Finally, there are efforts that can be categorized as affecting the *physical or social environment*. Physical environment interventions include efforts by communities to limit proximity of alcohol outlets to schools to try to reduce access to alcohol for teens. They also include efforts to have rental housing codes that require inspection for the presence of lead paint, and programs to collect unused prescription medicines to reduce the supply of “abusable” prescription drugs in homes and communities. Efforts to change the social environment include initiatives to change social norms around dangerous behaviors. We heard examples of campus-community partnerships to address norms and acceptance of sexual violence. The “Yellow Ribbon Campaign” was described in several communities where widespread use of yellow ribbons represents suicide awareness and aims to reduce the stigma associated with seeking help with mental health concerns. Positive youth development taskforces work to engage communities in promoting positive outcomes for youth, rather than focusing exclusively on risks and dangers; they work to change the way communities see youth, especially teens.

Gaps and Needs

The second part of each symposia discussion addressed the gaps between the statement of the problems of youth injury (data presentation) and the current efforts. The conversation on gaps centered on two main areas: *educational improvements* and *infrastructure improvement*. Three aspects of educational improvements were discussed: 1) who/how we should be targeting education, 2) what we should be emphasizing, and 3) issues with better utilizing and working with schools. The topic most universally discussed under gaps and needs was *reaching parents*. There was wide agreement that we need more, better and more consistent parenting education. We also need to emphasize education with parents that addresses teen driving, parents as safe drivers of younger children, drug and alcohol use by youth, bullying and safe sleep for infants. The challenge is that parents are often extremely hard to reach, especially the ones who fall in the “middle,” (neither the most disadvantaged who are very engaged in the system, nor the highly functioning families who come to programs and least need them). Suggestions for better engaging parents included going to them rather than expecting them to show up at our programs on our timeframe, as well as working to make it easy for them to show up (as in providing food, childcare, transportation, etc.). There was also much discussion about *reaching youth, and especially teens*. Again the suggestions were to seek them out (at sports, malls, fast food restaurants, schools, etc.) and at optimum contact times (weekends). The messages that we want to convey must be culturally appropriate, consistent, and repeated. We need to use technology better. Many teens use cutting edge technology, and we need to reach them through these media. On the other hand, some teens still do not even have consistent access to the internet; our efforts need to acknowledge them as well. Peer education was emphasized along with the concept of respecting teens. We need to treat them as intelligent individuals, avoid talking down to them or trying to protect them from information and allow them to make their own mistakes.

There are also certain topics that participants thought should receive more emphasis in our educational efforts. The greatest concern was *teen driving*. Participants recommended more and better driver education in the schools, expanding DUI education to include prescription drug abuse, emphasizing the problem of drowsy teen drivers and clarifying/re-energizing use of designated drivers (especially in college and universities). They also suggested improving the training for police or others going into schools with programming on safe driving, as well as for medical providers who care for teens and should be discussing driver and passenger safety with their youth/teen patients. The other topic mentioned most frequently was *suicide prevention*. Participants wanted more emphasis on mental health and mood disorders, thought teens are overstressed and specified the need to focus on gay/lesbian/bisexual/transgender youth. As with teen driving, they wanted medical providers to be better informed on educating their teen patients about mental health and suicide.

The final part of the discussion of educational improvements centered specifically on *schools*. It was noted that schools are an obvious point of contact for youth, but are largely inaccessible to outside organizations. In terms of the human resources in schools, there are not enough school nurses, a primary resource for health and safety education. Classroom teachers often lack basic education on mental health and risk factors to identify students at risk for many kinds of violence and injury. School bus drivers are an underutilized resource. School board members and administrators need to be engaged on the importance of injury and violence prevention for youth. There are also school policies that are problematic in terms of increasing safety education in schools. Student Assistance Programs (SAP) are inconsistently implemented—some work very well, and others exist only on paper. Restrictive confidentiality laws for both schools and healthcare limit the communication between systems that could help with prevention efforts. Furthermore, requirements for testing make the curriculum too full to include sufficient education on safety and health.

In addition to these educational improvements, there was discussion of gaps and enhancements to the *infrastructure* that supports youth safety. Lack of coordination between agencies working in this area causes duplication of services. There is also insufficient communication between different “silos” in the system, such that a single family is being served by multiple agencies that don’t know what each is providing. Participants also encouraged better use data and work to create new sources of data that would help elucidate the issue (i.e., a centralized emergency department surveillance system). A greater overall emphasis on prevention, including use of evidenced-based prevention strategies and a willingness to move towards primary prevention, was also suggested. Finally, the ubiquitous problem of sufficient and consistent funding for prevention was universally mentioned.

PaNOYS role

The last part of each symposia focused on the newly formed PaNOYS and what their role should be. Seven main activities were identified.

- 1) *Convene and coordinate youth safety agencies and groups from across the state.* This includes providing a link and communication between the existing groups and reaching out to new partners and stakeholders.
- 2) *Prioritize, coordinate, and disseminate key youth safety messages.* The key messages that PaNOYS wants to prioritize in any given year or time period should be clear, consistent, accessible to diverse populations and repeated widely. The group should disseminate the message to key stakeholders, along with mechanisms for those stakeholders to disseminate the message in their communities.
- 3) *Support stakeholders and partners to use data and research.* PaNOYS could create or identify a clearing house for evidence-based youth safety programs, as well as for data on youth injuries that could be used to guide programs and grant applications.
- 4) *Offer training and technical assistance.* Web-based trainings, especially on suicide and parenting, were identified as the highest priority. Technical assistance on grants and needs assessments would be helpful.
- 5) *Facilitate the use of media.* This includes being a point organization for disseminating media messages, as well as helping partners harness new media technologies.
- 6) *Involve youth.* They should continue to have representation in PaNOYS and should be involved in legislative advocacy on youth safety. Support for promoting and expanding peer to peer education would be helpful.
- 7) *Engage in advocacy.* We need advocacy for both youth injury prevention and primary prevention. Lobbying for federal funding of Safe Kids was specifically mentioned.

Current Prevention Efforts

Symposia participants shared a wide variety of current initiatives in PA that work to promote youth safety and prevent youth injury. They are listed here by the topic they address.

Motor Vehicle

- Education and awareness for teens and school aged children
 - School-based education for teens
 - School-based driver's education is in 304 of 500 school districts in PA and 170 private schools
 - Police do assemblies in schools on motor vehicle safety
 - Extra awareness efforts around high risk times—proms and graduations
 - Combination of discussion of crashes and safe driving with actual driving skills
 - Other school-based effort
 - School bus safety – “Danger Zone”
 - “The back is where it’s at” campaigns for child passenger safety
 - Safe driving competition sponsored in the NW district
 - School districts send 3 students
 - Crash and citation free
 - Pass qualifying test
 - Have a behind the wheel course, perception test (scanning), essay test
 - Offer scholarships
 - State Farm \$300-\$1500
 - Smaller incentives
 - Want to expand to more areas and increase prizes
 - Need to spread word so it’s an incentive to have a clean record
 - Delaware County seatbelt contest- which high school has the highest percent of seatbelt use?
 - School parking lot observations
 - Average is 50 percent (way below state average)
 - Winning school raised usage rate by 15-20percent
 - Mock crashes and simulated experiences
 - Different groups will create a mock car crash for teens to experience and discuss
 - “Safety Bug” is a drunk driving simulator for teens to experience how diminished their abilities are at differing blood alcohol levels
- Child Safety Seats (CSS)
 - Distribution
 - Some groups will give free car seats to economically disadvantaged families
 - Some groups have loaner programs where new parents can borrow car seats in good condition until their child outgrows it
 - Installation and Inspection
 - Certified CSS technicians set up times when parents can come with their infant/child to have their CSS installed and fitted to the child.
 - Will teach parent how to properly install that car seat in that car.
 - Vary in frequency in a given area from once per year to many (13+) times a month, depending on the population and the supply of certified technicians

- Some inspection sites have CSSs and booster seats for sale for the parents who find that their child has outgrown the current restraint.
 - Technician training
 - Several agencies offer technician training (Safe Kids, Department of Health, State Police)
 - Some areas have a significant lack of technicians (especially profound in the NE district where several of the counties represented—Susquehanna, Wayne—have no certified technicians)
 - It can be hard to get people to take the training
 - The training includes every available car seat design and every available car
 - It is four days long and described as “overwhelming”
 - State police and fire fighters are often certified technician, but not equally in all areas of the state
 - Parent education
 - Almost always accompanies CSS give aways and inspections
 - CHOP Trauma Center places one page ad on CSS use in local parenting magazines
 - Also provided
 - At health fairs
 - Through Head Start
 - Targeting high risk populations like the Amish
- Community-based efforts
 - PennDOT offers Public Service Announcements, brochures and other educational programs on seat belt use.
 - ENRAND – police set up check points and the Department of Health will join and will check for use of restraints (child seats, seatbelts) and give out information on seat belt use.
 - Since many children injured in motor vehicle crashes were driven by adults who were under the influence, other community-based efforts to reduce DUI among adults can be thought of as youth safety interventions as well. PennDOT and others are involved in these programs.

Bike and Wheeled Sport Safety

- Bike safety is prioritized by a wide variety of organizations:
 - National and local non-profit youth and safety organizations
 - Departments of Health
 - Police
 - Safe Kids coalitions
 - State Health Improvement Plan partnerships
 - Head Start
 - Hospitals
 - Health insurers
 - Trauma centers
- Education
 - Safe Kids is involved in many community health fairs where they often include information on bike safety

- Health departments offer risk reduction programs in schools around bike safety
- CHOP Trauma Center places one page ad on bicycle safety in local parenting magazines
- Bicycle/Tricycle Derbies
 - These are public events where children compete in bike competitions
 - Helmets are required, often raffled off, and safety information is available
 - Often put on by a police department or a Safe Kids chapter
- Free Helmets
 - Bike helmets are given away by many agencies (DOH, hospitals, SHIP partnerships etc).
 - Free fitting of the helmet and education on proper use is usually included

Bullying

- School-based prevention efforts
 - In elementary through high school
 - Initiated from both within the school itself and from outside agencies (e.g. churches doing bullying prevention outreach to schools)
 - Classroom-based
 - “No Place for Hate”
 - Teams in each grade focus on bullying issue for that grade
 - e.g. Community Service to raise awareness of bullying
 - Guidance department based
 - “Good Choices” curriculum
 - Concern from outside agencies that bullying prevention efforts in the schools are not as successful as they could be
 - One district reported still using DARE in K-5th grades, despite the fact that it has been shown to be ineffective
- Prevention efforts through other entities
 - Faith-based Community
 - Collaborated with the attorney general’s office to offer a Cyber safety program for youth
 - Especially important because rural kids are on the computer all day in summer
 - Youth initiated efforts
 - Family, Career, and Community Leaders of America (FCCLA)
 - Students Taking On Prevention – bullying prevention puppet shows in elementary
 - Health System based efforts
 - Parental education on bullying and bullying prevention

Violence

- Suicide
 - School-based
 - Safe and Drug Free Schools efforts
 - School administrators attending the annual national suicide prevention conference in October
 - Community-based
 - Several communities use the Yellow Ribbon Campaign

- Combines education of providers and adults with support for survivors and resources cards for teens in crisis
 - County department of health doing ongoing education on youth suicide and holding a statewide conference on suicide prevention
 - Church youth groups making suicide a regular part of their conversation
 - Communities that Care emphasizing screening and referral for depression and suicide risk
- Child maltreatment
 - Provider education
 - American Academy of Pediatrics PA chapter: SCAN (Suspected Child Abuse and Neglect)
 - Child Abuse Education for medical professionals and mandated reporters
 - Quick reference guide for child abuse symptoms for medical providers (this summer)
 - Starting Prevent Child Abuse chapter in Pennsylvania
 - Department of health collaborates with coroners to educate teachers on mandated reporting of child abuse/neglect and signs and symptoms of abuse
 - Education of childcare providers on child abuse and neglect and mandated reporting
 - Parent education
 - American Academy of Pediatrics PA chapter: SCAN (Suspected Child Abuse and Neglect)
 - Crying card to parents of newborns
 - Department of Health doing education on Shaken Baby in emergency departments
 - Fatherhood education that focuses on child abuse and neglect by a SHIP partner
 - County wide Child Abuse Taskforce, established in Susquehanna County 14 years ago
- Sexual violence
 - Mostly school-based “Good touch/Bad touch” education with elementary age children
 - The state Department of Health sexual violence program is focusing on male youth sexual violence prevention
- Teen dating violence
 - Many schools partner with local victim service providers or the department of health to offer dating and sexual violence education and counseling in the schools
 - The Yellow Dress is a one person theater performance about a high school student killed by her date on prom night (performed regularly in Wayne Co)
 - Services for teen parents (e.g. Nurse Family Partnership) often include referral and support around intimate partner violence
- Community/gang violence
 - Most services in SW and SE districts
 - County and Community-based initiatives
 - Use former gang members as mediators
 - Youth Crime Prevention Council
 - West Moreland County has an initiative focusing on girl violence
 - One Vision/One Life
 - Grassroots violence protection initiative
 - Minority preparedness task force
 - Violence prevention grant Block Watch

- Hospital and Department of Health based initiatives
 - Maternal and Child Health (in department of health) offers education on how to protect your family from street violence
 - Allegheny General Hospital
 - Teen violence in summer months
 - Summer guide to help parents to identify supervised summer activities
 - PIRIS
 - Hospital referral for 15-24 victims of gun violence
 - Includes conflict management/resistance, positive decision making, community safety, encourage enrichment activities, proper gun use/safety, personal safety plan for IPV, home safety while in home, sexual violence safety
 - Einstein Medical Center Injury Prevention
 - “Don’t Fall Down in the Hood”- gun violence
 - Crozier Medical Center
 - Lecture in high school on violence, guns and drugs and alcohol, followed by a trip to the Trauma Center
- Harrisburg Juvenile Court works on community violence prevention, specifically with children of color
- Caravan- violence prevention scared straight with first offenders (10-18) from parole officers
- Safe and Drug Free Schools: gang violence education

Home Safety

- Education for parents
 - Locations
 - In home visitations (e.g. Nurse Family Partnership)
 - Community settings (e.g. health fairs)
 - Media campaigns (e.g. CHOP ads in parenting magazines)
 - Topics
 - Falls prevention
 - Smoke alarms
 - Safe sleep for infants
 - Baby proofing homes
 - Cabinet locks
 - Smoking in the home
 - Water/drowning prevention
- Education for elementary aged children and younger
 - Home Safety Doll House
 - Head Start
 - Elementary Schools
 - Health fairs
- Environmental interventions
 - House codes
 - City/county level inspection of rental properties for fire, lead, and general home safety

- Education for landlords on window safety (“Kids Can’t Fly” brochure)

Water and Fire Safety

- Fire safety—education
 - Mostly done in K-12 schools and Head Start
 - Done through the school nurse’s office or in a “Safety Trailer” or assemblies
 - In partnership with the fire department or the department of health
 - How to protect yourself in a residential fire
 - Stop, Drop, and Roll
 - Use of family fire drills and meeting locations during a crisis
 - Some community-based education (e.g., through SHIP partnership activities, media campaigns)
- Fire safety—smoke detector distribution and check
 - Fire Departments and Departments of Health
 - Allegheny County Health Department
 - smoke detector distribution (one per person) and installations
 - Some programs incorporate education with smoke detector distribution
- Water safety—parental education about drowning in swimming pools and natural bodies of water
 - Red Cross: webinars and TV ads on water safety-home safety and parental supervision
 - Nurse Family Partnership: water safety education with mothers in the home
 - Endless Mountain Health System – Montrose
 - Parental education on swimming pools
 - Child Death Review Team (CDR)
 - Campaign to educate on drowning and promote creek fencing
 - Safe Kids: many chapters include effort to educate on drowning hazards, especially using seasonal campaigns in early summer
- Water safety—summer camp safety
 - Red Cross
 - Northeast Pennsylvania Department of Health
 - Summer camp water safety program
 - Safety manuals for camps, updated annually
 - Keystone Smiles
 - Get older kids in summer camps to teach younger kids on safety (e.g. swimming)

Safe Sleep

- Parent education
 - Nurse Family Partnership (NFP)
 - Crib Safety
 - Sleep Safety
 - Child Death Review Team (CDR)
 - Suffocation and co-sleeping education, crib sleeping safety
 - Maternity ward
 - Prenatal care
 - Health Department in Allegheny County

- Education grant on Sudden Infant Death Syndrome (SIDS) for south side of Pittsburgh
- SIDS of Pennsylvania
 - Education for parents in birthing hospitals on safe sleep for their infants
 - Look at babies at emergency department with falls and near suffocation
 - Potential intervention
 - Sponsors “Cribs for Kids”: a program to give pack-n-plays to low income parents and educates them about safe sleep for infants
- Several SHIP partnerships also do education on safe sleep

Other Injury Topics Mentioned

- Other current programs mentioned address:
 - Lead poisoning prevention (homes and toys)
 - Gun safety
 - The “Eddy Eagle” program
 - Gun lock distribution programs
 - Farm safety
 - Playground safety
 - Animal bite prevention
 - Halloween safety
 - Scald/burn education for expectant and new parents

Drug and Alcohol

Drug and alcohol abuse are a risk factor for every youth injury mechanism, notably motor vehicle deaths and hospitalizations. They also lead directly to poisoning deaths (mostly unintentional drug overdoses) and hospitalizations (mostly self inflicted drug overdoses) among teens.

- General drug and alcohol education in schools
 - K-12 schools
 - D&A education is universal in schools, although varies in terms of quality and in who actually does it.
 - Many schools work with police to do programming on drug and alcohol
 - Some incorporate it into health classes
 - Some combine it with life skills education
 - College
 - Slippery Rock University Alcohol Coalition
 - Faculty, staff, police department, bars, restaurant
 - Work on enforcement
 - Education with alcohol providers
 - Recognized local bars for good work
 - Awareness event with college students
- Drug Poisoning prevention
 - Prescription Drug Collection Programs – Fairgrounds in Crawford County
 - Unwanted, unused drugs (prescriptions, narcotics, over the counter, vet drugs)

- Environmental company contract to dispose
 - Free car wash by high school students as incentive to participate
- Alcohol as a risk factor
 - Many agencies offer programming that specifically targets the issue of DUI for teens and for adults (who drive and crash the cars that younger children ride in)
 - Harrisburg Juvenile Court does training with law enforcement and college counselors on the relationship between underage/at risk drinking and motor vehicle crash, violence and poisoning
- Community Efforts
 - Child Death Review Team
 - Thinking about Reality Tour – drug arrest experience for *both* parents and kids
 - Church-based education on drug safety and drug and alcohol prevention
 - Efforts in some communities to limit access to alcohol for teens
 - All counties have a “Single County Authority” to oversee the drug and alcohol system in that county
 - Hospital Trauma Center
 - “Binge drinking” board game (based on Monopoly)

Parenting Education and Youth Development

- Parenting classes
 - Intermediate Unit
 - Offers parenting education for parents (classes required by courts)
 - Both group sessions and one-on-one
 - Endless Mountain Health System (Susquehanna County)
 - Parent education, specializing in parenting kids who have issues at school
 - Health Insurance
 - Work with CHIP parents to let them know about events and fairs etc. with information and activities
 - Internal programs for members (Baby and Me)
 - Wayne County Family Center Board
 - Teaching parents
 - Developmental specialists
 - In home connect through pre-kindergarten
 - Communities that Care
 - Family strengthening sessions (parents and kids attend together)
- Home Visitation
 - Nurse Family Partnership (NFP) and other similar programs
 - In home visits with high risk mothers/families
 - Many teen mothers
 - Do multifaceted support and education with mothers, including
 - Cry Response
 - Parenting Skills
- Youth Development and Character Development
 - Lycoming Co Health Improvement Coalition
 - Youth development task force

- Healthy Youth Development
 - Organization devoted to promoting the 40 developmental assets at the county level
 - Multiple taskforces
 - Parents
 - Religious
 - Organizations
 - Connect kids who are potential drop outs/truancy in schools
- Slippery Rock University
 - Encourage 40 developmental assets – community and students
 - Leadership cards – 10 points for youth leadership
- Child Development Center (State College)
 - K-middle school character development
- Faith-based organizations
 - Church Mentoring (one on one)
 - Mostly high school students
 - Youth group activities around party safety in schools and identity theft safety.
- Allegheny General Hospital
 - Work mentorship for at risk teens
 - Education and training for disadvantaged young women (mothers)
 - Job skills and free day care
 - Free laptops
 - Books
 - Help with housing
 - Support groups
 - Social services
- Youth Health Empowerment Project (Philadelphia)
 - Annual Youth Summit (Addresses DV, relationships, youth empowerment, youth networking)
 - Youth Empowerment Center
 - Youth development program and free therapy
 - Workshops by local organizations (bullying)

Partnerships

- Involvement in partnerships, coalitions, boards and task forces that address issues of youth safety.
 - State Health Improvement Plan partnerships—mentioned in almost every symposia
 - University-community coalition to address sexual violence
 - Family, Career, and Community Leaders of America (FCCLA)
 - Over 90 chapters in Pennsylvania
 - Partnership with National Organization for Youth Safety (NOYS) on internet safety
 - Hospital-community partnerships to address community violence

Gaps in Current Efforts and Suggestions for Improvements

Symposia participants identified many gaps in our current youth safety efforts and brainstormed ideas for how to improve our efforts. They are listed here and can be divided into two groups: educational efforts (whether to target parents or youth, and what topics should be emphasized and what issues exist with the school systems) and structural issues (e.g., organizational and resource issues). This list combines both gaps and suggestions and is comprehensive from the discussion; it does not prioritize in any way.

Educating Parents

- We need more, better, more consistent parenting education
 - Programs should target whole families
 - Connect providers/parents with good resources and programs—try out new ideas
 - Focus on positives
 - Keep parents interested over the whole childhood, ages 0-24
 - Follow through after middle school: 14 years old is not finished being raised
 - How do leaders and adults model what we want kids to do?
 - Adults find all the loopholes and teach kids to not be accountable
- Parents are hard to reach
 - Parents don't show up for programs
 - How to reach them?
 - Some parent populations are especially hard to reach
 - Working parents
 - Poor
 - Rural
 - High School (parents of teens)
 - Families without primary care provider
 - Transient populations, migrant
 - Undocumented
 - Non-English speakers
 - The “parents in the middle”- exclusive of families in crisis and the high functioning families who volunteer and show up for everything
- Ideas for better engaging hard to reach parents
 - We have to *go to* the parents rather than expect them to show up at our programs in our space on our time
 - Use social groups
 - Lions, Kiwanis, etc.
 - Church
 - Services in jails—there are lots of parents there too
 - Make information/education available to parents in medical offices
 - Make it easy for them
 - Provide incentives (food)

- Provide childcare
- Accommodate for transportation challenges
- Offer education and services outside of the work week (not 8 a.m. to 5 p.m.)
- Make the topics applicable
 - Child safety seats not priority for people using public transportation
- Specific topics for parental education
 - Driving
 - Teen drivers
 - Balance the need for safety and restricting teen driving as they gain experience with parents needing help with transportation (chauffer)
 - Parent drivers
 - DUI with kids in the car carries a higher penalty - many don't know this
 - \$20K per DUI
 - “Parents DUI with kids need to see themselves as the criminals they are.”
 - Parenting discipline
 - One program mentioned as working well is “Love and Limits – 10-14”
 - Child, parent and family sessions
 - Infant safe sleep education
 - Drug and Alcohol for parents
 - Lots of drug and alcohol prevention education for students but not for parents
 - Bullying—the ways in which adults model it at all levels

Educating Teens

- We need to reach teens in the places and activities where they already are
 - Go to where their kids are: sports, arts programs, music, parks and recreation programs, swimming pools, community centers, weekends, fast food restaurants (safety messages on the paper on the trays in fast food restaurants), church, malls, skate parks, schools
 - Respond to major incidents/opportunities—the teachable moment
 - There must be incentives to engage
 - Transportation
 - Food
 - Social opportunities
- The nature of the message and the messenger is important
 - Messages need to be in person, especially for hard to reach kids and projects
 - Creative avenues
 - Have to adapt message to the audience (ask the focus groups how to reach them)
 - What do teens think are the problems? We have to connect in our messages with their concerns
 - Gap between cultural competencies
 - Messenger doesn't look like/live like the person needing the message
 - Generational poverty-language is different

- Messages need to be consistent and correct
- Messages need to be repeated
- Balance of removing kids from bad environments with changing the environment
 - Influence the leaders
 - Change the “no snitch mentality”
- Some teen populations are especially hard to reach
 - The “middle” group that we don’t reach—not the high functioning nor the extremely disadvantaged who are fully “in” the system (focus groups with these teens?)
 - Those not connected to internet
 - Homeschoolers
 - Children/teens with disabilities
- Better use of technology and media
 - Reach teens through creative use of technology
 - Can’t do this from state organizations
 - Has to be individuals and non-profits
 - Focus on good TV infomercials, radio, billboards
 - Pop-up questions on computers
 - Short and consistent messages
 - Graphic messages
 - Use of internet, YouTube, twitter, facebook, MySpace, etc.
 - Better use of decentralized media campaigns
 - Message and packaging need to be local and culturally appropriate
 - More Public Service Announcements
- Use more peer education
 - Peer to peer mentoring
 - Mentoring programs using past pushers, etc for drug and alcohol prevention
 - Need to use better and more peer education—college→HS; HS→elementary
 - How to reach the kids who age out of “the system”
 - Get them to mentor younger kids
 - Address behavior in the 25+ group
 - Teens look up to this group even without formal mentoring programs
- Treat teens with respect
 - Treat teens as intelligent. Don't lie.
 - Target education directly to teens (not with parents as much)
 - Sex, drugs messages need to come early and often—don’t “protect” youth from information
 - How to “overcome” teen invincibility
 - Let kids make mistakes
 - The near-misses: the ones who get the speeding tickets are the lucky ones; parents need to stand behind enforcement

Teen Driving

- Education
 - Driver education in schools
 - Enhance the training
 - Improve the trainers
 - SMASHED – video on teen driving dangers
 - Keep focus on teen driving but keep new topics (such as drug and alcohol, cell phones, etc.); keep updating
 - Start early enough
 - Expand Drug and Alcohol and drinking education to include prescription drugs → impaired driving
 - Get the message out about drowsy teens and driving (that adolescents developmentally need more sleep and get less than preteens; sleepy driving can be as dangerous as DUI)—people don't know this
 - Clarify designated drivers – especially in college
- Other efforts
 - Insurance incentives for safe driving
 - Support graduated drivers license legislation
 - Better training for police and others going in to schools
 - Improve physician/clinician knowledge on child passenger safety
 - Need more federal focus on enforcement

Other Specific Topics (that need more emphasis)

- Suicide
 - Mental Health and Mood Disorders
 - Don't overlook Tweens (10-12 years)
 - Screen for depression, child abuse and drug and alcohol
 - Youth are under more stress
 - Peer pressure
 - Keeping up
 - Over-extended, over-scheduled, and no downtime
 - Focus on Lesbian/Gay/Bisexual/Transsexual youth for suicide
 - Lack of education for local medical providers
- Pedestrian Safety
 - Education for parents on young child street behavior
 - Awareness of how visible you are or aren't to cars
 - Parents overestimate their elementary child's ability to cross street safely
- Fire Fatalities
 - Working smoke alarms
 - Who will install? And liability issues around installation and inspection
 - Tenants take batteries out

- Sprinklers – new construction has to have
 - Family fire escape planning
 - Education programs
 - Information on smoking as cause of residential fires
- Drowning for young children
- Gun/Hunter safety → start earlier (preschool)
- Poisoning
 - Teen unintentional overdose
 - Self poisoning (greater than motor vehicle crash injuries for females)
 - Medical providers need more education on substance abuse

Schools

- Schools are very important in their influence on youth safety, but lack resources and are very hard to change or influence
 - Hard to get into schools
 - Not enough school nurses. They are often the first contact for many students
 - Many teachers lack basic education on mental health and risk factors-especially true in rural districts
 - Need to change the culture that “quiet equals good” in school. Quiet kids can get overlooked and “bad” kids get written off.
 - School bus drivers are an underutilized resource
 - Need to do more education with school boards and professionals on injury and violence issues for youth
- School policies can be obstacles to improving youth safety
 - Student Assistance Programs are not consistently implemented-just on paper in some districts
 - Restrictive confidentiality laws—Schools and HIPPA
 - Have to get individual releases from parents—finding the balance between need for information and safety
 - Parental consent not needed for 14+ around mental health and STDs
 - School curriculum too full to bring in outside agencies to do programs
 - PSSAs interfere with good education
 - After school – Boys and Girls Clubs
 - Need more advocacy for funded mandates for schools to make changes (policy or curriculum)

Lack of Coordination (between agencies and programs)

- Lots of duplication and reinventing the wheel
 - Lack of coordination of violence prevention efforts
 - Lots of little organizations getting little pieces of the resources
 - Duplication of activities
 - Not reaching very many people

- Number of programs give false sense of security
 - They focus on high risk communities, but communities change, so are we still reaching the highest risk groups?
 - Needs
 - Information on effective programs and where they are being used
 - Information on what others are doing
 - Sharing ideas and information
 - Support for evaluation
- Many families are in multiple systems simultaneously (DPW, DOH, DOJ, etc.), but the silos don't communicate.
 - Lack of communication between public health and medicine
 - Need to engage and educate medical providers on how to educate youth (starting younger) and parents, especially on motor vehicle crash and substance abuse

Public Health Infrastructure

- Funding is universally problematic
 - Safe Kids should be federally funded
 - Lost Johnson funding and state funding
 - Information on funding sources would be helpful
 - Especially for Trauma Centers
 - Need to advocate for more emphasis on prevention by funders
- Data
 - We need more sources of injury data
 - ED surveillance system
 - Capturing school nurse data—they see lots of youth injury, but their records on injuries are not well integrated with other sources of injury data
 - We need to make the data that we do have more accessible
 - To state and local partners to use for programming decisions
 - To the general public
- Focus on prevention and evaluation
 - Support for using evaluation to identify evidence-based programs
 - Standardized outcome measures so we can compare programs
 - Support for people implementing programs to understand evaluation and outcomes
 - Need longer term evaluation studies
 - Willingness to change our focus to better get at prevention
 - What are the underlying issues
 - Why are teens using drugs and alcohol (self medication versus peer pressure)
 - Target root causes

- Move towards primary prevention
 - Violence efforts are treatment focused and reactive: tertiary prevention not primary or secondary prevention (e.g., supporting victims who have already been victimized versus trying to keep the violence from happening in the first place)

PA Chapter of NOYS Role

Convene and Coordinate Youth Safety Agencies and Groups

- Clarify the PaNOYS mission and primary audience (agencies or the general public?)
- Link existing youth safety organizations in PA
 - Create a clearing house of Youth Safety organizations and resources
 - Coordinate efforts across agencies and organization to reduce duplication
 - Network Agencies
 - what has worked
 - how did you access your communities
 - where do you get grant \$
 - how get buy- in from your hospital
 - Identify gaps in services or efforts
- Engage with a broad range of partners and stakeholders
 - Coordinate with other national organizations (e.g., Safe Kids)
 - Engage non-traditional partners
 - Business insurers, funders, housing , economic development, politics, health care, public safety, arts and culture
 - Reach out to school personnel more
 - Participate in annual state School Safety Conference
 - Offer continuing education credits for trainings
 - Offer programs and trainings outside of school hours

Prioritize, Coordinate, and Disseminate Key Messages

- Help prioritize messages
 - Pick one or two issues at a time to focus on
 - Create coordinated and consistent messages on those issues
 - Messages need to be universal and accessible to different populations
 - Repeat those messages widely
- Disseminate messages
 - Key stakeholders
 - Superintendents
 - Physicians
 - Children and Youth Services
 - Provide mechanism for those stakeholders to pass the message on to others
 - Disseminate appropriately for different groups

Support Stakeholders and Partners in Using Data and Research

- Be a clearinghouse for best practice programs and trainings
 - Identify and share innovative approaches
- Help stakeholders and partners find injury and violence data for grant writing
 - Be a central source for data or identify existing sources

Offer Training and Technical Assistance

- Offer training programs
 - Webinars are the best format
 - Topics of highest priority
 - suicide prevention
 - parenting
- Provide technical assistance
 - Grant writing
 - Needs assessment (gaps)
 - Grant opportunity clearing house
- Educate broadly that “injury” includes violence

Facilitate Use of the Media

- Be a point organization for disseminating information via the media
 - Coordinate press offices of different partners
- Work with the Ad Council to create catchy Public Service Announcements (PSAs) and TV ads
- In identifying different media outlets, accommodate for those in society with high tech access and those with no access.

Involve Youth

- Maintain Youth representation
- Involve youth in legislative advocacy (local and state)
- Include Hispanic populations-have bilingual participation and materials
- Promote peer-peer education for youth

Engage in Advocacy

- Advocacy on injury prevention
 - Prioritize injury prevention in our agencies
 - Injury and Violence
 - Primary prevention
- Advocate for both legislation and funding
- Specific lobbying recommendations
 - Lobby to make Safe Kids federally funded
 - Lobby for change in education policy
 - Too much testing not enough health and safety
- Figure out how to capitalize on any new graduated driving license legislation

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Table 1. Ten Leading Causes of Death for Ages 0-24, Pennsylvania 2005[3]

Rank	Age Groups					
	<u><1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>
1	Congenital Anomalies 194	Unintentional Injury <u>52</u>	Unintentional Injury <u>30</u>	Unintentional Injury <u>47</u>	Unintentional Injury <u>264</u>	Unintentional Injury <u>458</u>
2	Short Gestation 183	Congenital Anomalies 23	Malignant Neoplasms 15	Malignant Neoplasms 21	Homicide <u>110</u>	Homicide <u>149</u>
3	Maternal Pregnancy Comp. 90	Homicide <u>15</u>	Congenital Anomalies 8	Suicide <u>10</u>	Suicide <u>61</u>	Suicide <u>106</u>
4	SIDS 61	Malignant Neoplasms 12	Homicide <u>8</u>	Homicide <u>9</u>	Malignant Neoplasms 34	Malignant Neoplasms 52
5	Placenta Cord Membranes 53	Influenza & Pneumonia 8	Heart Disease 5	Congenital Anomalies 8	Heart Disease 16	Heart Disease 26
6	Neonatal Hemorrhage 35	Septicemia 6	Benign Neoplasms 3	Heart Disease 4	Congenital Anomalies 6	Congenital Anomalies 12
7	Respiratory Distress 35	Cerebro-vascular 4	Cerebro-vascular 3	Chronic Low. Respiratory Disease 2	Cerebro-vascular 4	Cerebro-vascular 7
8	Bacterial Sepsis 29	Four Tied <u>2</u>	Chronic Low. Respiratory Disease 3	Influenza & Pneumonia 2	Influenza & Pneumonia 4	HIV 6
9	Necrotizing Enterocolitis 27	Four Tied <u>2</u>	Influenza & Pneumonia 2	Eight Tied <u>1</u>	Seven Tied <u>2</u>	Chronic Low. Respiratory Disease 4
10	Unintentional Injury <u>24</u>	Four Tied <u>2</u>	Septicemia 2	Eight Tied <u>1</u>	Seven Tied <u>2</u>	Nephritis 4