

Kansas City

Los Angeles

St. Louis

Philadelphia

Chicago

Pittsburgh

New York

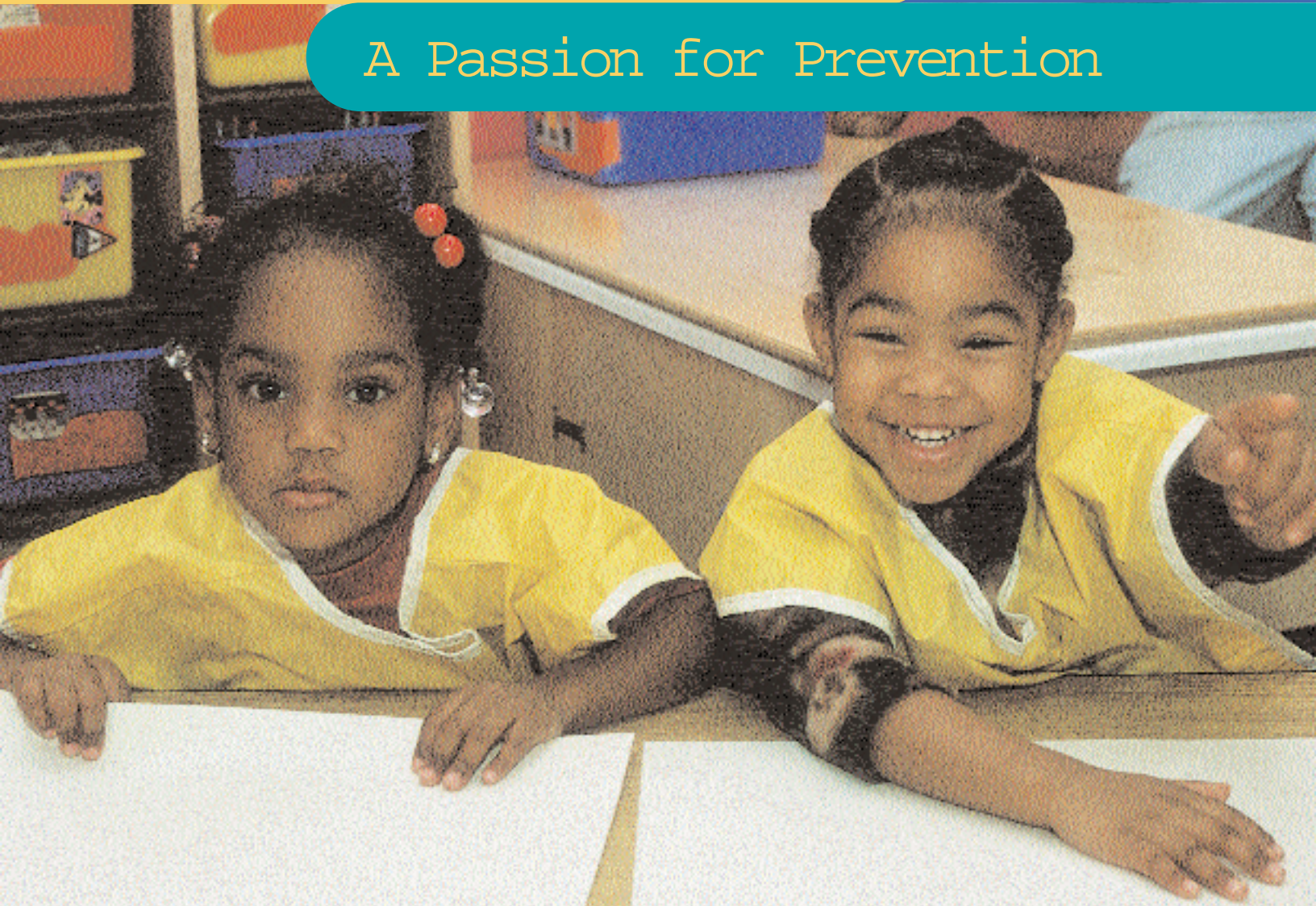
Atlanta

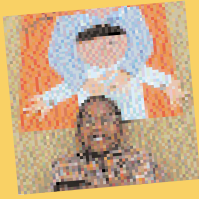
Dallas



The Injury Free Coalition for Kidssm

A Passion for Prevention





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Support for this publication was provided by The Robert Wood Johnson Foundation^{fi}, Princeton, N.J.

Trish Krotowski
Editor

Karin Gillespie
Writer

Lenita Johnson
Injury Free Coalition for Kids
National Communications Director

Additional copies of this publication are available by writing to:

Injury Free Coalition for KidsSM
Harlem Hospital Center
506 Lenox Avenue
MLK 17102
New York, N.Y. 10037

Cover: Two young girls from Kansas City (bottom) and other children of all ages participate in a variety of safe activities as part of Injury Free Coalition for Kids.

DBA Design, Cambridge, Mass.
Design

September 2000

Executive Summary: So Different, Yet the Same

Gang violence in Los Angeles, drowning accidents in Dallas, playground injuries in Harlem, and in-home injuries in Philadelphia—different cities with different problems that threaten the health and life of children. Add to these

unique twists of culture, economics, and geography, and you may wonder what injury prevention programs at these sites could have in common.

Beneath the surface dissimilarities, though, these sites of The Robert Wood Johnson Foundation (RWJF) Injury Prevention Program (IPP) have important similarities. At each site, a physician, nurse, or other health care professional became frustrated with merely reacting to severely injured children in the emergency room and passionately championed injury prevention efforts. Several sites approached Barbara Barlow, MD, Injury Prevention Program national director, who was then director

of pediatric surgical services at Harlem Hospital in New York, asking for technical assistance to develop programs modeled after Harlem's at their hospitals. Dr. Barlow also sought out physicians interested in injury prevention from geographically diverse locations to see if they would consider setting up programs at their institutions.

Today, nine RWJF IPPs operate in nine cities across the country—housed in children's hospitals and community hospitals—each an outgrowth of Harlem Hospital's pioneering work and now collectively named the Injury Free Coalition for KidsSM.

"Injury is a marker for community health. Where there are high injury rates, you have severe community problems. We measure community health by injuries and changes in injury."

BARBARA BARLOW, MD

Injury is the leading cause of death and disability in the United States.¹ Every day, more than 39,000 children end up in a hospital emergency room (ER) or physician's office with broken bones, lacerations, burns and other more serious injuries.²

In fact, according to the Centers for Disease Control and Prevention, preventable injuries cause more deaths among school-age children than AIDS, cancer, and all other diseases combined.

The human costs of preventable injuries are high as are the financial ones. These injuries result in millions of ER visits and physician office visits each year and are the largest contributing factor to medical spending for children ages 5 to 14.³ The disquieting truth is that nearly all these injuries are preventable.

Poverty is the single best predictor of injury risk.⁴ In poor neighborhoods, injury rates among children are very high and more children die from their injuries. Children in low-income neighborhoods have more than double the risk of suffering a severe injury from any cause compared to children in higher income neighborhoods. Such communities often don't have enough safe places to play too few organized activities, sports, or after-school pro-

grams.⁵ Children often gather in the streets or in empty lots littered with broken glass or rusting metal, close to drug and gang activity.

Injuries are a significant and, until recently, often unrecognized public health problem. Only within the past decade has there been an organized and concerted effort to understand the epidemiology of childhood injuries: where, why, when, and how they occur. Before that, medicine simply reacted: physicians and surgeons treated the children who came into ERs. But few communities or trauma centers focused on prevention and hospitals typically didn't see it as their responsibility. The mindset was that childhood injuries were caused by a myriad of factors and they were almost all accidents. Accidents by definition are random, unexpected and therefore not preventable.

As researchers and clinicians began to look beyond the injuries themselves, to where and how they happened, they found the causes usually weren't random in nature: children playing in the street are more likely to get hit by a car; children with easy access to guns are more likely to be shot; and, children using old, unsafe playground equipment are more likely to fall or get cut. With the recognition that most childhood injuries can be predicted based on the environment of the child, public health took a giant step forward. According to the American Academy of Pediatrics, the term "accident" has been abandoned and with it the notion that injuries are unpredictable, chance events of nature.⁶

Today, prevention of childhood injuries is a major public health goal in our country. The Centers for Disease Control and Prevention, the American Academy of Pediatrics, and the National SAFE KIDS Campaign all have initiated significant national programs to prevent childhood injuries. Other programs operate at a local level. Efforts that work at the community level—cognizant of the culture and hazards that exist there—are viewed as key in the prevention effort.

The Harlem Hospital Injury Prevention Program (HHIPP), funded by The Robert Wood Johnson Foundation, is one such program. HHIPP was created in 1988 by Barbara Barlow, MD, director of pediatric surgical services at Harlem Hospital since 1975 and professor of clinical surgery at Columbia University College of Physicians and Surgeons. The program first looked at injury data for children in central Harlem, then developed safe play areas, safety education, and safe activities for the youth—significantly reducing childhood injuries and hospital visits. The outcomes in Harlem were so impressive and so clear-cut that HHIPP became regarded as a model for urban communities. From 1994 through 1998, again with RWJF funding, HHIPP was replicated in eight cities across the country: Atlanta, Chicago, Dallas, Kansas City, Los Angeles, Philadelphia, Pittsburgh, and St. Louis. Highlights of those programs follow.

¹ Barlow B. Building a Safe Community, *Transportation, Traffic Safety, and Health. 2nd International Conference in Brussels, Belgium, November 1996*. Edited by Hans Von Holst, Ake Nygren, Ake Pue Andersson. Stockholm, Sweden: Karolinska Institute, 1998.

² National SAFE KIDS Campaign Web site, www.safekids.org/fact99/child99.html.

³ National SAFE KIDS Campaign Web site, www.safekids.org.

⁴ Ibid.

⁵ Durkin MS, Davidson LL, Kuhn L, O'Connor P, and Barlow B. Low-Income Neighborhoods and the Risk of Severe Pediatric Injury. *American Journal of Public Health* 84: 587-592, 1994.

⁶ American Academy of Pediatrics Policy Statement RE9619, www.aap.org/policy/01353.html.



Hughes Spalding Children's Hospital of the Grady Health System provides health care to the neighborhoods and communities of Atlanta, including Grady Homes, a 495-unit, low-income housing project. Built in the mid-70s, Grady Homes

is considered the premier public housing project in Atlanta, filling all of its units and maintaining a lengthy waiting list for residency. It is home to many young children. Injury data collected on the children of Grady Homes showed that many children were getting hurt in their homes. Falls and poisoning were the major causes of injury, especially among younger children.

gates were used by fewer than one-third of the families with young children; about one-third of the children under one year of age were using walkers despite their danger; and, nearly a third of families stored hazardous household products in low, unlocked areas.

Hughes Spalding Children's Hospital and Injury Free Atlanta felt the Grady Homes community was ideal for Injury Free Atlanta's initial intervention based on the frequency of injuries among children living there, the high proportion of families with poverty-level or below poverty-level incomes, the project's proximity to the hospital, and the fact that it had an active tenant association that expressed enthusiasm for the program.

Injury Free Atlanta's first attempt to address in-home safety in the Grady Homes community, however, failed. Staff who visited Grady Homes residents to look for unsafe conditions had a dual purpose: first, to help make quick and easy fixes such as covering outlets



Children learn about bicycle safety (above and at top of page) at Ride Like a Pro, an event co-sponsored by Injury Free Atlanta and Safe Kids.

During a door-to-door campaign, Injury Free Atlanta surveyed families from Grady Homes and other Atlanta low-income neighborhoods about child safety concerns and child safety practices. Grady Homes parents and caregivers identified home safety as a top concern and their responses to questions about child safety practices reinforced this: safety

and changing smoke alarm batteries; and, second, to identify and report hazardous housing conditions to the Atlanta Housing Authority, which oversees public housing in the city. However, residents did not like having Injury Free Atlanta staff in their homes. They saw it as an invasion of privacy and viewed Injury Free Atlanta as another policing body, just an extension of the Atlanta Housing Authority.

So Injury Free Atlanta changed its strategy. Employing the services of a local carpenter, the program commissioned a three-room, life-size house on wheels. Called Safety House, this mobile safety display contains an actual kitchen, bathroom, and baby's bedroom.

Now Injury Free Atlanta takes Safety House to Grady Homes residents and the community at large to educate them about in-home safety issues. Residents see how toys strewn across the floor are hazards for babies just learning to walk. They watch Injury Free Atlanta staff address dangers in the baby's room by covering outlets and securing Venetian blind cords. They learn about putting up safety gates to prevent children from falling down stairs, and testing the water temperature before bathing a child. Safety House uses a non-threatening approach to reach parents, caregivers, and child-care providers with information on in-home safety.

Once Injury Free Atlanta established a presence within Grady Homes, the program broadened its reach to include the low-income neighborhoods in inner-city Atlanta. Injury Free Atlanta uses Safety House in this larger venue as well. For example, the program recently developed a new safety curriculum for expect-

ant mothers that features an educational session at the hospital and a tour of Safety House.

Injury Free Atlanta includes in-home safety as a curriculum area in its Summer Safety Camp. Last year the camp served nearly 200 children ages 8 to 14. In a fun-filled, hands-on environment, the children learn about fire safety, poison prevention, water safety, and bicycle safety. Injury Free Atlanta evaluates the effectiveness of the safety education using a pre-test administered to the children several days before the camp begins and a post-test at the end of camp.

Now Injury Free Atlanta is seeking to reach even more families within inner-city Atlanta by distributing Safe-At-Home boxes. Purchased with funds from an Allstate Foundation grant, the boxes contain a number of safety items, such as outlet covers, poison control information, home safety checklists, and safety door latches. Injury Free Atlanta distributes the boxes at large events held in the city that draw its target audience.

Injury Free Atlanta's prevention programs reach outside the house as well. They have held several bicycle safety rodeos and organized a bike club that meets weekly for rides and demonstrations on bike safety and repair. In addition, Injury Free Atlanta helped the Grady Homes community build a new playground in 1998, working with the resident association, the Atlanta Housing Authority, and a playground vendor. Injury Free Atlanta also runs an annual Halloween safety program for children and parents, providing education on common hazards involved with costumes and trick-or-treating.



An Injury Free Atlanta representative demonstrates car seat safety.



Data Drive Prevention Programs

Before Harlem Hospital initiated its injury prevention program, Barbara Barlow, MD, and colleagues spent five years developing an injury surveillance system. Called the Northern Manhattan Injury Surveillance System (NMIS), it tracks the injuries of children in Harlem and surrounding communities.

A surveillance system is the very foundation of any injury prevention program. Coupled with qualitative research in a community which might include focus groups and surveys that dig more deeply into the factors behind injuries a good injury surveillance system provides a hospital-based injury prevention program with the information it needs to understand where and how injuries occur among the children in a community. The NMIS showed that Harlem's children suffered preventable injuries at a rate nearly double the national average. Since the implementation of the injury prevention program, the system has tracked a 55% decrease in injuries requiring hospitalization and a 46% drop in violent injuries among children younger than 17. A neighboring community without a prevention initiative saw a 93% increase in violence-related injuries over the same time period.

The Injury Prevention Program required each of the eight replication sites to develop and implement a surveillance system. The information they gathered helped them tailor their prevention interventions. For example, Kansas City's Center for Childhood Safety used a software program to map severe injuries among the children treated at the hospital's trauma center. Then, with census data from the City Planning Office, they generated neighborhood-by-neighborhood injury rates. These efforts showed that the area that includes Washington Wheatley had the city's highest injury rates. The center corroborated its finding with in-depth research in the community, talking with residents, surveying parents about safety concerns, and observing use of the playground. Following construction of a new playground in Washington Wheatley in April 2000, the center will conduct an observational study of playground use in the new playground and two control playgrounds. It will look at the number of children using the area, the presence of adult supervision, the presence of older children and younger adults just hanging out, and parents' perceptions of safety in Washington Wheatley.

According to Denise Dowd, MD, Center for Childhood Safety medical co-director, It's necessary to use observational studies as a proxy for injury itself, so you can see changes in a shorter period of time. Severe injuries are actually statistically rare and, therefore, tracking injuries alone, you might not see changes for a decade.

Philadelphia has also developed a sophisticated injury surveillance system under the direction of Flaura Winston, MD, medical director for TraumaLink at the Children's Hospital of Philadelphia. TraumaLink is an interdisciplinary pediatric injury control research center that involves engineers, physicians, nurses, surgeons, epidemiologists, psychologists, educators, and others committed to preventing injuries in children. Injury Free Coalition for Kids of Philadelphia is a primary focus of TraumaLink's work and, as such, has full access to TraumaLink's injury surveillance system, which is built around several databases housed at the trauma center and is augmented with surveys of emergency medical service personnel, parents, witnesses to injuries, and police reports.

TraumaLink's data collection efforts showed that a significant number of children were injured by cars either as pedestrians or while riding their bikes. Initially, the hospital and the community were concerned that the injuries were occurring when children were on their way to and from school. TraumaLink mapped the injuries, held focus groups with parents, and went out and looked around the neighborhoods. They determined that bicycle and pedestrian injuries overwhelmingly occurred in front of children's houses, a finding that completely changed the direction of the intervention.

Surveillance and evaluation are at the heart of injury prevention, according to Dr. Winston.

Unfortunately, we have found that corporate sponsors are quick to pay for bike helmets or car seats but less likely to fund data collection and analysis. It's the latter that will help us develop prevention models that can be replicated.



Chicago: A History of Helping Inner-City Youths



Although Children's Memorial Hospital is the official home for Injury Free Chicago, the program functions in collaboration with Chicago Youth Programs (CYP). CYP has a 15-year history of working with children living in low-income neighbor-

the city, using the volunteer services of more than 500 medical and law students, physicians, and business professionals. Founded by Northwestern University Medical School students in 1984, CYP has especially deep roots in Cabrini-Green, a housing project known for its poverty and gang violence, located only blocks from Northwestern Medical School.

college providing education, health care services, and recreational activities, says Karen Sheehan, MD, MPH, medical director of Injury Free Chicago and one of the founders of CYP. We tap into a volunteer pool from both inside and outside the community to offer age-appropriate safe programs.

Adolescents participating in Chicago's Children Teaching Children program watch a skit under development and offer suggestions.



In 1995, CYP expanded its reach to the Washington Park community and in 1998, to Uptown. The injury prevention activities of Injury Free Chicago were folded into

Injury Free Chicago developed a community-based injury surveillance system that collected data on ER use from 1994 through 1998 by children under age 15 living in Cabrini-Green. The data showed that among children ages 10 to 14 the most common cause of serious injury was assault. With funding from Emergency Medical Services for Children, Injury Free Chicago and CYP created Children Teaching Children (CTC), a peer-mentoring program designed to help pre-teens and adolescents safely navigate the dangerous streets and sidewalks of Cabrini-Green. The program is a violence prevention intervention that focuses on younger children, aiming to educate them about alternatives to violence before they reach an age when violence among their peers is common.

CYP's ongoing interventions in these three communities.

We work intensely with a pool of children in these communities from birth through



Violence Get Us No Place

by Tyjuan Bailey and Courtney Smith

Think about life,
Think about it hard.
Little do you know, everybody has to play they part.
So get a fresh start, choose the right path,
Don't be a laugh of the whole community.
Man cause it's a joke to be broke, ya can't cope;
Now ya doing dope, but nope, I rather take the promise path
Everybody knows I like to have the last laugh.
So you can keep the jail bait, oh yeah,
Forget about the minimum wage J.O.B.,
Leave it up to me, I'd rather have a PhD.
Then I'll know I won't be a victim of the welfare system.

Let me take you to a place you wanna be,
Get wit me, ain't no place on earth you can live as free,
But max and get in school prepare that future,
To route ya to dollars and sense.
Let me give you some evidence;
From work to bed to early morning in class,
Life's a job; now I know and don't hafta ask.
Make it happen, that's why I'm rappin' the lect,
So you won't hafta break ya neck; living from check to check...

(Source: How-To Manual for Children Teaching Children, "Violence Get Us No Place," Tyjuan Bailey and Courtney Smith. Chicago: CYP, 1996.)



High school girls and boys from Cabrini-Green who are involved with CYP participate in CTC as mentors. These adolescents design and present lessons simply and creatively to youths ages 7 to 13 about avoiding drugs, teen pregnancy, and gangs; staying in school; and alternatives to violence. The teen mentors who are divided into two groups of younger teens and older teens to accommodate different maturity levels

meet once a week to design programs and are paid a stipend of \$5.75 per hour for their time. Each fall that the teens return to CTC, they receive a half-dollar an hour raise. They are encouraged to save for college through a matching grant program.

Between 1995 and 1997, CYP staff evaluated the effect of CTC on teen mentors and the younger children they teach. Changes in attitude, behavior,

and injury rates for the younger children were compared to changes in a group of other Cabrini-Green children of the same age and sex who had not participated in CTC. Among the CTC children, there was no increase in aggressive behavior or attitudes that support violence, while there was an increase among the non-CTC participants. Over time, the teen mentors survey responses showed increased confidence and self-esteem and decreased acceptance of violence as a norm.

For the older teens, CTC functions as a job-training program. They get paid for their work, learn to cooperate with their co-mentors and respect others' opinions in order to design the lessons, and are rewarded for continued commitment with raises. A young man who participated in CTC until entering college says: My involvement as a CTC mentor and in CYP has at the very least kept me out of jail, and probably saved my life.

A more recent Injury Free Chicago and CYP intervention is KidStART, a weekly art program in Cabrini-Green, Washington Park, and Uptown for children ages 7 to 13 who have been exposed to violence. Using the talents of local artists, KidStART provides these children with a safe environment to express their creativity, increase their self-esteem, develop discipline and intercultural tolerance, and learn how to solve problems.



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A Chicago-area artist shares her talent and time with an adolescent as part of KidStART, a program that encourages creative expression among children who have witnessed violence.



Dallas: Preventing Drowning Deaths Among Young Children

The Injury Free Coalition of Dallas was created in 1998, led by Children's Medical Center of Dallas with consultation and guidance from the IPP. The medical center, community organizations, and corporate sponsors fund the coalition.

In Dallas, where it's hot all year and especially hot in the summers, many homes have built-in or above-ground pools. The pools provide wonderful relief, but they can also be silent killers. According to statistics from the Texas Department of Health, 95 children died by drowning in the Dallas area from 1995 through 1998. And for every child who dies by drowning, four nearly drown, 20% of whom are left with lifelong severe disabilities. As a member of the Dallas County Infant Mortality and Child Death Review Team, which reviews the death of every child that occurs in Dallas, the coalition learns more about the circumstances behind the

drowning incidents. Most often toddlers and young children are the victims; most submersions occur in pools that are not fenced separately from the house; and the drowning itself is a silent event. Children topple quietly into the pools without splashing or thrashing.

The coalition tailored a drowning prevention curriculum that includes a slide show, video, and script. The curriculum made its debut at a safety forum for health, safety, and community organization professionals hosted by the medical center. Each attendee was provided a copy of the packaged curriculum and received continuing education units for attending the conference only after presenting the information to two other community groups.

To publicize the forum, the coalition held a poolside press conference that was well attended by Dallas area English- and Spanish-speaking TV, radio, and print media. To emphasize the quick and silent nature of drowning, the coalition reenacted an event complete with an anguished mother and father, a toddler-size CPR dummy that had been placed in the bottom of the pool before the reenactment, an ambulance that responded to the mother's frantic 911 call, and an EMS team that administered CPR as the child was wheeled out of the yard. Parents of children who drowned or nearly drowned also spoke at

At a press conference held to publicize their Pool Safety Forums, members of the Injury Free Coalition of Dallas reenact a drowning rescue using a child-size dummy.



DALLAS

For every child who dies by drowning, four nearly drown, 20% of whom are left with lifelong severe disabilities.

the event. The results were impressive: The next day more than 40 additional individuals registered for the forum.

The coalition is taking its drowning prevention message out to the broader Dallas community with the help of volunteers from the Texas Women's University School of Occupational Therapy (OT) graduate program. Because recent data show that many drowning incidents in Dallas now occur in apartment pools, the interns are photo-mapping the pools, looking particularly at the types of fences and barriers meant to keep children out of the water. In addition, the coalition, in conjunction with the Texas Department of Health, is seeking stronger laws in the state to regulate semiprivate and private pool fencing.

Along with drowning prevention, Dallas is emphasizing child passenger safety. In 1993, Dallas earned the inauspicious title of the most dangerous US city to

drive in because of its high number of motor vehicle crashes. Statistics showed that most of the children killed or seriously injured were not restrained.

The coalition was able to directly observe, five years later, the limited use of seat belts in Dallas. OT interns distributed safety products and flyers to families leaving the medical center's clinics and looked into the cars to note whether children were restrained. Nearly 50% were not. Armed with this information, the coalition created educational programs for parents, holds car seat safety checkup events in the community, and provides car seats to low-income families. Of the 1,500 car seats checked in a three-month period, 98% were found to be misused, putting children at risk of injury or death. The child passenger safety program focuses on one-to-one education, teaching parents the importance of properly restraining children and how to do so in their own vehicles.

What's In a Name? The Evolution of IPP

In 1988, The Robert Wood Johnson Foundation awarded the first of two grants to Columbia University at Harlem Hospital Center to develop the Harlem Hospital Injury Prevention Program (HHIPP). Over the next four years, HHIPP built safe places for children to play, initiated a number of safe, structured activities for Harlem youth, and provided injury prevention education to children and families in Central Harlem.

HHIPP showed remarkable success in tackling a very serious child health problem. Major trauma admissions for children in Central Harlem dropped 41% from 1988 to 1992. In 1994, the Foundation asked Dr. Barlow to head up a national effort to replicate Harlem's model in other cities. Under this subsequent grant, HHIPP disseminated the program to hospitals in eight cities: Pittsburgh; Chicago; Kansas City; Atlanta; Los Angeles; St. Louis; Dallas; and Philadelphia. Housed in children's hospitals and general hospitals with trauma centers, these sites have all developed injury surveillance systems and begun interventions to combat the major causes of childhood injury in their area.

With a subsequent grant in 1998, the Injury Prevention Program became the Injury Free Coalition for Kids, a national network of pediatric injury prevention centers. Under the auspices of Columbia University at Harlem Hospital, the coalition established a national technical assistance resource center on hospital-based pediatric injury prevention. The coalition also is broadening its reach, providing technical expertise and consultation to interested sites and collaborating with the National Association of Children's Hospitals and Related Institutions to present injury free programs as a benchmark for their member institutions. As the national program office, Injury Free Coalition for Kids continues to provide assistance to coalition hospitals to help them institutionalize their programs.



Kansas City: Building Safe Zones for Kids

Children's Mercy Hospital is a big hospital with a busy pediatric trauma center that serves Kansas City and 135 counties in western Missouri and eastern Kansas. In 1995, as an early replication site of the Injury Prevention Program, the

hospital created the Kansas City Injury Coalition for Kids, a forerunner of the Center for Childhood Safety. To help run the center, Children's Mercy hired a pediatric emergency physician with a background in injury epidemiology and developed an ER injury surveillance system through additional funding from the Kemper Foundation.

Data from the surveillance system and research under the direction of Denise Dowd, MD, showed that there was a high rate of

injury among children in Kansas City. Firearms and motor vehicles were major causes of injury. Playground incidents also resulted in many ER visits. In fact, from August 1997 through September 1998, 146 children were treated at Children's Mercy for playground-related injuries and 14 of these children were admitted to the hospital.

The center hoped that by building safe places for children to play they could address all three kinds of injuries. It developed a program called Safe Zones — a public-private partnership with the city, the police, the residents, and the agencies that serve them — with the purpose of reducing hospitalizations and deaths of children by creating safe places for children and their families to grow and play. Safe Zones seek to improve the many aspects of a community that affect young children from enforcement of laws and improved residential lighting to literacy training, after-school programs, and access to drug and alcohol prevention initiatives. Part of Safe Zones is Safe Places, which specifi-



Washington Wheatley residents — parents, grandparents, and children alike — help build a new playground for their community in April 2000.



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cally works to provide safe playgrounds for children. Playgrounds are important catalysts for relationship building among residents of a community and the organizations that serve them.

Using geomapping computer software to create a map that visually links child injuries to the neighborhoods where those children reside, the center determined which neighborhoods had the highest injury rates. They then looked at crime statistics, spoke with the police, and assessed the city parks to determine if playgrounds there contained hazardous or substandard equipment. Washington Wheatley, with its 3,000 residents and few safe places for children to play, emerged as the ideal neighborhood for the center's first Safe Zones initiative.

When the Center for Childhood Safety approached the neighborhood association, many of the older residents active in the association were leery of the proposed project to build a park. Their first reaction was: "We don't need a park." Then, as the association began to consider the broader community, several members acknowledged that their grandchildren needed a place to play. By the end of the meeting, enthusiasm for a park was strong and the group wanted to include a walking trail for senior citizens. Renovation of the existing park and new playground equipment was funded through city tax monies and private donations.

According to center program director Lenita Johnson, working together on planning and building a playground pumps life into a neighborhood. Shortly after the first discussion of the park at the neighborhood association meeting, Ms. Johnson received a call

from the association president who told her that the association also wanted to fix up and paint the houses immediately surrounding the park. Building a playground has had a ripple effect within the community. The park and playground give residents something to focus on, which pulls them into a true community, says Ms. Johnson. Soon, Washington Wheatley residents were discussing painting murals in the neighborhood to deter graffiti writing and starting a Little League team.

In late April 2000, Washington Wheatley, with help from the center, built a park that includes two playgrounds, a baseball diamond, water fountains, and a walking trail. The playgrounds were built in a single Saturday with help from 125 community residents.

Neighborhood involvement like this is key, according to Ms. Johnson. Residents who take pride in their new playgrounds and park project and cherish them. The children can proudly point to their new place to play and say, "My parents helped do that."

But the real test for the playgrounds, once the newness wears off, is whether the places truly become a Safe Zone for the children of Washington Wheatley—an alternative to busy streets and litter- and glass-strewn lots. The Center for Childhood Safety will evaluate the effectiveness of Safe Zones in the Washington Wheatley neighborhood by continuing to collect and analyze data on childhood injuries and deaths, crime and gang activity, playground and park usage, and residents' perceptions of safety and security in the community.

A Kansas City boy smiles proudly surrounded by the prize-winning pictures from an Injury Free Kids art contest.



Los Angeles: Injury Prevention in a Multicultural Setting

In 1997, Harbor-UCLA Medical Center was seeing an injured child nearly every day from the communities of Carson and Wilmington. The Injury Free Program wanted to know why these injuries were occurring so it went into the communities.

In Carson, a city where there is a large population of Samoans and other Pacific Islanders, program staff surveyed teens attending Flag Day, an annual cultural event, about the violence in their lives: more than 50% had witnessed a shooting. Samoan youth in the community maintain strong cultural traditions and pride. However, this often shows itself as violence with other ethnic groups. Shootings, assaults, and gang

warfare are not uncommon in Carson. High school dropout rates are high 40% of Samoan youths don't finish school. Many of these teenagers join local gangs and end up in trouble with the law.

Based on the survey results, the Injury Free Program developed the first-ever

Youth Violence Prevention Forum for Samoan youth, held February 1999 at the Carson Community Center. More than 120 teens from the local schools came some dressed in traditional floral prints, others in jeans to sing, dance, talk about the impact of violence in the community, and participate in workshops. The forum highlighted Samoan traditions and how those traditions can be incorporated into the American lifestyle providing the youths have hope for the future. In the aftermath of the forum, several schools created a youth anti-violence coalition. The coalition encouraged the Injury Free Program to include other ethnic groups in the year 2000 forum and incorporate conflict mediation programs in Carson's middle and high school curriculum. Injury Free staff also are putting in place sponsored sports teams and an art program for teens as alternatives to gang involvement.

Developing the trust of the Samoan community was a four-year effort, according to Elizabeth Edgerton, MD, MPH, co-director of the Childhood



Through dance and song, Samoan youth celebrate their heritage at Carson's first-ever Youth Violence Prevention Forum.



Injury Prevention Center at Harbor-UCLA. It's a very competitive and top-down community. To be accepted, it was necessary to speak with the chiefs and ministers and gain their trust. They are the community spokespersons who can most effectively communicate health-related messages, she says.

Program staff soon learned that a hierarchy exists even among those at the top. Older chiefs and ministers who had put in their time were the ultimate authorities in the community. The staff also struggled with how they could encourage Samoan professionals and dignitaries to volunteer time to the effort; in the Samoan culture, goods and services are not valued unless they are paid for.

local elementary schools, the Latino adults discussed two cultural beliefs that work against seat belt use: the belief that individual actions cannot change future outcomes, and a dominant concern for appearance.

Working with the parents, the program developed a *fotonovela*—a short story told through pictures—and a companion video about a mother who worries that a seat belt would wrinkle her dress but then decides that safety is more important. The story and video were shown to more than 300 parents and more than 1,600 second and third graders in Wilmington. After the intervention, observational studies showed that seat belt use among children increased by nearly 12% overall and by 14% for children riding in the front seat. The Injury Free Program is presenting the story and video in other Latino communities in southern California.



The Injury Free Program encourages the use of car seats and seat belts in a Latino community through storytelling, video presentations, and workshops.

Simultaneously, the Injury Free Program worked within the largely Latino community of Wilmington on one of the poorest neighborhoods in Los Angeles County. Here, they set their sights on increasing seat belt use among children. Observational studies showed that less than one-third of school-age children used seat belts. In focus groups held with parents at the

Philadelphia: Helping Families Make Their Homes Safe

The Children's Hospital of Philadelphia has a strong history of research in injury prevention with TraumaLink, its center for injury prevention research. In 1998, the hospital's trauma program and TraumaLink joined the Injury Prevention Program

network, receiving guidance and consultation, and collaborating with other network members. Under the new RWJF IPP grant, as part of the Injury Free Coalition for Kids, TraumaLink received funding that has been matched by local funding.

West Philadelphia, the immediate service area of Children's Hospital, is home to more than 60,000 children under the age of 18. Bordered by the Schuylkill River and Cobbs Creek, West Philadelphia is a community made up of many closely knit neighborhoods. Nearly half of the children in West Philadelphia live in single-parent, female-headed households, and 14% of these households are

existing below the poverty level.

Churches, community organizations, and families have created tight bonds to survive and succeed within this community.

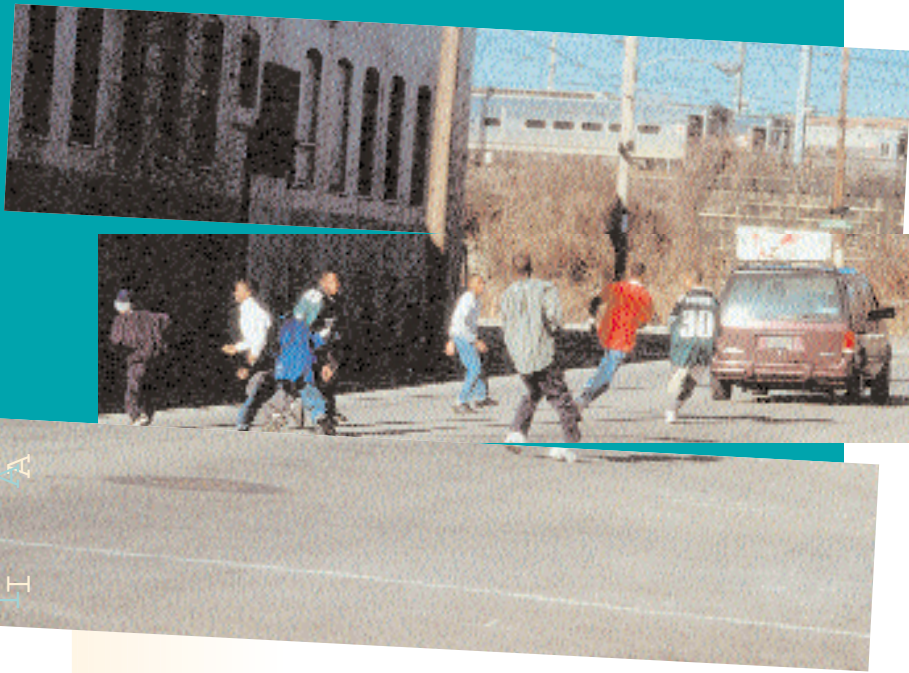
Using 1997 and 1998 data from The Children's Hospital Trauma Registry, as well as the Hospital of the University of Pennsylvania trauma registry and the Philadelphia Department of Health death data, the Injury Free Coalition for Kids of Philadelphia identified the leading causes of childhood injury. In West Philadelphia, approximately 20% of the children severely injured or admitted to the hospital were injured at home. Pedestrian and biking injuries also ranked high as causes for admission or ER visits. Using geomapping and community surveys, the coalition found the most severe and prevalent injuries, determined the specific events leading up to those injuries, and then targeted its interventions in West Philadelphia.

With funding from the Ronald McDonald House Charities and the Department of Housing and Urban Development, the coalition partnered



City traffic hazards were the impetus behind Philadelphia's emphasis on developing its street safety and bicycle safety curriculum.





Philadelphia found that many of the children hit by cars in the city were playing in the streets.

with the local SAFE KIDS coalition to train 40 community volunteers. These volunteers visited families in government-subsidized housing, including the Rowan House and Imani Homes, and area women's and children's shelters, to provide in-home safety education, home safety inspections, and home safety equipment. The coalition partnered with a local Home Depot store in Upper Darby, Pa., which provided employee volunteers and donated safety equipment. In 88 homes where 230 children live, volunteers installed carbon monoxide and smoke detectors, safety gates, nightlights, crib and cabinet latches. In a typical house, a volunteer walked with the homeowner from room to room, identifying hazards, making on-the-spot corrections, and offering suggestions for rectifying other hazards—such as moving household cleaners to out-of-reach areas and checking smoke alarm batteries once a month. With new materials provided by Allstate Foundation, the coalition will broaden its reach to 500 additional homes in West Philadelphia.

The coalition also is working to understand the circumstances behind pedestrian injuries in the city. As part of

TraumaLink's surveillance system, physicians collect information on the pre-injury behaviors of children hit by cars who came into the ER. They found that the majority of them had been playing in the streets. To understand why, they surveyed families. From their responses, the coalition is developing a larger survey that will be administered to 1,000 families in West Philadelphia. It is also mapping the locations of pedestrian injuries to identify patterns and troublesome locations. The coalition is using this information to develop structured activities for children in the trouble spots in conjunction with the city's Department of Recreation. They have found that many parents in West Philadelphia aren't aware of existing programs for their children and one role for the coalition will be to link parents and children to these resources.

Because a number of children in the city are hit by cars while crossing the street each year, the coalition is developing a street safety curriculum tailored to Philadelphia that will be delivered to first and second graders in the schools. According to Linda Hawkins, MSED, coalition coordinator, Any program for these children will need to show them their own streets. Philadelphia has trolleys, crazily parked cars, and fast-moving cars that don't follow traffic regulations.

Biking injuries also bring children to The Children's Hospital of Philadelphia's ER. In partnership with the Philadelphia Department of Health and the National SAFE KIDS Campaign, the coalition has mounted an effort to distribute bike helmets through the ER. When children are identified as high-risk bike riders, due to a biking-related injury, they are surveyed as to whether they own a helmet or if

In Philadelphia, the Injury Free Coalition is helping keep children like these safe by child-proofing homes and offering lessons on bike and street safety.



theirs was damaged in the incident. A medical student provides bike safety education to the child and parents, fits the child with a helmet, practices putting the helmet on properly, and follows up with the family three months later to determine if the helmet is being worn. The coalition also is holding several bike clinics in neighborhoods with a high number of bike injuries to distribute helmets, check brakes, and talk about bicycle safety. And for those children who are caught doing the right thing by

wearing their bike helmets while riding, the coalition is starting a program to positively reinforce that behavior. With support from the Philadelphia Bicycle Police and neighborhood businesses, children who use helmets will receive coupons redeemable for rewards at a local store.

You've got to catch children and their parents at a teachable moment, says Ms. Hawkins. Our goal is to reach them before a child lands in the Emergency Department.

Injury Prevention: The Rule in Harlem

Dr. Barbara Barlow's efforts at injury prevention in Harlem predate HHIPP. The pediatric trauma registry at Harlem Hospital, begun in 1975, showed that each year 300 children from Harlem—or 1% of the community's population—were admitted to the hospital with severe injuries. Many of those injuries were from falls. Working with the New York City Department of Health and the Central Harlem School Health Program, Dr. Barlow and colleagues participated in an educational campaign, *Children Can't Fly*, which warned parents of the hazards of children falling from open, high-rise windows. They also educated parents about the 1976 ordinance that required landlords to install window guards in apartment buildings by 1979. Over the next three years, from 1979 to 1981, the number of injuries from falls out of windows dropped by 96%.¹

From window guards, the IPP staff and Dr. Barlow moved on to attack other major causes of injury among Harlem's children. And she brought the entire community into the effort—building and repairing playgrounds, running sports and art programs, and providing safety education in the schools. Today, HHIPP has about 16 collaborators, including the Harlem Horizon Art Studio, the Harlem Hospital Dance Clinic, the Urban Youth Bike Corps, Harlem Little League and soccer league, the New York City Department of Transportation Safety City Program, and New York City Agency for Child Development; and new community school playgrounds dot the community. All are a testament to the Harlem community's and Dr. Barlow's belief that if you give children safe places to play and safe things to do you can protect them from physical harm. HHIPP's efforts have paid off handsomely. Severe injuries are down 55% since the start of the program.

And the children have many beautiful new and safe places to play—35 new playgrounds that grace schoolyards and day care centers, and seven new public park play areas throughout Harlem. With help from mural artists Ursula Ruedenberg and Bryan Collier, the children have painted murals on the walls that surround many of the playgrounds.

From a state of unbelievable disrepair—including broken slides and rusted climbing equipment and glass- and litter-strewn lots that attracted drug activity and violence—the playgrounds have become safe havens filled with running and laughing children, and thankful parents and community members. Even the graffiti artists have stayed away—tuned into a community-wide, silent plea that these places are off limits.

A strong community coalition stands behind Harlem's new playgrounds. Donations of time and money have come from many different organizations and individuals, ranging from the New York City

¹ Barlow B, Niemirska M, Gandhi R, and Leblanc W. Ten Years of Experience with Falls from a Height in Children. *Journal of Pediatric Surgery*. 18 (4): 509-511, 1983.



Collaboration and community are the two concepts that guide the efforts of the Injury Free Pittsburgh team from their home base at Mercy Hospital. With their pediatric injury prevention interventions, Pittsburgh has brought in a host of

partners and positioned its programs in venues that reach the broadest segments of the community.

The Health Rangers program is just one example. Designed as a mentoring program for middle school children, Health Rangers matches at-risk middle school students from local schools with health care professionals working at area hospitals.

The idea for Health Rangers grew out of a town meeting in 1994 on Pittsburgh's North Side that featured Attorney General Janet Reno. Residents expressed concern that the hospital prospered on the tragedy of their children rather than working to prevent it. Our children need activities and hope and the hospital can be a part of this, the residents said in one voice. From this, Health Rangers was conceived. The program started small, with just 25 children and Mercy Hospital, and has since grown to include seven middle schools and three more hospitals.

Even as it grew, the purpose behind Health Rangers remained the same: to work with at-risk children during a period in their lives when they are just beginning to make life-shaping decisions to increase their self-esteem; broaden their horizons; offer them a positive, stable relationship with a caring adult; and provide a glimpse of possible careers. During the mentoring experience, children participate in a variety of safety activities, including a CPR course, first aid training, and safe babysitting classes. Students spend two hours every other week at their host hospital from October through April.

To make Health Rangers successful, the hospitals and the schools must work together closely. Hospital and school liaisons communicate continuously. Both the mentor and the liaison advise the student as he or she visits departments within the hospital. School administration and hospital administration communicate frequently to maintain the consistency and focus of the



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As Health Rangers, these middle school students learn about various health care careers through mentors at local hospitals.



Children learn street and bike safety on Safety Street, a life-size model city street that is permanently located at Pittsburgh Children's Museum.

program within the hospital and within the school. Health Rangers is a win-win program for schools and hospitals. It offers schools an additional avenue for reaching out to at-risk students with a program that can benefit them academically, vocationally, and personally. And it provides hospitals with an opportunity to strengthen ties with the community by directly contributing to youth development.

In the words of Eunice C. Anderson, PhD, principal of Margaret Milliones Technology Academy, a middle school involved in Health Rangers:

Through participation in Health Rangers, our students have demonstrated improved school attendance and academic performance, broadened their knowledge about career interests in the medical field, and developed a positive work ethic. . . . Many of the skills they have learned have produced a safer atmosphere for our students at school and at home and in the community.

A preliminary evaluation of the program showed an increase in self-esteem among nearly all of the middle school students who participated in the program and continued to work at the hospitals during the summer. Because children with higher self-esteem are less likely to become involved in violence, both the hospitals and the schools view Health Rangers as an anti-violence initiative.

Seeking to prevent injuries among younger children, Injury Free Pittsburgh sought out an unusual partner: Pittsburgh Children's Museum. With funding from RWJF and other private foundations and corporations, Injury

Free Pittsburgh and the museum designed and built a full-scale Safety Street that is on permanent exhibit at the museum. Complete with stores, traffic signals, cars, bicycles, a school bus, and recordings of street noise, Pittsburgh's Safety Street is modeled after Safety City, built in a public school yard in Harlem by the New York City Department of Transportation working with Harlem Hospital Injury Prevention Program to teach pedestrian, automobile passenger, and bike safety to third grade students.

Each year, more than 30,000 city and suburban school children learn about traffic safety on Safety Street during a visit to the museum. Located on one of the museum's parking lots, Safety Street provides children with a hands-on experience that teaches them to make safe choices when crossing a street, riding a bike, or exiting from a school bus.

Busy streets aren't the only hazard for Pittsburgh's children. Data showed that gunshot wounds were bringing the city's children to the ER in record numbers. In 1994, firearms were the leading cause of injury among children ages 5 to 19 in Allegheny County. In an effort to get some of the guns out of homes and off the streets, Injury Free Pittsburgh collaborated in the development of its Goods for Guns program with other area coalitions and community members. Each year, on the first two Saturdays in December, police officers and other volunteers collect unwanted guns from neighborhood residents in exchange for gift certificates for local businesses. Over six years, the program has collected 6,000 guns—more than any other buyback program in the country.

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One of RWJF's goals in funding the Injury Prevention Program to replicate Harlem's efforts in cities across the country was to include as many different states and regions as possible. When St. Louis learned about the grant program,

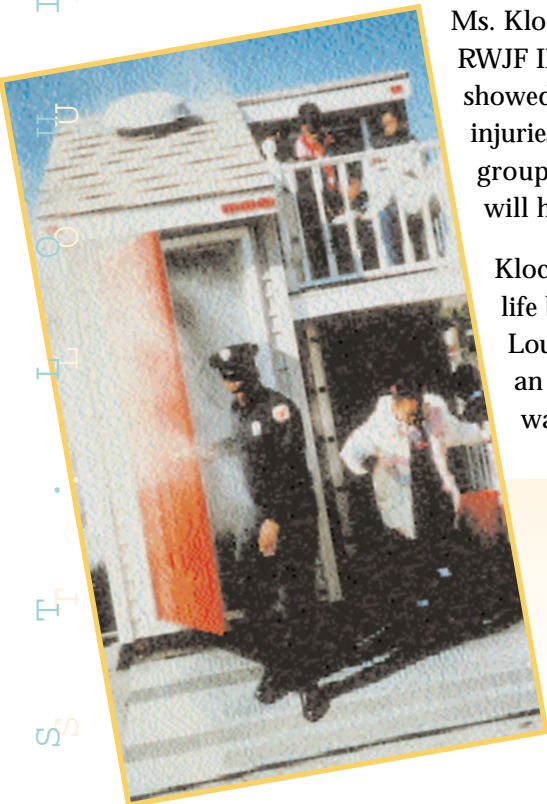
Kansas City, Mo., a not-too-distant neighbor, had already been funded. But ER nurse Angela Klocke, RN, and physician David Jaffe, MD, emergency medicine director at St. Louis Children's Hospital, were undeterred and passionate about injury prevention. They came to the program desperate to make a difference for the children of their city. Ms. Klocke paid her own way to the RWJF IPP's annual conference, showed them data on childhood injuries in St. Louis, and told the group, "If I can't prevent this, I will have to give up nursing."

Klocke dates her drive to make life better for the kids of St. Louis to witnessing the death of an 11-year-old boy while she was an ER nurse in 1992. The

boy had been playing basketball in his own neighborhood and was shot in the head because he was innocently wearing a red T-shirt—the color of a gang at war with the gang active in the area. Ms. Klocke and the ER staff felt that something needed to be done to provide safer places for children to play and to educate children and families on how to avoid injuries. Out of this tragedy came good: the hospital's injury prevention program was created.

With funding from RWJF, St. Louis Children's Hospital Injury Prevention Coalition set its sights on the Hamilton Heights area, a community of 5,500 with a median annual household income of \$16,000 and many children in single-family households. Despite being beset by drugs and gangs, Hamilton Heights has a vital, thriving neighborhood association and supportive schools.

Part of St. Louis's emphasis has been fire injury prevention, demonstrating the effectiveness of smoke alarms and installing them in neighborhoods with the highest number of burn injuries.



We were drawn to Hamilton Heights because the neighborhood association and the schools are committed to improving the community, maximizing opportunities for residents, and enhancing the safety of kids who live there, explains Ms. Klocke. These goals dovetail with ours.

The children of Hamilton Heights showed up in the Children's Hospital

ER because of falls and pedestrian injuries that often occurred because there were few safe places to play. Two of the three neighborhood schools had no playgrounds, with only black asphalt for children to run around on; the other had an old playground with dilapidated equipment.

The coalition's first step in working with Hamilton Heights was to develop trust and credibility within the community. Its members spent the first year just being there at neighborhood association meetings, in

the schools providing violence prevention and conflict resolution programs, and sitting on front porches listening and talking.

From there, the coalition took on a more active role in the community helping Hamilton Heights elementary

schools build new playgrounds. With these efforts, the coalition targeted the younger children of Hamilton Heights, hoping that by providing them with safe places to play and conflict-resolution skills it might discourage them from choosing a life of gangs and violence.

Most recently, the coalition helped Hamilton Heights residents build a playground at Hempstead Elementary School. Side by side with the doctors, nurses, professors, and other professionals from St. Louis, they moved dirt, hammered nails, and put up swings. The coalition wanted to show the children of Hamilton Heights that being a doctor or nurse is not beyond their dreams, even though it is beyond what they are familiar with. These adults served as positive role models for young adults.

Recently, Ms. Klocke returned to the neighborhood to look at the playground on a hot summer day. She saw at least 100 children playing on the swings, slides, and climbing equipment. That's 100 children who aren't playing in the streets or jumping on an old mattress in a trash-littered backyard injury prevention at work, says Ms. Klocke. Adults from the community were out watching the children, either in the park or on their front porches. There was a very real sense of community in Hamilton Heights.

These children are eager to play on their new playground at Emerson Elementary School.



Beyond Hamilton Heights, other coalition efforts include a fire injury prevention initiative. The coalition used the zip codes of young burn victims who visited the ER or were admitted to the hospital to identify neighborhoods with the highest number of burn injuries. Working with the St. Louis Fire Department, the coalition went into those neighborhoods and installed smoke detectors in homes.

St. Louis Children's Hospital's presence in the community is changing the residents' perceptions of the hospital. With someone known and liked by the community acting as a spokesperson for the institution, the coalition has built a bridge linking residents with health care resources they didn't know they could access, or were afraid to. And the hospital now has access to the community in ways that

were not possible before. For example, a group of physicians were warmly welcomed by the grade school when they asked to conduct an asthma study on young children in the neighborhood.

Recently the entire IPP became institutionalized within St. Louis Children's Hospital as part of the department of child and family advocacy and community health outreach. Now the hospital foundation aggressively solicits support for the program and allocates unrestricted monetary gifts to injury prevention initiatives.



The children of Hamilton Heights showed up in the ER of Children's Hospital because of falls and pedestrian injuries that often occurred because there were few safe places to play.

Shoot Back with Cameras, Not Guns

A group of Wilmington, Calif., fifth graders used disposable cameras to chronicle the good and the bad of life in their community. The brainchild of Alina Bueno, a Torrance, Calif. native who was a graduate student at the UCLA School of Public Health, Shoot Back with Cameras, Not Guns provides children with an opportunity to tell the story of their lives using a technique that crosses all language barriers. In a poor neighborhood that is rife with gang violence, the program also offers children a structured, creative activity and connects them with positive adult role models. The children take pride in their work and in the good aspects of their community—families, small gardens, murals, and their pets. The photos were exhibited at the school and UCLA Medical Center and the students wrote essays to accompany their work.



PICTURE BY
DOLORES-JOANNA:

“At dinnertime is when my family gets together and feasts and to talk about our day. Sometimes family comes over when we are about to eat and when they bring other people as well we invite them over to dinner.”



PICTURES BY MARISELA:

“These pictures are about graffiti. I took these pictures because I want people that don’t live in Wilmington to know what gangsters are doing to our community. I hope that they stop writing where they aren’t supposed to write so that we could have a good and clean community.”



Nine different cities across the United States—from New York to California and Georgia to Illinois—have replicated the Injury Prevention Program. Some are working to prevent injuries at home, others are encouraging parents to use seat

belts or providing safe activities and play places that keep children away from gangs and violence. All are reaching out to protect children, prevent avoidable injuries, and circumvent ER visits.

Can any urban city with its own unique problems and patterns of childhood injury replicate the IPP? What does it take to do it successfully? This question was posed to the original program site

Harlem Hospital—as well as the eight replication sites. They identified the following components as critical to successfully implementing the IPP.

A champion for the program

IPP is a hospital-based program. It is essential that a hospital considering implementation of the program have a respected individual on its professional staff who is passionate about preventing childhood injuries. At each of the replication sites, a physician, nurse, or health educator with a burning desire to improve the lives of children learned about the IPP initiative, spearheaded the

effort to obtain grant funding, and continues to direct the program and its interventions.

Committed hospital leadership

Hospital executive staff must buy into the idea of a prevention program and embrace its interventions in and with the community. Initially, hospital administrators at the replication sites were concerned that promoting injury prevention could be counterproductive to their institutions because it would result in fewer hospital admissions and decreased revenues. Some worried that IPP fund-raising would compete with general hospital fund-raising. Ultimately, hospital executive staff saw how the program was a responsible health care practice that also generated valuable good will in the community.

Data

All of the replication sites collected population-based child injury data to establish a baseline measure of pediatric injuries in their communities. The injury

patterns they identified guided their interventions. The sites targeted neighborhoods with the highest injury rates and within these neighborhoods focused on the most frequent and severe injuries. They were able to gauge the effectiveness of their interventions by comparing baseline injury patterns with changes in the data over time.

A community liaison

At each site, a community liaison often called the project coordinator works with the medical director of the project to learn about and develop the trust of the neighborhoods targeted for interventions, a process that takes months, even years in some cases. A community liaison needs to be as close to the community as possible in terms of class and ethnicity or have a personality that engenders the support and participation of the residents. Since injury prevention works so closely with a community, community ownership is vital to a program's success.

Trust

A hospital-based injury prevention program needs to develop the trust of the residents and organizations within the communities it targets for interventions. This requires building a relationship with a community by working within it. Replication sites talked about spending lots of time in the community, attending neighborhood association meetings, speaking at the schools, working side by side with residents building playgrounds, and sometimes just sitting on residents porches and talking with them. If a hos-

pital tries to come into a community as a huge institution, without a trusted community liaison as a spokesperson, it is less likely that the community will buy into the interventions.

Partnerships with other organizations in the community

No hospital can tackle injury prevention within a community on its own because it lacks the resources and breadth of involvement. Schools, neighborhood associations, city council representatives, parent-teacher associations, fire and police departments, and other organizations are active within their respective communities and share a common interest in improving the life of local residents. By joining with them in a coalition, an injury prevention program can gain momentum and leverage. To encourage the involvement of these organizations in an injury prevention initiative, a hospital can offer access to its data on childhood injuries.

Time to allow the coalition to develop and work

Once a hospital-based injury prevention program is working within its target neighborhood on an intervention, it still takes time for other organizations and individuals to come on board. For example, building a new playground can spark a revitalization in a neighborhood that stirs an interest in other individuals with a particular expertise to come forward and participate. In Harlem, this eventually took the form of a biking program, an art program, Little League, winter baseball clinics, and a dance



program. But these programs did not spring up overnight. The excitement created by the building of safe places to play in Harlem and initiating safe activities mounted gradually.

Programs tailored to various ethnic groups within the community

In cities, population and injury patterns differ from neighborhood to neighborhood. For example, in Carson, a Samoan neighborhood, violence was a major concern. In nearby Wilmington, a Latino community, motor vehicle occupant injuries were a problem. And in the African-American neighborhood Washington Wheatley, near Kansas City, residents needed safer playgrounds for their children. Each intervention targeted a unique problem and each also had to take into account the beliefs and culture of the residents. IPP staff had to take the time to understand these differences and shape the programs to work with them.

Dissemination and communication

It is vital for the IPP to reach the community as well as potential funders on a continuing basis. In order to institutionalize the program, the hospital must reach out to residents to encourage continuing interventions as well as to other organizations that are willing to donate time and money in support of these interventions.

For a copy of the National Program Report, *Dissemination of a Model Injury Prevention Program for Children and Adolescents*, see www.rwjf.org/health/injurye.htm.

Schools, neighborhood associations, city council representatives, parent-teacher associations, fire and police departments, and other organizations . . . share a common interest in improving the life of local residents.

The Future: The Injury Free Coalition for Kids

The Injury Prevention Program continues to grow. Harlem Hospital and the eight replication sites are strengthening their existing interventions and creating new programs based on output from their surveillance systems. Some sites have already

institutionalized their injury prevention programs in their hospitals; others are working toward this.

With additional funding from The Robert Wood Johnson Foundation in 1998, all nine IPP sites have organized as the Injury Free Coalition for Kids a national network and technical assistance center on pediatric injury prevention. New sites receiving consultation and assistance from the coalition include Johns Hopkins Medical Center in Baltimore, Jackson Memorial Medical Center in Miami, and Babies Hospital at New York Presbyterian Medical

Center in New York. In addition, the Injury Free Coalition for Kids is working with the National Association of Children's Hospitals and Related Institutions to bring the program to the attention of all its member hospitals.

Using its Web site <www.injuryfree.org> and promotional videos describing the programs developed and implemented at each site, the coalition is determined to make the Injury Prevention Program a benchmark program for all children's hospitals and general hospitals that care for children.

"The Injury Free Coalition for Kids shows how hospital-based injury prevention programs can reduce injuries to children through research, education, community hazard reduction, and promotion of safe activities and safe play areas. Building safe communities where children can grow free of injury must be part of the mission of the nation's trauma centers."

DR. BARBARA BARLOW, FOUNDER, HARLEM HOSPITAL INJURY PREVENTION PROGRAM



HHIPP's success in Harlem has not been a one-person show. Dr. Barlow is quick to credit her colleagues' commitment, expertise, and enthusiasm as the catalyst for the positive and startling changes that occurred in the community.

The core Harlem team which includes those individuals who provide technical assistance and consultation and share their expertise on a national level started small and has since grown to six people.

Dr. Barlow is without question the team leader. Born and raised in Lancaster, Pa., with its miles of farmlands and rolling hills, Dr. Barlow nevertheless is at home in Harlem's urban landscape. A pediatric surgeon by trade, she came to Harlem Hospital in the mid-1970s and has never left. The preventable tragedies she saw in the ER and her own vision that children in the inner city deserve safe places to play and safe organized activities spurred her to do more than simply sew up injured children.

I would dream about them at night. I'd cry over them with their parents. It got to the point where I thought I'm gonna get sick to my stomach if I see another dead or unnecessarily injured child, said Dr. Barlow.¹ I don't have the patience to treat things for a hundred years and not fix them. I want to fix

them.² After tracking Harlem's injury rates, Dr. Barlow worked tirelessly on preventing them, organizing HHIPP with various community organizations, agencies, and individuals.

In the early days of HHIPP, Dr. Barlow brought Aissatou Bey-Grecia on board. An early childhood educator, children's advocate, parent, and long-time Harlem resident, Ms. Bey-Grecia was well known and well liked by the community. She is the team's director, community liaison, cheerleader and a master organizer. As deputy director of the national IPP, now the Injury Free Coalition for Kids, Ms. Bey-Grecia travels frequently to the eight sites involved in the program, often just to hold their hand as they build a new playground or begin a new injury prevention initiative.

Out on the streets of Harlem, Erik Cliette runs the HHIPP's Urban Youth Bike Corps. Designed as a delinquency prevention program, the bike corps works with adolescent boys, teaching them how to build and repair bikes as a metaphor for building and repairing



Photo Credit: Hakim Mutlag

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Photo Credit: Joyce Culver



Members of Harlem's Urban Youth Bike Corps (far left) travel the city streets together several times a week.

Dr. Barbara Barlow (left) is surrounded by children in a playground built by Harlem Hospital Injury Prevention Program.



their young lives. Mr. Cliette has a master's degree in education and uses cycling to encourage personal growth and enriching activities. The group bikes together several times a week, often traveling 50 to 60 miles from Harlem. They even took biking trips to Africa and Colorado in 1997. It's all about exposure, says Mr. Cliette. As they grow, they need to dream bigger dreams, see the bigger world. On non-biking days, the group discusses injury prevention and alternatives to violence. All children want to belong to something, says Mr. Cliette.

We offer something positive and constructive that they can belong to.³

Fran oise Brooks and Bryan Collier teach young feet to dance and young hands to paint. Ms. Brooks heads up the Harlem Hospital Dance Clinic. Housed at the hospital, the clinic emphasizes both the discipline of dance and creative expression. The performing group all must maintain a B average in their schoolwork in order to travel. Aspiring young dancers also learn about the cultural origins of dance. Ms. Brooks dancers have traveled nationally and internationally to places such as France, England, the Caribbean, and South Africa to present their works and learn about the dances of other countries.

The staff of the national program office of Injury Free Coalition for Kids, counterclockwise from back left: Erik Cliette, associate director; Lenita Johnson, national communications director; Aissatou Bey-Grecia, national deputy director; Dr. Barbara Barlow, national director; Tara Purohit, New York regional coordinator, Project HEALTH; and Benjamin Anagnos, finance director.

The Harlem Horizon Art Studio, directed by Mr. Collier, which also operates out of Harlem Hospital in a converted pantry on the pediatric ward, opens its doors to hospitalized children as well as community children. Through art, children who have been victims of violence or violent injuries express their feelings and begin to heal. Mr. Collier works with more than 300 hospitalized and community children each year, encouraging them to develop their own technique and style. Their work has been shown at national and international venues.

Project HEALTH is an undergraduate college service organization that designs clinic- and community-based programs to benefit chronically ill children and their families. Under the guidance of Tara Purohit, an alumna of the organization's Boston site, volunteers have implemented mentoring and health education programs for children with asthma, sickle cell disease, obesity, and HIV and AIDS.

¹ Brewer, Caroline. *The Record* (Hackensack, N.J.), October 11, 1998.

² Humphrey D. Hard at Play. *The New Physician*, May-June 1998, p. 15-16.

³ *National Program Report: Dissemination of a Model Injury Prevention Program for Children and Adolescents*, <www.rwjf.org/health/injurye.htm>.

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About Injury Free Coalition for Kids

The Injury Free Coalition for KidsSM is a nationwide network of hospital-based community programs building healthier communities with a passion for injury prevention. Across this country, injuries are the number one cause of death and hospitalization of young people. The coalition's driving force is a desire to reduce the number of children injured and killed in the United States.



www.injuryfree.org

About RWJF

The Robert Wood Johnson Foundation was established as a national philanthropy in 1972 and today is the largest US foundation devoted to health and health care. The Foundation concentrates its grantmaking toward three goal areas:

to assure that all Americans have access to basic health care at reasonable cost;

to improve the way services are organized and provided to people with chronic health conditions; and

to promote health and reduce the personal, social, and economic harm caused by substance abuse—tobacco, alcohol, and illicit drugs.



Route 1 and College Road East
P.O. Box 2316
Princeton, N.J. 08543-2316
mail@rwjf.org

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