

Keeping Kids Injury Free in Miami

The Injury Free Coalition for Kids

The Beginning. The Miami chapter of *Injury Free Coalition for Kids* started in 1999 with a committed pediatrician, Judy Schaechter, M.D., and a \$1,000 personal check from Injury Free founder Barbara Barlow.

Along with the donation, Barlow sent a note "assuring me that funding will come, if we begin," recalls Schaechter, associate professor of pediatrics at the University of Miami Leonard M. Miller School of Medicine.

Begin she did. Incensed by the number of Miami children killed and wounded by gunfire, Schaechter made firearm violence the first target. One of her own patients, a 13-year-old girl, had been left a paraplegic by a stray bullet.

In collaboration with Miami-Dade County Mayor Alex Penelas, Schaechter formed *Not One More*—a coalition of education, health, law enforcement and other community interests dedicated to eliminating pediatric gunfire deaths.

Aided by a \$7,500 grant from the American Academy of Pediatrics, the coalition promoted gun buyback events, distributed free trigger locks, developed a gun-safety video and initiated a research program to assess the city's violence-prevention needs. The latter included development of a computerized system to track local firearm fatalities.

With that foundation, the injury-prevention initiative quickly grew in size and focus. By mid-2001 more than 45 local organizations and government agencies were involved, and the effort had expanded to supporting safety-education and environmental-improvement projects in Miami's high-risk Liberty City neighborhood.

It was in November 2001 that Barlow's assurance of continued funding came to fruition. The Robert Wood Johnson Foundation (RWJF) awarded the medical school a five-year, \$266,100 grant (ID# 043832) to support and expand the injury-prevention work.

The Program. Injury Free-Miami was a partnership of the medical school and Jackson Memorial Hospital, an affiliated public hospital that provides care for residents of the city's poorest neighborhoods. Directed by Schaechter and supported by a variety of sources in addition to RWJF, Injury Free-Miami had a staff of about 10 safety educators, researchers, administrators and support personnel.

At the outset of the RWJF grant, the plan was to target five low-income, high-risk Miami neighborhoods for intervention. In the first year, however, the leadership concluded that was too large an area with too many needs—that Injury Free would have a stronger impact if it concentrated on just one neighborhood, at least initially.

The choice was Overtown, a predominantly African-American section located near the hospital and judged to have the least resources. Overtown's deficits included safe play areas, and one of Injury Free's first efforts was working with the school system and neighborhood volunteers to plan and build a community playground. Allstate Foundation provided the funding.

"The children helped to pick out some of the equipment, and they have been a part of the project from the beginning," Mary Destin, principal of Dunbar Elementary—site of the new facility-told the *Miami Herald* at its opening in January 2003. "They will take great pride in this, and so will the community."

In addition, Injury Free used some RWJF money to make small grants (\$500 to \$2,500) to support prevention-related projects proposed and developed by Overtown community groups.

In addition to providing money, this mini-grant initiative—named InReach—was designed to build community capacity by training residents to design injury-prevention strategies and secure funding for their implementation.

Over the five-year RWJF grant, Injury Free-Miami supported some 60 InReach projects, most in Overtown but some in other underserved sections. The projects included physical improvements, youth activities and educational programs—from installation of a speed bump and a summer camp for kids to rape-aggression defense training for adolescent girls.

Home Safety. As did the geographic focus, the programmatic emphasis of Injury Free-Miami also evolved over the five years.

Initially the leadership viewed violence as the single most common cause of childhood injury—and its prevention the primary objective. Homicide and suicide accounted for 70 percent of local pediatric injury deaths, according to data available at the time.

Based on an analysis indicating nearly two-thirds of local pediatric gunshot fatalities involved a caretaker's unlocked weapon, the staff developed educational materials and events on gun safety that emphasized proper storage in the home.

Injury Free also collaborated with other organizations to sponsor youth activities promoting nonviolence—including two summer series of workshops on nonviolence, dating, teen pregnancy and other topics that altogether drew about 1,100 inner-city teens.

By the third grant year, however, research showed a reduction in local violence-related injuries and a rise in motor vehicle crash injuries. Responding to that data and to the interests expressed by community groups, the program shifted its emphasis to prevention of unintentional injuries—particularly those occurring in homes and on the road. With the shift, Injury Free increased its presence countywide.

Key to this new direction was Injury Free Mobile—a former city bus converted into a home-safety learning lab. The local transit system donated the 40-foot-long vehicle in 2004, and state prisoners reconfigured the interior into three residential rooms: kitchen, bathroom and a baby's bedroom.

Starting in fall 2005, three Injury Free safety educators drove the distinctively bright red bus to schools, health fairs, and other venues and events across the county and invited adults and children to come inside.

Using an Injury Free-developed curriculum, the staffers—two fluent in English and Spanish, the third also in Haitian Creole—demonstrated the potential dangers lurking in each room and strategies for avoiding them.

At a stop in downtown Miami in December 2006, for example, lead educator Lyse Deus showed two Spanish-speaking women, one with a newborn, the other expecting, how burner guards and oven locks on a kitchen stove can prevent inquisitive toddlers from burning themselves.

Moving to the bathroom, Deus gave a short lesson in safe baby bathing and pointed out how a lock on the toilet would keep a child—and, most importantly, his or her face—out of the water. In the living room, her instruction focused on the crib—placing it away from windows and curtain chords and positioning the baby to reduce the risk of suffocation.

To measure effectiveness, the staff tested visitors' safety awareness before and after the tour, using a short, picture-based form. The before-and-after test taken by the two Spanish-speaking women included four drawings of a stove top, each drawing showing a different way of arranging cooking pots. The women were asked to circle which was safest. Answer: the picture with the pots on the back burners, handles turned inward so they did not protrude over the stop top.

By the end of the RWJF grant in December 2006, the bus team had conducted some 2,000 safety tours, with about 80 percent of participants demonstrating increased safety knowledge at the end of their visit, the staff reported.

Passenger Safety. The safety protocol for young motor vehicle passengers goes like this: A baby rides in a rear-facing infant seat until the first birthday and 20 pounds of weight.

At that point the child graduates to a front-facing car seat and at 40 pounds to a booster seat. After 80 pounds, a child uses a seat belt.

Increasing compliance with that schedule was a major focus of Injury Free-Miami. Staff trained in the technicalities of child passenger restraints held regularly scheduled "car seat clinics." Parents arrived with their vehicles and children for hands-on help in properly installing a car seat and adjusting what can be a confusing maze of straps to fit the occupant.

"You check it, and it shouldn't move more than an inch," car seat technician Magalie Thomas advised a woman who showed up at a clinic outside Jackson Memorial with a gray 1999 Toyota and a cute little girl with two pink barrettes in her hair.

Over the RWJF grant period Thomas and colleagues conducted more than 1,000 car seat inspections, many in conjunction with stops of the Injury Free Mobile. Often families showed up with their own car seats, but they were improperly installed and used, says Thomas. They might be the wrong size, or not be attached to the car, or they were attached but too loosely to be effective, she explains.

For families who arrived without a car seat, staff provided a new one, with the recipient asked to make a \$20 contribution to help offset the \$45 that Injury Free paid.

Seat belt use was also a focus. Injury Free-Miami got funding from the federal National Highway Traffic Safety Administration to implement a two-year demonstration program to increase seat belt and car seat use specifically among Miami's Hispanic population.

Leslie Jauregui, a native of Peru and the Injury Free staffer who headed the demonstration, says seat belts are little used in Latin countries generally. In her home country, a passenger snaps on a seat belt and "the driver looks at you [as if to say] 'What, you don't trust how I drive?'"

The demonstration sought to overcome that tradition through a combination of education and enforcement interventions applied to four predominantly Hispanic communities, with one of the four serving as a control community.

The interventions included special classes for parents on the potential for injury to unrestrained passengers; the Spanish-language curriculum emphasized the point with graphic photographs from Jackson Memorial's trauma center. Public service announcements in the media reinforced the message.

Also as part of the program, police stepped up efforts to stop observed violators of the seat belt law, giving out mainly warnings but also some actual citations carrying fines starting at \$89.50. (The ticketing proved controversial, and was discontinued in at least one of the communities.)

At the conclusion, the Injury Free staff reported that the interventions were effective in increasing restraint use, "though in varying degrees." Monolingual Spanish speakers gained more knowledge of restraint use than did bilingual Spanish speakers, the staff said.

A Continuing Effort. As of 2010, when this report was prepared, Injury Free-Miami continued as a medical school-hospital partnership, concentrating on passenger and home safety and injury surveillance and research. The Children's Trust, a local tax-supported program to help local families, was the main outside source of funding.

Schaechter pointed to a multitude of child-safety resources that previously did not exist in Miami as a key legacy of the program's RWJF-funded period. Injury Free's child passenger safety efforts now annually reach 4,000 families with children, she said in an October 2010 e-mail.

Injury surveillance was another important result. During the RWJF grant period, Schaechter and her staff worked with the local health department, police and medical examiner's office to expand the initial firearm fatality monitoring system.

The result is a surveillance system that collects data on all child and adult injuries in Miami-Dade County that result in death, hospitalization or an emergency room visit. The data, which the health department posts on its Web site, help identify sources of injury and prevention strategies.

For example, an analysis of pool drownings helped the health department focus on areas of the city most affected by the problem. In response to data showing an increase in infant deaths due to sudden infant death syndrome or sleeping suffocation, Injury Free helped design a campaign to make parents aware of the danger and strategies for reducing the risk.

Schaechter, in her October 2010 e-mail, wrote that she *hoped* Injury Free-Miami was a permanent program but indicated the nation's economic difficulties made the future less than certain. The staff was down to one funded position, and she feared losing it, too.