

Integrating Bright Futures into Public Health at the State and Local Levels



BRIGHT FUTURES

Promoting Safety and Injury and Violence Prevention

Integrating Bright Futures into Public Health at the State and Local Levels



Before We Get Started

http://dhs.wisconsin.gov/dph_bfch/MCH/BrightFutures.htm

Remember to complete the evaluation when we are finished.

It can be found on the above website, along with the slides from today's presentation.

If more than one person is at your site, please send one email informing us of how many.

Integrating Bright Futures into Public Health at the State and Local Levels



PRESENTERS

Moderator: Ann Stueck, Infant and Child Nurse Consultant
Bureau of Community Health Promotion (BCHP)
Family Health Section (FHS)

Murray L. Katcher, Chief Medical Officer, BCHP

Linda Hale, FHS Chief, BCHP

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Brianna Kopp, Injury Surveillance Coordinator,
FHS, BCHP

Susan LaFlash, Sexual Violence Prevention Coordinator,
FHS, BCHP

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Murray Katcher, MD
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Paula Duncan, MD
Jane Bassewitz, MA

AMCHP Meeting: March 8, 2010



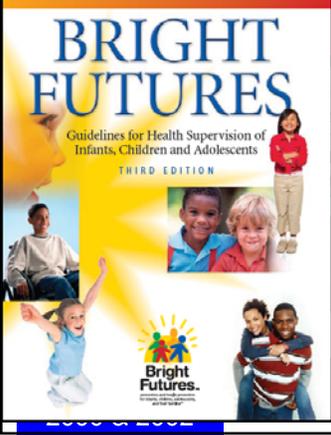
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What We Have Planned

- Bright Futures and Public Health: Setting the Stage
- Linking it all Together: Tools, Materials, and Strategies
- Bright Futures and Public Health In Action: Dodge County, WI
- Incorporating Bright Futures in your State and Community

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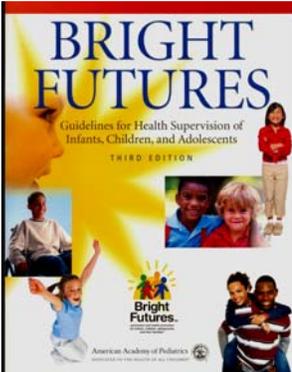



...is a set of principles, strategies and tools that are **theory-based**, **evidence-driven**, and **systems-oriented**, that can be used to improve the health and well-being of all children through **culturally appropriate interventions** that address the current and emerging health promotion needs at the **family, clinical practice, community, health system and policy levels.**

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BRIGHT FUTURES
Guidelines for Health Supervision of Infants, Children, and Adolescents
THIRD EDITION
American Academy of Pediatrics



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What Is Bright Futures?



Bright Futures

Bright Futures is a national health care promotion and disease prevention initiative that uses a developmentally-based approach to address children's health needs in the context of family and community.



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Bright Futures Guidelines—3rd Edition

Features of special interest to Public Health professionals:

- Revised Periodicity Schedule
- Integrated adaptations throughout for children and youth with special health care needs
- Visit section defines newer, more family- and community-driven, enhanced content for the well care of infants, children, and adolescents in primary care practice
- The 10 Themes have special application to Public Health



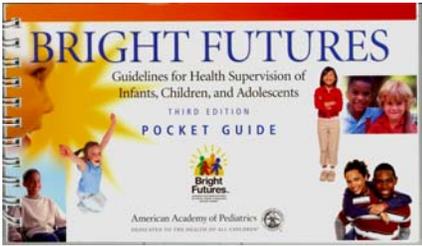
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Guidelines for Health Supervision of Infants, Children, and Adolescents
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POCKET GUIDE
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How do the 3rd edition Guidelines differ from previous editions?

- Structure
 - Part I—Themes
 - Includes 10 chapters highlighting key health promotion themes
 - Emphasizes “significant challenges”—e.g., mental health and healthy weight
 - Part II—Visits
 - Provides detailed health supervision guidance and anticipatory guidance for 31 age-specific visits
 - Lists 5 priorities for each visit
 - Includes sample questions and discussion topics for parent and child
- Health Supervision Priorities
 - Designed to focus visit on most important issues for age of child
 - Anticipatory guidance presented in several ways
 - Include health risks, developmental issues, positive reinforcement



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Features of 3rd Edition: Ten Themes

- Child development
- Family support
- Mental health and emotional well-being
- Nutritional health
- Physical activity
- Healthy weight
- Oral health
- Safety and injury prevention
- Healthy sexuality
- Community resources and relationships

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FROM THE AAP AND BRIGHT FUTURES

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DEDICATED TO THE HEALTH OF ALL CHILDREN™

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Bright Futures & Public Health in Action

State of Wisconsin

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Wisconsin's Bright Futures Webcasts

http://dhs.wisconsin.gov/dph_bfch/MCH/BrightFutures.htm

Applying the 10 Bright Futures Themes to Public Health

- Promoting Oral Health
- Promoting Safety and Injury (and Violence) Prevention
- Promoting Healthy Weight
- Promoting Healthy Nutrition
- Promoting Physical Activity

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Applying the 10 Bright Futures Themes to Public Health

- Promoting Family Support
- Promoting Child Development
- Promoting Mental Health
- Promoting Healthy Sexual Development and Sexuality
- Promoting Community Relations and Resources

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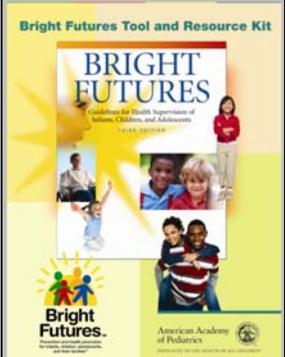
Bright Futures & Public Health in Action

Linking it all Together
Tools, Materials, and Strategies

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Bright Futures Tool and Resource Kit

BRIGHT FUTURES
Guidelines for Health Supervisors of Infants, Children, and Adolescents
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Core Tools

- Previsit Questionnaires
- Documentation Forms
- Parent/Patient Handouts

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Core Tool: Previsit Questionnaires

- Parent/adolescent patient fills out before seeing practitioner
- The questionnaires:
 - ask risk-assessment questions, thereby triggering recommended medical screening
 - ask about Bright Futures 5 priority topics for that age-based visit
 - allow parent/patient to note any special concerns
 - gather developmental surveillance information



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Core Tool: Documentation Forms

- Practitioner uses during visit to document activities
- Forms guide practitioner on what questions to ask/issues to address based on child's age and visit priorities
- Forms include sections for each component of visit:
 - History
 - Surveillance
 - Physical exam
 - Screening
 - Immunizations
 - Anticipatory guidance



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Core Tool: Parent/Patient Handouts

- Handouts for each Bright Futures visit (1st Week to 21 Years)
- Patient handouts for those 7 yrs and older
- Summarize anticipatory guidance for the visit
- Tied to the 5 priorities for that visit
- Written at 6th grade level or lower



Bright Futures Previsit Questionnaire 18 Month Visit

For you and your child with the best possible health. Take one minute to fill this out before your visit.

Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns about your child's health or behavior? If so, what are they?

Are you interested in answering any questions. Please check off the boxes for the topics you would like to discuss the next time.

Your Child and Family: I bring him to school I bring a ride to school I bring him to school with me I bring him to school with my friend I bring him to school with my family

Your Child's Behavior: How is your child eating? How is your child sleeping? How is your child's behavior? How is your child's behavior? How is your child's behavior?

Setting the agenda

Medical Screening

Developmental Surveillance

Your Growing and Developing Child

Bright Futures Previsit Questionnaire
18 Month Visit
 For us to provide you and your baby with the best possible health care, we would like to know how things are going. Please answer all of the questions whenever you can.

What would you like to talk about today?
 Do you have any concerns, questions, or problems that you would like to discuss today?

PRIORITIES FOR THE VISIT
 The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

- Family support (parental well-being, adjustment to toddler's growing independence and occasional negativity, queries about a new sibling planned or on the way)
- Child development and behavior (adaptation to nonparental care and anticipation of return to clinging, other changes connected with new cognitive gains)
- Language promotion/hearing (encouragement of language, use of simple words and phrases, engagement in reading/singing/talking)
- Toilet training readiness (recognizing signs of readiness, parental expectations)
- Safety (car safety seats; parental use of safety belts; falls, fires, and burns; poisoning; guns)

Lead
 Does your child live in or regularly visit a house or child care facility built before 1970 that is being or has recently been radon tested or remediated? Yes No Unsure
 Does your child live in or regularly visit a house or child care facility built before 1960? Yes No Unsure

Questions About Your Child
 Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe: Yes No Unsure
 Do you have concerns about how your child/teen is?

Screening

UNIVERSAL SCREENING	ACTION	
Development	Structured developmental screen	
Autism	Autism Specific Screen	
SELECTIVE SCREENING	RISK ASSESSMENT*	ACTION IF RA +
Oral health	Does not have a dental home Primary water source is deficient in fluoride	Referral to dental home or, if not available, oral health risk assessment Oral fluoride supplementation
Blood pressure	Children with specific risk conditions or change in risk	Blood pressure
Vision	Parental concern or abnormal fundoscopic examination or cover/uncover test results	Ophthalmology referral
Hearing	+ on risk screening questions	Referral for diagnostic audiologic assessment
Anemia	+ on risk screening questions	Hematocrit or hemoglobin
Lead	if no previous screen or change in risk	Lead screen
Tuberculosis	+ on risk screening questions	Tuberculin skin test

*See Rationale and Evidence chapter for the criteria on which risk screening questions are based.

Do you have concerns about how your child hears? Yes No Unsure
 Do you have concerns about how your child speaks? Yes No Unsure
 Do you have concerns about how your child sees? Yes No Unsure
 Does your child hold objects close when trying to focus? Yes No Unsure
 Do your child's eyes appear unusual or seem to cross, drift, or be lacy? Yes No Unsure
 Do your child's eyes droop or does one eyelid tend to close? Yes No Unsure
 Have your child's eyes ever been injured? Yes No Unsure

Lead
 Does your child have a sibling or playmate who has or had lead poisoning? Yes No Unsure
 Does your child live in or regularly visit a house or child care facility built before 1970 that is being or has recently been radon tested or remediated? Yes No Unsure
 Does your child live in or regularly visit a house or child care facility built before 1960? Yes No Unsure
 Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)? Yes No Unsure
 Has your child traveled (and contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis? Yes No Unsure
 Has a family member or contact had tuberculosis or a positive tuberculin skin test? Yes No Unsure
 Is your child infected with HIV? Yes No Unsure

Anemia
 Do you ever struggle to put food on the table? Yes No Unsure
 Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals? Yes No Unsure
 Does your child have a dentist? Yes No Unsure

Oral Health
 Does your child's primary water source contain fluoride? Yes No Unsure
 Have there been any major changes in your family lifestyle? Move Job change Separation Divorce New caregiver Any other change?

Your Growing and Developing Child
 Do you have concerns about your child's development, learning, or behavior? No Yes, describe:

Check off each of the tasks that your child is able to do.
 Walks around the house Walks up steps Knows name of favorite book
 Stacks 2 small blocks Speaks 6 words Uses spoon and cup without spilling most of the food
 Uses toilet Talks in response to others Points to 1 body part

Blank area for notes or additional information.

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But that's not all...

- The *Tool and Resource Kit* also contains supplementary materials:
 - Additional Parent/Patient Handouts
 - Developmental, behavioral, and psychosocial screening and assessment tools
 - Practice management tools for preventive care
 - Information on community resources

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Bright Futures Tool and Resource Kit?

- It helps you provide individualized care
 - Forms allow parent/patient priorities and concerns to surface, giving you opportunities to tailor care and anticipatory guidance
- AND It helps you provide standardized care
 - All the forms are closely linked to Bright Futures visit components and priorities, making clinical activities and messages consistent throughout
 - Completed Documentation forms help you track care over time, ensuring that all patients receive recommended exams, screenings, and immunizations

Bright Futures: Success in Public Health



Bright Futures and Public Health: Creating Partnerships

- Promote Bright Futures philosophy and content to other state agencies concerned with children and families (e.g., education, child welfare, juvenile courts, mental health, etc.)
- Collaborate with state and local chapters of professional organizations (e.g., AAP, AAFP, ADA, ANA, NAPNAP, Family Voices, etc.)
- Work with managed care organizations to incorporate Bright Futures into standards of care
- Work with schools of public health and universities to conduct needs assessments and evaluate Bright Futures implementation efforts

Bright Futures and Public Health: How to Coordinate and Implement Bright Futures

- Provide support, guidance, and technical assistance for implementation at the local level
- Provide training in many venues for public health professionals and other child health professionals as well as families
 - Include information on how to use the Guidelines, Pocket Guide, and accompanying materials
 - Model interdisciplinary collaboration with presenters
 - Help with access to data on what kids and families need
 - Make link to quality of care
 - Materials can be modified for use in different settings

Bright Futures and Public Health: How to Coordinate and Implement Bright Futures

- Integrate with other state MCH activities and initiatives (e.g., the medical home component of the State Early Childhood Comprehensive System Initiative)
- Seek family input regarding the health promotion and preventive services they receive

Putting It to Work: How States Are Using Bright Futures Now

- Some states use Bright Futures as a guide to develop policies and programs to improve quality of children's health care and health outcomes.
- Some use Bright Futures as a barometer to gauge state performance on key child health indicators.
- Others have made Bright Futures the official standard for infant, child, and adolescent health supervision.
- States have adopted Bright Futures to foster the ability of local health departments to use guidelines in their own activities and to train local health department staff.

Bright Futures & Public Health in Action

Dodge County, WI



Bright Futures in Dodge County

Gretchen Klug RN, BSN
Public Health Nurse
Dodge County Human Services and Health Department
Juneau, Wisconsin

Promoting Safety and Injury Prevention

- Cribs for Kids Program (Expansion)
 - Distribute portable cribs at an educational visit to families without a crib
- Car seat distribution and education program
 - Department of Transportation funding received for \$4000 (2009 & 2010)
 - Secure additional funding to continue the program

Bright Futures...

- Is unique in its recognition, that effective health promotion and disease prevention require coordinated efforts among medical and non-medical professionals and agencies, including public health, social services, mental health, educational services, home health, parents, caregivers, families, and many other members of the broader community.



Contact Information

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Dodge County, Wisconsin
Gretchen Klug RN, BSN, Public Health Nurse
Dodge County Human Services and Health Department
Juneau, Wisconsin
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Making the Connection

Linda Hale, Family Health Section Chief,
Bureau of Community Health Promotion
Wisconsin Department of Health Services

"BRIGHT FUTURES...

...a national initiative to promote health and wellbeing of infants, children adolescents, families and communities."

BRIGHT FUTURES is...

Set of principles, strategies and tools that are

- theory based
- evidence driven
- systems oriented

Used to improve the health and well-being of all children through culturally appropriate interventions that address their current and emerging health promotion needs at the

- Family
- Clinical practice
- Community
- Health system
- Policy levels

...BRIGHT FUTURES, Public Health, and Communities

- ▶ A **system** of care attending to health promotion activities and psychosocial factors of health focusing on youth, family and community strengths
- ▶ Recognition effective health promotion and disease prevention require **coordinated** efforts among: medical and nonmedical professionals and agencies, including public health, social services, mental health, educational services, home health, parents, caregivers, families, and many other members of the broader community
- ▶ Address care needs of all children and adolescents including children with special health care needs and children from families of diverse cultural and ethnic backgrounds
- ▶ Values each child, the importance of family, connection to community, and all children, even children with special health care needs, are children first

Making the Connection...

Lead Roles of Programs:
Maternal and Child Health (MCH)
and
Injury and Violence Prevention

Major Goal:
KEEPING CHILDREN AND ADOLESCENTS
HEALTHY AND SAFE

Maternal and Child Health and Children with Special Health Care Needs Programs

- ▶ Safety from injury and violence is an essential part of health
- ▶ Federal MCHB mission: "Improve the physical and mental health, safety and well-being of the MCH population which includes women, infants, children, adolescents and their families including fathers and children with special health care needs"
- ▶ MCH services are directed at risk populations thus MCH Program is an effective conduit for injury and violence education and prevention
- ▶ Injuries are a leading cause of death and hospitalization among MCH populations

- ▶ MCH population based programs focus on variety of health problems
- ▶ Serve the same populations at greatest risk for injuries

- Low income families
- Minorities
- Rural populations
- Children with special health care needs

Families needing oral health and nutrition education, lead screening, immunization services also need child passenger

Injury and Violence Prevention Program

Strengthening ability of local health departments and agencies to reduce death and disability associated with injury and violence through

- Increase awareness of injury, including violence as a public health problem
- Provide and promote the use of injury and violence prevention data, evidence-based strategies, and evaluation
- Provide education, training and technical assistance to enhance capacity of public health agencies and others

Prevention of injury and violence leads to better health outcomes for women, children, and adolescents

For each stage think about:

- ▶ When you see a child of that age or when you see a parent with a child of that age.
- ▶ Consider your opportunities to provide education or services to reduce that child's risks.
- ▶ Consider who else within the community sees these children and the potential for partnerships, consistent messaging and environmental/policy change efforts.



EARLY INFANCY

- ▶ Communicates needs through behaviors and crying
 - Can be frustrating to new caregivers not yet able to decipher babies needs=increased risk of abuse
- ▶ Gradually establishes longer stretch of sleep (4-5 hours)
 - Caregivers are tired=lowers tolerance and decision making and increases risk of an unsafe sleep environment being used and increased risk of abuse
- ▶ Shows strong primitive reflexes
 - Infant has little control over body and movements=cannot defend self against danger



LATER INFANCY

- ▶ Begins to roll and reach for objects
 - Caregiver may underestimate child's abilities=risk for falls, choking, burns etc.
- ▶ Continues to use visual exploration to learn about the environment but is also beginning to use oral exploration for learning
 - Increased risk for choking and poisoning



EARLY CHILDHOOD

- ▶ Imitates Activities
 - Opportunity to model good behavior-seat belt use, etc.
- ▶ Shows distress on separation from parent
 - Increase risk of abuse from non-primary caregiver
- ▶ Follows simple directions
 - Caregiver may expect unrealistic obedience=goal should be teaching not punishment



THE TODDLER

- ▶ Walks up steps, runs, climbs
 - Falls (stairs, windows, off furniture, playground), Pulls things on top of self, Drowning



From Walt Disney's 'Meet the Robinsons'



THE TODDLER

- ▶ Assertiveness in exploring the environment and persistence in pursuit of desires
 - Guns



THE TODDLER

- ▶ Imitates Adults
 - Modeling behavior
- ▶ Enjoys interactive play
 - How is child interacting with others



- ▶ Young children have not developed neurologically enough to have the skills to see cars in their peripheral vision, localize sounds and judge vehicle distance and speed.
 - Adults take these physical tasks for granted and may underestimate the child's abilities=danger when unsupervised outside

5 & 6 Year Olds

- ▶ Entering School
 - Street and bus safety
- ▶ Follows simple directions, is able to listen and attend and undresses and dresses with minimal assistance.
 - Can teach basic water safety and fire safety rules



7 & 8 Year Olds

- ▶ Children spend more time with other children and families
 - Spend time in environments not regulated by caregiver-children need to know rules apply anywhere. Parents need to be aware of where child is-ask about guns in the home etc.
 - Children still have slow reaction times



9 & 10 Year Olds

- ▶ Beginning onset of puberty
 - Growth spurt=decreased flexibility increasing risk of strains and sprains
- ▶ Demonstrates increasingly responsible and independent decision making
- ▶ New desire to take risks



Adolescence

- ▶ Displays a sense of self-confidence, hopefulness and well-being
- ▶ Demonstrates increasingly responsible and independent decision making



What can you do?

- ▶ Refer to other health department programs
 - Home Safety Assessment, Car Seat Installation, Safe Sleep Programs, Infant Massage
- ▶ Partner with other health department programs to ensure consistent messaging, education opportunities and referrals
 - Immunization, Family Planning, Cancer Control, PNCC, Home visits, Environmental Health etc.

What can you do?

- ▶ Know what your community partners do
 - Does your fire department have free smoke alarms? Do they install them?
 - Does the police department have gun locks available?
 - Who are the providers and fitters of child safety seats? Bike helmets?
 - What options does a family struggling with violence in their home have?
 - What resources does your hospital, community organizations, local business etc. provide?
 - What are children learning/have access to within the school system?
 - Others?
- ▶ Update and distribute this list routinely

What can you do?

- ▶ You don't have to do it all. What can you influence and where is it most impactful
 - Safe Sleep Example
- ▶ Work with the clinics and health care providers. Make sure they know what you do. Encourage use of bright futures as way to ensure consistency of messaging across agencies

National Resources

- ▶ North American Guidelines for Children's Agricultural Tasks (NAGCAT)
http://www.nagcat.org/nagcat/default.aspx?page=guidelin_e_search
- ▶ Harborview Best Practices Website
<http://depts.washington.edu/hjprc/practices/index.html>
- ▶ Children's Safety Network www.childrensafetynetwork.org
- ▶ TEACH-VIP (free injury prevention online training)
<http://teach-vip.edc.org/>
- ▶ Safe Kids www.safekids.org/
- ▶ Stop Bullying Now <http://www.stopbullyingnow.hrsa.gov>
- ▶ Home Safety Council <http://www.homesafetycouncil.org/>
- ▶ AAPs Connected kids <http://www.aap.org/connectedkids/>

WI Resources

- ▶ UW Population Health's What Works
<http://uwphi.pophealth.wisc.edu/pha/healthiestState/whatWorks.pdf>
- ▶ WI Department of Transportation
<http://www.dot.wisconsin.gov/safety/>
- ▶ WI Department of Natural Resources
<http://dnr.wi.gov/org/land/parks/safety/>
- ▶ Children's Injury Prevention Network
<http://www.chawisconsin.org/cipn.htm>
- ▶ Injury Research Center at the Medical College of Wisconsin
<http://www.mcw.edu/injuryresearchcenter.htm>

Injury and Violence Data

Brianna Kopp, MPH
Injury Surveillance Coordinator

10 Leading Causes of Death by Age Group, Wisconsin and Selected States – 2006

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Conventional Accidents 6,818	Unintentional Injury 1,248	Unintentional Injury 1,248	Unintentional Injury 1,248	Unintentional Injury 1,248	Unintentional Injury 1,248	Unintentional Injury 1,248	Unintentional Injury 1,248	Unintentional Injury 1,248	Heart Disease 813,297	Heart Disease 813,297
2	Heart Disease 813,297	Conventional Accidents 6,818	Malicious Neoplasms 483	Malicious Neoplasms 483	Malicious Neoplasms 483						
3	Malicious Neoplasms 483	Malicious Neoplasms 483	Malicious Neoplasms 483	Malicious Neoplasms 483	Malicious Neoplasms 483	Malicious Neoplasms 483	Malicious Neoplasms 483	Malicious Neoplasms 483	Malicious Neoplasms 483	Malicious Neoplasms 483	Malicious Neoplasms 483
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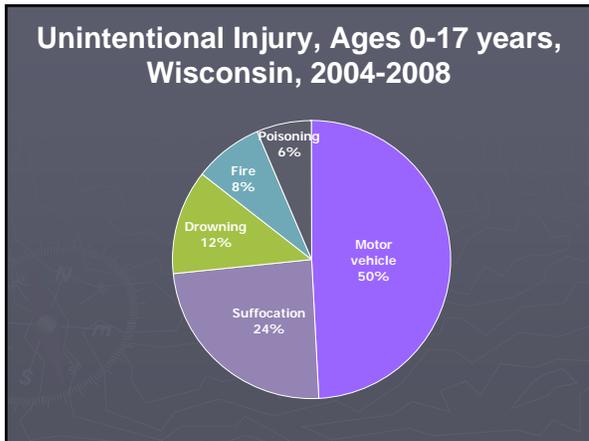
Source: National Vital Statistics System, National Center for Health Statistics, CDC.
Prepared by: CHSR of Statistics and Programming, National Center for Injury Prevention and Control, CDC.

How does Wisconsin compare?

- ▶ Unintentional injuries are the leading cause of death for children and youth 1-24.
- ▶ Homicide is the 3rd leading cause for Wisconsin children 1-9, rather than the 4th leading cause as in national data; however, homicides are lower in 10-14 year olds in Wisconsin than nationally.
- ▶ Suicides are the 3rd leading cause for those 10-14 in Wisconsin, which is higher than nationally.
- ▶ Both in Wisconsin and nationally, suicide is the 2nd leading cause of death for 19-24 year olds.

Leading causes of unintentional injury

- ▶ For those less than 18:
 - Motor vehicle crashes
 - Suffocation
 - Drowning
 - Fire
 - Poisoning



- ▶ As stated in Bright Futures (p. 182):
 - "Effectiveness...can be improved if a health care professional knows the risks specific to the local population. Local injury data can be obtained from state or local departments of health."



Examples

- ▶ Data can be essential to:
 - Create a press release specific to your county.
 - Prioritize projects based on local data.
 - Support funding applications.
 - Advocate for changes in local policies.

WISH Queries

- ▶ What kind of information can I get from WISH?
 - Injury mortality
 - Injury-related emergency department visits
 - Injury-related inpatient hospitalizations

www.dhs.wisconsin.gov/wish

Other potential sources of data

- ▶ SPHERE data
- ▶ Child Death Review data
- ▶ Wisconsin Violent Death Reporting System
- ▶ One-on-one technical assistance

Bright Futures & Childhood Exposure to Violence

Susan LaFlash, RN, BSN
Sexual Violence Prevention Coordinator

Childhood Violence

Violence in the lives of children can take many forms.

- ▶ Abuse: physical, emotional, sexual
- ▶ Neglect: emotional, physical
- ▶ Not feeling safe

Childhood Violence

- ▶ Children can experience violence by being *victims* themselves or by *witnessing* violence.

Childhood Violence

- ▶ Research is now emerging as to the magnitude of childhood experiences of violence, the impact on development and health.

Childhood Violence

- ▶ A recent study concluded that "Children experience far more violence, abuse and crime than do adults . . .

Childhood Violence

.. If life were this dangerous for ordinary grown-ups, we'd never tolerate it."

Finkelhor, David et al, "Children's Exposure to Violence: A Comprehensive National Survey", Office of Juvenile Justice, US Department of Justice

Childhood Violence

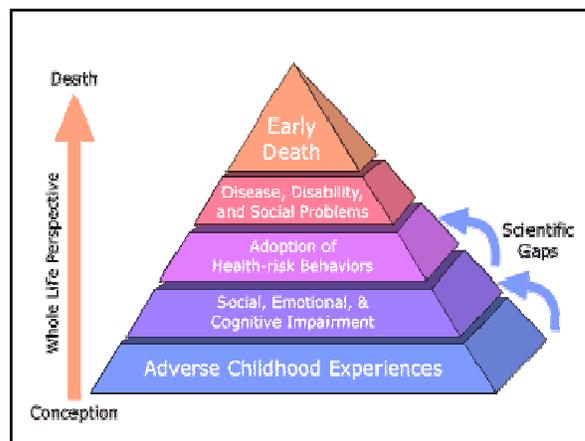
- ▶ The study found that 3 out of 5 children were exposed to violence, abuse or criminal victimization.

Childhood Violence

- 46% physically assaulted
- 10% mistreated by a caregiver
- 6% sexually victimized
- 10% had witnessed an assault within their family.

The Adverse Childhood Experiences (ACE) Study

- ▶ The ACE Study (www.cdc.gov) identifies health impacts of growing up in a household where violence occurs, and/or a level of dysfunction exists.



ACE Study

- ▶ A strong relationship linked the breadth of exposure to abuse or household dysfunction (the number of ACE) and multiple risk factors for leading causes of death in adults.

ACE Studies/Bright Futures

- ▶ Tying emerging issues of childhood exposure to violence to an existing evidence-based program of Bright Futures

ACE Studies/Bright Futures

- ▶ Bright Futures can be used as one tool to detect childhood experiences of violence.
- ▶ Bright Futures can be key to providing guidance to parents, and support to children.

ACE Studies/Bright Futures

- ▶ Bright Futures currently does not reflect the emerging research on violence.
- ▶ Its observations and questions need to be used aggressively by practitioners to address violence.

ACE Determinant: Household Demographics

- ▶ Household members are key in shaping a child's experiences.

One parent? Two? No parents?
Grandparents?
Non-parent adults?

ACE Determinant: Household Demographics

- ▶ Household members who served time, were sentenced to serve time in prison, jail or other correctional facility.
- ▶ Household members who are problem drinkers or alcoholics.

ACE Determinant: Household Demographics

- ▶ Household members who use street drugs or abuse prescription medications.
- ▶ Household members who are depressed, mentally ill or suicidal.

ACE Determinant: Basic Needs

- ▶ If there are challenges in meeting basic needs such as food, shelter, clothing, violence can become part of the experiences required to meet those challenges.

ACE Determinant: Basic Needs

- ▶ At all ages, as often as needed, observations / questions related to:
 - Tell me about your living situation?
 - Are you concerned about having enough money to buy food?

ACE Determinant: Recurrent Physical Abuse

- At all ages, Bright Futures calls for physical assessment where signs of abuse can be noted.
- At all ages, Bright Futures calls for observing how the parent and child interact, noting aggression or physicality.

ACE Determinant: Recurrent Physical Abuse

- ▶ Observations / questions related to:
 - Feelings of safety in the home.
 - Presence of adults in the household who hit, slap, kick, punch or beat each other up.

ACE Determinant: Recurrent Emotional Abuse

- At all ages, Bright Futures calls for observation of parent and child interactions and communication.
- At all ages, Bright Futures calls for assessment of the presence of emotional tension between parent and child.

ACE Determinant: Recurrent Emotional Abuse

- ▶ Observation / questions related to:
 - The child's feeling of being loved and supported at home.

ACE Determinant: Recurrent Emotional Abuse

- Recognition and responsiveness of parent to child's need to feel safe and comfortable.
- What parents say they enjoy most about the child. What is most difficult?

ACE Determinant: Recurrent Emotional Abuse

- How parents show pride in child's accomplishments.
- How affection is demonstrated in the family. Anger?

ACE Determinant: Academics/socialization

- ▶ As a child grows, Bright Futures asks questions to determine readiness for and enjoyment of school, friends, and extracurricular activities.

ACE Determinant: Academics/socialization

- ▶ Exposure to violence should be part of the differential diagnosis for any child who is failing at school, not making friends, engaging in risky social behaviors.

ACE Determinant: Sexual Abuse

- ▶ At all ages, the Physical Exam should include attention to sex organs for abuse.

ACE Determinant: Sexual Abuse

- ▶ Observation / questions related to:
 - Accuracy in naming body parts and their function
 - Can child identify a person to rely on if are scared or in need of help

ACE Determinant: Sexual Abuse

- Is the child afraid or shy about being in the presence of any specific adult?

ACE Determinant: Sexual Abuse

- Ask the child direct age appropriate questions about having sex or sexual experimentation
- Was it a choice or forced, was consent asked for and given.

ACE Determinant: Sexual Abuse

- ▶ Sexual violence is part of a differential diagnosis for symptoms such as struggles or failure in school, social settings, self-esteem.

ACE Determinant: Alcohol/drug Abuser

- ▶ Observation / questions related to:
 - Drugs, medication, or alcohol used by adult in the home?
 - Use in front of children?

ACE Determinant: Alcohol/drug Abuser

- Age appropriate questions as to whether alcohol or drug use by adults gets in the way of the child eating, sleeping or getting to school.

Intervene Early

- ▶ Develop trusting relationships with partners in your community who can assist in evaluation and follow-up of observations that the child is/was/may be experiencing violence.

Intervene Early

- Social service agencies, including child protective services.
- Children's Hospital of Wisconsin Child Advocacy Centers (<http://www.chw.org>, Programs & Clinics, Child Advocacy Centers)

Intervene Early

- Prevent Child Abuse Wisconsin (<http://www.preventchildabusewi.org>, Hot topics, Directory of Child Abuse Prevention Programs, search by county).

Intervene Early

- Sexual Assault Service Provider Agencies (www.wcasa.org, Get Help, search by county)

Intervene Early

- Information on local agencies working with abused women and families (www.wcadv.org, Local Services, search by county).

It is time . . .

- . . . to include protecting children from violence as a priority within the public and private health care systems.

It is time . .

- . . to stop worrying about embarrassing a family by asking direct questions.

It is time . .

- . . to recognize that violence in children's lives *can change the structure of the brain*, with resulting impacts that last a lifetime.

It is time . .

- . . to prevent a lifetime of mental and physical health problems for children.

It is time . .

- . . to protect our communities from personal and financial loss due to chronic disease, premature death, unhealthy life-style choices, repeat victimization, and the level of violence that is tolerated.

It need not be so

"Children and infants use a variety of adaptive response patterns in the face of threat, and, in a use-dependent fashion, internalize aspects of these responses, organizing the developing brain."

It need not be so

"Profound socio-cultural and public policy implications arise from understanding the critical role of early experience in determining the functional capacity of the mature adult – and therefore our society."

It need not be so

"Persistence of the destructive myth that 'children are resilient' will prevent millions of children and our society, from meeting their true potential."

Dr. Bruce Perry, The Child Trauma Academy, www.childtraumacademy

Injury and Violence Prevention Program Partners and Activities

- ▶ Maternal and Child Health Program
- ▶ Wisconsin Physical Activity and Nutrition Program
- ▶ Safe Routes to School
- ▶ Child Death Review
- ▶ Healthy Wisconsin 2020
- ▶ Injury Research Center at MCW

Injury and Violence Prevention Program Partners and Activities

- ▶ Injury and Violence Prevention Strategic Planning
- ▶ Sexual Violence/Domestic Violence/Child Maltreatment collaborating on each others strategic plans
- ▶ STAT visit recommendations

Injury and Violence Prevention Program Partners and Activities

Provide Technical Assistance Regarding:

- ▶ Data
- ▶ Programming
- ▶ Partners
- ▶ Resources

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