

**Report on Injury Prevention
Activities of Community Health and EMS
Targeting Medicaid-Eligible Youth**



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Report on Activities of Community Health and EMS in Injury Prevention Targeting Medicaid-Eligible Youth

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Report Period: 07/01/01 – 06/30/02

Introduction

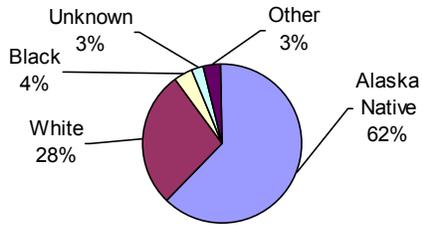
Evidence strongly suggests that low-income puts pre-school and grade school children at greater risk for all kinds of injuries. How does poverty impact injury rates among young children? There are a variety of contributing factors that, when taken together, reflect a pattern common among many disadvantaged people. Substandard housing often begets hazardous home environments. Frequent moves and not owning their own homes reduces incentive to invest in and install safety equipment. Mobile homes present greater risk for residential fires. Transportation is more likely to be in the form of rides in a variety of vehicles or taxis where children are not restrained adequately or consistently. Financial barriers, lack of education, diminished access to health care, and the overall distraction that poverty brings to every day life – all contribute to an environment of sub-optimal safety standards.

Since injury death rates among Alaska's youth are among the highest in the country, it follows that Medicaid-eligible Alaskan children are also at high risk for serious and debilitating injuries. This report describes serious injuries among the Medicaid population in Alaska, birth through age 20, and the efforts by injury prevention staff at the Section of Community Health and Emergency Medical Services to reduce them.

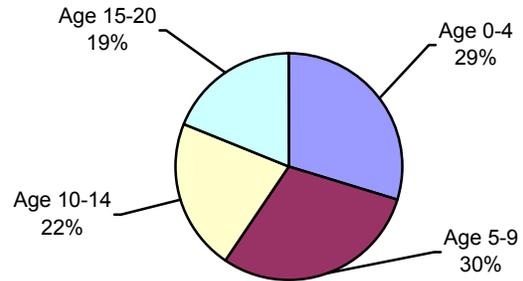
Deliverable 1 – Surveillance and Research

Serious injury among the Alaskan Medicaid-eligible population, birth through age 20, is described here using data from the Alaska Trauma Registry. The trauma registry consists of detailed information about the demographics, circumstances, and outcomes of all injuries occurring to Alaskans in the state that result in admission to the hospital. Data are collected from medical records by trained registrars at each of Alaska's 24 acute care hospitals. The Medicaid patient is identified through the data element, "payer source billed". This report describes the injured Medicaid youth under age 21, and covers the period 1995-1999. Data for the years 2000 and 2001 have been collected but due to a change in trauma registry software, not yet cleaned and released for analysis.

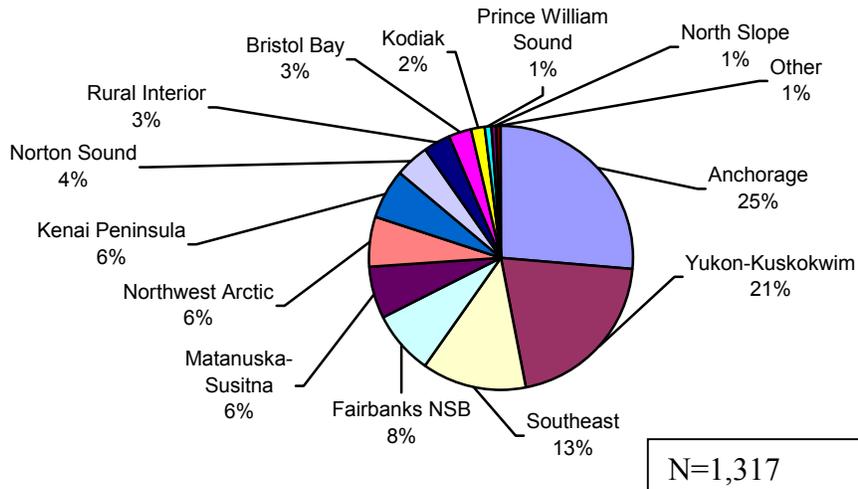
**Alaska Medicaid Patients
Age 0-20, 1995 -1999 [N=1,317]**



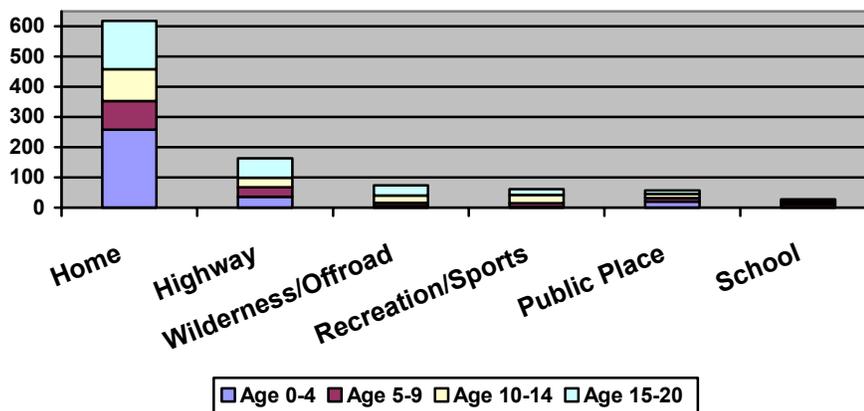
**Alaska Medicaid Patients
Age 0-20, 1995 -1999 [N=1,317]**

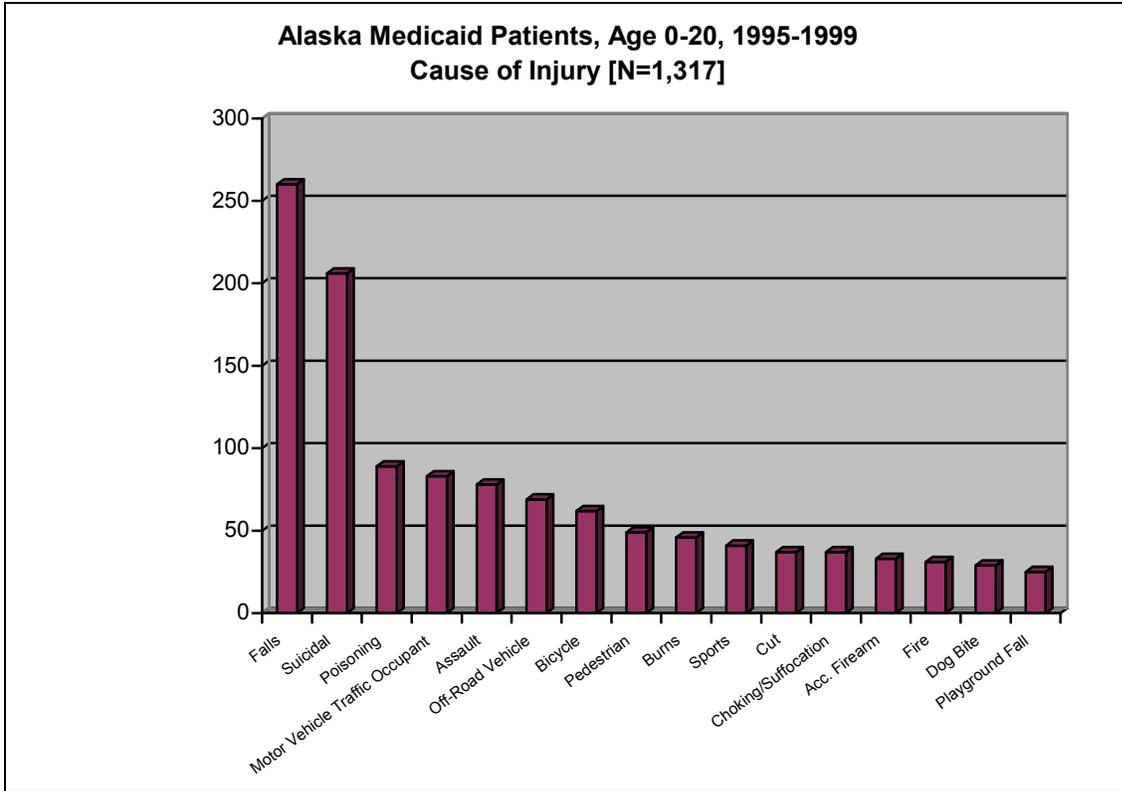


Alaska Medicaid Patients, Age 0-20, 1995 -1994

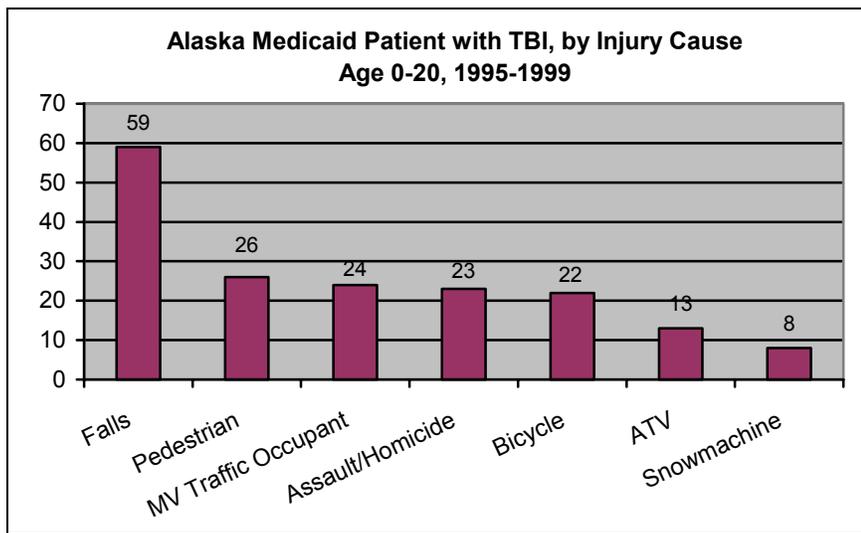


**Alaska Medicaid Patients, Place of Injury
1995 -1999**





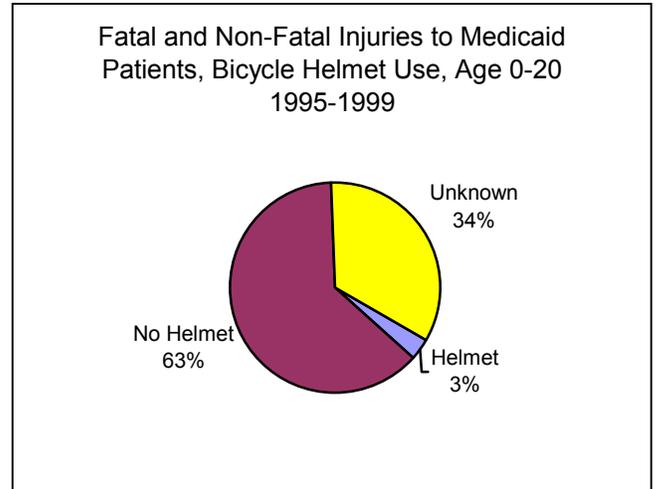
Of the 1,317 Medicaid patients, 17 died, 215 (16%) suffered a traumatic brain injury, 56 (4%) were permanently disabled, 39 were discharged to inpatient rehabilitation, two to skilled nursing care, and one to a residential facility. It is not known how many Medicaid-eligible children died at the scene from an injury. The chart below shows which injury categories are most responsible for the brain injuries sustained.



Helmet Use Observation Studies

Bicycle

Bicycle helmet use was observed during Helmet Observational Surveys from May 2000 to May 2001. The highest helmet use rates were in urban areas at 37%, the lowest in rural Alaska with Bethel, Dillingham, and Kodiak having 11%, 14%, and 17% respectively. Adults were observed wearing helmets 38% of the time, teens 16%, and children 34% of the time. Sitka had the highest child usage rate at 74%. Certain locations within communities had higher helmet usage patterns, such as the Glenn Highway bike trail in Anchorage with a helmet usage rate of 71%, while low socioeconomic neighborhoods a few miles away had rates of only 8-9%.



Akiachuk bikers



Bike Rodeo in Seward



Anchorage bikers

Off-Road Vehicles

Riders of snow machines are more likely to wear helmets than ATV riders. A helmet observation study performed from May 2000 to May 2001 showed that the average helmet usage for ATV riders was 13%, with teens (18%) and children (17%) seen wearing helmets more than adults (10%). Rural riders had 18% helmet usage vs. urban riders at 59%. The communities of Kotzebue and Point Hope documented hundreds of riders, but only 1-5% were observed wearing helmets. This suggests that the populations with the greatest exposure or risk are the ones least likely to be wearing a helmet.

The greatest disparity in helmet usage by urban and rural riders was seen among the snow machine users. The average observed helmet usage for riders in the areas around Anchorage and Fairbanks was 86% as compared to the rural average of 27% (Bethel, Kotzebue, Dillingham). Age group differences were also extreme. Kotzebue had the lowest helmet use by teens and children (0%), Anchorage the highest at 100% usage by children. Statewide averages showed helmet use by adults at 38%, teens at 61%, and children at 54%.



Snow machine event day in Kenai



Riders in rural Alaska

Cost of Injuries

The Trauma Registry only records costs of hospitalization for injury. The figures do not include physician services billed separately, laboratory work billed separately, ambulance service transport and patient care, outpatient treatment, rehabilitation, out-of-state hospitalization, and post-hospital care. Private institutional nursing care in Alaska can cost over \$100,000 per year. Even a daily eight-hour shift of practical nursing care at home costs close to \$60,000 per year. Severe burn injuries are transported to out-of-state burn centers. The average charge for pediatric admissions to burn centers is \$22,700 per case.

Using the costs in the trauma registry, however, identifies the costliest injuries for Medicaid eligible youth and serves as a basis for estimating the true financial burden.

Hospital charge estimates for Medicaid eligible youth admitted to a hospital due to injury, 1995-1999, Age 0-20. These costs are based on the average cost per injury category for a young person, age 0-20.

Injury Category	Cost per Case	Cost per Day	Hospital Days per Case	#Medicaid Patients (5 years)	Estimated Cost (5 years)	Estimated Cost per Year
Motor Vehicle Traffic Occupant	\$20,000	\$3,300	6 days	83	\$1,600,000	\$320,000
Pedestrian	\$23,000	\$4,100	5.6 days	49	\$1,100,000	\$220,000
Firearm	\$17,000	\$3,700	4.6 days	33	\$550,000	\$110,000
Off-Road Vehicle	\$11,000	\$3,300	3.3 days	69	\$69,000,000	\$13,800,000
Burns	\$7,800	\$1,500	5.2 days	46	\$360,000	\$72,000
Bicycle	\$10,000	\$3,300	3 days	62	\$620,000	\$124,000
Poisoning	\$4,100	\$2,600	1.6 days	89	\$370,000	\$74,000

Every \$1 spent on a bike helmet saves \$30 in direct medical costs and other societal costs.

Every \$1 spent on a smoke alarm saves \$69 in fire related costs.



Every \$1 spent on a child safety seat saves society \$32.

Every \$1 spent on poison control centers saves \$7 on medical costs.

Deliverable 2 – Medicaid Management Information Systems data link

The purpose of this element is to be able to link Trauma Registry information with patient hospital days and cost to the state Medicaid program. A long-standing vacancy in the Injury Surveillance and Prevention Program was filled in August with an individual credentialed as a Registered Health Information Administrator. There have been discussions with the Division of Medical Assistance and the Indian Health Service on this assignment, however, with the onset of HIPAA and its implementation requirements and the conversion of the state Medicaid computer system, it has not been possible to develop a data link with the State Trauma Registry during this report period. Once all are comfortable with the new computer system and the HIPAA regulations are defined for data exchange, we will be able to link the information between the Medicaid system and the Trauma Registry.

Deliverable 3a – Prevention Resource Materials

The Injury Surveillance and Prevention Program (ISAPP) provided resource materials to health providers serving the Medicaid population. The health professionals primarily targeted in this education were Public Health Nurses, Emergency Medical Technicians, Community Health Aides, and Healthy Families Home Visitors. A large percentage of the clientele of these providers are Medicaid-eligible children and their parents. The materials provided are commercially obtained or have been developed and published by the ISAPP staff, and specifically focus on the injuries prevalent among the young Medicaid-eligible population in Alaska.

Serious and Fatal Child and Adolescent Injuries in Alaska 1994-1998

The *Serious and Fatal Child and Adolescent Injuries in Alaska, 1994-1998* report, published in November 2001, analyzes five years of injury data from the Alaska Trauma Registry. Injuries are the leading cause of death for Alaska's children and adolescents. Beginning at age one, more Alaskan kids die of injury than of all other causes combined. For every Alaskan child or teen that is fatally injured, about 13 are hospitalized due to a non-fatal injury, and many more seek medical help at emergency departments, health clinics, and doctor's offices.

Although the report is not limited to Medicaid-eligible Alaskan children, it discusses in great detail all of the injuries for which the Medicaid population is at risk. The trauma registry's injury narrative describes location and environment, events leading up to and circumstances surrounding an injury event, alcohol/drug involvement and other risk factors, protective equipment used, and specific scenarios and activities involved during the incident. Injury categories can be further characterized by demographics, cause of injury, body part injured, severity of injury, length of hospital stay, outcome, and cost. With this plethora of information, each injury category can be thoroughly profiled, making this document a truly powerful planning tool for program selection, design, and implementation. (**Attachment - *Serious and Fatal Child and Adolescent Injuries in Alaska, 1994-1998***)

APEL – Alaska Prevention Education Ladder

This program is developed around the practice of anticipatory guidance for parents of Medicaid eligible children who are routinely seen for well baby and child checks by public health nurses. It is patterned after The Injury Prevention Program (TIPP) developed by the Academy of American Pediatrics, but modified to target injuries prevalent among Alaskan children and the environment and risk factors special to our youth population. (**Attachment: Choking and Swallowing Injuries**)



Poisoning Prevention

During the first three months of the National Poison Control phone number campaign (September – November 2001), the Oregon Poison Control Center received over 2000 poison calls from Alaska; 53.36% of those calls were made for infants and children five years of age and under. The top causes of poison calls for this age group were household cleaning substances, cosmetics, medications, and plants. Injury prevention efforts are aimed at educating parents and caregivers about specific poison dangers to children, and encouraging use of the 1-800-222-1222 poison control phone number. The “Poison Prevention-Alaska” and the "Plant Poisoning Prevention & Treatment-A Guide to Plants That Poison" brochures are available from the Injury Prevention office. Over 25,000 Poison Control brochures, stickers, and magnets highlighting the new national poison hotline have been distributed to communities across the state since February 2002. There is also an educational presentation available both online and on cd rom.



Snow Machine Event Day

In some parts of bush Alaska, snow machines are affectionately referred to as iron dogs. These motorized vehicles are the primary source of winter transportation in many rural areas of the state. This is how rural Alaskans travel from village to village, hunt, haul wood and water, as well as recreate. Users come from all income levels. These iron dogs do much of the work that dog teams did, but unfortunately, they do not think. Unlike their smarter bionic counterparts, iron dogs do not warn of water dangers or refuse to run at excessive speeds. Consequently, Alaska has an abnormal and increasing number of injuries and fatalities associated with snow machine use – drowning, crashes, avalanche, and exposure. ISAPP staff documented a snow machine safety program developed by Kenai Safe Kids Coalition, prepared a how-to manual, and distributed 20 Youth Snowmachine Safety Course packets to EMS and Injury Prevention personnel across the state. These course packets include lecture materials, handouts, videos, and displays. The goal of the program is to help parents of young snowmachiners decide if their child is ready to be on a snow machine, prepare properly for this activity, encourage helmet use, and learn safe riding habits through hands-on demonstration and one-on-one teaching.



Snow machine Safety Event Day, Kenai

Deliverable 3b – Technical Assistance and Training

The Injury Surveillance and Prevention Program (ISAPP) provided training to health providers serving the Medicaid population. The health professionals primarily targeted in this training are Public Health Nurses, Emergency Medical Technicians, Community Health Aides, and Healthy Families Home Visitors. A large percentage of the clientele of these providers are Medicaid-eligible children and their parents. The training this year has consisted of the Statewide EMS Symposium, the Injury Prevention Introductory Course, the ISAPP monthly electronic newsletters, and the ISAPP web site. These training opportunities have specifically focused on the injuries prevalent among the young Medicaid-eligible population in Alaska.

Statewide EMS Symposium Injury Prevention Track

The Injury Prevention Track of the 2001 EMS Symposium attracted emergency nurses, public health nurses, community health aides, paramedics and EMTs, as well as injury prevention specialists. There were 93 attendees in all. The topics and speakers were chosen to bridge the gap between provider care and prevention techniques. Emergency responders are in a unique position to contribute to the injury prevention program in two important ways: 1) through injury scene documentation which becomes part of the trauma registry record; and, 2) through their passionate injury prevention message based on eyewitness accounts of the devastating effects of injury. Anticipatory guidance in the clinical setting gives public health nurses and community health aides the opportunity to educate clients about the injuries for which their young one is most at risk. The sessions at the 2001 Injury Prevention Track included: Gatekeeper Training; Recognizing and Intervening in the Suicidal Patient; Child Passenger Safety in your Community; Poisonings; Avalanche Hazard Recognition; Snow Machine/ATV Related Death and Hospitalization in Alaska; and Crash Injury Mechanisms.



Injury Prevention Introductory Course

The CHEMS Injury Surveillance & Prevention Program (ISAPP) sponsored its first Injury Prevention Introductory course in Anchorage from June 24-27, 2002. This course brought together 22 participants representing various professions and locations throughout the state. The attendees included public health nurses, injury prevention and health education specialists, and EMS providers. The course covered the following topics: Injury as a Public Health Problem; Epidemiology & Data; Child Injuries in Alaska; Injury Investigations; Intervention Theory and Strategies; Crash Injury Mechanisms, Program Evaluation, Family Violence, Social Marketing, Advocacy, and short presentations on Alaska's Injury Prevention Programs & Resources. The students had the opportunity to network with other injury prevention professionals, as well as to participate in group activities to hone new skills learned in presentations. The Denali Safety Council demonstrated their Fire & Safety House as a potential education resource for the communities represented at the course. The participants were unanimous in their approval of the course contents, and most expressed the desire to attend more injury prevention educational activities.

The ISAPP Web Site

The Injury Surveillance and Prevention Program maintains an active website available for sharing information and resources on injury prevention activities across the state. Monthly activity calendars, electronic versions of the Injury Prevention and Trauma Registry Newsletters, pictures of injury prevention activities, information on training opportunities, a listing of injury prevention videotapes, and links to state and national injury prevention websites are provided. The Alaska Poison Control System also maintains a website for easy access to poison control information and materials for distribution.

The ISAPP electronic newsletters

The monthly Injury Prevention Newsletter is sent to subscribers of the AK-Prev, AK-EMS, and AHELP list-servs, reaching 200-350 injury prevention personnel, health education specialists, and EMS and other healthcare providers across the state. Copies are also sent via email to the Public Health Centers, SAFE KIDS Coalition members, and Native Health Organizations. The purpose is to share resources, breaking news, training opportunities, product recalls, and opinions to help prevent injuries to Alaskans. Sample articles:

Children and In-Home

Drowning: Staff from the U.S. Consumer Product Safety Commission (CPSC) recently released a report on non-pool home drowning incidents involving children under 5...

Unalaska Children Get Lessons in Survival.

(Anchorage Daily News December 15, 2001, Sarah Burrige, The Dutch Harbor Fisherman) Studies include hypothermia, hiking in rain, and cold-water safety. "While most American third- and fourth-graders are concentrating on the basics of reading, writing, and arithmetic, children in Unalaska are getting additional lessons in skills to help them survive in the harsh climate of the Aleutian Islands..."

Juneau SAFE KIDS is running an "I Got Caught" campaign this summer in their community. The campaign, promoted by Juneau SAFE KIDS and in cooperation with the Juneau Police Department and some local movie theaters, is about encouraging Juneau adolescents to wear a helmet while engaging in summertime activities like bicycling, in-line skating and riding scooters. If police see an adolescent wearing a helmet appropriately, they may stop them and reward their helmet wearing by giving them a movie pass.

CDC Injury Webcasts: The CDC as part of their anniversary held 4 webcasts on injury topics during the month of June. To watch the live broadcast in Alaska you could have gotten up at 7am to catch it. However, if you missed them all is not lost. The 4 programs are still available for you to view at your leisure. They are:

- The Sexual Abuse of Children: Shifting the Paradigm
 - Brain Injury: From the Inside Looking Out
 - Injury Symposium Featuring Lindsay Wagner
- You can access them at:

www.cdc.gov/ncipc/anniversary/webcast.htm

Toxic tree lights: Bubble tree lights are back; but the Good Housekeeping Institute's December 2001 Safety Report recommends that you not buy them. According to the report, the lights contain methylene chloride, a toxic liquid used in paint removers and pesticides.

Injury Prevention “Best Practices” Manual

ISAPP and their injury prevention partners statewide are collaborating on a manual featuring injury prevention programs in Alaska that have been successful or shown promise of effectiveness. The format shown below was reviewed and approved by the Child Injury Prevention Advisory Committee, and has been distributed to injury prevention specialists statewide for their contributions. The manual will be continually expanded and updated, and on-line for easy reference.

The first manual release will be December 31, 2002. Updates will be amended every quarter thereafter. The entries to be included in the manual for the first year are as follows:

- Ski Helmet Project, Martha Moore (ISAPP Manager)
- Poisoning Prevention Activities, Zoann Murphy (ISAPP Planner)
- Snow Machine Safety Event Day, Zoann Murphy
- Alaska Prevention of Fire Related Injuries Project, Mary Krom (ISAPP Project Director)
- Injury Prevention in a Bag, Karen Lawfer (ISAPP Specialist)
- APEL – Alaska Prevention Education Ladder, Alice Walters, (ISAPP Specialist)
- Dog Bite Prevention Program, Ron Perkins (Executive Director, Alaska Injury Prevention Center)
- Kids Don’t Float, Martha Moore
- I Got Caught, Karen Lawfer
- Child Passenger Safety, Gordon Glaser (ISAPP Specialist)
- Gun Safe Storage Project, Helen Andon (Injury Prevention Program Director, Alaska Native Tribal Health Consortium)
- Risk Watch, Jodie Hettrick (Department of Public Safety)
- Surviving Outdoor Adventures, Marian Allen (Schools Program Coordinator, Alaska Marine Safety Education Association)
- Float Coat Sales Program, Ron Perkins
- Pedestrian Safety Program, Ron Perkins
- Little Ones in the Dark, Ronnie Sullivan (Executive Director, Southern Region EMS Council, Inc.)
- PACE – Planning to Avoid Childhood Emergencies, Ronnie Sullivan
- IMPACT – Alaska, Ronnie Sullivan
- CHIPP – Children’s health and Injury Prevention Program, Ronnie Sullivan
- The Driver’s Seat is a No-Buzz Zone (Love Letters), Ronnie Sullivan
- Safety Shop, Kathy O’Gara (Injury Prevention Specialist, South East Alaska Region Health Consortium)

Program Title

Objective:

Problem Statement:

Strategies and Activities:

Evaluation:

Cost:

Contact:

PICTURE

QUOTE

(Attachment – completed manual entries)

Deliverable 3c – Programs and Safety Devices

The decision of Alaska’s Division of Medical Assistance to invest in injury prevention targeted toward the Medicaid population represents an innovative and pro-active approach to reduce injuries to the Medicaid population and the Medicaid costs associated with those injuries. As a partner in this initiative, ISAPP has designed and implemented programs based on the injury data available and on well-established principles in injury prevention program design and delivery. Staff use the very valuable “injury narrative” section of each trauma registry record to pinpoint the risk factors and activities specifically involved in each injury category.

The injury prevention programs and safety devices promoted by the ISAPP staff have specifically focused on the injuries prevalent among the young Medicaid-eligible population in Alaska, recognizing that cost-shifting has resulted in a Medicaid population that is increasingly Alaska Native in make-up.

Successful injury prevention programs are community-based, even when originating from state or national initiatives. The degree to which they can be replicated is a predictor of the statewide success of a program. Environmental change has been shown to be the most effective strategy in injury prevention and the distribution of safety devices coincides with this strategy. Education and public policy are also useful strategies and are most effective when implemented in combination with environmental change. Clinic-based education has been shown to be particularly effective and is often our most reliable access to these individuals in a teaching setting.

Injury Prevention in a Bag

The injury prevention in a bag program was designed to provide home safety education and devices to high-risk households. Training will be provided to any interested groups, such as Healthy Families, Headstart, or Village Health Aides, on home safety inspections and the installation of safety devices. By utilizing individuals that are already visiting in the home, research has shown that participants will be more willing to accept inspections of their home and to use the safety devices provided.



The program objectives are:

1. To educate existing home visiting groups of unintentional injuries and related hazards in the home
2. To train home visitors to perform home safety reviews and provide the devices necessary to reduce hazards in the home
3. To integrate injury prevention information and messages into home visits
4. To improve safety and prevent injuries in homes visited by participants

Room by room inspection will be completed utilizing a home safety checklist (what to look for, appropriate devices and educational material on different hazards based on age). Programs utilizing the injury prevention in a bag program will also be gathering initial baseline and follow-up data for evaluation and to determine effectiveness.

Smoke Alarm Distribution and Fire Prevention

Rural

The rural smoke alarm distribution and fire prevention program prioritizes working in homes at higher risk for residential fire. Higher risk homes include homes with families of limited income, children 5 years of age and younger, and adults 65 years of age and older. The program checks existing smoke alarm function and will install new smoke alarms as needed to ensure that high risk residential communities are protected from injury or death by an early warning device, i.e. a smoke alarm. An educational unit is a strong component of the program. Education is done one-on-one with the home occupants and covers basic fire safety such as home escape plans and their practice, and fire prevention behaviors like placing all matches and lighters out of sight and reach of children. The rural program got under way in the spring of 2002 and carries forward through several more years. To date, six communities have received a canvass effort and 246 homes have voluntarily enrolled in the program. Between 20 and 25 villages are slated for program implementation over the next year with the potential of reaching 4,000 to 6,000 residents.



Urban

The smoke alarm distribution in Alaska's urban centers (Anchorage, Juneau, and Fairbanks) targets multi-family dwellings and other high risk dwellings as defined by the State Fire Marshall.

Kids Don't Float

From 1990-1998, ninety-eight Alaskan youth drowned. The drowning rate in Alaska during this period was two and a half times the national average. Coast Guard data tells us that most of the fatalities occur in open skiffs or canoes; over half of Alaska drowning incidents occur in lakes and rivers, 22% of boating fatalities were 18 and under, and over 90% of fatality victims did not wear a life jacket.

The ***Kids Don't Float*** (KDF) program was developed for the Katchemak Bay area in 1996 to respond to the high drowning rate among children in that region. This pilot program consisted of water safety education and 15 life jacket loaner boards around the bay. In 1997, the Coast Guard and ISAPP collaborated to extend the loaner board component to all regions of the state. Every year, with the assistance and commitment of many local organizations and individuals, more boards are built and personal flotation devices (PFDs) supplied through Medicaid and other funding sources. Today there are over 300 sites by lakes, rivers, and bays in virtually every

region of Alaska. Kids Don't Float has received two national awards and was adopted by National Safe Kids as a national program.

Since July 1, 2001, 82 sites were put up in villages and communities throughout Alaska. ISAPP has been able to provide 450 PFDs to new sites and already existing sites. This program was formally evaluated and a 100% increase in PFD use was demonstrated in a Southeast Alaskan village after the board was put up. Observation studies evaluate the ongoing effectiveness of this program. There have been four documented "saves" of children who very probably avoided drowning because of a KDF life jacket handy. Anecdotally, many board sponsors report a significant increase in PFD use.

"The PFDs are used daily from March-August. September-February PFDs are used most on weekends. Children on docks must have a PFD on. Thank you for this program. It works here!!!"

Donna Williams, Mayor, City of Klawock



Safe Gun Storage

A project on the use of firearm storage cabinets in rural Alaska was implemented in conjunction with the Alaska Native Tribal Health Consortium, the Southeast Alaska Regional Health Consortium, Tanana Chiefs Conference and Bristol Bay Area Health Corporation. The purpose of the program is:

- To validate the findings of a firearm storage study conducted in the Bristol Bay area in 2000.
- To determine and compare gun owner compliance with trigger locks and gun storage cabinets.
- To compare the regional differences in gun cabinet use in Alaska.

Site coordinators will place gun storage cabinets and provide education on the positive aspects of firearm safety such as protecting children from unintentionally discharging a weapon and keeping firearms safe from theft.

Evaluation will consist of random, unannounced surveys of firearm storage in the homes receiving cabinets or trigger locks at six-months and more than 1 year intervals. The evaluation will not only look at use of the safety device but will ask gun owners about their satisfaction of the device and reason(s) for compliance or non-compliance.



Child Passenger Safety: Steady progress in Child Safety Restraint Use in Alaska

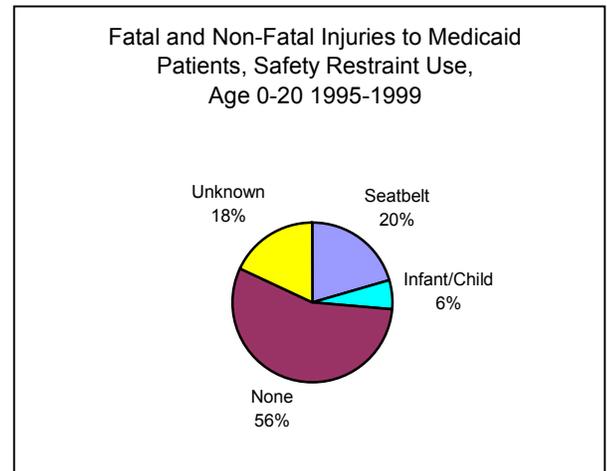
ISAPP collaborates with the Alaska SAFE KIDS Coalition to implement a significant program to improve safety for young children traveling in motor vehicles. Motor vehicle crashes are the single leading cause of hospitalization of Alaskans age 0-19 years of age. In Alaska over 40% of children continue to ride unrestrained. Child safety restraints (CSR), when correctly installed, are estimated to reduce the risk of death as much as 71% for infants. CSRs can be expensive and often difficult to install. After they reach 40 lbs, children need to be restrained in booster seats until they are big enough to fit properly in an adult seatbelt. This year, we have focused education on the importance of booster seat use among 4-8 year olds.

Our efforts also focus on developing the capacity to provide trainings on child safety restraints in Alaska. We now have five in-state National Highway Traffic Safety Administration (NHTSA) certified CPS instructors and have trained over 150 NHTSA certified technicians from Ketchikan to Barrow. We have conducted the NHTSA four-day technician trainings in Kenai, Juneau, Anchorage, Fairbanks, and North Pole. We have pilot tested a new NHTSA two-day child passenger safety course targeted for childcare providers to several different audiences. That program has been modified and is now a standard course. Dr. Marilyn Bull of Riley Hospital in Indiana, with our support, conducted the new NHTSA two-day course targeted to those who work with children with special needs. There is continual need for the correct child restraint for children with special needs and for personnel with the expertise to install them.

Throughout the state, we have provided training on CSR and conducted periodic child safety restraints checks-ups. With support from General Motors and Ford Motor Company, we have distributed over 1,000 child safety seats and boosters to Medicaid-eligible children. Each major and many minor communities now have someone trained in child passenger safety. CSR checkups were held in small Russian villages on the Kenai Peninsula, Seward, Sitka, Homer, Juneau, Fairbanks, and Anchorage. This year the CPS safety van, traveling on the Alaska Marine Highway ferry system, will conduct CPS events in Juneau, Sitka, Angoon, Hoonah, Haines, Ketchikan, Wrangell, and Petersburg. A second van will be used to conduct events at Eielson Air



Force Base, Fairbanks, Kodiak, and communities in the Matanuska-Susitna Borough and Kenai. We have provided training and CSR for the Division of Family and Youth Services workers in Juneau and Anchorage, Headstart families, and Native Health Corporation programs.



Medicaid Expenditure Report

Personnel Services:

Karen Lawfer, Health Program Manager II (.39 FTE)

- Karen has developed the Injury Prevention in a Bag Program including: collaboration with Maternal Child and Family Health Healthy Families Program, research into effective safety devices, ordering of devices, and making presentations at various health provider summits to promote the program.
- Karen prepares and distributes the ISAPP Electronic Newsletter every third month.
- Karen has collaborated with the Alaska Native Tribal Health Consortium to set up the Safe Gun Storage pilot project and ordered the gun safes.
- Karen has done the planning and coordination for the Safe Kids van in Southeast Alaska, setting up an ambitious ferry schedule for the van for the summer of 2002, recruited car passenger safety technicians for participation, and will assist with several of the safety check events.



Alice Walters, Health Program Manager II (1.0 FTE)

- Alice has developed the APEL program, participates in the preparation of the APEL training cards, and has presented this program and the concept of “anticipatory guidance “ at various health provider summits.
- Alice attends the monthly public health nurses meetings, has presented to the group on injury prevention topics, surveyed all public health nurses on safety devices needed for distribution to clients, and ordered safety devices.

Maria Bailey, Administrative Clerk II (.50 FTE)

- Maria is responsible for ongoing tabulation of the Kids Don't Float Loaner Board sites, contact with board sponsors via the annual survey of needs and update information, and ordering of PFDs.
- Maria is responsible for updating the ISAPP web site with reports, newsletters, calendar, links and resources.
- Maria administers the fire prevention grants.
- Maria makes travel arrangements for staff and processes travel authorizations.
- Maria supports ISAPP staff administratively.



Travel:

The travel expenditures from the Medicaid MOA covered car safety seat training, injury prevention planning meetings, injury prevention presentations at health provider summits, staff attendance at the EMS Symposium Injury Prevention Track, and staff attendance at the Introductory Injury Prevention Course.

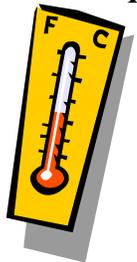


Contractual:

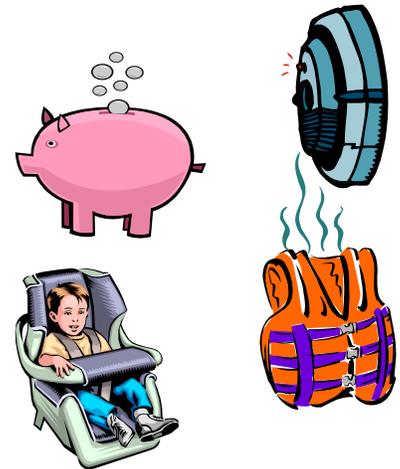
Southern Region EMS Council, Inc. Professional Services Contractor

- Southern Region EMS received a \$16,000 grant to coordinate the Introductory Injury Prevention Course in Anchorage, including meeting room rental, lodging of students, and travel and lodging for speakers.
- Southern Region EMS received a \$5,000 grant for their administrative support of the Injury Prevention Track of the EMS Symposium and speaker travel and lodging.
- Super Station air time for Booster Seat public service announcement.

Supplies:



- Staff computer upgrades (\$7,000)
- Computer Software for Web Design
- Injury Prevention Supplies (\$30,000) for Healthy Families Home Visitors under Injury Prevention in a Bag Program and for Public Health Nurses for anticipatory guidance and distribution under APEL.



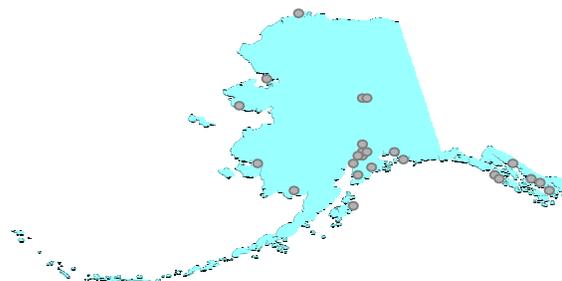
Grants:



Workshop.

Southern Region EMS Council, Inc.

- Southern Region EMS received a \$25,000 grant to coordinate trauma registry data collection from all 24 Alaskan acute care hospitals in the state. This includes the reimbursement of registrars, data entry, and hosting the Annual Trauma Registrar



All 24 Alaskan hospitals contribute data to the Alaska Trauma Registry.

Plan for Next Year

Alaska Medical Assistance is just one of several funding sources for the Injury Surveillance and Prevention Program, but it is one that has particularly brought to light the plight and needs of the low-income population in Alaska. The under-privileged population is at risk for injury; but, they do not have to suffer the consequences of that risk, as many injury prevention programs both nationally and locally attest.

The plan for next year's effort in injury surveillance and prevention for the Medicaid population is as follows:

1. Continue to monitor serious and fatal injuries among youth served by Medicaid.
2. Provide continuing injury prevention training for ISAPP staff and for health professionals through courses, symposium, presentations, web casts, and the electronic newsletter.
3. Provide resources to injury prevention advocates statewide to include data, publications, safety devices, training and funding opportunities, and legislative updates.
4. Continue to document successful Alaskan injury prevention programs, pilot new programs, and evaluate existing programs.
5. Continue collaboration with injury prevention partners, especially those serving low-income populations such as the Alaska Native Tribal Health Consortium, the regional Native Health Corporations, Public Health Nursing, Migrant Workers Programs, Head Start, Healthy Families, EMS personnel and many others.
6. Continue participation in the Child Injury Prevention Advisory Committee and collaborate in the development of a Statewide Child Injury Prevention Plan, Best Practices in Injury Prevention Manual, and program design and implementation strategies, representing the needs of the Medicaid population.

Specific Projects Planned for 2002-2003 State Fiscal Year

- Injury Prevention in a Bag Training for Healthy Families
- APEL (Alaska Prevention Education Ladder) Training
- EMS Symposium Injury Prevention Track: Cold weather injuries, avalanche safety, teen driving, sports injury, and snow machine safety.
- Injury Prevention in a Bag for EMS - program development
- Injury Prevention Introductory Course
- Maintain supply of safety devices for distribution to home visitors and public health nurses.
- Off-road vehicle injury prevention plan

- Fall injury prevention plan
- Car Passenger Safety training, certification, and inspections.
- Kids Don't Float survey and support for new and existing sites.
- Kids Don't Float peer education
- Teen Safety Kiosk in the High School
- Smoke detector distribution: grants and smoke detectors will be awarded to Norton Sound Health Corporation, Bristol Bay Health Corporation, Southeast Alaska Regional Health Consortium, Maniilaq Health Corporation, Yukon-Kuskokwim Regional Health Corporation, and Tanana Chiefs Conference for distribution to the homes of surrounding villages.
- Gatekeeper Training - Suicide Prevention Video
- "The Force is with You" teen driving curriculum

This report was written and compiled by the Injury Surveillance and Prevention Staff. For more information please contact:

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