

## Child and Adolescent Safety

### Parallel Mon 3.2

#### 176 TEACHABLE MOMENTS

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**Background** Every year more than 12,000 children aged 0 to 14 visit the Graz Department of Paediatrics Emergency Room after an accident. Additionally, more than 5,000 babies are delivered at the Department of Obstetrics – both departments are located on the State Hospital's campus in Graz.

**Objectives** How can we reach parents of young children with safety messages? When is the best time to teach parents about child safety?

**Results** From our long-term experience we look to very important teachable moments to inform and teach parents of young children about child safety.

The first moment is around birth. For this purpose, we adopted the idea of a child safety house from Australia and built the first Austrian Child Safety House next to the Department of Paediatrics in Graz. The house makes it possible to show expectant and new parents how to make their homes safe.

The second moment is when parents accompany their children after an accident as inpatients in the hospital. And for that purpose we adopted a best practice project from Israel, called bedside counselling. This project aims first to inquire after the exact circumstances of the accident; second to improve parents' level of knowledge about safety through a personal discussion with a safety expert and with information sheets that cover limited age ranges; and third to monitor the effectiveness of the counselling with a follow-up phone call. This project was very effective for parents of children up to the age of 8. Moreover, we discovered that after an accident, even if the injury was not severe, parents were more traumatised than we had expected.

**Conclusions** The bedside counselling program and the child safety house tours demonstrated that these critical moments of parents' lives should be used to make their homes safer for babies and young children and to motivate them to think about safety more broadly.

#### 177 HOW TO CHOOSE WHO TO FOCUS ON? NATIONAL STUDY TO IDENTIFY RISK GROUPS FOR CHILD INJURY

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**Background** Identifying populations at high risk for injury is a key step in developing effective strategies to reduce overall burden of injuries and gaps in injury rates between different segments of the population. This need is even more pressing in times of economic crises. Israel's population is diverse representing different ethnic, socio-economic, religious and cultural groups. Comparing child injury risks among different segments of the Israeli population enables us to identify high risk groups and their proportion of injury burden.

**Methods** Child population in Israel was divided into 27 groups based on cultural and ethnic affiliation (Jews, Arabs, Haredi, and Bedouin), socio-economic status (SES), age group and region

based on municipal level data. We calculated the rate of child injury per group using mortality and hospitalisation data. The relative proportion of each group's injury burden to maximise the impact of future targeted interventions was calculated. Finally, we used cluster analysis to rank each group into one of four injury risk groups.

**Results** Bedouin children of low SES aged 0–4 years, in the southern region, were identified as top priority for intervention (mortality rate of 29.3 per 100,000, hospitalisation rate 807.8 days per 10,000). This group is 1.0% of the child population yet carries 8.3% of the mortality burden. The lowest priority cluster, constituting 85% of the child population includes the entire Jewish population at all SES levels as well as a minority of the Arab children (mortality rate of 2.5 per 100,000).

**Conclusions** This study points at young Bedouin children as the highest risk group for injuries in Israel. Based on these findings they have been targeted for prevention efforts by national and local authorities for 2016–2020. Focusing on feasible, cost-effective, proven, and tailored interventions for at risk populations, in cooperation with community leaders, may achieve considerable and lasting improvement in safety.

#### 178 INJURY PREVENTION IN FINLAND AMONG PEOPLE UNDER 25 YEARS 2009–2014

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**Background** National action plan for injury prevention among children and youth in Finland was launched in 2009. National Institute for Health and Welfare (THL), national research and expert agency under the Ministry of Social Affairs and Health (MSAH), has coordinated the program. National action plan includes 216 objectives and proposed measures to promote and prevent accidental injuries and suicides.

**Description of the problem** Around 122 Finnish children and young people under the age of 25 die annually in accidental injuries and 13,500 are hospitalised (2011–2013). Accidental injuries remain the leading cause of death under the age of 25. Majority of the deaths (83%) occur to 15–24 year olds. Around 25 percent of all 15–24 year-olds who die from accidental injury are intoxicated. Traffic accidents are the most common accidental cause of death in this age group. Accidental falls are causing most of the treatment inpatients periods in hospital, respectively.

**Results** Despite the continuous decrease of deaths from accidental injuries since the 1970's, accidental injuries causes major health losses among children and youth. The objectives, measures and their implementation and responsibilities of the National action plan are divided into a number of different experts and government departments. Legislation and national policy guidelines, as well as statistics and databases are generally at a good level in Finland. The monitoring of the management and implementation should be paid more attention.

**Conclusions** In order to be successful a National action plan requires high level recognition and adequate resources together with systematic coordination. National action plan is essential to be approved by the appropriate ministries and politicians. That made possible and empowered the national level activities and promoted a network of cooperation between the different actors. There is need for targeted accidental injury prevention especially for youth from 15 to 25 years.