REPORT FROM THE FIELD

Developing a regional network for preventing injuries of children and adolescents: the Region X experience

Margaret A West

In the United States the Department of Health and Human Services has designated 10 regional groupings of states, each of which has some responsibility for injury prevention. Region X is one of the largest in area and its rates for deaths for children from drowning and for youth from suicide are significantly higher than the national rates. The region covers three time zones, extending from the eastern border of Idaho to the western border of Alaska, a distance of over 4500 miles. About 10 million people live in these states, which are predominantly rural and whose population represents different ethnic and cultural backgrounds.

Developing and implementing effective strategies for injury prevention in such a large area with such diverse and spread out populations present many difficulties. Only two of the region's states have medical schools or graduate programs in the health sciences. There are long distances between population centers and from the resources used in injury prevention.

In 1992 I began to work on the development of a network to strengthen injury prevention involving state maternal and child health programs. The Maternal and Child Health Bureau has supported and assisted these efforts by providing encouragement, information, and financial support. The network brings together professionals working to prevent injuries, to stimulate programs, and to develop collaborative, interdisciplinary, interagency efforts. Through meetings, teleconferences, and sharing information and experiences, a forum has now been created for information transfer, for strengthening collaboration efforts, and for the continuing education and training of professionals.

Objectives

- (1) Provide training, information exchange, and technology transfer among professionals in the region of topics identified by network members.
- (2) Develop regional data collection and reporting based on data outlined in Healthy People 2000.
- (3) Examine state, regional, and national data to identify new and emerging issues for prevention efforts.
- (4) Obtain and disseminate information about new priorities and about the availability of funding for injury prevention efforts.

Activities

The initial nucleus for the network was drawn from staff working on injury prevention in maternal and child health, injury prevention, and emergency medical services programs in state health departments and state highway safety offices. The network has had strong support for its efforts from all directors of maternal and child health services in the region. Additional participants come from community programs, including SAFE KIDS coalitions, hospitals, and other safety coalitions. Federal regional offices of the US Public Health Service; Maternal and Child Health Bureau, Indian Health Service; National Highway Traffic Safety Administration and the Consumer Product Safety Commission have also participated.

Agendas are developed by participants through quarterly teleconference calls. These calls also serve as a vehicle for sharing information about current activities and opportunities for program and/or grant development, legislation, and reporting progress on specific, targeted activities, such as the injury data book.

Outcomes

As the meetings of the network move among the states, each meeting provides an opportunity to showcase different programs in the host state. This gives network participants an opportunity to hear directly from the staff working in programs that have demonstrated success or promise.

Sharing of information has included: the dangers of baby walkers; adapting adult and youth versions of 'Sober Roadways' for use in other states; completing of a regional data book on child and adolescent fatal injuries; two special issues of *Northwest Bulletin* — a regional maternal and child health newsletter on injury prevention; increasing state applications for grants focusing on injury prevention; and sharing drafts of, and experience with, prevention legislation.

In addition, the US Public Health Service regional office provided leadership and co-sponsorship for two regional conferences focusing on injury prevention in which network members have participated.

Challenges

Many of the reasons that created the need for the network also provide the challenges in

US Public Health Service, 2201 Sixth Avenue, RX-27, Seattle, WA 98121, USA

Correspondence to: Dr West.

maintaining it. Most significant among these is the size of the region and expense of travel. Regardless of where the meetings are held participants from at least two states must travel by air, and all except participants from the host state must stay overnight at least once. During the last year travel has been made even more difficult by state policies that place restrictions on out-of-state travel. Thus, finding a consistent source of funds to pay for travel has been a challenge.

Resources to initiate activities and keep up with information are limited. To date these activities have relied heavily on the regional office staffs of the Public Health Service maternal and child health consultant and the National Highway Traffic Safety Administration. Another challenge has come from finding ways to establish an equity of focus among small and larger population states, and among experienced and inexperienced professionals.

Reflections on the future

The experience of developing a regional injury prevention network has provided a special opportunity for learning. The maternal and child health regional program consultant in the

Region X office of the US Public Health Service serves as both a catalyst and convener for a gifted and dedicated group of professionals. The recognition by the Maternal and Child Health Bureau of the importance of injury prevention, and the need for interagency and interdisciplinary collaboration to address these efforts, provides a vision towards which those in the region must work.

The challenge of maintaining information and expertise that is accessible to the large geographic area and diverse population in these states can best be met through continued strengthening of this network. The Harborview Injury Prevention and Research Center at the University of Washington has recently been awarded funds by the Centers for Disease Control and Prevention to support this network. The activities include establishing a discussion group on the Internet that can be subscribed to at no cost (InjuryNet), creating training fellowships tailored to specific goals of the participants, and sponsoring an annual meeting of the network.

Margaret West is the Regional Program Consultant for Maternal and Child Health, Region X Field Office of Health Resources and Service Administration, Department of Health and Human Services.

Fastest toddler

A snippet from a London, England newspaper describes 'A very lucky toddler, left rigid with terror but alive . . . after surviving a speedy five kilometre ride down country roads, clinging to the back of his mother's four wheel drive'. Apparently the 2 year old 'hopped on to the car just before it took off', with the mother driving at speeds of up to 89 kmh 'unaware her son was clinging to the back . . .' until another motorist flagged her down (*The Age*, 11 May 1996).

Mistaken pie wagon

A report in *The Age* (Melbourne, 9 May 1996) tells of a New Zealand woman who had too much to drink and might have driven home without incident if she hadn't mistaken a police van for a pie wagon and stopped for a snack.

Smoky statistics

Did you know that smoking is the leading cause of statistics?

Slaughter a sheep

The indefatigable David Bass (African regional correspondent for *Injury Prevention* and sometime surgeon), sent a clipping from the *Cape Times* (9 May 1996) entitled 'Slaughter a sheep - I've just passed my driving test'. It states that in the United Arab Emirates capital of Abu Dhabi, passing the driving test is often 'a cause for hysterical joy, tears, prayers and a sheep braai'. One successful applicant said, 'It's like a doctorate. It took me six years to get it'.