

FEATURED PROGRAMME

The Connecticut Childhood Injury Prevention Center—the first six years

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The Connecticut Childhood Injury Prevention Center was established in September 1990 as a collaborative effort between Hartford Hospital, the University of Connecticut School of Medicine, and the Connecticut Chapter of the American Academy of Pediatrics. In 1993, the Connecticut Children's Medical Center became the fourth major institution to participate. The center's mission is to reduce injury related death and disability among Connecticut's children. It accomplishes this through community programs, professional education, research, legislation, and advocacy. We believe that the lessons we have learned from our first six years of operation can serve as a model for others who wish to engage in collaborative, community based, data driven injury prevention programs in their own communities.

At the outset, we had no money, nor hope of any substantial government support. We did however, have two committed individuals who had previously engaged in injury prevention activities. They both held full time clinical positions at Hartford Hospital, and initially did most of the injury prevention work in addition to their regular duties—what in the business world is called sweat equity. Their own full time positions became the first 'home' for the center. They shared, and later were able to share with others, a common vision of what was possible.

We wanted to have great impact, but we recognized at the outset that we did not have the resources to start big. We mapped a strategic plan which involved smaller, community based projects within towns or neighborhoods which would allow us to build a track record. We also recognized that obtaining data is crucial in order to set priorities, convince others, and evaluate the effectiveness of such projects.

There were a few substantial barriers as we began. We lacked credibility in our own right, and we also soon realized that our collaborating members also lacked credibility with many community groups. We had some in-kind support but no defined budget. We had few business management skills, and no apparent accounting or financial support at the outset. And although as individuals we had done some injury prevention work, our limited track record would make it hard to apply for large competitive grants. Many of the ideas for our projects derive from the time we spend watching and listening to things going on around us. As clinicians we remain enmeshed in normal day to day care giving. When we noticed that

contact burns seemed to be occurring frequently in our ambulatory care center, we began to ask parents about them. This work led to two very low cost projects which defined irons as a major cause of burns in our population. This data was presented and published, but most importantly, has caused clinicians to think about safe ironing practices among their patients.^{1 2}

A newspaper article that attracted our attention was about a suburban town that was concerned about children being struck by school buses as they boarded and exited the bus. School transportation officials were planning on using a pavement stencil to mark an area for children to wait to board the bus in the hope that this would reduce injuries. We immediately saw the potential for a controlled evaluation of this intervention, and with the town collaboratively developed a scientific study with matched groups of elementary schoolchildren, trained parents as observers, and demonstrated that the student's behaviour was changed both in boarding and exiting the bus. These data were also presented and published, and this town, as well as others, had a low cost method to increase safe bus riding.

In 1990, highly publicized newspaper articles in Hartford as well as discussions with families and community spokespersons convinced us that teen violence needed to be an important area of focus for us. Until that time childhood injury was largely synonymous with unintentional injury. Contemporaneously, a local foundation that was liquidating its funds issued a request for proposals to address children's health issues. We submitted a proposal, received funding, and as a result we initiated the first community based adolescent violence prevention program in Connecticut. Now completing its fourth year, the program is partially supported by the State of Connecticut, has trained over 250 trainers and 3000 children in conflict resolution skills. More importantly, through its public relations effort, it has raised the level of priority for this issue around the state, and empowered community groups to advocate for support of other efforts.

Legislation and advocacy have also been important foci for the center. By working closely with the government lobbyist for the Connecticut Chapter of the American Academy of Pediatrics, we extended our community based bicycle safety programs into the legislative arena by working to write and pass bicycle helmet legislation for children, enabling Con-

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necticut to be the third state in the US to pass such a law.⁴ An improved child restraint law, legislation eliminating any acceptable alcohol level for adolescent drivers and implementing graduated licensure, the establishment and funding of a dedicated section of injury prevention within the state Department of Health strengthened playground safety standards, and a childhood injury prevention license plate to raise funds for injury prevention work, have all been enacted during the past six years.

We believe that the ability to do significant work primarily involves collaboration. In order to develop a track record, take on small, doable projects. Deliver the goods....you can't sell yourself more than once or twice if the effort doesn't deliver. You must be competent and appear competent in whatever you take on. Each project involves different collaborators, but soon, if you do a few, you have a network that becomes synergistic. And last, get noticed. This includes not only within the scientific community, but also in the lay community, through the media, community events, appearances at group functions etc.

As a result of laying this kind of groundwork, we now find that many groups, agencies, and individuals approach us with ideas and requests. We have just piloted a teen suicide prevention project, an area which is completely new to us, because the state Department of Health said that it wanted to spend a small amount of money in this area and were familiar with our work on other injury prevention projects.

The State of Connecticut also stepped forward to fund violence prevention activities at the termination of our initial grant. Their familiarity with our work and our extensive coalition building activities clearly led them to approach us! The Department of Consumer Protection of our state has intimately involved us in their work with the US Consumer Products Safety Commission (CPSC). As a result, one of us was the only health care provider at a recent national meeting organized by CPSC regarding product safety. School systems throughout the state, which five years ago refused to acknowledge their problem with student violence, now routinely approach us for training and help with program development. And we are now frequently approached by our local television, radio, and newspaper correspondents for commentary regarding child injury related stories. Our collaborators cross all lines—some have traditionally not

worked together before, and some have even seen each other as adversaries. For our Safe Teen Work Project to reduce cutting injuries among teenage workers, the state Department of Labor collaborated with a regional grocery store chain.^{5,6} For the mapping of pedestrian injuries, an eclectic group evolved, including what has become a permanent relationship with the University of Connecticut department of medical geography.⁷⁻⁹ For adolescent violence prevention, four diverse community groups and agencies found common ground.¹⁰

Our center now has a staff of eight individuals, including the Safe Kids Coordinator for Connecticut. Most of our budget is supported by grants, contracts, and ongoing fund raising, in addition to base support and housing at the Connecticut Children's Medical Center. We also sell some of our services, including some continuing education services to professional groups.

We believe that our model of a collaborative, community focused, data driven injury prevention center is successful primarily because of the commitment of individuals. It is feasible on a low start-up budget, takes considerable time and energy, but can lead to substantial reward over time. We believe that our story can help define a path for others to travel in their own communities if they wish to establish similar programs.

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Baby stuck

A newborn baby had to be cut free by firefighters after his head became wedged between his cot and a foldaway table on which his mother was changing him in Birmingham Women's Hospital. The boy was unhurt, but was described as very distressed (*The Times*, December 1996).

Editor's note: I would have thought the hospital would not have been very happy either!