



"The Review" OCA: Division of Child Fatality Review

The National Center Changes Their Name!

A New Name and Image

After ten years, the National Center for Child Death Review has retired its name, and the red, white and blue images. They are now officially the **National Center for the Review and Prevention of Child Deaths**. After hearing from many of the states, they have kept their tag line: *keeping kids alive*. They worked with a health marketing firm, the EDGE, to create branding that would emphasize the focus on preventing deaths without losing the focus on doing the work of case reviews. The staff of the NCRPCD believe the new name, the colors and the incorporation of stars as background images represent the immense sadness of child deaths but also the hope and promise of reviews to keep other children alive.



Early this fall, they will have a new brochure customizable for the key disciplines participating in reviews. All of the materials and images were created so that any state can also customize them for their own program. Georgia CFR staff will request those newly branded materials when they are available, and share them with each of our county teams.

Unintended Consequences of Graduated Driver Licensing Laws

Excerpt from the September 14, 2011, New York Times:

A nationwide study shows that tougher licensing laws for teenage drivers have reduced deadly accidents among 16-year-olds, but with an unintended consequence: increasing the fatal crash rate among 18-year-olds.

Over the last two decades, many states have put in place strict teenage driving laws, with graduated driver's license programs that require young drivers to meet certain restrictions before they obtain a full license. While the rules vary by state, they generally set a minimum age for earning a driver's permit or license and require a set number of supervised hours behind the wheel, and some prohibit driving with fellow teenagers, ban night driving or require at least six months of instruction before a driver's test. Over all, the tougher laws — which most states began adopting in the mid-1990s — have been credited with a 30 percent drop in highway fatalities among teenagers.

To get a broader perspective, Dr. Scott Masten, a researcher with California's Department of Motor Vehicles and the lead author of the current study, looked at data on fatal crashes involving 16- to 19-year-olds that occurred over a 21-year period, beginning in 1986. "When you look at the bigger picture across 18- and 19-year-olds, it looks like we're offsetting those saved crashes," he said. "In fact, 75 percent of the fatal crashes we thought we were saving actually just occurred two years later. It's shocking."

"The study, published in The Journal of the American Medical Association, found that since the first graduated driver programs were instituted, there have been 1,348 fewer deadly crashes involving 16-year-old drivers. But at the same time, there have been 1,086 more fatal crashes that involved 18-year-olds. The net difference is still an improvement, Dr. Masten said, but not quite the effect that many had assumed. (story continues on page 2)

Inside This Issue

National Center	1
GDL Consequences	1
SUID Case Registry	2
GDL (continued)	2
School Health Centers	3
Prevention Successes	3
Upcoming Events	4

SUID Case Registry Update

Georgia CFR committees have completed reports on 192 infant sleep-related death cases between 2010-2011. Here are some of the findings:

Sleep Environment

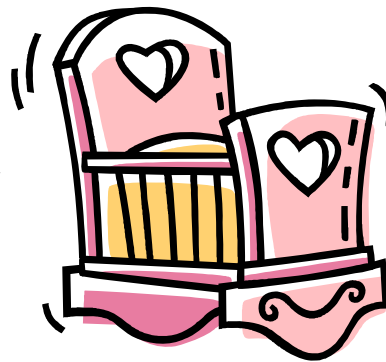
- 163 of the infant deaths were not in a crib (84%); 103 of those were sharing the sleep surface with another person (63%)
- 30 infants were found in a crib (16%) and of those, 14 were on their stomach (47%)

Age at Death

- 117 of the infants were 2-4 months of age (61%)
- 157 were under 6 months of age (81%)

Prenatal Health

- 63 mothers smoked tobacco before their pregnancy (33%); In 62 cases, the mother reported tobacco use during her pregnancy
- 154 mothers had prenatal care (80%); 78 started in the first trimester (41%)



In addition, we have greatly increased and improved completeness on some of the variables in the Case Report form from 2009 to today. Where these variables were sometimes marked “unknown” or left blank by the committees, they are now more frequently answered. “Gestational Age” increased 93.8%; “Birth Weight” increased 96.8%; “Weight at death” increased 82.1%; “Latino origin” increased 92.4%; “Child put to sleep” position increased 61.8%; “Child found position” increased 45.2%.

We will also be presenting these findings at several upcoming conferences (see “Upcoming Events” on page 4 for more information). The overwhelming success of this pilot project would not be possible without the dedication and commitment of the local CFR committees; Thank You!!

While Carri Cottengim, the SUID Case Registry Project Coordinator, continues to work closely with the metro counties with the highest numbers of infant deaths, Tomia White, our Data Support Analyst, has recently begun communicating with the other CFR committees to provide infant death notifications (only for those deaths with GBI involvement). The GBI reports are received in our office one month after the deaths occur. Once received, the infant death notifications will be sent out to the committee chairs within 7-10 business days. A total of 101 infant death notifications have recently been sent for infant deaths that occurred from January-September 2011. Each committee should ideally receive initial notification of deaths from their local law enforcement or coroner’s office, per CFR statute, but if you have not received notifications of infant deaths to be reviewed, please contact our office.

Unintended Consequences of Graduated Licensing Laws (cont. from Pg 1)

“The bottom line is there is still a net overall savings from introducing all these programs,” he said. “So we are saving teen drivers over all, but it’s not nearly what we thought it would be.”

The authors suggested that the reason for the increase in deadly crashes among 18-year-olds is that many teenagers, rather than deal with the extra restrictions for 16- and 17-year-olds, are simply waiting to get a license until they turn 18, and skipping the restrictions altogether. As a result, a greater proportion of inexperienced drivers hit the road at 18. But the authors also suggested another hypothesis: that teenagers going through graduated driver license programs are not getting as much practical driving experience when they have “co-drivers.” In other words, while having adult supervision in the car reduces risk, it also protects teenage drivers so much that they miss out on learning experiences that can be gleaned only by driving alone, like knowing what it means to be fully responsible for a vehicle and knowing how to “self-regulate.”

Other researchers have also found that the reason the rate of crashes among teenagers is so high — they account for 10 times as many crashes as middle-aged drivers — is not that they are reckless, but that they make simple mistakes, like failing to scan the road, misjudging driving conditions and becoming distracted. Some of these problems can be addressed through what experts call narrative driving: having adult drivers point out to teenage passengers examples of unsafe driving and explain to them how they are dealing with distractions on the road.
(you can find the full report at www.jama.ama-assn.org)

New Funding for School-Based Health Centers in Georgia

Georgia's school based clinic services are receiving a much needed boost to increase access and care for children thanks to additional planning grants from the Emory Department of Pediatrics Urban Health Program. The program is providing funding for seven additional planning grants throughout Georgia intended to stimulate development, collaboration and community discussion to expand the number of school-based health centers throughout the state. School-based health centers (SBHCs) are located in schools or on school grounds and employ a multidisciplinary team of providers to care for the students. They also provide clinical services through a qualified health provider such as a hospital, health department, or medical practice. School based health centers require parents to sign written consents for their children to receive the full scope of services provided at the SBHC.



The grantees represent collaborative partnerships between local school boards, the PTA, local Family Connections organizations, local institutions of higher education, private and public health insurers, local business and industry leaders, local government, and local hospitals and health providers. The new grantees are: **Butts County** School System; First Choice Primary Care of **Bibb County**; **Lamar County** School System; **Lowndes/Valdosta** Commission for Children and Youth; **Pike County** You Equal Success Team; **Rockdale** Coalition for Children and Families; and **Ware County** Board of Education.

In Ware County, this grant money will be used to work with community agencies to expand services and offer telemedicine in the new WARE (Wellness and Resource Education) Centers.

Eleven grants were awarded last August. The grants are being funded by a \$3 million gift from The Zeist Foundation aimed to help improve outcomes for at-risk children in metro Atlanta and throughout the state over the next five years.

The 2009 Kids Count Data Book ranked Georgia children 42nd in the nation for well being. More than 300,000 of the state's children are uninsured with very limited access to routine healthcare. Of the 2,000 school based health clinics in the nation, there are only three in Georgia compared to 245 in Florida.

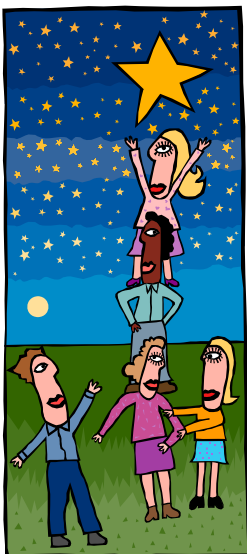
Prevention Successes—Dawson County CFR in the News

On June 29, 2011, the Dawson County CFR team got a great story in their local paper, addressing child passenger safety. An excerpt is below:

“Local groups dedicated to child safety are mobilizing to get the word out to parents about the change and offering booster seats to families needing them. Katie Strayhorn is chairwoman of the Child Fatality Review Panel in Dawson County. She said the group, in conjunction with the Georgia State Patrol, will offer child seat safety checks from 9 to 11 a.m. July 28 at the Dawson County Health Department... Dawson County Sheriff's Capt. Tony Wooten said Dawson County SafeKids will provide booster seats to families who cannot afford them.”

This came on the heels of the June 23-24 CFR committee training, where Dawson County's team developed a comprehensive prevention plan focusing on increasing use of child safety seats in their county. Their plan included specific timelines and strategies to partner with other groups and raise awareness among families in need. Great work, Dawson County!!

If your CFR committee has received any press or media coverage of your prevention efforts, please forward them to our office so that we can share your good works with others.



Together
Everyone
Achieves
More

Please submit your stories of success or other ideas by **December 15, 2011** to:
OCA—Child Fatality Review • 270 Washington St. Suite 8101 • Atlanta 30334
Phone: 404-656-4200 or Fax: 404-656-5200 or Email to: ocacfr@oca.ga.gov

Upcoming Events

October 3-4, 2011: The Northwest Georgia Child Abuse Conference, has been rescheduled from May. This is a free event. It will be held at the Catoosa County Civic Center. Conference topics will include child abuse prevention, recognition, intervention and prosecution by nationally recognized speakers. Professional course credits are available.

October 14-15, 2011: Georgia Association on Young Children (GAYC) will hold their 45th Annual Conference at the Gwinnett Center in Duluth. For more information and to register, visit www.gayconline.org. We'll be presenting findings from the SUID Case Registry!

October 19-20, 2011: The Central Georgia Council on Family Violence will hold their annual conference at Macon State College. This year's conference theme is *A Time to Mobilize Against Domestic Violence* and will feature presenters and speakers from around the state. For more information, visit their website at www.centralgacfv.org

October 20, 2011: The Emory Center for Injury Control (ECIC) will hold a Brown Bag Lecture on SUID Risk Factors and Prevention Opportunities from 12noon-1pm in the Emory Faculty Office Building at Grady Hospital in Atlanta. We'll be presenting findings from the SUID Case Registry! Visit www.emorycenterforinjurycontrol.org for details.

October 24-25, 2011: Children's Healthcare of Atlanta (CHOA) will offer their 11th Annual Child Abuse and Neglect Conference at the Omni Hotel at the CNN Center in Atlanta. Professional course credits are available. Registration fees and information can be found at www.choa.org.

October 29-November 5, 2011: The American Public Health Association (APHA) will hold their 139th Annual Meeting in Washington, DC. APHA's meeting program addresses current and emerging health science, policy, and practice issues in an effort to prevent disease and promote health. For more information, visit www.apha.org. We'll be presenting findings from the SUID Case Registry!

December 12-16, 2011: The 17th Annual Maternal and Child Health Epidemiology Conference (MCH EPI) will be at the Sheraton New Orleans Hotel in New Orleans, LA. This forum provides attendees the opportunity to present research findings, share experiences, enhance knowledge, and discuss emerging MCH topics. For more information, visit <http://www.cdc.gov/reproductivehealth/MCHEpi/Conference/ConferenceDetails>. We'll be presenting findings from the SUID Case Registry!

Important Information for YOU

- To report a child death, there are two links for you: <http://cfrform.questionpro.com/> for Coroners and Medical Examiners, and to submit a CFR committee report, go to www.cdrdata.org (a username and password are required).
 - Find out how Georgia's Child Fatality Review program compares to the programs in other states. View the "Status of CDR in the U.S." report at www.childdeathreview.org/state
 - Two sub-committees of the Child Fatality Review Panel are the Georgia Infant Safe Sleep Coalition (GISSC) and the Childhood Injury Prevention Planning workgroup (CIPP). These committees meet regularly to discuss current and future opportunities for collaboration and resource-sharing among our agencies. If you are interested in supporting the efforts of either of these committees, please contact our office at 404-656-4200. The meeting schedules for 2012 will be available in the January newsletter.
 - Funding opportunity: If you are interested in your agency partnering with a university faculty researcher for an injury prevention project, the Emory Center for Injury Control is your answer! The ECIC coordinates a multi-disciplinary Faculty Pilot Grant Program to facilitate and promote innovation, preliminary and interdisciplinary research activities to yield future high-impact injury prevention research. The grants are designed to provide incentives and support for researchers to work collaboratively with interdisciplinary teams and community members on projects that can lead to larger grant proposals related to violence and injury prevention or that support the preparation of a larger grant proposal. Each year applications will be due by **November 15th** for a funding period of one year (February – January). For more details, visit their website at www.emorycenterforinjurycontrol.org/research/seedgrants
 - The next **CFR Committee trainings** will be: **October 27-28** in Washington County; **November 17-18** in Chatham County; and **December 15-16** in Ware County. Find registration information at www.oca.georgia.gov.
-