HIGHLIGHTING IMPORTANT PREVENTION RESOURCES FROM OUR PARTNERS

Wed, Feb 21, 2018
2:00 PM – 3:00 PM ET
Housekeeping Notes

• Webinar is being recorded and will be available within 2 weeks on our website: www.ncfrp.org
  – NCFRP will notify registrants when it is posted
• All attendees will be muted and in listen only mode
• Questions can be typed into the “Questions” pane
  – Due to the large number of attendees, we may not be able to get to all questions in the time allotted
  – All questions asked will be answered and posted on the NCFRP website
Guest Speakers

Cribs for Kids
Judith Bannon Executive Director, Founder

The Children’s Safety Network
Jennifer Allison, Ph.D. Director

City MatCH
Erin Schneider, MSW Director of Development and CQI
About the National Center for Fatality Review and Prevention

• The National Center for Fatality Review and Prevention (NCFRP) is a resource and data center that supports child death review (CDR) and fetal and infant mortality review (FIMR) programs around the country.
• It is funded in part by Cooperative Agreement Number UG7MC28482 from the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).
The NCFRP aligns with MCHB priorities and performance and outcome measures such as:

- Healthy pregnancy
- Child and infant mortality
- Injury prevention
- Safe sleep
HRSA’s Overall Vision for NCFRP

• Through delivery of data, training, and technical support, NCFRP will assist state and community programs in:
  – Understanding how CDR and FIMR reviews can be used to address issues related to adverse maternal, infant, child, and adolescent outcomes
  – Improving the quality and effectiveness of CDR/FIMR processes
  – Increasing the availability and use of data to inform prevention efforts and for national dissemination

• Ultimate Goal:
  – Improving systems of care and outcomes for mothers, infants, children, and families
Webinar Goals

• Learn about the missions of the organizations
• Understand what prevention resources are available
• Identify areas to apply prevention resources to your work
National Center for Fatality Review and Prevention
February 21, 2018

Judy Bannon
Founder and Executive Director
Cribs for Kids®
Cribs for Kids Mission

- Cribs for Kids is established for the education of health professionals and the public regarding sudden unexpected infant deaths (SUID) due to infant unsafe sleep practices and sudden infant death syndrome (SIDS).
- This education includes the provision of safe sleeping environments at discounted prices to our network of partners who will distribute these products along with infant safe sleep education to families who cannot otherwise afford a safe place for their infants to sleep.
Cribs for Kids Partners

- Cribs for Kids has over 950 licensed partners in all 50 states and the United States territories of Saipan, Guam and the Virgin Islands.

- OVER 950 PARTNERS NATIONWIDE!
C4K Prevention Programs

- Cribs for Kids:
  - Provides safe sleep products to partners at discounted prices;
  - Provides safe sleep educational materials based on the American Academy of Pediatrics Guidelines;
  - Has developed national programs for partners:
    - Safe Sleep Ambassador Program
    - Public Safety Initiative Program
    - Hospital Certification Program
    - Managed Care Incentive Program
Collaborations

- Cribs for Kids staff is equipped to mentor partners regarding the implementation of all programs.
- Cribs for Kids hosts a bi-annual national conference at which best practices are shared and the latest SUID research is discussed.
- Cribs for Kids accepts partners at no charge. There is no charge to enroll in one of our programs or take advantage of mentoring by our staff.
Cribette

- Crib for Kids® Exclusive Unit with Safe Sleep Message Fabric
- Meets all ASTM F-406, JPMA, and CPSIA safety requirements and has the safest Air Permeability test of 93.9

**Product Features:**
- Safe Sleep Message Fabric
- Lightweight portable design
- Removable, full-sized bassinet
- Squeeze-button fold allows for assembling and folding the Cribette quickly and hassle-free
- Mesh on the four sides of the Cribette improves ventilation
- Wheels provide added convenience
- Folding feet allow for a more compact fold
- Easy carry travel bag
- Easy to store and transport
- Non-Refundable at Retail Stores.
Cribette
Contact Information

- **Judy Bannon**
- Founder and Executive Director
- Cribs for Kids®
- 5450 Second Avenue
  Pittsburgh, PA 15207
- jbannon@cribsforkids.org
- www.cribsforkids.org
Prevention Resources from the Children’s Safety Network
Children’s Safety Network

Our mission:

• Increase knowledge and uptake of evidence-based strategies and programs

• Apply continuous quality improvement to injury and violence prevention to create breakthrough change

• Generate new synergy to drive action on child safety through partnership and collaboration

• Reduce injury-related deaths, hospitalizations, and emergency department visits.
Children’s Safety Network

Four Conceptual Pillars:
- Partnership
- Quality Improvement
- Accountability
- Evidence

Key Components of Activity:
- National Coordinated Child Safety Initiative
- Child Safety Collaborative Innovation and Improvement Network
- Technical Assistance and Training to Build Capacity in Injury and Violence Prevention
21 States and Jurisdictions have been active in the Child Safety CoIIN over two cohorts
Current Strategy Teams

Over the course of the CS CoIIN, we have had 46 Strategy Teams:

- **Child Passenger Safety**
  - 7 Strategy Teams
  - Florida
  - Indiana
  - Kentucky
  - Missouri
  - Northern Mariana Islands
  - Texas
  - Vermont

- **Falls Prevention (Home and Recreational Injuries)**
  - 4 Strategy Teams
  - Florida
  - Indiana
  - Massachusetts
  - Pennsylvania
  - Tennessee

- **Interpersonal Violence Prevention**
  - 8 Strategy Teams
  - Florida
  - Indiana
  - Minnesota
  - Missouri
  - Nebraska
  - Northern Mariana Islands
  - Pennsylvania
  - Tennessee

- **Suicide and Self-Harm**
  - 8 Strategy Teams
  - Connecticut
  - Florida
  - Kentucky
  - Massachusetts
  - Missouri
  - Texas
  - Vermont
  - Virginia

- **Teen Driver Safety**
  - 8 Strategy Teams
  - Florida
  - Kentucky
  - Nebraska
  - New Hampshire
  - North Dakota
  - Tennessee
  - Texas
  - Wisconsin
The Focus of Work in the Child Safety CoILN

- Identifying gaps and areas of need that are ripe for improvement
- Testing, implementing, and spreading evidence-based strategies and programs
- Innovating to improve data collection and outcomes
Resource on the Five Topic Areas

This resource is available on the CSN website at www.ChildrensSafetyNetwork.org
Child Safety CoIN Change Packages

A Change Package is a menu of evidence-based strategies and programs that enables you to:

• Select specific change ideas (strategies or programs) for sustained work, i.e., development, testing, implementation, and spread

• Collect real-time data to determine if the change ideas on which you are working are producing improvements in child safety.

• Ensure that your child safety efforts are focused, measurable, and informed by evidence.

The Child Safety CoIN change packages are available on CSN’s website at www.ChildrensSafetyNetwork.org
What’s in the Child Safety CoIN Change Packages?

Change Package

- Aim
- Innovation
- Measures
- Change Ideas: Strategies and Programs

A How-To Approach to Achieving Child Safety Results
Prevention Strategies at Multiple Levels

Social-Ecological Model

- Societal
- Community/Organizational
- Relationship
- Individual

Source: Centers for Disease Control and Prevention, 2015
Sample of the Teen Driver Safety Change Package

**Primary Drivers**

**PD2:** Organizational level

Organization policies and procedures support the culture and practice of teen driver safety

**Secondary Drivers**

**SD1:** Enforced GDL policies, programs, and best practices

**Change Ideas**

1. Partner with law enforcement on standard procedures to ensure teens are in compliance with state GDL law

2. Provide incentives for participation in teen driver safety programs/interventions

3. Partner with health care organizations to implement standard procedures for health care professionals to provide anticipatory guidance on teen driver safety to teens and parents/caregivers at adolescent wellness visits

4. Create/improve your data collection, assessment, tracking, and reporting systems

5. Partner with teen driver safety programs to develop evaluation plans
## Child Safety CoIIN Strategies by Topic

### Sample Strategies by Topic

<table>
<thead>
<tr>
<th>Topic</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Passenger Safety</td>
<td>Maintain an optimal number of child passenger safety technicians with up-to-date certifications</td>
</tr>
<tr>
<td>Falls Prevention</td>
<td>Train personnel such as home visitors, firefighters, and EMTs on home safety audits and installation of window guards and stair gates, as well as smoke and CO detectors</td>
</tr>
<tr>
<td>Interpersonal Violence Prevention</td>
<td>Teach adolescents non-violence skills (e.g., Coaching Boys into Men, Green Dot)</td>
</tr>
<tr>
<td>Suicide &amp; Self-Harm Prevention</td>
<td>Develop and implement protocols to enable schools, programs, and care providers to communicate and collaborate in the identification, referral, management, and follow up of suicide risk</td>
</tr>
<tr>
<td>Teen Driver Safety</td>
<td>Educate teens on teen driver safety and Graduated Driver Licensing requirements using evaluated programs (e.g., Checkpoints, Teens in the Driver’s Seat, Impact Teen Drivers)</td>
</tr>
</tbody>
</table>
## Child Safety CoIN Process Measures

### Sample Process Measures by Topic

<table>
<thead>
<tr>
<th>Topic</th>
<th>Process Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Passenger Safety</td>
<td>Number of car seat technicians currently certified</td>
</tr>
<tr>
<td>Falls Prevention</td>
<td>Percent of homes receiving a home safety audit</td>
</tr>
<tr>
<td>Interpersonal Violence Prevention</td>
<td>Percent of children and youth receiving evidence-based social and emotional learning, positive youth development, and non-violence skills</td>
</tr>
<tr>
<td>Suicide &amp; Self-Harm Prevention</td>
<td>Percent of sites implementing protocols enabling care providers to communicate/collaborate in the management of suicide risk</td>
</tr>
<tr>
<td>Teen Driver Safety</td>
<td>Percent of teens reporting understanding of Graduated Driver Licensing (GDL) requirements</td>
</tr>
</tbody>
</table>
Tools for the Collection of Real-Time Outcomes Data

Outcome Measure Worksheet
Child Passenger Safety

Instructions

Contains the first page of the worksheet. This is the second page of the worksheet. Identify which outcomes are used in your state and who is the individual responsible for reporting data. Contact the individual to ensure data are collected and a monthly report is due.

Why We Need Data and How It Will Be Used

We are looking for real-time calls to the purposes of baseline measurement and determining the impact of our strategies. The data will be used to:
- Assess progress toward the achievement of foci outcomes.
- Compare injury trends to identify which areas need additional investment.

Description of the Data

In an ideal world, these data will:
- Be collected and reported on a monthly basis.
- Relate to this administrative region.
- Be from the OASIS (Outcome Assessment Information System).
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Table 1: Child Passenger ICD Codes

<table>
<thead>
<tr>
<th>ICD system</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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<tr>
<td>Fall</td>
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<tr>
<td>Struck by</td>
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<tr>
<td>Struck against</td>
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</tbody>
</table>

ICD-9 CM to ICD-10-CM Crosswalk

Child Passenger ICD Codes

Crosswalk tables are broken out to 20 cells, each cell: Child Passenger Safety, Teen Driver Safety, Suicide and Self-Harm Prevention, Intimate Partner Violence Prevention, and Falls Prevention. Each table provides a crosswalk comparing the old ICD-9-CM codes to the new ICD-10-CM codes. There is not always a one-to-one match between the codes because the nature of ICD-9-CM codes has shifted. Please contact CSN for further assistance.

Fall and Struck By/Against ICD Codes

Crosswalk tables are broken out to 20 cells, each cell: Child Passenger Safety, Teen Driver Safety, Suicide and Self-Harm Prevention, Intimate Partner Violence Prevention, and Falls Prevention. Each table provides a crosswalk comparing the old ICD-9-CM codes to the new ICD-10-CM codes. There is not always a one-to-one match between the codes because the nature of ICD-9-CM codes has shifted. Please contact CSN for further assistance.
Real-Time Outcomes Data Collection Strategies

Participants in the Child Safety Collaborative Innovation and Improvement Network (CS CoIN) are identifying and developing innovative ways to collect real-time outcomes data. Typically, data on injury-related deaths, hospitalizations, and emergency department (ED) visits are centrally collected at the state level. On an annual basis, these data are cleaned by the state, released, and submitted to a national dataset. The cleaning and release process leads to a two-year or more delay in the availability of the data. However, because states centrally collect and house the data, there are opportunities for innovation in using real-time data. Some states in the CS CoIN are now able to collect and report real-time data on injury-related deaths, hospitalizations, and ED visits, enabling them to incorporate this information into their injury prevention efforts.

Below are descriptions of the approaches that three of these states are taking.

Massachusetts: Suicide and Self-Harm Emergency Department Visit and Death Data
The Massachusetts Office of Emergency Medical Services (OEMS) collects emergency medical services (EMS) data, using the Massachusetts Ambulance Trip Record Information System (MATRS). MATRS data are used to improve and support the EMS systems, conduct research, and assure delivery of quality patient care. The Massachusetts Suicide Prevention program partners with OEMS and uses the data from MATRS as a proxy to identify suicide-related emergency department visits. Though this collaboration is still in its early stages, the team plans to test the feasibility of using MATRS data to identify young adults experiencing a psychiatric episode and provide follow-up services to ensure they receive behavioral healthcare.

The Massachusetts Registry of Vital Records provides the Massachusetts Suicide Prevention program with updated bi-monthly files containing information on deaths that occur in the state. Because these files contain real-time information, the program finds that the status of the possible suicide cases are still “pending closure.” Despite this limitation, they are able to estimate the number of suicide deaths on a monthly basis using the files.

Tennessee: Death and Hospitalization Data on Falls
Previously, the Tennessee Department of Health used the state’s Hospital Discharge and Vital Statistics data to collect and report death, hospitalization, and ED visit data related to falls for the CS CoIN. Because these data sources lagged by almost a full year, the Tennessee team began to the Tennessee Traumatic Brain Injury (TBI) Registry. The TBI Registry collects data on all hospitalizations and deaths (whether in or before hospital) related to traumatic brain injuries from all non-federal hospitals in Tennessee. Hospital facilities are required to report to the Registry either monthly or quarterly, which allows for more real-time data.

While the TBI Registry is closer to real-time, it does have limitations. Since facilities are only mandated to report TBI-related hospitalizations and deaths to the Registry, limited data on TBI-related ED visits are available. New research suggests that most youth concussions are seen in EDs or, more often, primary care settings. (Arbogast K, 2016) This may prove to be a barrier when measuring the full impact of the fall prevention activities the team is conducting. The team is examining other data sources that may include real-time ED visit data.

This resource is available on the CSN website at www.ChildrensSafetyNetwork.org
CSN Technical Assistance

• Comparisons of your state’s injury data to national data
• Injury cost data
• Information about evidence-based strategies and programs
• Examples of injury prevention best practices and model programs and policies
• Strategies for building and maintaining injury and violence prevention partnerships
• Literature searches on injury and violence prevention topics
The Children’s Safety Network (CSN) offers webinars on a variety of injury topics. The recordings and PDFs of slide sets can be found on our website at: http://childrenssafetynetwork.org/webinars. Below is a list of webinars that took place from March 2016 – December 2017:

- Keeping Children 8-14 Years Old Safe as Motor Vehicle Occupants
- Successful Strategies for Preventing Fire and Burn-Related Injuries among Children
- Why Drownings Are a Leading Cause of Death among Children
- Distracted Driving among Teens: What We Know About It and How to Prevent it
- Using Quality Improvement to Prevent Childhood Injuries: Strategies from the Child Safety Collaborative Innovation and Improvement Network
- Preventing e-Cigarette Poisonings among Children and Youth: Policy and Practice
- Understanding and Using Injury Cost Data in Your Prevention Efforts
- Bullying Prevention and Intervention
- Bullying Prevention Law and Policy
- Preventing Adolescent Dating Abuse: Research and Practice
- Consequences of Bullying
- Tribal Injury Prevention: Successes & Challenges from the Tribal Injury Prevention Cooperative Agreement Program (TIPCAP)
- Preventing Child Abuse and Neglect to Create a World Where Every Child Can Thrive
- Playground Safety: Having Fun and Staying Safe
- What To Do About Bullying?: Key Prevention Strategies for Health Departments
- Safe Infant Sleep: Innovative National and State Efforts to Protect Our Youngest
- Work-Related Injuries Are Happening to Youth: Can We Make a Difference?
- Pool Safety: When It Comes to Pool and Spa Safety, More is Better
- The Role of Healthcare Professionals in Bullying Prevention
- Preventing TV and Furniture Tip-Overs: An Introduction to the Anchor It! Campaign
- Victimization and Vulnerability: Populations at Increased Risk for Bullying
- Connections Between Bullying and Other Types of Violence: Family Violence, Sexual Harassment, and Dating Violence
**THE FACTS ON CHILDHOOD DROWNING**

**NUMBERS**

Every year, in the US, children account for 1 in 4 drowning deaths.

Children account for 945 of them; children 3,572.

**WHO?**

Nearly half are infants and toddlers.

62% are 6 months - 23%

106 are 10-19 17%

259 are 2-5 16%

Boys account for 3 in 4 child-drowning deaths.

While White children account for more than half of these fatalities, Black and AI/AN children drown at higher rates.

This means they are significantly more likely to drown.

For every 1,000,000...

WHITE children: 10.9

BLACK children: 18.3

ASIAN/PI children: 8.1

AI/AN children: 19.7

...will fatally drown

**MORE INFO**

Social Security Administration

July 2016

CSN Infographics

**OPIOID MEDICATIONS**

A Risk for Children and Teens

How often are children and teens exposed to opioid medication?

Every 45 minutes, Poison Control Centers get a call about children and teens exposed to opioid medication.

1 in 10 of the cases reported to poison control centers require medical attention.

What ages are most at risk?

Young children (ages 5 and younger) accounted for 60% of the calls made to poison control centers.

Almost all cases (99%) were unintentional, like when a child finds pills that are within reach.

Teenagers (ages 13 through 19) accounted for 30% of the cases.

Most cases (72%) were intentional, like when a teen takes their parents’ medication.

**FALLS in Children & Youth Hospitals**

Falls are the number one leading cause of hospitalization injury in the US for children ages 0 through 14.

**Unintentional Fall Hospitalizations in the U.S. by Age and Cause**

- 1-14 years
- <1 year
- 1-4 years
- 5-9 years
- 10-14 years
- 15-19 years
- 10-19 years

**THE MEDICAL COSTS OF CHILDHOOD INJURIES:**

DEATHS

| Age Group | Hospitalizations | Cost
<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>&lt;1 year</td>
<td>12,345</td>
<td>$18.9B</td>
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<tr>
<td>1-4 years</td>
<td>9,234</td>
<td>$16.8B</td>
</tr>
<tr>
<td>5-9 years</td>
<td>7,123</td>
<td>$14.7B</td>
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<tr>
<td>10-14 years</td>
<td>5,012</td>
<td>$12.6B</td>
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<td>3,001</td>
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**THE MEDICAL COSTS OF CHILDHOOD INJURIES:**

HOSPITALIZATIONS

| Age Group | Hospitalizations | Cost
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**CSN Infographics**

Children’s Safety Network
A Roadmap to Continuous Quality Improvement

BUCKLE UP, START YOUR ENGINE, AND HIT THE ROAD

Start developing, testing, implementing, and spreading your change ideas through Plan Do Study Act (PDSA) cycles.

Think of each PDSA cycle as a revolution of your tires.

CHECK YOUR DASHBOARD
CSN Resource Guides
Injury Disparities Paper

UNDERSTANDING DISPARITIES IN CHILD AND ADOLESCENT INJURY: A REVIEW OF THE RESEARCH

December 2017

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the Children and Adolescent Injury and Violence Prevention Assurance Centers cooperative agreement (U2CCR001722) for $1,269,734. This determination of merit and conclusion of the author and should not be construed as the official position or policy of, nor should any endorsement be inferred from HRSA, HHS or the U.S. Government.
Contact Information

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Children’s Safety Network
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jallison@edc.org
www.ChildrensSafetyNetwork.org
Top 10 Things You Should Know about CityMatCH

February 21, 2018
1. **CityMatCH** is Diverse

   - **CityMatCH** is a national membership organization.
   - Member network comprises over 160 city and county health departments’ *urban* maternal and child health (MCH) programs and leaders.
2. The CityMatCH Mission

CityMatCH seeks to strengthen public health leaders and organizations to promote equity and improve the health of urban women, families, and communities.
3. CityMatCH is Urban MCH

– CityMatCH helps the needs of our members in building their *urban* maternal and child health (MCH) capacity
4. CityMatCH is fun!

– CityMatCH utilizes an innovative atmosphere for learning!

“Some things you do because they are fun, and some things you do because they are good for you. The joy of CityMatCH is that it is resoundingly both – a huge amount of fun and the most important professional experience of my career.”

Kathy Carson, Parent Child Health Administrator
Public Health – Seattle and King County, Seattle, WA
5. CityMatCH Translates Science and Data into Practice

PPOR helps communities move from data to action

- Maternal Health & Prematurity
- Maternal Care
- Newborn Care
- Infant Health

- Chronic disease
- Health Behaviors
- Perinatal Care etc.

- Prenatal Care
- High Risk Referral
- Obstetric Care etc.

- Perinatal Management
- Neonatal Care Pediatric Surgery etc.

- Sleep-related deaths
- Injuries
- Infections etc.
6. Health Equity and Social Justice

– CityMatCH shares a passion and vision of increasing the understanding of Health Equity and Social Justice and moving to action.
7. Networking for Solution-Based Approaches (Ask-A-Colleague)

- CityMatCH helps members to learn and network with local, state, and national partners
- CityMatCH members are able to share what works with one another and jointly develop solutions-based approaches
- CityMatCH provides a safe environment to discuss questions and challenges
8. Best Practices

– CityMatCH makes MCH best practices readily available through on-going communication and, specifically, at our annual conference.
9. CityMatCH Publications

– CityMatCH produces numerous publications throughout the year that are readily available for our members
10. CityMatCH Voice

- CityMatCH is a collection of voices and unique perspectives
- CityMatCH ensures that *urban* MCH always has a voice in the broader picture and perspective of public health
CityMatCH Resources

• Erin O. Schneider: e.Schneider@unmc.edu
• Associate Membership: http://www.citymatch.org/form/become-associate-member
• Life Course Game: http://www.citymatch.org:8080/lifecoursetoolbox/gameboard.php
• PPOR Training & Info: http://www.citymatch.org/projects/perinatal-periods-risk-ppor
  – If you would like TA or training on PPOR, please contact Carol Gilbert: cgilbert@unmc.edu
• Ask A Colleague: http://www.citymatch.org/form/ask-colleague
• CityMatCH Conference: http://www.citymatch.org/conference/citymatch-conference/2018/Home
• CityMatCH Publications: http://www.citymatch.org/publications
• CityMatCH Learning Network Webinars: http://www.citymatch.org/projects/citymatch-learning-network
Questions

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What’s Next?

Our next webinar:
DISCOVER WHAT’S NEW IN VERSION 5.0 OF THE NATIONAL FATALITY REVIEW CASE REPORTING SYSTEM

Registration coming soon!

Wednesday
March 21, 2018
2:00 PM – 3:00 PM ET
THANK YOU!

Additional questions can be directed to: info@ncfrp.org