Building Bridges to Prevent Child Deaths and Injuries

Why should it matter and how can it be done?

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If it is comfortable for you to do so ...

Please stand up

(and await further instructions)
“Houston, we have a problem”

Preventable childhood injury is a huge problem with far-reaching consequences

Graphic adapted from Green & Kreuter; 1999
Losing a child unexpectedly leaves families and communities with emotional wounds that take decades to heal and which, for many parents, never do. The pain is even greater if simple measures could have prevented the incident that caused the death in the first place.

Even when the outcome is not fatal, the medical costs and the special care that is often needed for a severely injured or disabled child can place a huge financial burden on parents and create challenging practical and emotional difficulties for families and/or carers.

World Health Organization (2005)
Child and adolescent injury prevention: a global call to action.
Correction:
“Houston, we have 2 problems”

1. Preventable childhood injury is a huge problem with far-reaching consequences, and
2. Very few people are aware ... or even care

Graphic adapted from Green & Kreuter; 1999
The consequences of the public’s misperception can be seen in our lack of infrastructure.

**Social and Political Contextual Influences**

- IVP Problem Identification
- IVPP Problem Analysis
- IVP Program Design
- IVP Program Delivery

**Infrastructure**
- Internal
- External

Epidemiology, Program Design, Implementation, Evaluation, Information Sharing

Human Resource Issues, Funding, Partners, Socio-Political Influence

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How can we possibly ignore this impact on our society?
Can we reconcile differences?

Reconciling differences among public’s perception of need, health sector’s assessments, and political assessments.

Strategies to reconcile perceived and actual needs and resources.

1. Participatory research
2. Community mobilization & organizational development
3. Health education & advocacy

Adapted from Green & Kreuter; 1999
Our Challenge:
Building Injury Prevention Capacity:

“The sustained ability of people - as individuals, groups, communities, institutions, and societies - to anticipate, identify and address injury problems and threats to safety in a strategic, effective, ethical and equitable manner”

This is my definition of Injury Prevention Capacity
Solving the Prevention Puzzle

Requires multi-disciplinary collaboration beyond CDR teams
Collaboration is Challenging
But ... not collaborating is worse!
The problem that inspired the development of Child Death Review:

“No single health, social service, law enforcement, or judicial system exists to track and comprehensively assess the circumstances of child deaths”

Michael Durfee, 1989 & 1992
Let’s re-write the statement

**PROBLEM**: No single health, social service, law enforcement, or judicial system can prevent child deaths and injuries
A Focus on Discreet Programmatic Areas May Limit Our Reach

- Illness Paradigm, vs.
- Wellness Paradigm

- Individual Focus, vs.
- Population-based Focus

- The consequences of narrow focus are of strategic and ethical importance.
Children must be protected within their environments ---

-- not isolated from them
The Maternal Child Health Community Has Long Recognized the Influence of Environmental Conditions on Health
Injury is no different than disease. We must aim for action to achieve “Positive Ecological Balance”
Environmental conditions favor the agent/vehicle and increase the child's risk for injury.
Environmental conditions favor the child and reduce the risk for injury.

“Positive ecological balance”
To prevent injury and its consequences we must first identify - and then interrupt - the causal chain.

Best-practices intervention planning requires that we understand the causal chain AND the factors that support or inhibit it …

and address prevention using an ecologic approach.
Whatever the Public Health challenge, we must modify multiple determinants of health

- Biology
- Behavior
- Physical Environment
- Individual
- Social Environment
- Access to Quality Health Care

Source: U.S. Department of Health and Human Services, Health People 2010
All Public Health Achievement Requires:

- Coordinated
- Comprehensive
- Organized Community Effort

Because of the often “political” nature of effective strategies, this is critically important for Injury Prevention
This is the bottom line:

Building bridges to prevent child deaths and injuries is essential. There is no other alternative.
There is Good News

🌟 Effective bridges have been built ... and they can save lives

We will hear some inspiring success stories at this meeting
But ....

You knew that was coming didn’t you
Many fans of bridge building make me nervous -
and mandated bridge-building efforts terrify me

This concern is evidence-based!
The act of bridge building can preoccupy us
Bridges are only a means to an end

The “Bridges to Nowhere”
Cape Town, South Africa
Let’s not lose sight of our intended end:

Strategic Partnerships
Why Partner?

Partnerships and coalitions are necessary in developing prevention and health promotion programs or research today because no one agency has the resources, access, and trust relationships to address the wide range of community determinants of public health problems..........

The limited resources of any one agency combined with the complexity of emerging health issues are further compounded by the limited mandate of any one agency to deal with the entire scope of that complexity.

Green, Daniel, & Novick
Strengths of Partnerships: I

• Conservation of resources
• Achieve more widespread reach
• Can accomplish objectives beyond the scope of any one organization
• Have greater credibility than individual organizations
• Provide a forum for information sharing
Strengths of Partnerships: II

• Provide a range of advice and perspectives to the lead agency
• Foster personal satisfaction and help members to understand their jobs in a broader perspective
• May foster cooperation between grass roots organizations, community members, and/or diverse sectors of a large organization
So many strengths ..

So why is there so much resistance?
OBVIOUS Answer:
Our structures inhibit collaboration and shield us from unwelcome change

Public enemy #1: categorical funding

But it goes beyond money: if resources (wisdom, time, skill, influence, etc) are not shared, They can’t earn Interest.
Harsh Reality Check

Some people really, really, really don’t like bridge-building and collaboration
Less Obvious Answer: We use “our structures” to protect us

Public enemy #2:

Preserving the Status Quo
- even if it’s outdated or non-functional
The world hates change, yet it is the only thing that has brought progress.

Charles Kettering
1876-1958
Selling change is a major bridge building challenge:

We struggle to sell the need to buy-into collaboration to many key stakeholders - inside and outside our own organizations.

Why?
We’re trying to sell ideas and products we value to ourselves!
What can we learn from the experts?

• When customers do NOT buy the product or respond in an unexpected way to the message, marketing experts do not blame the customer for the failure.

• They know it is their responsibility to sell this better

They don’t transfer responsibility for marketing success to the buyer
Any time we think the problem is “out there” that thought is the problem.

Stephen Covey

*First Things First*, 1994
Take-home message 1

We need to “own the problem” if we want to be part of the solution
Where should we start?
Key Public Health Problem
Solving Concept - 1

Focus your energy and resources on identifying and changing modifiable variables (risk factors or barriers)
Commit to asking -- and finding answers for -- the right questions
What is this? Why is it here?
Strategic communication challenge:

• Without a clear understanding of the community, key decision makers and of the factors that will influence them, we cannot begin to develop our strategic communication plan.

• If we hope to influence key decision makers in order to achieve community-level change, we must spend time thinking about the messages we develop and deliver to them.
Why do you think I used this picture?
A journey of a thousand miles begins with a single step

Lao-tzu
604 BC-531 BC

A more direct translation would be:
“The journey of a thousand miles begins beneath one’s feet”
Take-home message 2

Focus on relationships

Relationships Are Resource Mobilizers
Build Circles of Influence

1. Build relationships from the inside out
2. Build relationships with real people (not job descriptions)
Take-home message 3

Learn another language
Whose language are you speaking?

“If you talk to a man in a language he understands, that goes to his head. If you talk to him in his language, that goes to his heart.”

--Nelson Mandela
This is one of the most important lessons my practice partners in other fields have taught me.

We need to get off our turf and out of our own way.
Take-home message 4

Understand each other’s realities
Get to know your partner’s turf

You may discover inspiring ideas and a new way of looking at the world

"You can't stay in your corner of the Forest waiting for others to come to you. You have to go to them sometimes."

Winnie the Pooh (A. A. Milne)
Take-home message 5

Select a compelling and winnable issue

(I call these the silo-shrinkers)
How deep are your silos?
Conflicting Paradigms - USA, 2009

• Unity is Strength
  ➢ Preserving a “global” view of the problems

• Divide and Conquer
  ➢ Narrowing focus or prioritization

Both approaches have risks and benefits; we should embrace both
Reduce the Potential Risks of Convening Large Coalitions

- Consider forming an “Association of Associations” to work on a commonly shared or valued issue
Take-home message 6

Learn how to describe collaborative activities and deliverables
Collaborations without clear goals and measurable objectives are like a paper boat ... doomed to sink

no matter how well constructed they appear to be
Building a partnership is an intervention

Partnership building needs to be approached with the same rigor we promote in best practice intervention design.

Partnerships are more likely to work when they:

• are convened for a purpose
• are planned strategically
• have the necessary resources
• are managed carefully and respectfully
• are evaluated
• prioritize ongoing quality communication (feedback)
• are willing and able to change (CQI)
Take-home message 7

Build relationships with non-governmental and/or non-profit partners
Expand your reach throughout the Spectrum of Prevention

- Influencing policy and legislation
- Changing organizational practices
- Fostering coalitions and networks
- Educating providers
- Promoting community education
- Strengthening individual knowledge and skills

Larry Cohen, 1991; Cohen and Swift, 1999; available at www.preventioninstitute.org
Who’s Involved in Public Health?

- EMS
- Police
- MCOs
- Churches
- Community Centers
- Hospitals
- Schools
- Health Department
- Home Health
- Parks
- Police
- Jails
- Mass Transit
- Environmental Health
- Employers
- Economic Development
- Doctors
- Civic Groups
- Electors Officials
- CHCs
- Civic Groups
- Tribal Health
- Laboratory Facilities
- Drug Treatment
- Mental Health

Source: Graphic obtained from the NYNJ Public Health Training Center presentation, “A Brief History of Public Health.”

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Your community stakeholders are experts too

They may be able to help you design, refine and deliver your messages - but only if you engage them in the process.
Every partner should feel valued!

- Each member should feel that they have a clear role to play.
- People must feel that they “belong” and that their contribution is important and respected.
- They must believe that the time investment is worthwhile.
Building for Strength

• A strong foundation
• Structural integrity
• A shared function
• Equality of scale (height and circumference)
Collaboration

**Tombstones**
- Confusion about priorities
- Turfism, inflexibility
- Lack of commitment or enthusiasm
- Unproductive meetings
- Lack of follow through
- All work, no play

**Milestones**
- Mutual respect, trust
- Strategic plan, consensus
- Delegation of tasks
- Resources and results obtained
- Good follow through
- Fun, humor, enjoyment

Williams K, 1997

Reaching Out: A Guide to Effective Coalition Building, EMSCNRC
Injury Prevention is Challenging & Collaboration is Challenging

But MCH & CDR Teams & injury prevention specialists are learning to work together, and they are saving lives!
Take-home message 8

Commit to leading change

“This is your world. Shape it or someone else will.”

Gary Lew
We must build
A World Fit For Children*

“The Cost of Doing Nothing [about injury] is Too High”

Ambassador “Pete” Peterson, TASC, Thailand

* United Nations 2002
Can we work together to reframe this issue?

Childhood Injury Prevention is NOT Just About “Accidents”, Injury, Medical Challenges or Cost-Savings. It’s About Every Child’s Health, Well-Being and Right to Live and Develop in a Safe and Healthy (Physical and Social) Environment.

This connection to so many aspects of child health and development is what gives injury prevention urgency and relevance – we must all leverage that.
It’s amazing what ordinary people can do if they set out without preconceived notions .... Where there is an open mind there will always be a frontier.

Charles Kettering
1876-1958