

National MCH Center for Child Death Review Meeting

Plenary Session: Improving Your Odds for Prevention by Connecting Your Review to State and Local Resources

Connecting with Injury Prevention Programs (Alex Kelter)

In addition to deaths resulting from abuse and neglect, most Child Death Review teams review injury-related cases. However, typically the CDR teams do not have staff and expertise in all areas of deaths, so it makes sense to include Injury Prevention people on the teams. Or, to use a phrase coined by John F. Kennedy, to get the good guys together. Likewise, CDR teams can be a boon to the Injury Prevention people in evaluating effectiveness. (A quick course in “Injury Prevention 101” indicates: Problem Identification (what is the problem?), Intervention (what should be done?) and Evaluation (finding out if it’s working). Or in other words, What? So what? Now what? It is important to define the “outs”: outcome, output and outreach, developing a set of standards, processes and outcomes, in order to know what you want to learn at the end and to have a consistent outcome. It is important to focus our energies --- if you have too many priorities you don’t have any! CDR’s and Injury Prevention groups are in a position of working together and advocating for kids in hopes of making this a better and safer world.

Public Health, Title V, and why CDR teams should link with Title V’s and Vice Versa (Douglas Paterson)

There are two components to the health care system in the U.S.A: Medical Care (treatment of medical problems, focus on the individual, the science is medicine, and it is housed in the private sector) and Public Health (disease prevention and health promotion, focused on populations, science is epidemiology and it is housed in the public sector). The public perception is that Public Health is in a state of disarray. Roles of Public include Assessment, Assurance and Policy Development. Title V, one of eleven original Titles in the original Social Security Act of 1935, offered grants to States for maternal child health and welfare. In 1981 Title V was converted to a block grant by combining seven categorical programs (Maternal & Child Health, SSI, Lead Screening, Genetic diseases, SIDS, Hemophilia treatment, and Adolescent programs). Title V is actively involved in Performance and Outcome Measures. Why should CDR link to Title V? They share a common mission, Title V has valuable resources in the form of human and money available, and they are already involved in similar activities (i.e. SIDS prevention, infant mortality initiatives and Injury Prevention). Why should Title V link to CDR? They have valuable epidemiological information, Title V can bring community action and resources to the effort, they can help CDRs meet their accountability and reporting needs, and “It’s the right thing to do”!

Connecting with Multidisciplinary Teams (Gus Kolilis)

The Missouri Child Fatality Team began in 1992. It is an integrative system that cannot be easily replicated. Not Public Health–related, the team consists of a partnership of programs, including the Department of Social Services and a team of Law Enforcement investigators who are on call 24/7 to perform death scene investigations. The multidisciplinary group maintains contact via a standardized information collection form, regular meetings and a committed membership. The most important item to ensure sustainability of a group like CDR is to make the program relevant and significant to the people. One must build the confidence of the members by offering training, and offering meaningful assistance and support, and doing this in a comfortable atmosphere. Keep in mind that the people at “the bottom” are likely doing the bulk of the work, so be sure to take care of and train those people as well. To learn more about this multidisciplinary approach plan to attend Missouri’s Symposium next August (2004), which will emphasize management and effective skills and techniques.