

Utilizing Community Roundtables to Shape Strategies to Reduce Pediatric Injury Rates

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Gap in Effective Community Engagement

Typically, injury prevention initiatives are created within the silo of the institution coordinating the efforts based on data abstracted on patient admissions. This leads to a lack of community involvement and / or reduces the likelihood that community champions will engage in the prevention strategies.

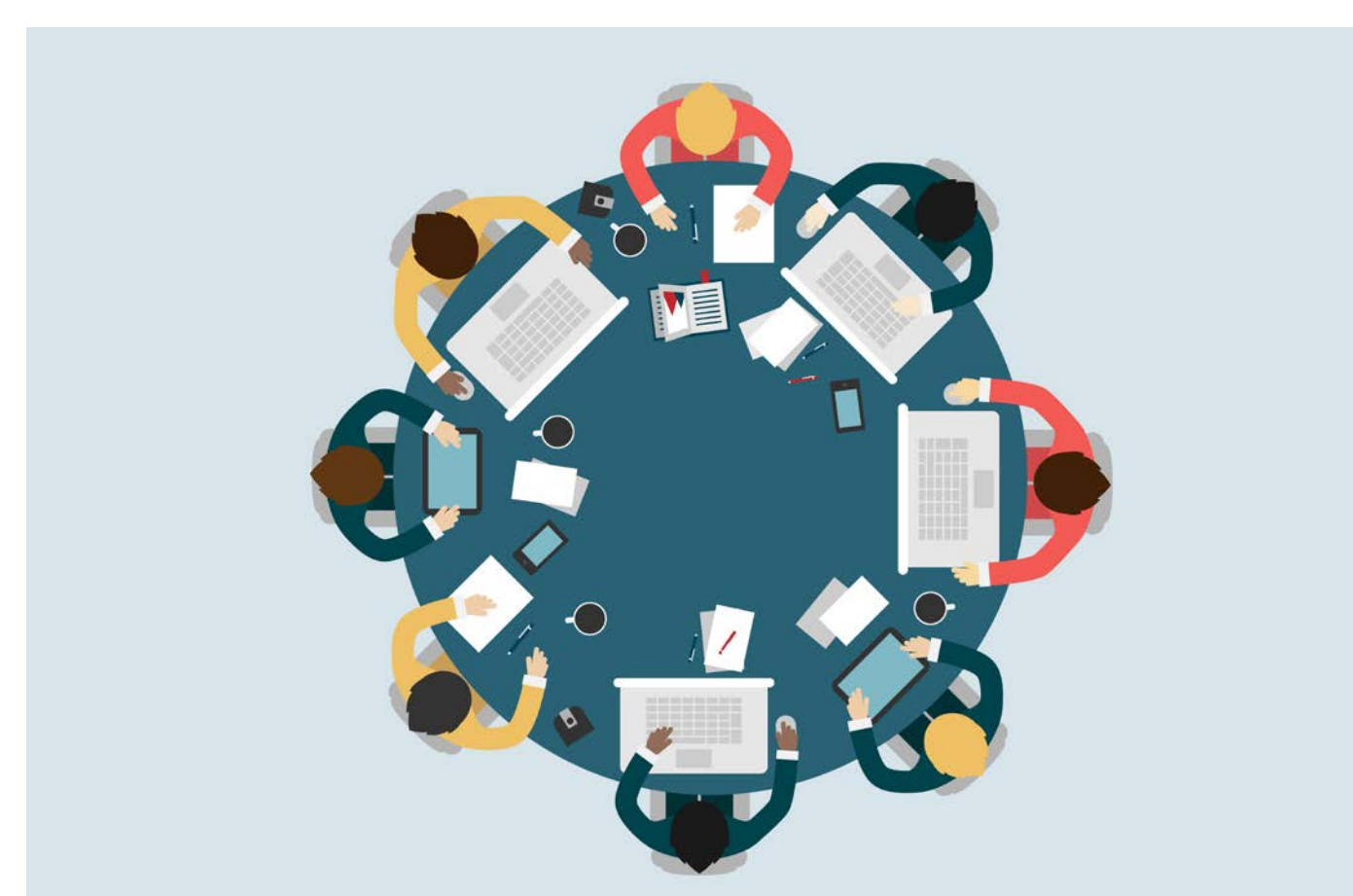
Objective

- To understand the importance of utilizing roundtable platforms
- To amplify the voice of the community
- To facilitate dialogue, debate, and intervention design with stakeholders to address neighborhood-level disparities in pediatric injury



Goals of Roundtable Sessions

- Are there things about individual children that make them more likely to stay longer in the hospital after injuries?
- Are there things about neighborhoods that make them more likely to see higher rates of injury-related admissions for children?

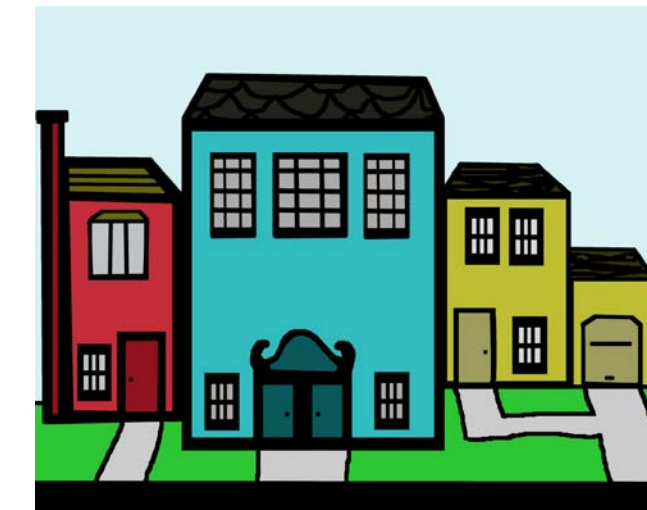


Methods

- We held four roundtable sessions with community members
- We shared local pediatric injury data
- We received direct feedback from participants

Roundtable Composition

- 3 Neighborhoods represented
- 8 Parents
- 7 Representatives from community-based social service agencies



- Do the neighborhood data match your lived experience?
- What are the community factors thought to contribute to pediatric injuries?
- How could various sectors and individuals work together to reduce pediatric injuries?

Feedback emerged directly from participants' lived experiences and frontline observations.

- Participants felt child abuse, firearm-related injuries and overdoses were lower than expected.
- Participants felt self-inflicted injury rates were higher than expected.

Participants felt a range of factors contributed to injury-related disparities, including:

- Lack of injury prevention awareness and education
- Limited employment opportunities
- Insufficient childcare
- Unsafe housing

Participants' Experiences

"Partner with, people who look like me."

"Meet people where they are."

"If parents knew then they would be more likely to act."

"Start with what the community wants to start with and solve how they want to solve."



Results

Unexpected Responses:

- Self-inflicted injuries were higher than expected
- Gun violence was lower than expected
- Child abuse and overdose were lower than expected

Focus areas identified:

- Education is important for awareness
- Injury data specific to the neighborhood is needed
- Trusted information should be provided in a fun way
- Partner with people from the neighborhood
- Involve nonjudgmental and non-threatening community advocates
- Peer to peer training and education will work best
- Use cell phones and texting to increase access to info
- Engage older kids who often supervise younger kids
- Create an Injury Prevention Hotline
- Spread awareness through radio/social media/billboards/neighborhood locations
- Mental health interventions are needed
- Green spaces that are safe and welcoming could help
- Trusted relationships in the community must be built and sustained
- Children and families need access to safe, fun activities

Conclusions

- Sharing lived experiences and co-designing next steps can inform strategies specific to community needs.
- We are now building an ongoing community-based collaboration focused on eliminating disparities in pediatric injury through neighborhood-level injury prevention efforts.

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