



Equity in Child Safety

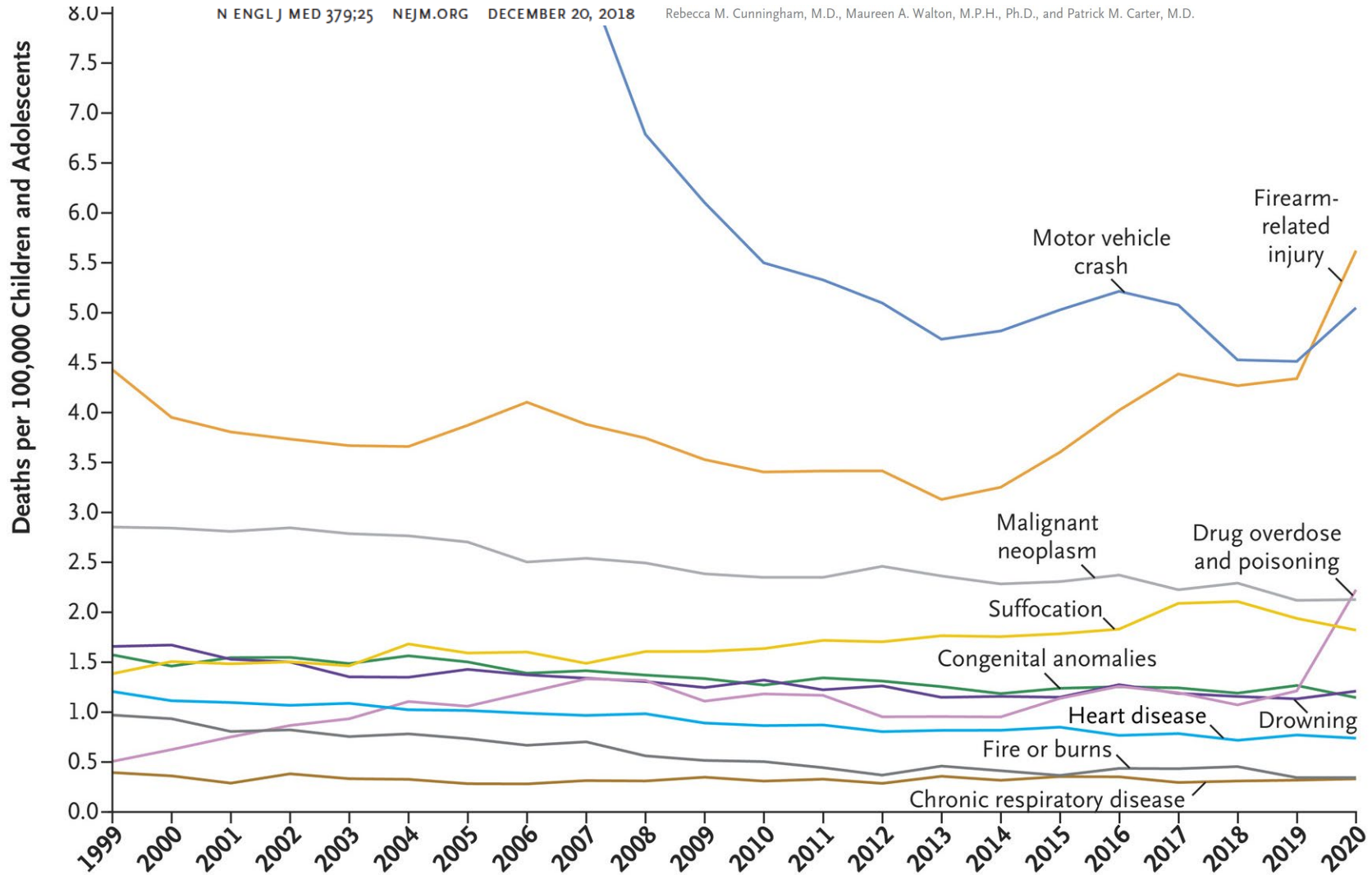


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PRESIDENT

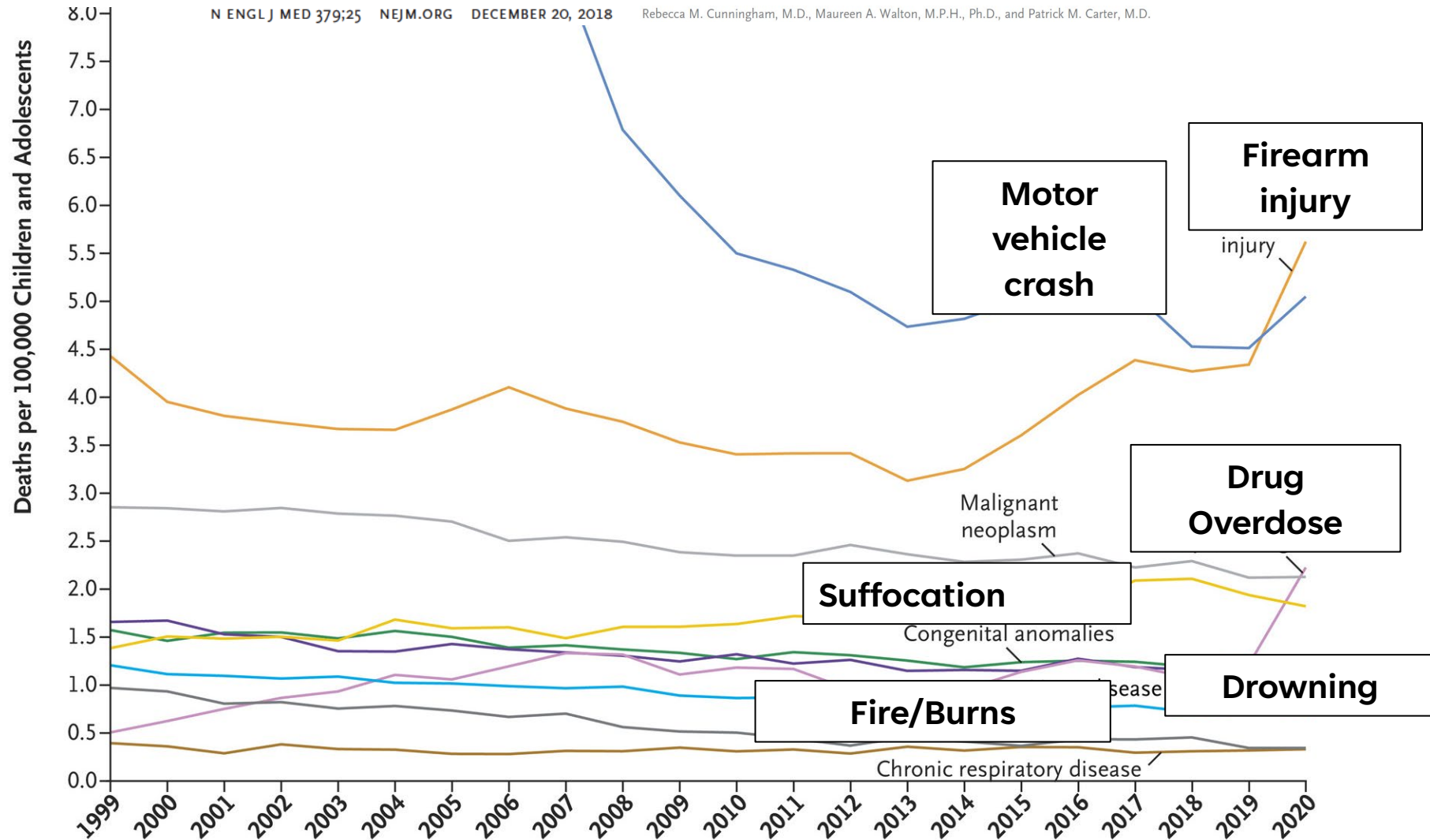


SADIQA A.I. KENDI, MD, MPH
BOSTON MEDICAL CENTER

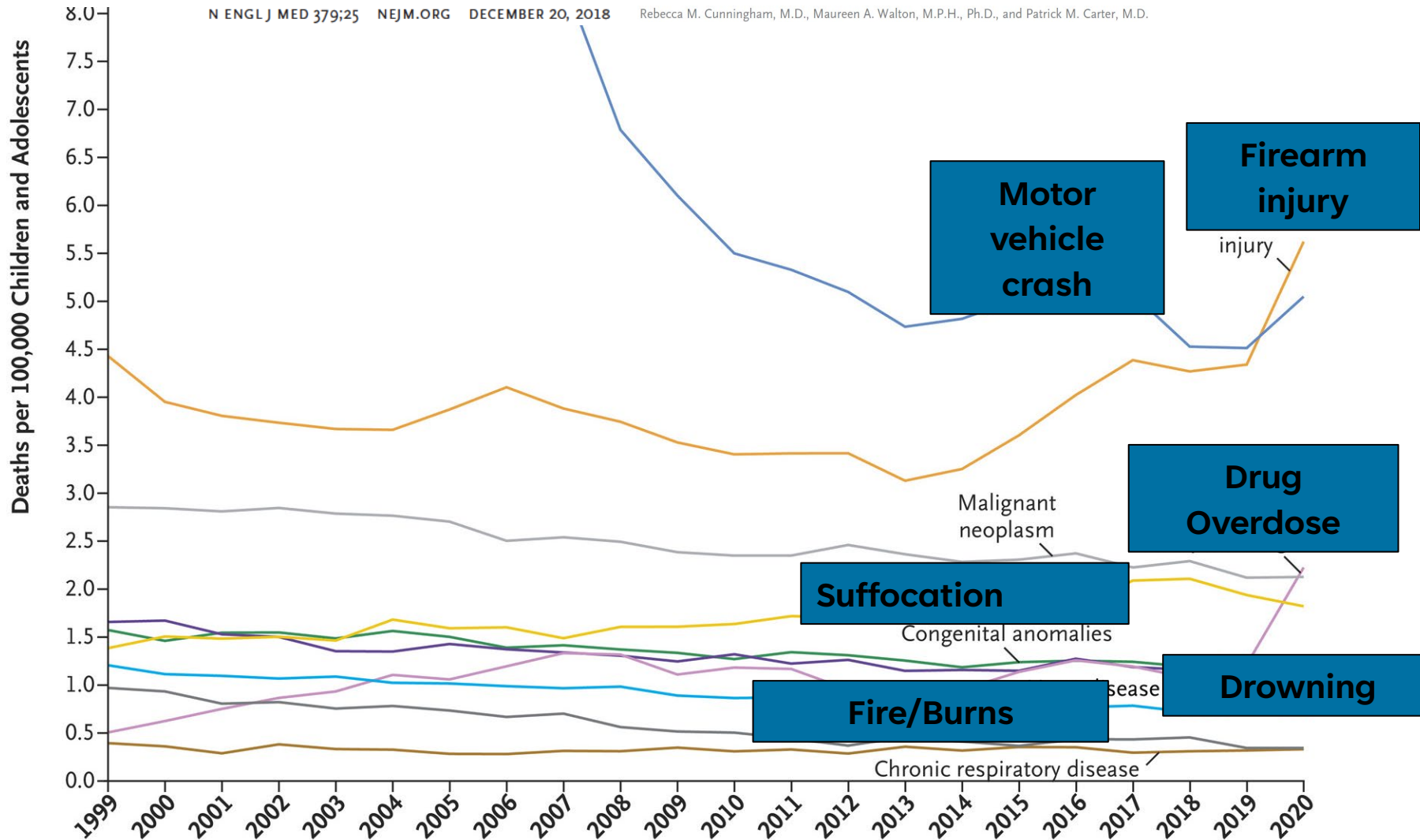
The Major Causes of Death in Children & Adolescents in the United States



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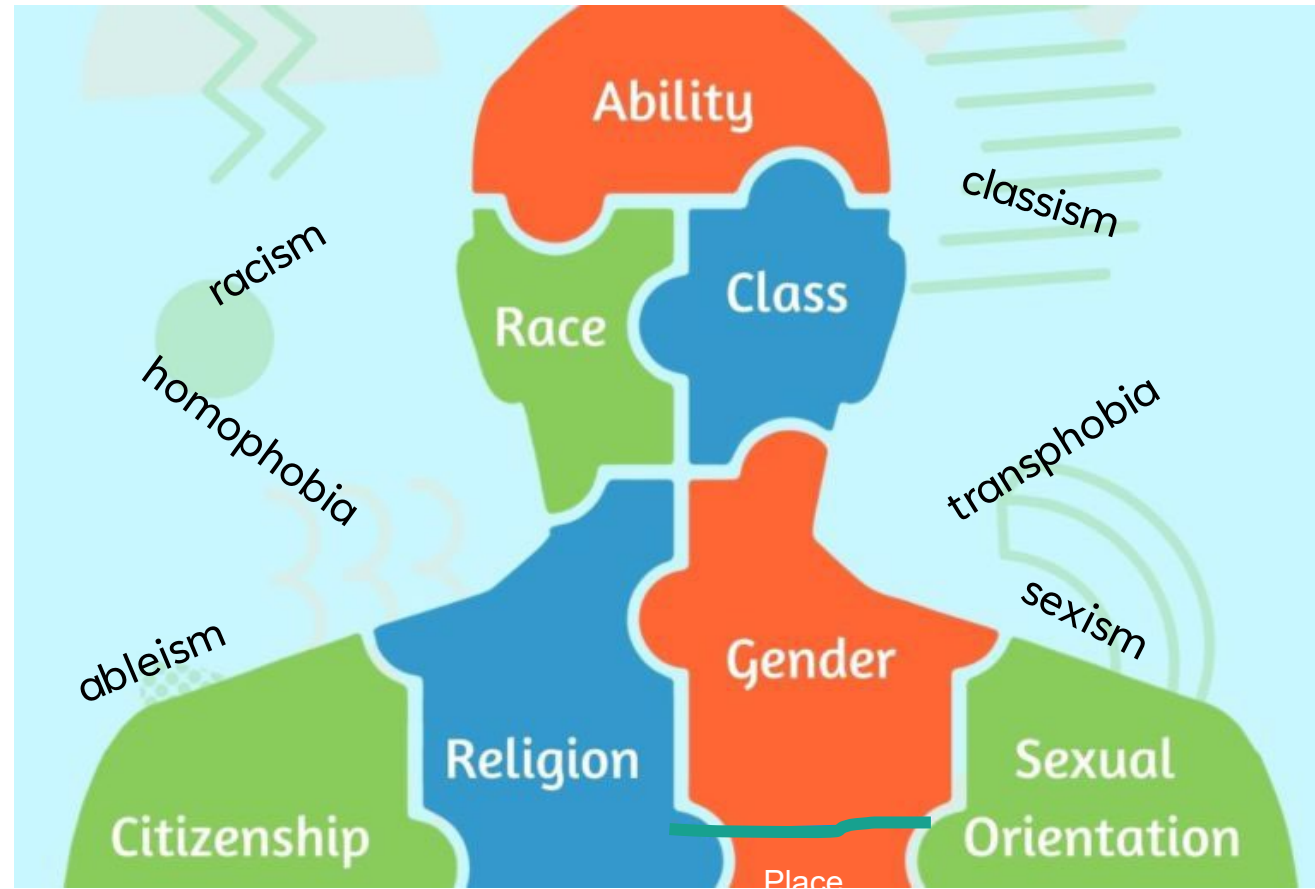
- **Education**
- **Economics**
- **Engineering**
- **Enforcement**

Equity

- Education
- Economics
- Engineering
- Enforcement

***Intersectionality is very
important
as we think about
inequities***

Intersectionality



*Not a complete representation of identities or systems of discrimination

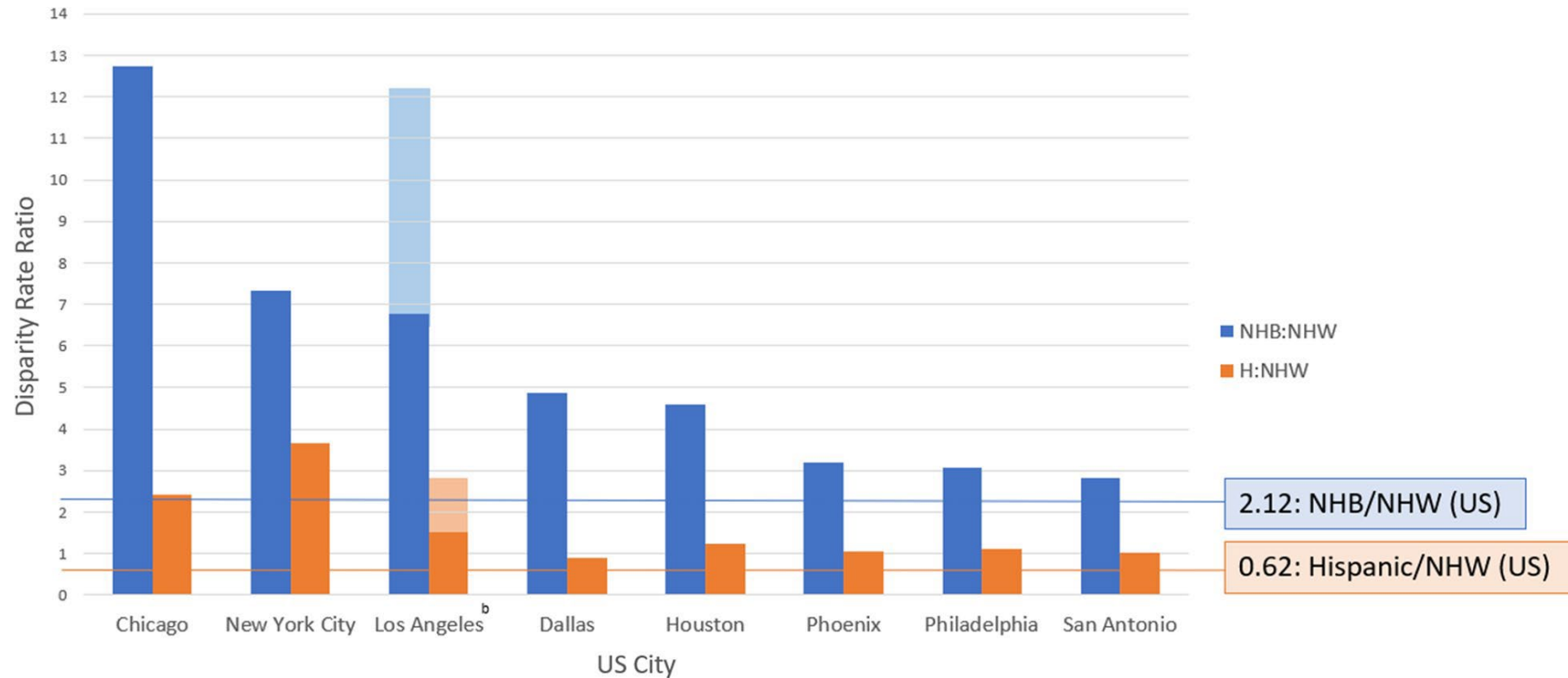


	Non-Hispanic White	Non-Hispanic Black	Hispanic
New York	0.030	0.220	0.110
Los Angeles	0.162-0.292 ^a	1.967	0.446
Chicago	0.226	2.878	0.550
Houston	0.476	2.185	0.597
Phoenix	0.527	1.693	0.550
Philadelphia	0.811	2.484	0.891
San Antonio	0.829	2.339	0.856
San Diego	0.126-0.226 ^a	0.686-1.236 ^a	0.626
Dallas	0.563	2.739	0.509
San Jose	0.060-0.239 ^a	0.475-1.898 ^a	0.409
United States	0.847	1.795	0.522

Racial and ethnic disparities of sudden unexpected infant death in large US cities: a descriptive epidemiological study

Brett T. Boyer^{1*}, Gina S. Lowell², Douglas R. Roehler² and Kyran P. Quinlan²

Boyer et al. *Injury Epidemiology* (2022) 9:12
<https://doi.org/10.1186/s40621-022-00377-7>

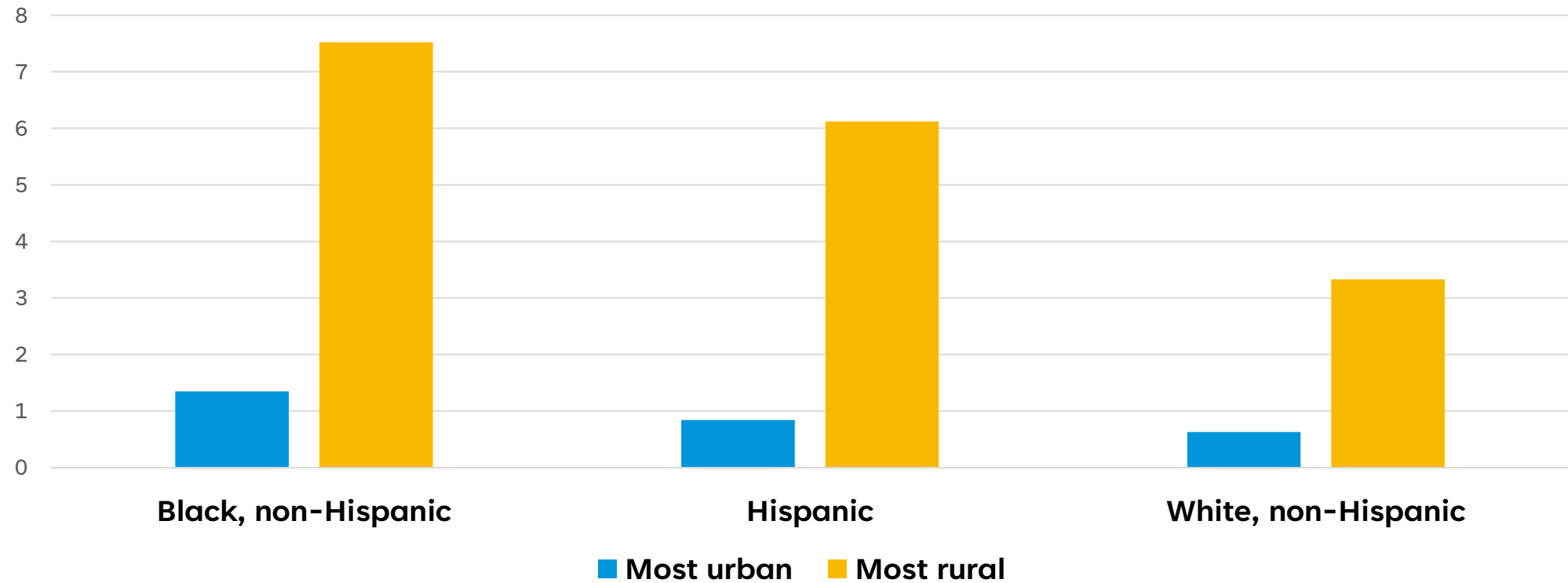


Urban and Rural Child Deaths from Motor Vehicle Crashes: United States, 2015-2019

Kate M. Shaw, PhD¹, Bethany West, MPH¹, Sadiqa Kendi, MD², Mark R. Zonfrillo, MD, MSCE³, and Erin Sauber-Schatz, PhD¹

THE JOURNAL OF PEDIATRICS

Death Rate per 100,000



Health and Poverty of Rural Children: An Under-
Researched and Under-Resourced Vulnerable
Population



Poverty rate is 25% higher in rural areas

***10.6% rural children live in deep poverty (0-50% FPL)
55.7% of them are non-Hispanic Black, Hispanic, or American Indian/Alaska
Native***

Twice as likely to be living in substandard housing conditions

Jessica L. Bettenhausen, MD; Courtney M. Winterer, DO; Jeffrey D. Colvin, MD, JD

From the Department of Pediatrics, Children's Mercy Kansas City, University of Missouri-Kansas City School of Medicine (JL Bettenhausen, CM Winterer, and JD Colvin), Kansas City, Mo; and University of Kansas School of Medicine (JL Bettenhausen, CM Winterer, and JD Colvin), Kansas City, Kans



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Health and Poverty of Rural Children: An Under-Researched and Under-Resourced Vulnerable Population



Table 2. Underlying Causes of Death by Urban/Rural Status and Race/Ethnicity, 2019

Cause	Crude Mortality Rate (per 100,000)												
	National		Urban [†]					Rural [‡]					
	All Races	All Races	White	Black or African American	American Indian or Alaska Native	Hispanic or Latino (All Races)	Not Hispanic or Latino (All Races)	All Races	White	Black or African American	American Indian or Alaska Native	Hispanic or Latino (All Races)	Not Hispanic or Latino (All Races)
Age 0–17 years													
Certain conditions from the perinatal period	14.2	14.3	11.1	29.7	4.5	12.2	14.7	14	12.1	28.8	16	13.1	14
Accidents*	7.2	6.4	5.8	9.9	7.1	5.4	6.8	12.7	12.3	14.2	17.5	11.7	12.8
Congenital malformations	7.1	6.9	6.7	9.1	2.8	7.2	6.7	8.5	8.4	9.5	8.5	7.3	8.6
Suicide	2.3	2.1	2.2	1.5	2.9	1.5	2.4	3.4	3.5	UR	7.5	2.8	3.5
Homicide	2.2	2.2	1.2	7	2.2	1.7	2.3	2.1	1.6	6.5	UR	1.7	2.2
Age <1 year													
Congenital malformations	113.7	110.2	106.9	142.3	48.6	114.8	107.2	136.6	136.6	139.3	135.8	127.6	137.7
Short gestation and low birth weight	91.1	91.5	62.6	220.3	UR	69.1	97.3	88.2	76.6	184.7	UR	101.8	84.7
Maternal complications	32.9	33.6	26.6	65.4	NR	32.8	32.9	28.1	18.1	58.9	NR	28.7	27.8
Sudden infant death syndrome	33.0	30.8	22.3	73.1	UR	20.7	34.6	47.2	37.8	96.5	120.7	40.2	48.3
Accidents [†]	33.5	30.7	23.3	65.3	37.4	18.3	35.4	51.5	48.3	67.9	UR	UR	55.9
Age 1–12 years													
Accidents*	4.7	4.1	3.7	6.2	3.9	3.4	4.3	8.5	8.2	9.8	10.9	8.7	8.4
Malignant neoplasms	1.8	1.9	1.9	2.0	NR	2.0	1.9	1.5	1.5	UR	NR	UR	1.4
Congenital malformations	1.5	1.4	1.3	2.1	NR	1.3	1.5	2.0	2.0	UR	NR	UR	2.1
Homicide	1.1	1.0	0.6	2.7	UR	0.6	1.2	1.3	1.0	3.1	NR	NR	1.4
Diseases of heart	0.6	0.6	0.5	0.9	NR	0.3	0.6	0.5	0.5	NR	NR	NR	0.5
Age 13–17 years													
Accidents*	8.5	7.4	7.6	8.2	8.8	7.8	7.2	15.5	15.4	14.5	23.1	17.0	15.3
Suicide	7.1	6.6	7.1	4.6	9.1	4.9	7.2	10.6	10.6	UR	27.7	8.8	10.8
Homicide	4.0	4.3	1.9	15.6	NR	3.8	4.4	2.4	1.6	10.7	NR	NR	2.5
Malignant neoplasms	2.3	2.3	2.3	2.4	NR	2.7	2.1	2.5	2.5	NR	NR	UR	2.3
Diseases of heart	0.9	0.8	0.6	1.8	NR	UR	0.9	1.5	1.4	NR	NR	NR	1.5

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Health and Poverty of Rural Children: An Under-Researched and Under-Resourced Vulnerable Population



Crude Mortality Rate per 100,000 for Injuries in 0-17 yrs

Race/Ethnicity	Urban	Rural
All	6.4	12.7

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Health and Poverty of Rural Children: An Under-Researched and Under-Resourced Vulnerable Population



Crude Mortality Rate per 100,000 for Injuries in 0-17 yrs

Race/Ethnicity	Urban	Rural
Black/African American	9.9	14.2
American Indian/Alaskan Native	7.1	17.5
Hispanic/Latino	5.4	11.7
White	5.8	12.3

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“What’s up with that Mommy?”



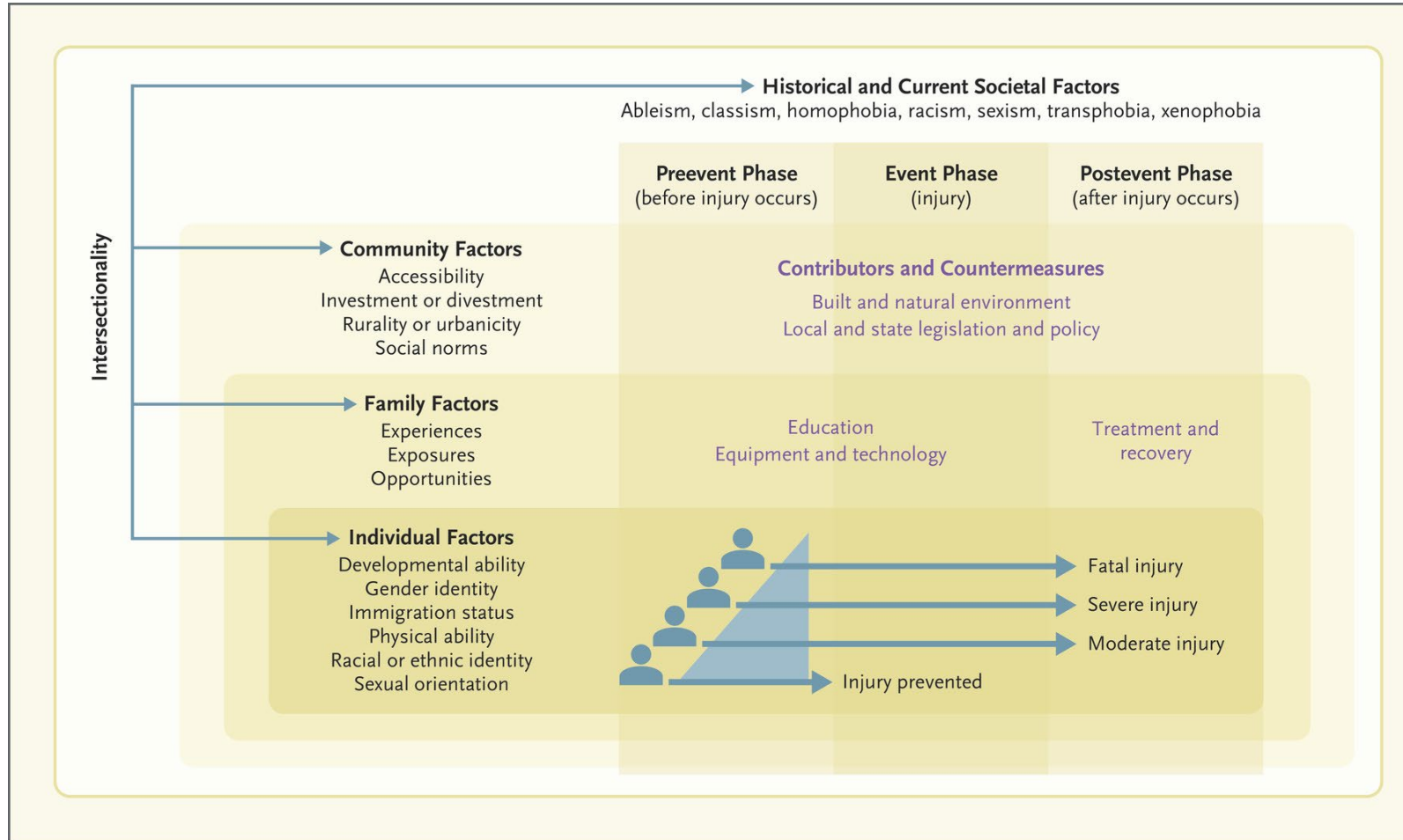
“To be truly visionary we have to root our imagination in our concrete reality while simultaneously imagining possibilities beyond that reality.”

-bell hooks



The Injury Equity Framework

Sadiqa Kendi, M.D., M.P.H., and Michelle L. Macy, M.D. N ENGL J MED 388;9 NEJM.ORG MARCH 2, 2023



Intersectionality



*Not a complete representation of identities or systems of discrimination

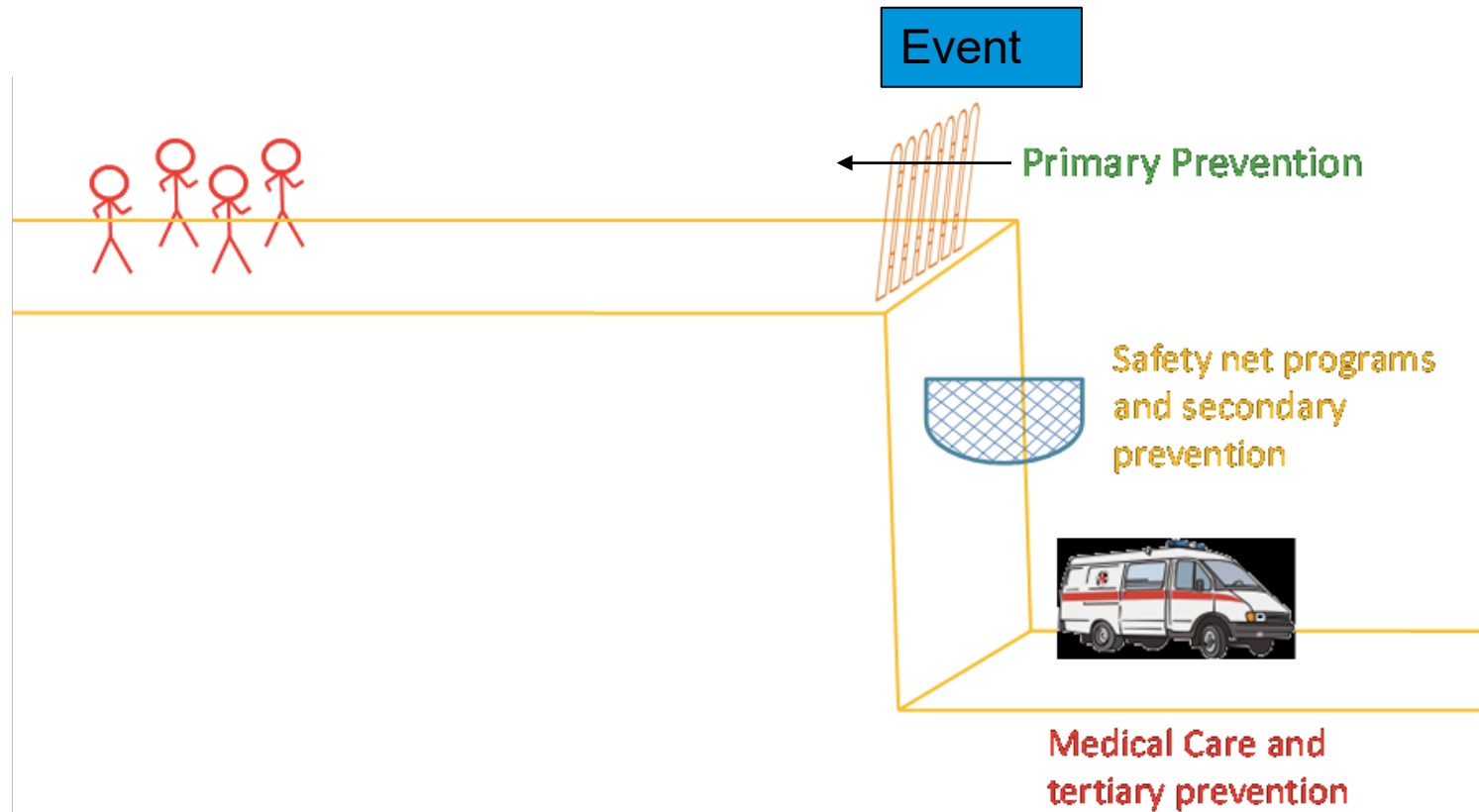
Haddon Matrix

Factor

	Host (Person at risk for injury)	Agent (Energy transmitted to the host from object/person/etc)	Environment	
			Social (Social & legal norms)	Physical (Setting characteristics)
Pre-Event				
Event				
Post-Event				

Phase

Cliff Analogy for Disparities

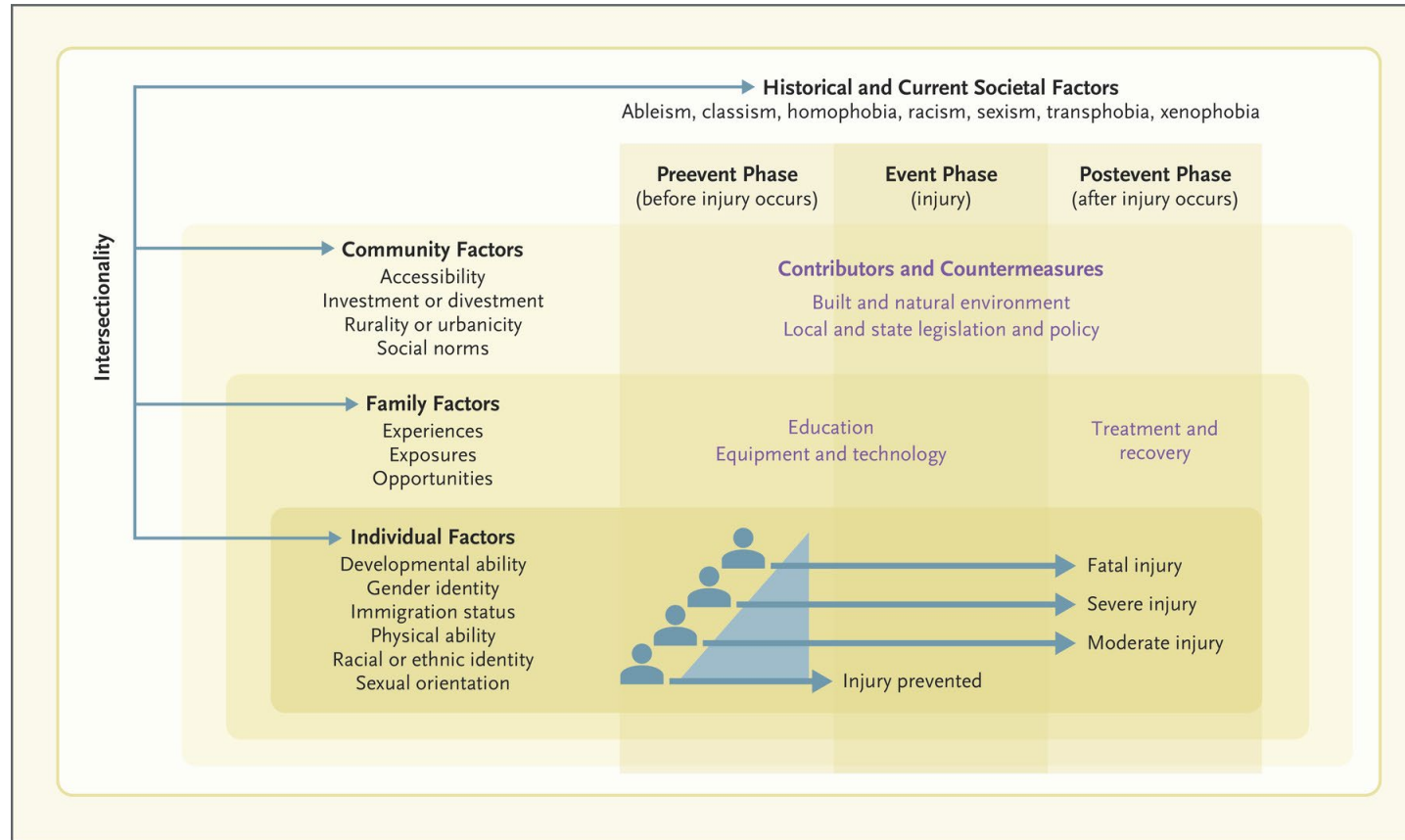


Jones, CP, Jones CY, Barclay P, Jones CA. Journal of Health Care for the Poor and Underserved, Volume 20, Number 4, November 2009 Supplement, pp. 1-12 (Article)
DOI: 10.1353/hpu.0.0228



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- Recalls
- Business Education
- News Releases
- Regulatory Robot
- Calendar Events
- Multimedia

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Learn the Sounds of Fire Safety to Avoid Danger; African Americans Have the Highest Rate of Fire Deaths and Injuries

Share:

Release Date: October 04, 2021

[Report an unsafe product](#)

WASHINGTON, D.C. – Knowing what to do if there’s a house fire can save lives. Fire Prevention Week is October 3 through 9, and CPSC and the National Fire Protection Association (NFPA) want to encourage everyone to listen to the sounds of safety from smoke and CO alarms. That means:

- When the alarm “beeps,” respond immediately and get out of the home as quickly as possible.
- When the alarm “chirps,” it’s time to change the batteries, or install a new alarm.
- If there is someone in the household who is deaf or hard of hearing, install bed shaker and strobe light alarms that will alert that person to fire danger.

Based on CPSC staff estimates for 2016 through 2018, there are about 360,000 home fires every year, leading to roughly 2,400 deaths. In addition, it is estimated that there are nearly 10,400 injuries per year. Research also shows that across all races, African Americans have the highest rate of fire deaths and injuries—nearly twice the overall death rate, and more than twice the overall injury rate. According to

https://www.cpsc.gov/s3fs-public/2016-to-2018-Residential-Fire-Loss-Estimates-Final_0.pdf

Fire and Burns

19 Killed in New York

Nine children were among the

By Ashley Southall, Grace Ashford and

Published Jan. 9, 2022 Updated Jan. 11, 2022

Follow

Nineteen
smoke b

An addi
without

...malfunctioning space heater...

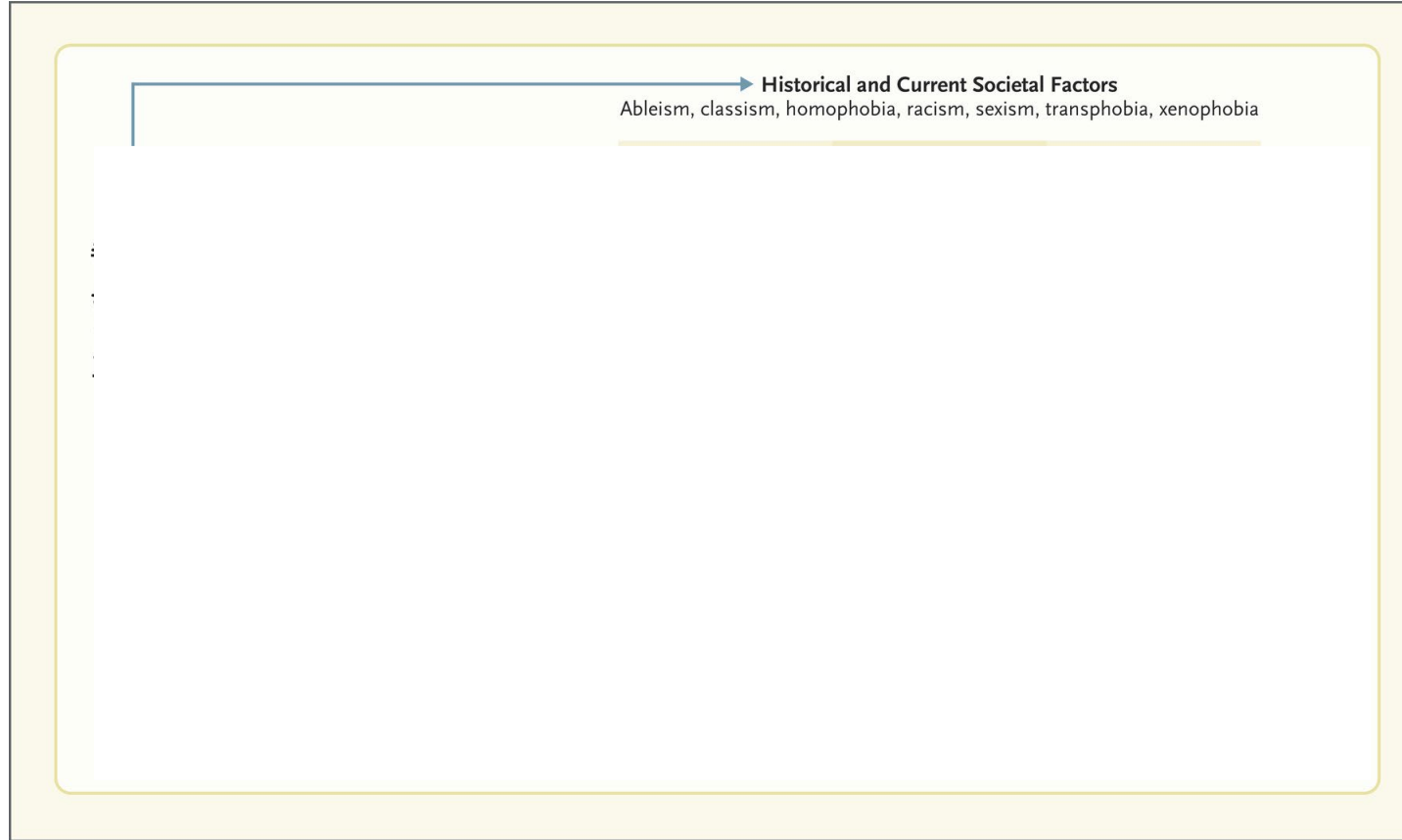
ty officials said.

...after the occupants of the third-floor apartment where the fire started fled without closing the door behind them



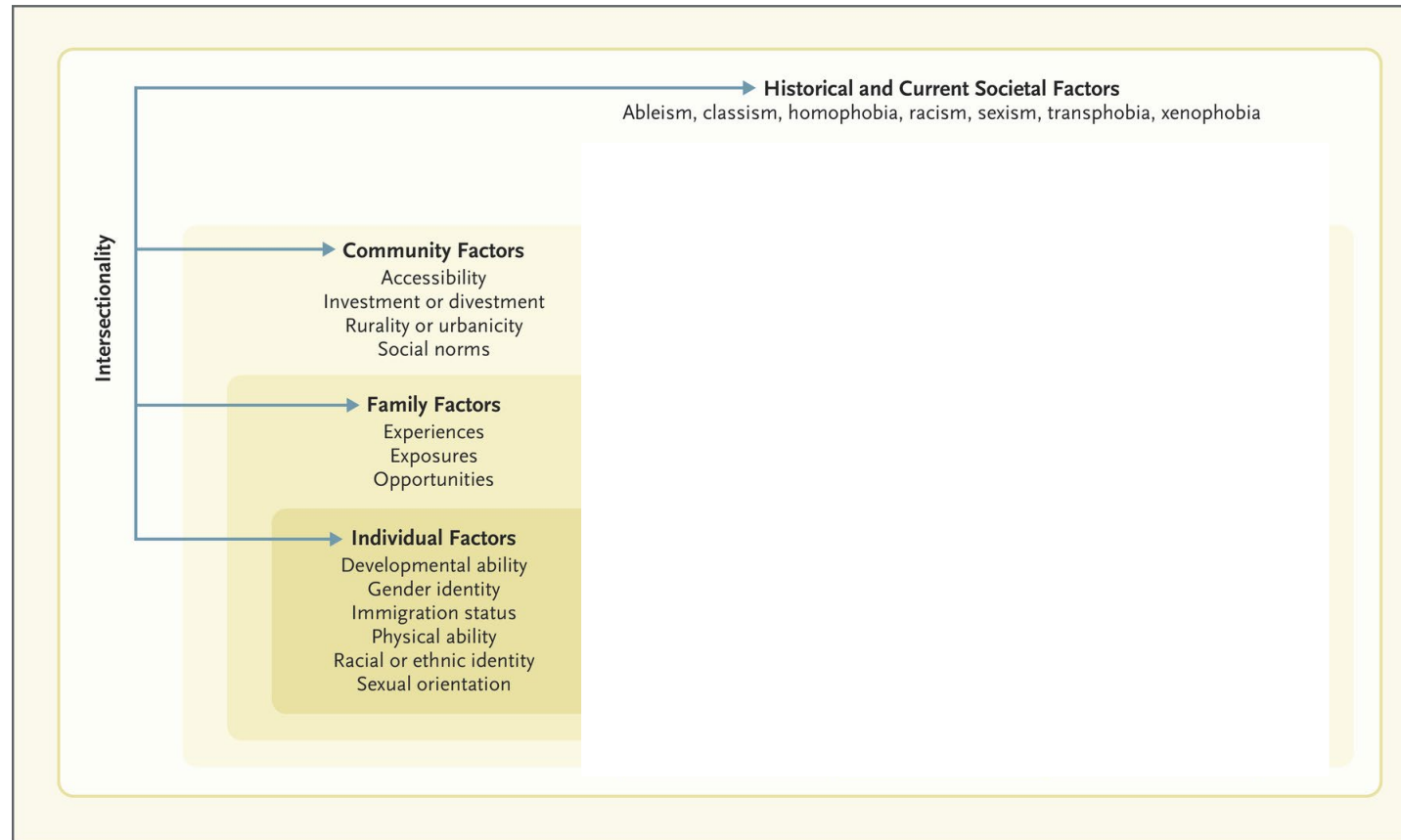
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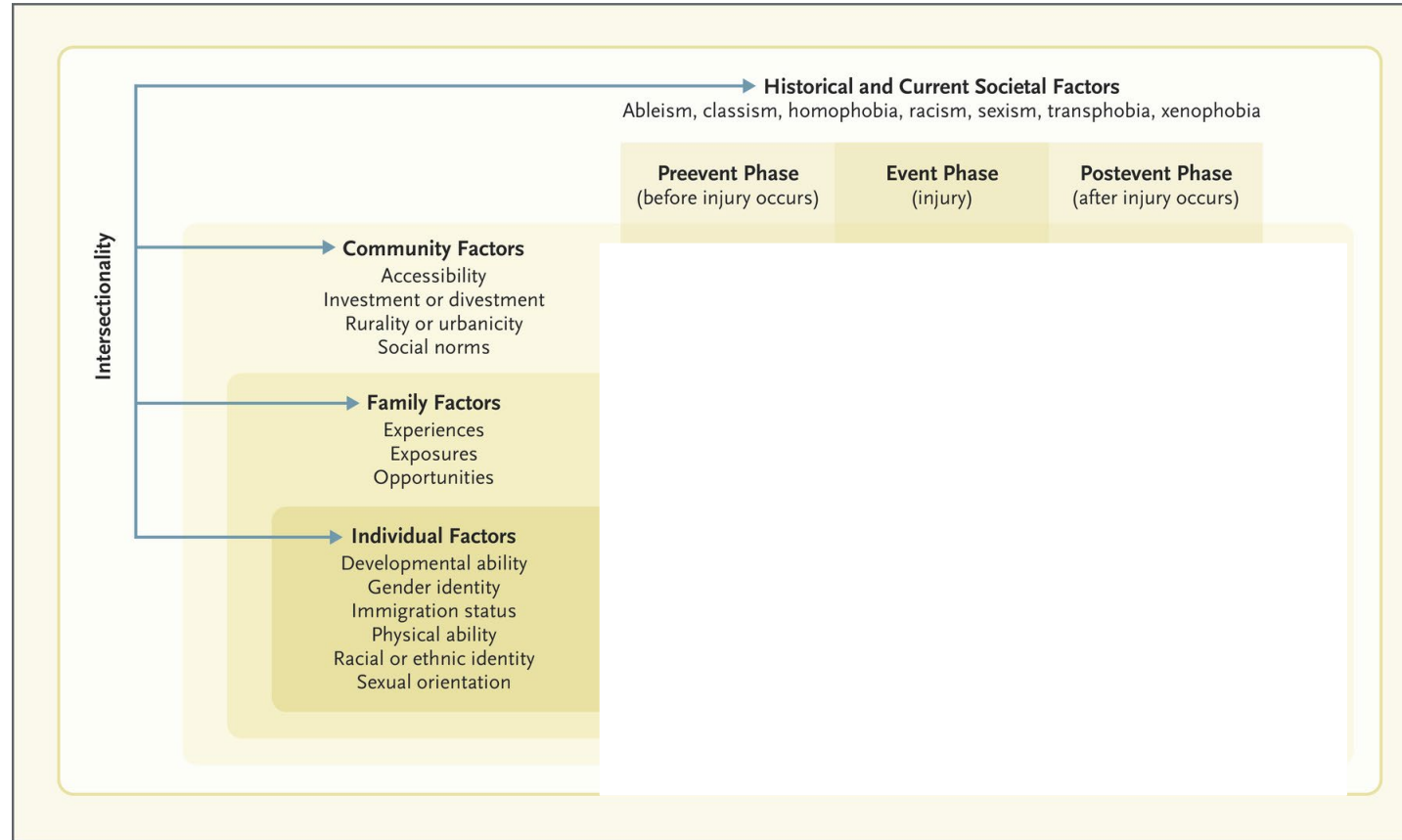
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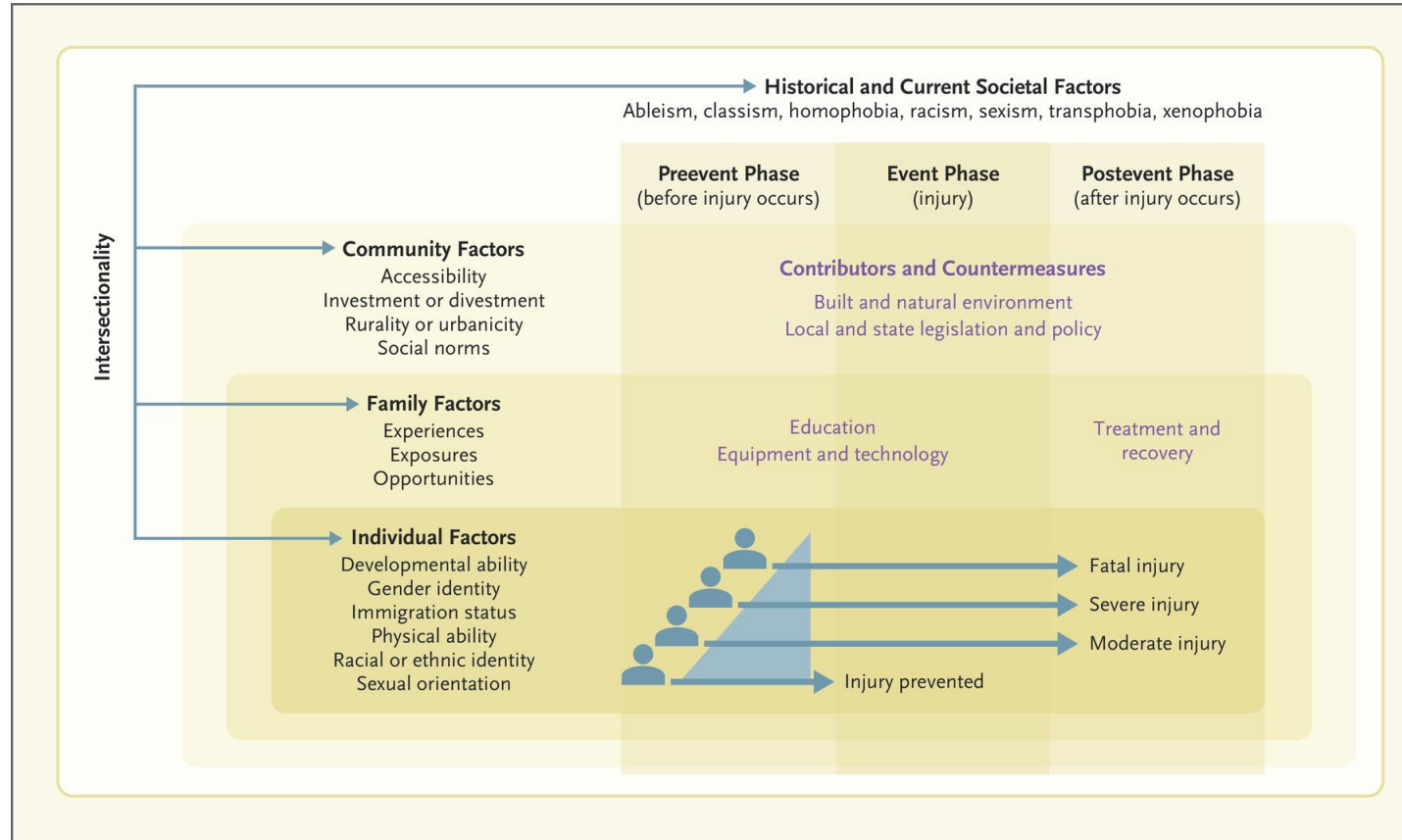
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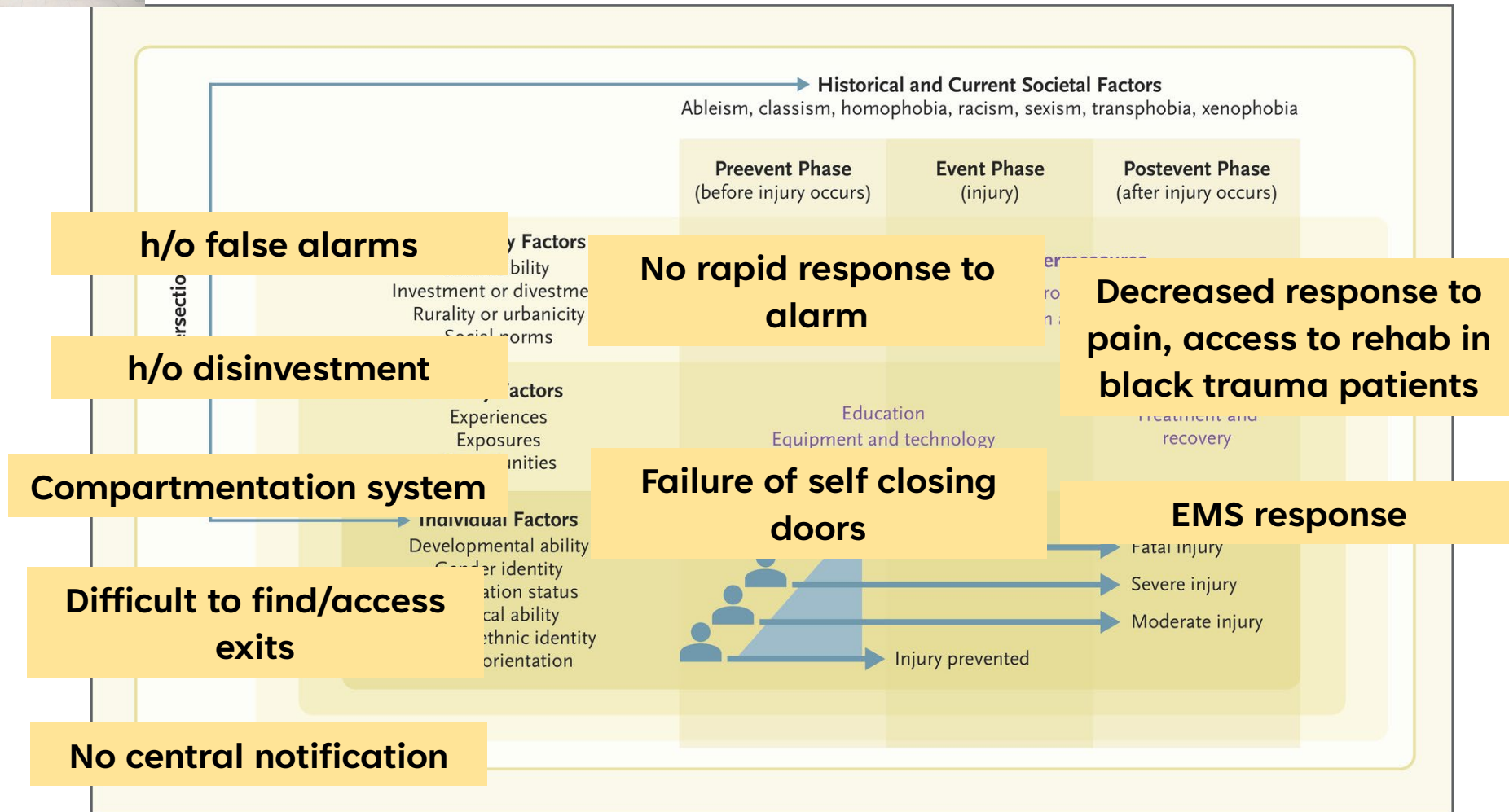
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[CPSC’s 2016-2018 Residential Fire Loss Estimates](#), African Americans are more likely to die in a home fire than any other race. The report also shows that African Americans are more likely to be injured in a home fire than any other race.

https://www.cpsc.gov/s3fs-public/2016-to-2018-Residential-Fire-Loss-Estimates-Final_0.pdf

Addressing inequities



benefits everyone

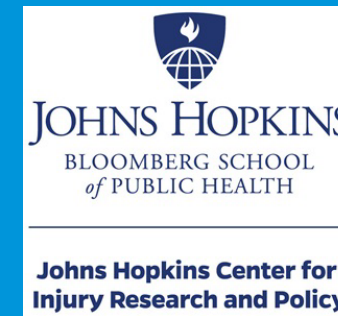
Equity

- Education
- Economics
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- Enforcement

What can we do?

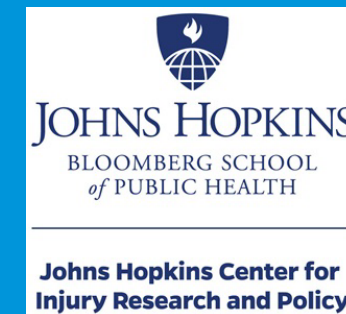
***New partnerships
and methods to make
impact***

Massachusetts Pediatric Injury Equity Review (MassPIER)



Massachusetts Pediatric Injury Equity Review (MassPIER)

- Systematic review of inequities in **fatal and non-fatal** injuries
- Built on Child Fatality Review
- 7 step process



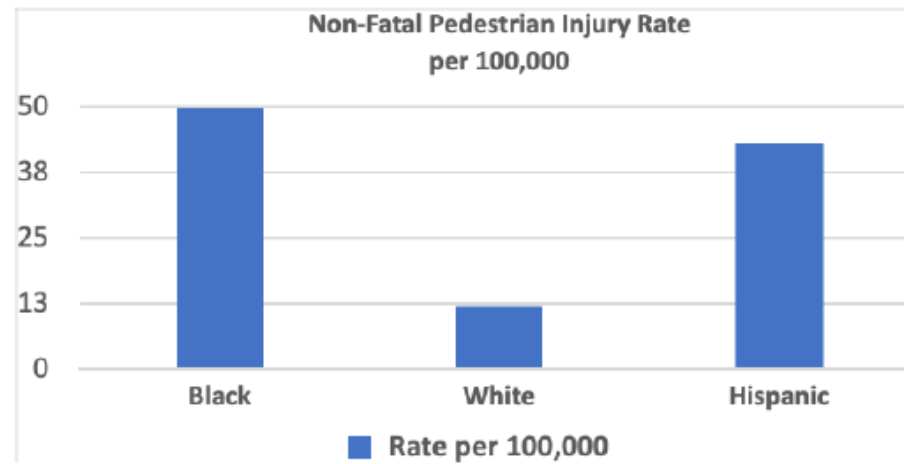
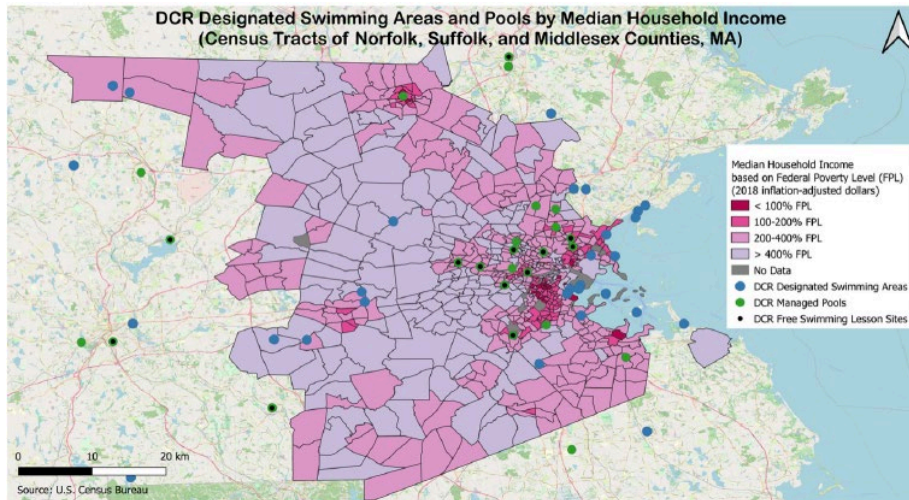
Pediatric Injury Equity Review

7 Steps

1. Team identification (multidisciplinary)
2. Data preparation (fatal and nonfatal)
3. Injury Equity Matrix
4. Case identification and review
5. Data review
6. Discussion & recommendation development
7. Recommendation refinement, dissemination, & implementation



Epidemiologic & GIS Data



Pediatric Injury Equity Review

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Injury Equity Matrix (Working Tool)

Identified Injury Inequity	Counter Measures	Modifiable Contributing Factors	Intersectional Identities				Recommendations
			Class	Disability	Immigrant Status	Race	
>10k Disparity in drowning for Black and Hispanic MA children	Built Environment	Historical segregation of pools, closure after desegregation					
		Proximity to unsafe natural bodies of water; public pool location					
		Lack of pools, safe areas to swim ¹ ; life guard presence; Official DCR sites					
		Multilingual signage at approved vs unapproved locations					
	Equipment & Safety Products	Cost of US Coast Guard approved life jacket (>\$30)					
		Ease of use of life jacket, life rings if ESL or low literacy					
		Accessibility of safety products at sites,					
	Education	Swim lessons: Historical lack of access ¹ High costs ² , Less availability of multilingual education; Limited locations					
		Accessibility of CPR education ³					
	Treatment & Recovery	Language barriers to accessing EMS					
		Acute and inpatient trauma care					
		Insurance: Cost of treatment (acute and rehab)					
		Family leave policies: Caretaker availability					

Pediatric Injury Equity Review

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Injury Equity Matrix (Working Tool)

Identified Injury Inequity	Counter Measures	Modifiable Contributing Factors	Recommendations			
			Specific change	Equity Score	Associated legislation, policy, or programming	Governing body, org, or agency responsible
Identified prior to CFR Meeting	Built Environment	From CFR meeting	From CFR meeting	Working group after meeting	Working group after meeting	Working group after meeting
	Equipment & Safety Products					
	Education					
	Treatment & Recovery					

Types of recommendations to consider: 1. New policy, program, or legislation 2. Change in existing policy, program, or legislation 3. Change in Implementation



***New partnerships
and methods to make
impact***



Safe Kids Worldwide® is a nonprofit organization working to reduce unintentional injuries to children ages 0-14 and build equitable and sustained systems that support injury prevention.

Most people are surprised to learn preventable injuries are the number one cause of death to children in the United States.



TORINE CREPPY
PRESIDENT



SAFE
K:DS
WORLDWIDE®

Mission

We work to reduce unintentional injuries to children ages 0-14 and build equitable and sustainable systems that support injury prevention.



Vision

A world in which every child is protected from unintentional injuries.



Values

- Prioritize equity
- Lead with science
- Be proactive
- Cultivate collaboration
- Change systems
- Foster sustainability
- Live our values every day



How We Work

RESEARCH

Collect and analyze data
and measure impact



PROGRAMS

Reach parents, caregivers,
children and educators



ADVOCACY

Advocate for new
and improved laws



AWARENESS

Deliver consistent,
compelling messaging



Our Programs

Safe Kids Worldwide provides resources to **deliver community programs.**



At Home

- Safe Infant Sleep
- Fire Safety/Burn Prevention
- Water Safety
- Poison Prevention/Medicine Safety
- Falls Prevention



At Play

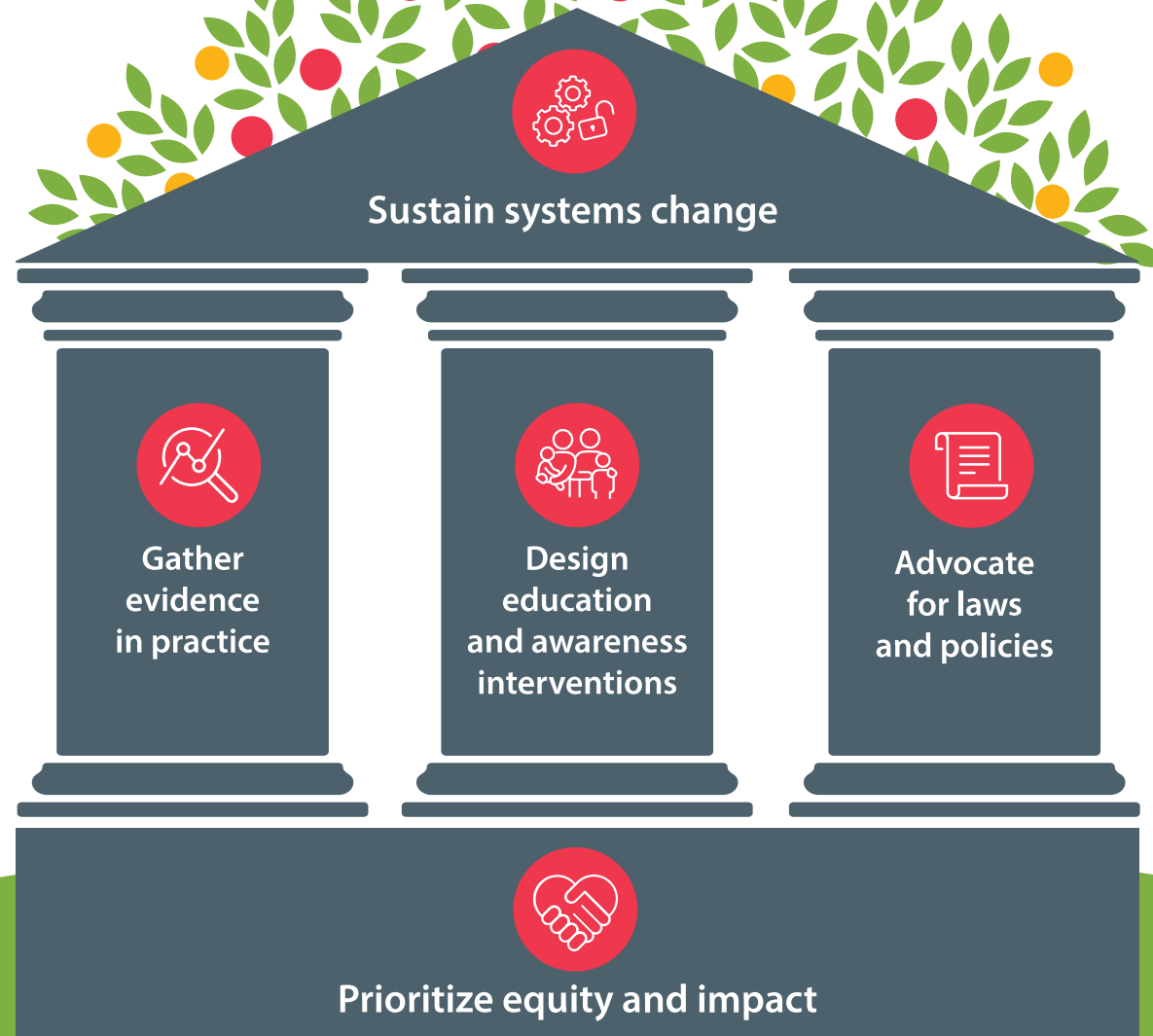
- Water Safety
- Sports Safety
- Wheeled Sports Safety



On the Road

- Child Passenger Safety
- Pedestrian Safety
- Teen Driving Safety
- Bike Safety
- Rail Safety

Strategic Framework

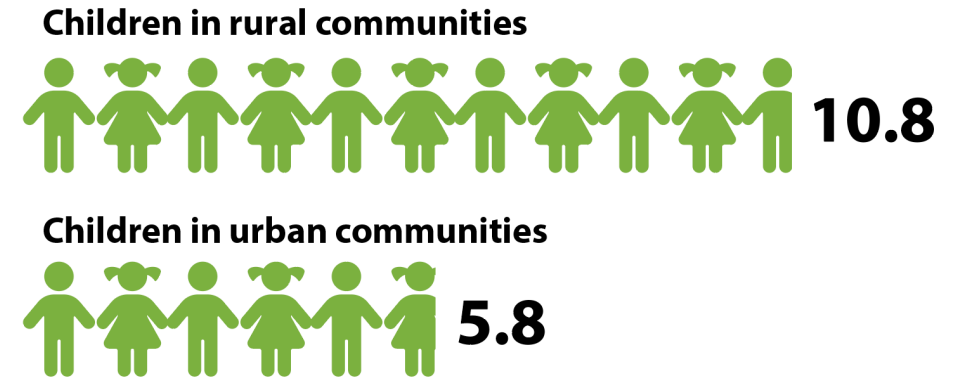
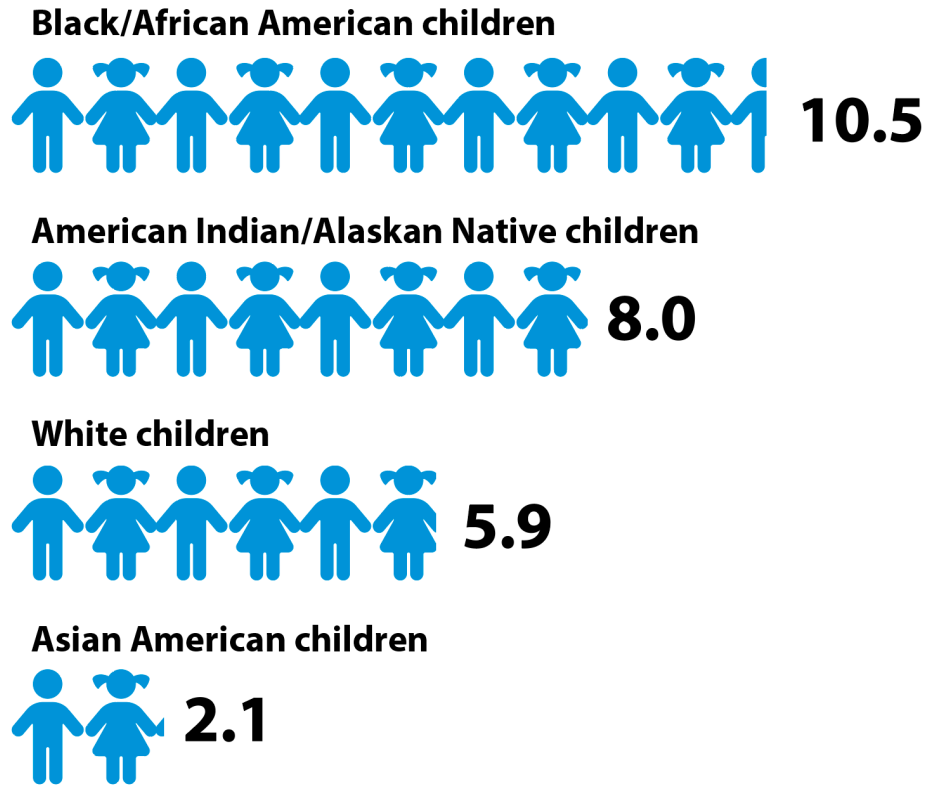


Focus Areas



Examples of Disparities

Unintentional Injury Death Rate per 100,000
Children Ages 0-14



Poverty worsens each of these inequities.

Equity Advisory Committee



Dr. Joseph Wright

Chief Health Equity Officer and Senior Vice President of Equity Initiatives
American Academy of Pediatrics

Safe Kids Worldwide Board Liaison



Dr. Sadiqa Kendi

Pediatric Emergency Medicine Division,
Boston Medical Center and Boston University School of Medicine

Chief Medical & Equity Officer
Safe Kids Worldwide



Dr. Michelle Macy

Director
Mary Ann & J. Milburn Smith Child Health Outcomes, Research and Evaluation Center

Scientific Director
Community, Population Health, and Outcomes, Stanley Manne Children's Research Institute, Lurie Children's Hospital



Dr. Andrew Kiragu

Associate Professor of Pediatrics
University of Minnesota



Dr. Joelle Simpson

Chief of Emergency Medicine
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Morag MacKay

Chief Research and Network Officer
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Dr. Kyran Quinlan

Pediatric Medical Advisor
Illinois Department of Public Health



Dr. Mark Zonfrillo

Professor of Emergency Medicine and Pediatrics
Hasbro Children's Hospital and the Alpert Medical School of Brown University



Abby Collier

Director
National Center for Fatality Review and Prevention

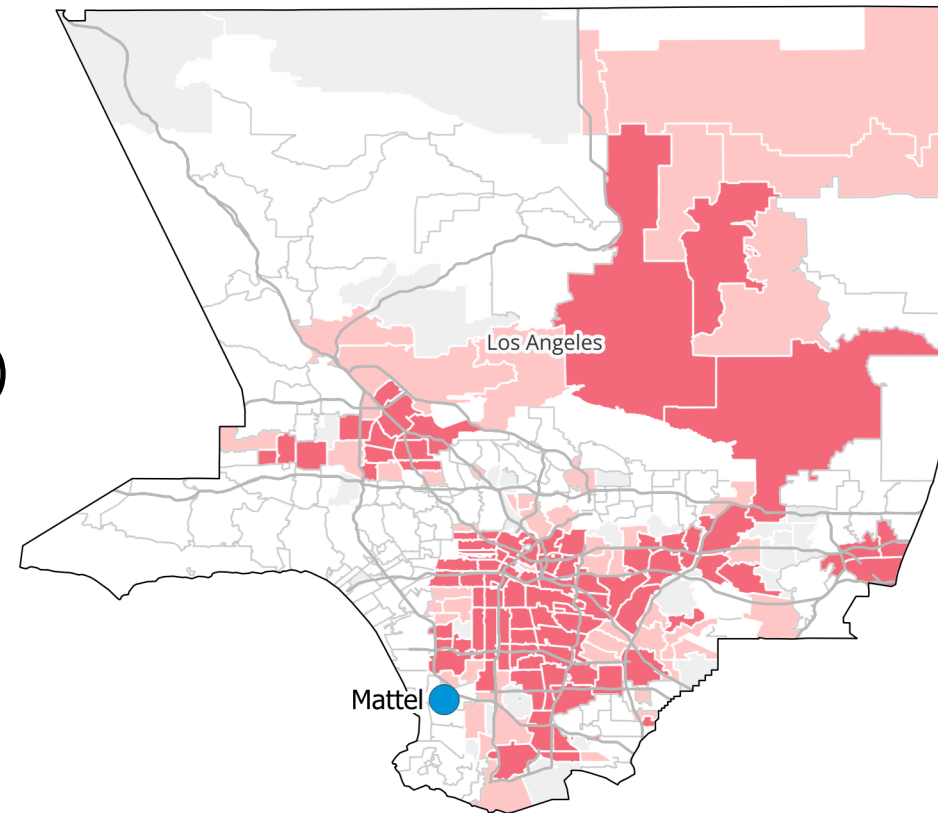


Dawne Gardner

Senior Equity Manager
Safe Kids Worldwide

Safe Kids Injury Risk Index (SKIRI)

- Child unintentional injury risk is unequally distributed by social, demographic, and geographic factors.
- The [Safe Kids Injury Risk Index \(SKIRI\)](#) index is the first to explore these factors and measure risk at the ZIP Code Tabulation Area (ZCTA) level
- ZCTA risk levels range from Very Low Risk to Very High Risk



SKIRI Risk Category (ZCTA-level) [292]

Low or very low risk [123]

Moderate risk [31]

High risk [50]

Very high risk [86]

Collaborative Partners Group

LEADERSHIP



Torine Creppy
President
Safe Kids Worldwide



Liz Pandya
Head of North America
Public Health
Kenvue



Kristin Recchiuti
CEO
Advantice Health



Michelle Sterling
Senior Programs Manager
Safe Kids Worldwide

MEMBERS

The establishment of this group of experts from government agencies, national cross-injury organizations, and partners that focus on equity will be an ongoing process. The group will encourage dialogue and collaboration with the purpose of enhancing the strategic plan's implementation.

Child Passenger Safety Example of a Comprehensive Systems Approach



INDIVIDUAL

Provide child passenger safety education to parents/caregivers to ensure children are correctly restrained in an appropriate car seat.

INTERPERSONAL

Prepare child passenger safety technicians with effective education strategies to teach *all* families how to safely restrain their kids.

INSTITUTIONAL

Implement child passenger safety education protocols within state public health programs (e.g., WIC), hospitals and community health centers.

COMMUNITY

Implement community-wide information and enhanced enforcement campaigns to persuade parents/caregivers to safely restrain their children in motor vehicles.

PUBLIC POLICY

Educate policy-makers about evidence-informed components of child passenger safety laws and programs.





EQUALITY

is everyone getting a pair of shoes.



DIVERSITY

is everyone getting a
different type of shoe.

A close-up photograph of a person's lower legs and feet. They are wearing light pink leggings with a pattern of small red dots and blue stars. On their feet are bright pink, clog-style shoes that have a large, stylized bulldog face printed on the front. The person is standing on a patch of green grass, with a concrete curb visible at the bottom of the frame. In the upper right corner, there is a blue semi-transparent box containing white text.

BELONGING

is wearing the shoes you want
without fear of judgement.



ACCEPTANCE

is understanding we all wear
difference kinds of shoes.



INCLUSION

is having access to the same shoes as everyone.



EQUITY

is everyone getting a pair of shoes that fits.



Thank You!

*References listed throughout presentation

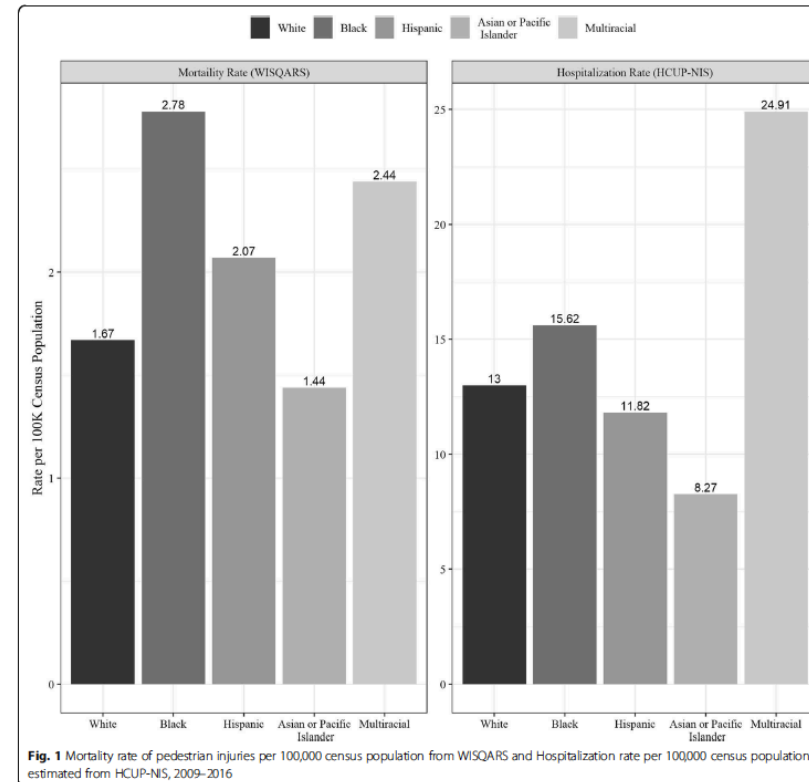
Extra slides

RESEARCH ARTICLE

Open Access

Racial disparities in pedestrian-related injury hospitalizations in the United States

Cara Hamann^{1,2}, Corinne Peek-Asa^{1,3*} and Brandon Butcher^{1,4}





The scene of a crash nearby Riverdale Elementary School on Nov. 20.(Courtesy 7 News/SkyTrak7)

2 children struck, killed by vehicle near Riverdale Elementary School in Prince George's Co.

By Stephanie Ramirez and FOX 5 DC Digital Team | Published November 20, 2023 | Updated November 21, 2023 | News | FOX 5 DC | [➔](#)



The Injury Equity Framework

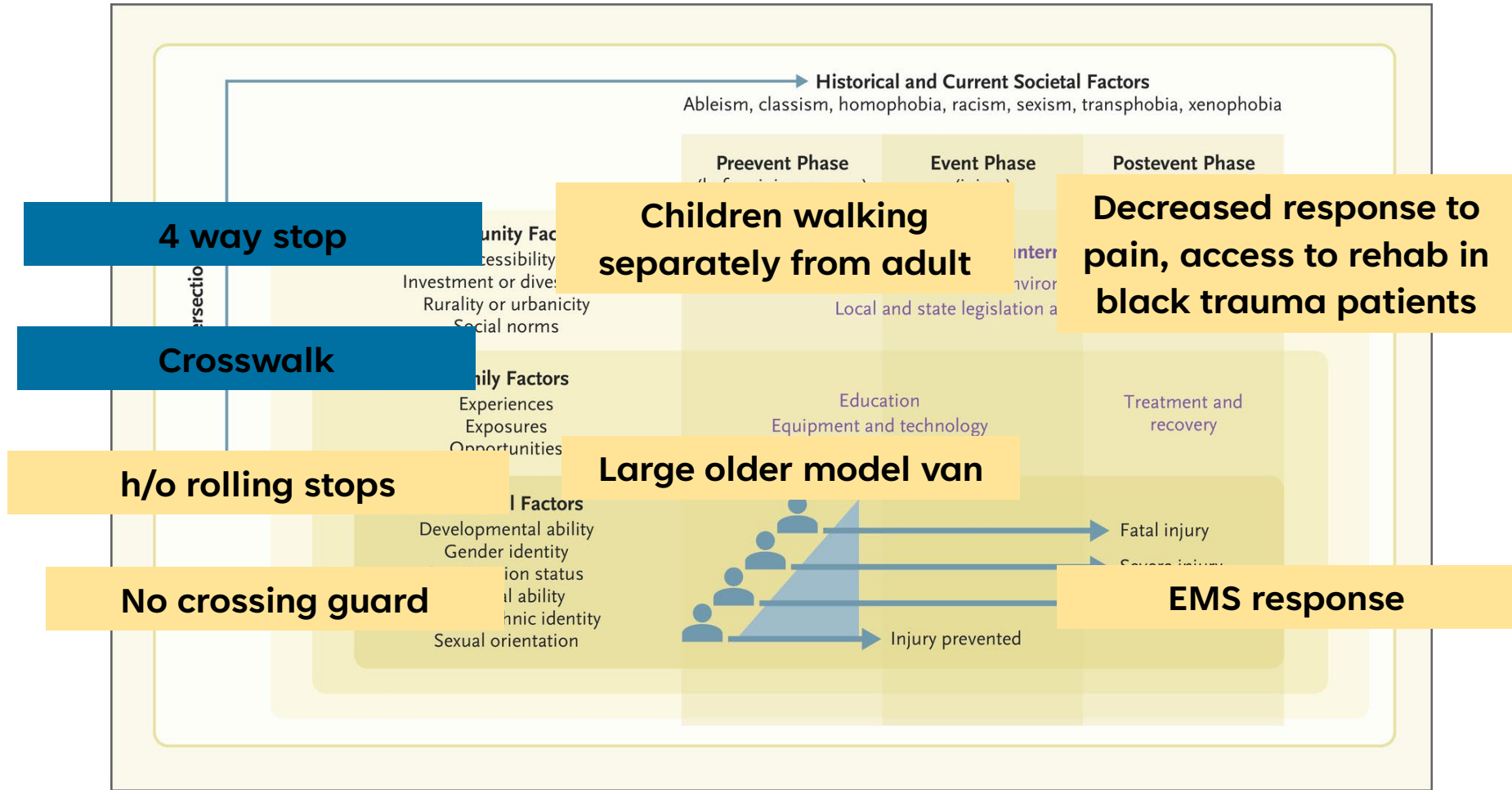
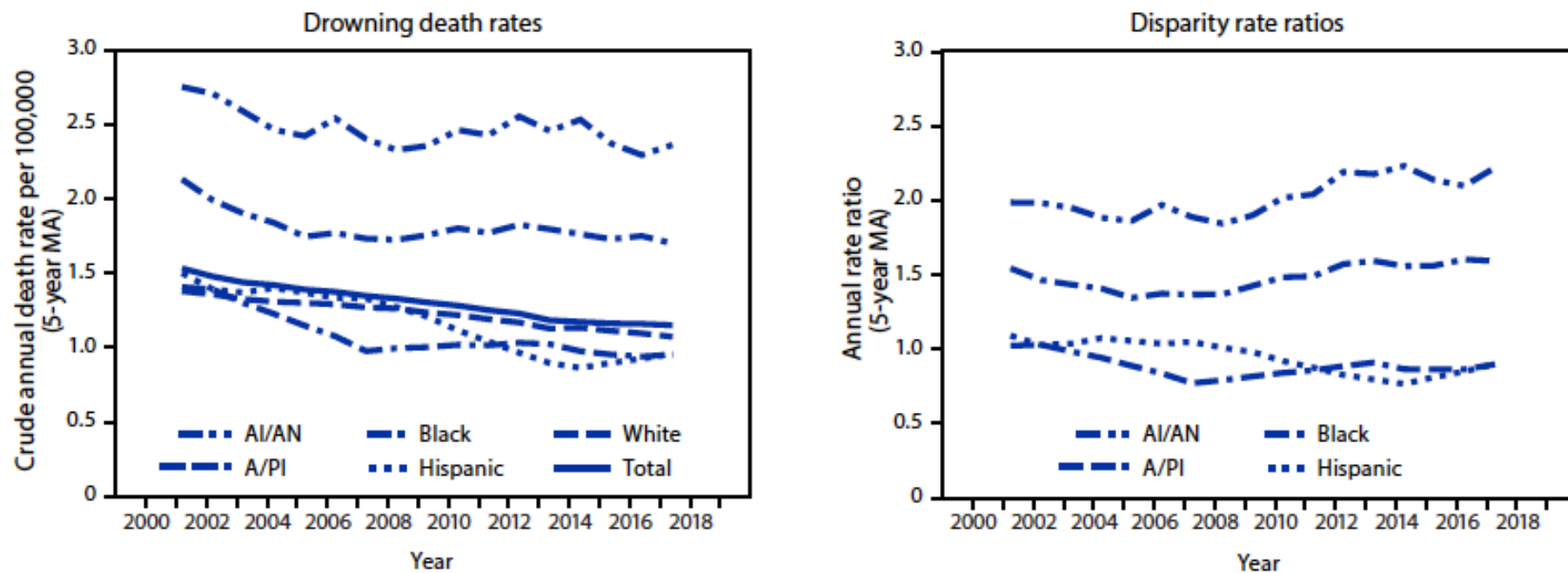


FIGURE. Five-year moving average* fatal unintentional drowning† rates and rate ratios[§] among persons aged ≤29 years, by race/ethnicity[¶] — United States, 1999–2019



LOCAL NEWS >

After deaths of 2 children with autism, local groups offer safety resources

WBZ
NEWS

By Louisa Moller
July 11, 2023 / 6:16 PM EDT / CBS Boston



*Children with autism
spectrum disorder are*

*160 x
more likely to drown*

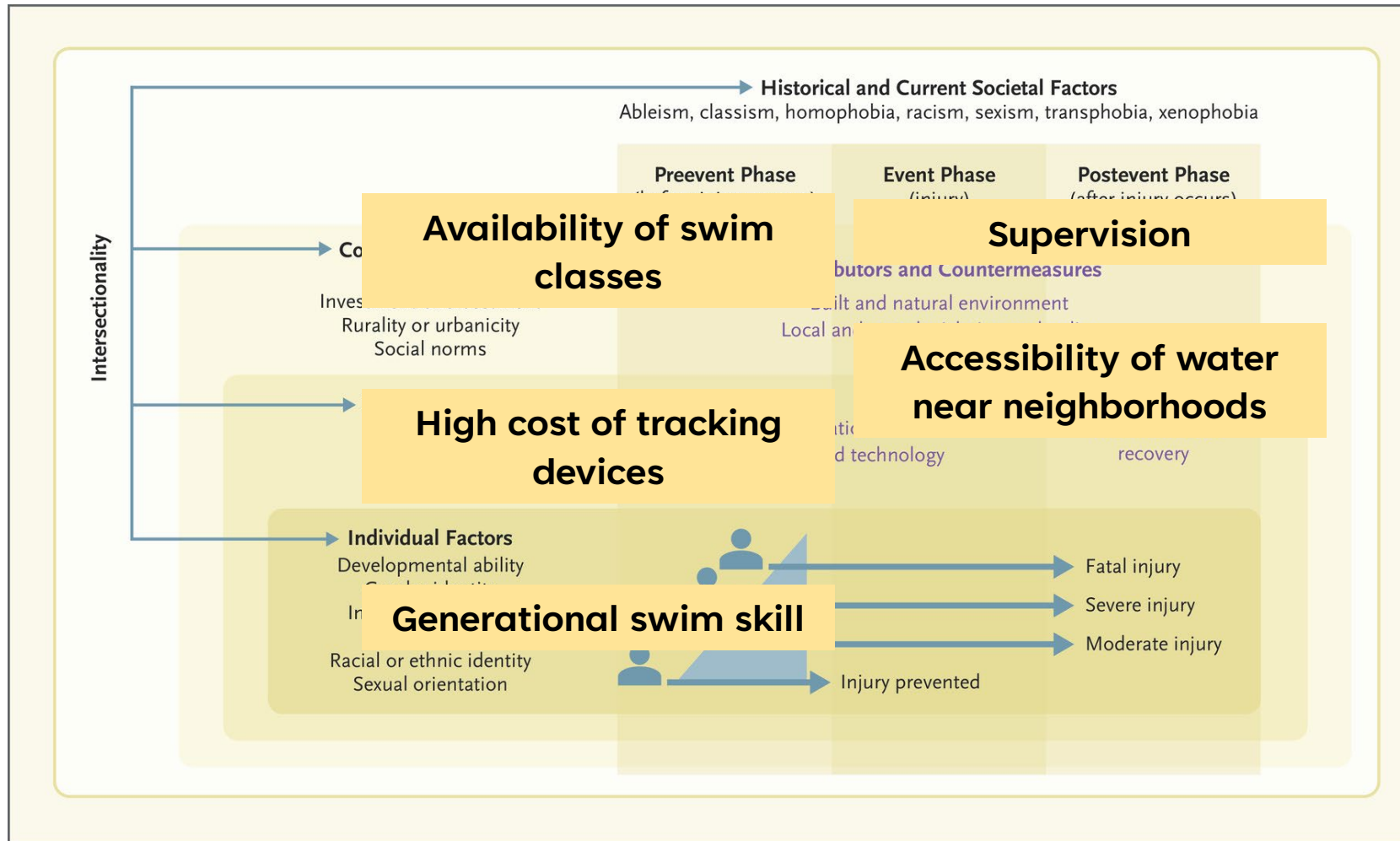
Children with autism spectrum disorder are

160 x

more likely to drown

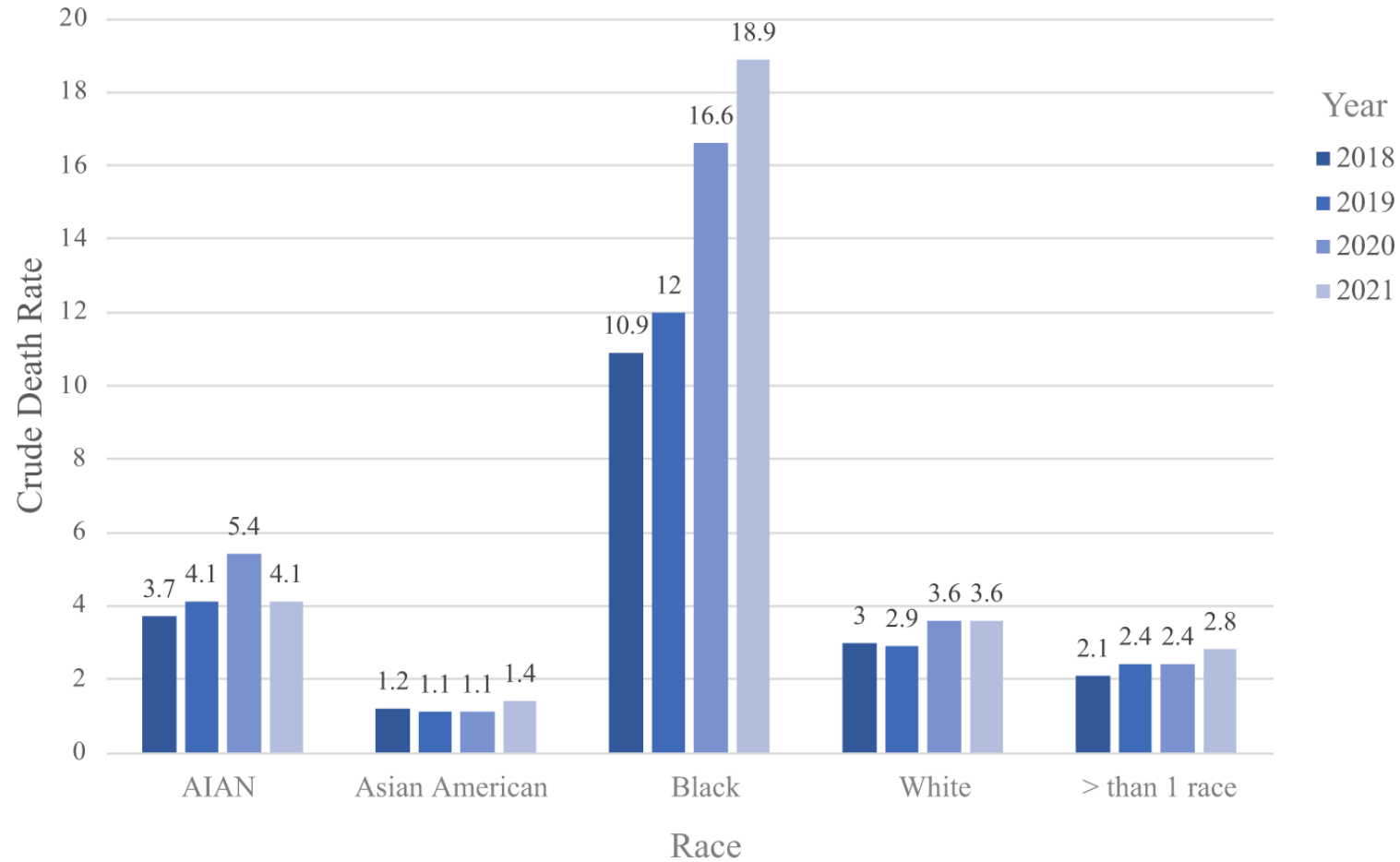
The Injury Equity Framework

Sadiqa Kendi, M.D., M.P.H., and Michelle L. Macy, M.D. N ENGL J MED 388;9 NEJM.ORG MARCH 2, 2023





Pediatrics. 2023;152(3). doi:10.1542/peds.2023-061296

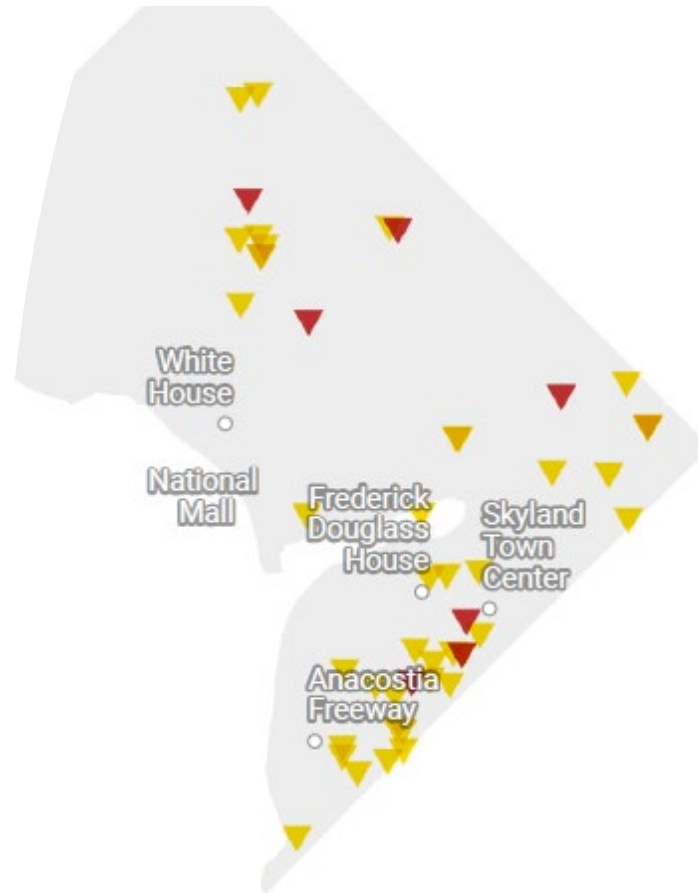


Pediatric firearm mortality by race. Crude death rate is rate of death per 100 000 persons.

GUN VIOLENCE

DC Sees Spike in Young People Getting Shot

By Mark Segraves, News4 Reporter • Published May 24, 2023 • Updated on May 24, 2023 at 8:22 pm



48 <17year olds injured or killed

90% African American

79% boys

56% in Southeast DC

The Injury Equity Framework

Sadiqa Kendi, M.D., M.P.H., and Michelle L. Macy, M.D. N ENGL J MED 388;9 NEJM.ORG MARCH 2, 2023

