Innovating Access to Child Safety: The Johns Hopkins CARES Mobile Safety Center

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Burden of Injury in Baltimore City

Injuries...represent a critical public health problem in Baltimore...

Dr. Joshua M. Sharfstein
Commissioner of Health

- Children are *twice* as likely to die from injury in Baltimore as in Maryland
- Baltimore children are *four times* as likely to die from residential fires as children in US
- Motor vehicle and residential fire/burn injuries account for 40% of unintentional injury deaths.

Existing Solutions Limited by Barriers

SOCIAL PROBLEMS

HOUSING ISSUES

LITERACY

CULTURAL RELEVANCE

ATTENTION

AFFORDABILITY

ACCESSIBILITY
Safer homes among families who visited the Children’s Safety Center*

• National program modeled after CSC
• More than 15,000 people served in CSC
• Became BCFD’s leading referral source to free smoke alarm distribution program

How can we get more families to access our services?

Creating Unique Partnerships for Prevention

Funders:
BP
FEMA
Annie E. Casey Foundation
Weinberg Foundation

Mobile Safety Center Partnership:
Maryland Institute College of Art
Maryland Science Center
Baltimore City Fire Department
Johns Hopkins Medical Institutions
Johns Hopkins Children’s Safety Center
Johns Hopkins Center for Injury Research and Policy

CARES Parent Advisory Board
CARES Implementation

To describe the “reach” of CARES and compare utilization from August 2004 – July 2006 at:

MEDICAL PRACTICE
2 days/week

COMMUNITY VENUES
Several times/mos.

**CARES Evaluation (8/04 – 7/06)**

**Evaluation Measures**
- Appointment Exit Checklists
- Clinic Staff Interviews
- Baseline & Follow up Surveys
- Home visits/observations
- CARES Tracking
- Visitor Exit Interviews
CARES Utilization and Impact, Medical Practice

- CARES attended 197 events that attracted 1756 visitors (56% adults)

- Distributed 428 products (68% home safety) and 4319 services (including 283 car seat installs/checks)

- CARES uptake evaluated under three different conditions, and safety-related knowledge and behavior associated with visiting it:
  - Utilization varied widely by study status: prescribed visit, optional visit, control
  - Visitors scored higher on knowledge items
  - Visitors improved in reported car seat use; did not differ on poison storage or smoke alarm behavior

- Visitors reported learning a lot and that they would recommend

Bulzacchelli M.T., Gielen, A.C., Shields W.C., McDonald, E.M., Frattaroli S. Parental safety-related knowledge and practices associated with visiting a mobile safety center in a low-income urban. J Comm Family Practice. (accepted for publication)
CARES Utilization and Impact, Community Events

• CARES attended 76 events that attracted 4330 visitors (24% adults)

• Distributed 131 products (83% home safety) and 3663 services (including 500 bike helmet fittings)

• Community events range in their scope/focus which influences the learning environment and time on CARES. At a minimum, events allow families increased exposure to safety information (and products)

Gielen, A.C., McDonald, E.M., et al. If you build it, will they come? Using a mobile safety center to disseminate safety information and products to low income urban families. Injury Prevention. (accepted for publication)
Our Experience Summarized

• CARES creation and implementation feasible through innovative partnerships

• CARES demonstrates benefits of combining engaging education with access to low-cost safety products for high-need population

• CARES utilization varied at medical practice and community events but generally well-received by families

• Continued investigation needed to better understand families’ needs and develop services and programs to meet them
Next Steps

- Serve all of Baltimore City
- Reach out to Hispanic families
- Develop replication guide

- Community health workers
- Li smoke alarms, CO alarms, hot water temperature
- Dissemination, uptake, and policy implications
CARES Team

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