

Preventing Vehicle Backover Deaths and Injuries



San Joaquin County Public Health Services, Children's Medical Services

CHDP NEWSLETTER

Vehicle backover deaths and injuries occur when an individual, without a driver's knowledge or awareness, is positioned behind a vehicle as the driver is backing up. Most victims of backovers are children and the elderly. Most vehicles involved are SUVs or trucks which have blind spots of 30-45 feet and no warning bells like heavy-duty industrial vehicles. Most accidents occur in driveways.

Since 1999, when the first study on the subject was published in *Pediatrics*, Vol. 104, No. 1, July, 1999, over 400 children (0-19) nationwide have died in backovers. To add to the tragedy of backovers, the driver is often a neighbor or relative. When a child is the victim, the driver may even be the child's mother or father.

Since most backovers occur in private driveways rather than on the road, they are not yet listed with traffic-crash fatality data in all states. Therefore, experts often don't agree on the exact number of children injured or killed in backovers each year. But even one child who dies from a backover incident is one too many.

Awareness and understanding of the problem are the first steps toward reducing

the risk of backover deaths. To that end, CHDP is enclosing a flyer of **Safety Tips for Parents** for your CHDP families. It covers the following points and may be downloaded from www.nhtsa.dot.gov/people/injury/pedbimot/ped/BackoversTry2/index.htm:

- Vigilantly supervise children,
- Assume children are near and know where each one is located,
- Know the length and size of your vehicle's blind spot — all vehicles have them,
- Big vehicles have Big blind spots so buy Small,
- Install a warning bell to use when backing out,
- Install a camera to compensate for blind spots,
- Driveways cannot be playgrounds,
- Never leave vehicle running,
- Lock vehicles,
- Educate children and other parents,
- LOOK & LOOK before SLOWLY moving vehicles.

Please share **Safety Tips for Parents** with your CHDP families this Spring.

Love, Protect & Immunize Children!

National Infant Immunization Week (NIIW) is observed April 24-May 1, 2010, and is directly followed by Toddler Immunization Month in May. These two annual events kick off CHDP's goal of getting all children 0-19 years up-to-date with immunizations. At the public schools and clinics, focus will be on Kindergarten Roundup, school entry health examinations and immunization requirements. At CHDP provider practices and clinics, the focus will be on both immunizing children and educating parents.

While providers are mandated to dispense Vaccine Information Sheets (VIS) to parents, CHDP asks that you also provide **Frequently Asked Questions about Immunizations**. It was developed by the CDC in 2009 for NIIW and is available at <http://www.cdc.gov/vaccines/events/niiw/2009/downloads/mk-faq-508.doc>

When confronted with parents who have fears and/or misconceptions about child immunizations, CHDP recommends the following articles and charts from the CDC:

<http://www.cdc.gov/vaccines/vac-gen/6mi-shome.htm> and www.cdc.gov/ncbddd/autism/documents/vaccine_studies.pdf and www.cdc.gov/nip/vacsafe/concerns/autism-mmr-facts.htm and www.cdc.gov/vaccines/news/news-pubs.htm. In combination, these sources provide evidence-based information to educate parents, to reduce fears, to clear up misconceptions, and to counter anti-vaccination beliefs.

The California CHDP School Handbook (PUB 108) on school entry health examination requirements is available from Children's Medical Services at http://www.dhcs.ca.gov/formsandpubs/publications/Pages/CHDP_PUBS.aspx

Assistance re: Vaccines for Children (VFC), fees or managed care is at 953-3644 (CHDP) or 468-2291 (IAP: Immunization Assistance Program), both at Public Health Services. An array of down loadable print materials are available from the National Immunization Program www.nip.gov or www.cdc.gov. The newest materials detail Gardasil™ and the vaccine for H1N1 swine flu as well as their importance for children.

San Joaquin County Asthma Profile

May is Asthma and Allergy Awareness Month — a good time to look at our county’s latest asthma profile as prepared by California Breathing with data from 2008. (www.california-breathing.org/sanjoaquin/) Approximately 103,000 children and adults have been diagnosed with asthma in SJC. Here’s the **Lifetime Asthma Prevalence for SJC & CA** (95% confidence interval):

<u>Age</u>	<u>SJC</u>	<u>CA</u>
Children 0-17	16.3 (10.0-22.5)	16.1 (15.2-17.1)
Adults 18-64	16.1 (11.7-20.4)	12.7 (12.3-13.2)

National guidelines recommend that health care providers give all patients with asthma a written self-management plan. **72.2% of children and adults in San Joaquin County with asthma have NOT yet received an asthma management plan from a health care provider.** Together we can reverse this situation.

Studies show that asthma is triggered by work place exposures, yet work-related asthma is under recognized and under diagnosed. The American Thoracic Society estimates that 15% of adult asthma is related to work place exposures (e.g., chemical fumes, gases, dust, pesticides, or other irritants). Thus, an estimated 6,700 adults in San Joaquin County may have work-related asthma. Personal protective equipment (PPE), ventilation and other engineering controls often reduce exposure but sometimes are not sufficient. Recognition and reporting of symptoms is key. Outdoor air pollutants, such as ozone and fine particulate matter, also exacerbate asthma.

The major asthma risk factors are:

- Occupational hazards**
- Smoking and secondhand smoke**
- Obesity**
- Poverty**
- Outdoor air pollutants.**

In SJC, nearly 14% of adults currently smoke while another 8% of adults and children are exposed to second-hand smoke. Thus,

- 22% of the population smokes or is exposed to smoke,**
- 29% of adults and adolescents are obese,**
- 20% of people live below the Federal Poverty level,** (the figure was 14% in 2004, before the 2007 recession.)
- 100% of the population is exposed to 25 days of unhealthy outdoor air pollutants each year** (particulate matter and/or ozone).

As a result of these rates, the rates of hospitalization, emergency room visits, and death due to asthma are higher in San Joaquin County than in counties outside the Central Valley with lower risk factors.

There is good news: smoking cessation classes do work (e.g. California’s Quit Line, Massachusetts’ Medicaid program with its dramatic results.) SJC can do the same. By eliminating just one or two major risk factors, asthma rates can be significantly reduced. [Data from SJC Asthma Profile, *California Breathing*/American Lung Association & DPHS www.californiabreathing.org and San Joaquin Valley Air Pollution Control District at <http://www.valleyair.org/lists/list.htm>.]

Thirdhand Smoke

Many parents who light up are aware of the dangers of secondhand smoke; they blow it out the window or smoke at home only when the kids are not there. But people rarely account for what is left behind after a cigarette has been extinguished. When smoke dissipates, it does not just disappear. Compounds are left over that settle on walls, furniture and clothes, or become part of house dust. Call it “thirdhand smoke” which is what a team of researchers trying to raise awareness of the dangers of smoking named it a year ago in January 2009.

The study, published in the *Journal of Pediatrics* and announced in *Pediatric News* (Vol 43, Issue 23, 2/2009), surveyed 1,500 smokers and nonsmokers about the hazards of second and thirdhand smoke and found that **84 percent of smokers believe secondhand smoke is dangerous to children, while only 43 percent think thirdhand smoke is harmful.** But the compounds in thirdhand smoke can be ingested or absorbed through the skin, and some give off gases as they deteriorate, says Jonathan Winickoff, an associate professor of pediatrics at Massachusetts General Hospital, who led the research. Many of the compounds are carcinogenic.

“The more you smoke in these locations, the more micro-layers of these toxins build up,” Winickoff says. Winickoff is analyzing data on children who live in apartments and encounter thirdhand smoke only from other units in their buildings. He expects to publish his current results early in 2010 in the *Journal of Pediatrics*.

FREE Smoking Cessation

Key resources for adolescent and adult No Cost Smoking Cessation Courses follow. CALL, GO, QUIT !

Kaiser Permanente Health Education (Stockton, Manteca, Tracy)	209-476-3299
Sutter-Gould Health Education (Stockton, Tracy)	209-548-7873
Evergreen Professional Hypnotherapy FREE for Kids under 18 Years of Age (Stockton)	209-472-0722
CUFF: Coalition United for Families (Stockton)	209-444-5514
Stockton Unified School District	209-933-7130 Ext. 2617 or 8486
Manteca Unified School District	209-858-0782

The following hotlines are in English, Spanish & Vietnamese

California Smokers Quit Line	1-800-784-8669
American Lung Association www.FreedomFromSmoking.org	1-800-586-4872

California's Smoking Rate Declines Over 20 Years

California was the first state to prohibit smoking on trains, planes, buses, and in public building, workplaces, restaurants and bars. Most recently, California implemented a statewide law prohibiting smoking in a moving or parked automobile when a minor is present. In over 20 years of anti-smoking legislation and education, efforts have resulted in the following:

- 41% decline in the adult smoking prevalence: from 22.7 % in 1988 to 13.3 % in 2008.
- Over 1,000,000 lives saved.
- \$86 billion in health care costs saved.
- Improved health outcomes with significant declines in lung cancer rates and lower incidence rates in 6 out of 9 cancer types linked to tobacco use as compared to the rest of the U.S.A.
- 25% increase in the volume of calls to the California Smokers' Quit Line, which has counseled over 500,000 in 20 years. 11,067 calls were made the 1st quarter of 2009 alone.

California was the early leader in tobacco control efforts, and the first state to establish a free, telephone counseling program to help people ready to quit using tobacco. Today, the Quit Line receives a record number of calls, as more and more Californians make the decision to quit smoking.

When California initiated tobacco control, tobacco use was common place. Here are some hard-to-believe facts :

- Healthcare providers could smoke while working in Emergency rooms and hospitals during patient examinations;
- Teachers could smoke in hallways between classes and schools often had smoking areas for students;
- Every Californian faced exposure to secondhand smoke in restaurants, bars, buses, and the workplace.

We've come a long way! But, 13.3% of our adults and 14.6% of our youth need to quit tobacco before the whole state is Tobacco Smoke Free. To learn more, visit www.cdph.ca.gov and www.TobaccoFreeCA.com. For patients and parents, the number to call is **1-800 NO BUTTS**.

Reality Check on Autism's Dubious Link to Vaccines

Many worried and angry parents of an autistic child believe that vaccines may cause the disease. But it's pure myth — disproved by numerous studies and now a final slap from a British journal disowning a report that started the dangerous nonsense.

Will these parents accept reality — and allow their children to receive shots against a dozen or more illnesses? And will fringe groups that play to fears of autism give up their indefensible claims?

The answer can't come soon enough for public health experts. Vaccination rates, while generally high, have shown dips partly because parents are citing the notion of vaccine dangers in skipping shots for their children.

Smallpox and polio have been virtually eradicated thanks to vaccines. But whooping cough and measles — all but stamped out years ago — can reappear via unvaccinated patients.

A law that allows parents to opt out of school-required shots has raised the worry level. This so-called exemption rate statewide is 2 percent, but it was 6.3 percent in Marin County and 5.8 percent in Sonoma County in 2008, according to the State Department of Public Health Services. Vaccine 'denialism' has become a public health issue.

In the case of autism, a sketchy study by British physician Andrew Wakefield in 1998 set the vaccine blame game in motion. He claimed that a combined measles, mumps and rubella (MMR) inoculation given to infants was linked to the disease, and his findings were published by a prominent British journal, *The Lancet*.

But, follow-up research by other teams failed to match his results. In recent years, his study fell apart amid charges of dishonesty, violations of research ethics and a "callous disregard" for the 12 children involved in the research. *The Lancet's* disavowal this past capped the collapse. How does he feel about the wholesale discrediting of his work? The findings are "unfounded and unjust," he said.

The damage will be hard to undo. Autism, a range of conditions that disrupts communication skills and social interaction, has grown in reported numbers as parents and doctors learned to recognize its symptoms. Nearly 1 in 100 American children is diagnosed with autism or a related condition.

Without any effective treatment — or even a clear understanding of the causes of the disease — parents are primed to be impatient with slow research results and look for villains.

The Wakefield study provided an easy and dramatic message: Shots cause autism. Avoid vaccines and save your child from the troubling condition. It's a scientific fact confirmed by a doctor. His findings expanded on other, equally ungrounded fears about other contaminants in vaccines.

But, it was pure quackery. Public health experts fought the message but were savaged by anti-vaccine forces as flunkies of drug companies. Fringe medical figures had a field day, stoking the fears of worried parents desperate for an answer. Hollywood celebrity Jenny McCarthy, the mother of an autistic child, pushed the claims on talk shows and through a foundation she founded. This past week she continued to defend the discredited vaccine study.

The rejection of Wakefield's published work is way overdue. Also overdue are similar rejections from anti-vaccine groups and leaders like McCarthy who are deluding desperate parents with autistic children and leading others to disregard vaccines. Too much money and time has gone into countering these ill-founded claims instead of being directed toward research and reliable treatments for autism.

Disposing of the flawed theory on autism is one issue. But there's another that may be harder to end: a disregard for science. That may be the ultimate casualty of the misguided hunt for an answer to autism.

Reprint from the San Francisco Chronicle, Sunday February 7, 2010, Insight Editorial, page E-10: *Reality check on autism's dubious link to vaccines*

Child Health & Disability Prevention Program
Children's Medical Services
San Joaquin County Public Health Services
2233 Grand Canal Blvd., Suite 212, Stockton, CA 95207



Springtime in the Great Out-of-Doors

April

World Health Day = April 7
Environmental Education Week = April 13-17
Earth Day, 40th Anniversary = April 22

The Green Generation

Public Health Week = April 5-11

A Healthier America—One Community at a Time

Infant Immunization Week = April 24-May 1

Plant cucumbers, summer squash, zucchini, tomatoes,
Eat green herbs, cabbage, broccoli, cauliflower

May

World Asthma Day = May 6

Asthma Awareness Month

Toddler Immunization Month

Bicycle Safety Month

Plant acorn squash, sweet potatoes, lettuce
Eat lettuce, carrots, peas, chard, cherries, strawberries

June

Tobacco Smoke Awareness Month

Plant melons, fall squash, pumpkins

Eat tomatoes, onions, corn, squash, apricots, peaches

Future

July is Water Safety Month

Take swimming and lifeguarding lessons NOW

Baby, Birth & Bonding Fair in August 7th
during World Breastfeeding Week at
Scottish Rite Temple in Stockton



CHDP NEWSLETTER TEAM

Wendi J. Dick, MD, MSPH, MCRP, Assistant Health Officer,
San Joaquin County

Marianne Hernandez, PHN, BSN, MPA Administrator,
Children's Medical Services (CHDP, CCS & MTU)

CHDP Deputy Director: Maureen Hammond, PHN, BSN

CHDP Public Health Educator: Dianna Stern, M.Ed., MPH

CHDP Provider Relations: Jay Chevalier, PHN
Donna Skidgel, PHN

CHDP Foster Care Coordination: Sue Gibson, Sr. PHN
Mary Amoruso, PHN
Lois Woodledge, PHN

CHDP Outreach & Support: Xia Lo
Sandy Smith
Fatima Hinojosa