

STRATEGY SPOTLIGHTS: Promoting Children’s Health and Safety

STRATEGY #1: Child Safety Campaigns

Growing up, children face many obstacles and hazards. Although homes and communities should be safe havens for children, they can be dangerous. Through a Child Safety Campaign, cities can reduce the risks to children by making citizens aware of simple, time-tested steps to promote child health and safety.

THE STRATEGY IN FOCUS

Children face a long list of potential threats to their health and well-being, including traffic accidents, fire disasters, lead poisoning, and Sudden Infant Death Syndrome (SIDS). Child Safety Campaigns can be designed around any or all of these issues:

- **Motor vehicle safety.** While great strides have been made to protect infants and toddlers in motor vehicle crashes, preschoolers and young children remain at high risk of injury. Most of the nation’s 20 million children ages 4 to 8 ride in motor vehicles unprotected or use adult seat belts that do not fit properly.

Motor vehicle crashes remain the primary killer of young children and their families. Seat belts alone can cause serious internal injuries and even death. Booster seats raise the child so that the lap and shoulder belts fit better. A booster seat provides a safe transition for children 4 to 8 years old from child seats that have their own harness system to adult lap and shoulder belts.

- **Fire Safety.** Each year, more than 600 children ages 14 and under die, and nearly 47,000 are injured, in fires. Despite a dramatic 56-percent decline in the fire death rate since 1988, fires remain a major cause of unintentional injury-related death among children in the United States. U.S. fire departments respond to nearly 440,000 residential fires each year— one every 70 seconds. The total annual cost of fire-related deaths and injuries among children ages 14 and under is estimated at \$5.5 billion.
- **Lead poisoning.** Nearly 5 percent of American children ages 1 to 5— almost 1 million children in all—suffer from lead poisoning. Among low-income children living in older housing, the percentage rises to 16 percent. High blood levels of lead can cause permanent damage to the nervous system and widespread health problems. Lead is most hazardous to children under age six, because their still-developing nervous systems are particularly vulnerable. In addition, their normal play activities can expose them to lead-contaminated dust, soil, and paint chips. Usually, lead enters children when they put their fingers or toys in their mouths. Lead usually comes from old lead paint, but it also can come from many other sources including water. (For more information on reducing childhood lead

poisoning, see Strategy Spotlight #3: Lead Poisoning Prevention.)

- **Sudden Infant Death Syndrome (SIDS).** SIDS is a leading cause of death in infants between 1 month and 1 year of age. It refers to the sudden death of an infant under 1 year of age that remains unexplained after a complete investigation. Most SIDS deaths occur when a baby is between 1 and 4 months of age.
- Babies who sleep on their stomachs, whose mothers smoke during pregnancy, or who are exposed to second-hand smoke in the home are at higher risk of dying from SIDS. Although there currently is no way of predicting which newborns will succumb to SIDS, city leaders and others can help reduce the risk by supporting “back to sleep” campaigns and encouraging reductions in smoking by parents and other caregivers.

WHAT CITY LEADERS CAN DO

- **Promote traffic safety and proper car seat usage.** Fire and police departments can host free car seat clinics and provide free booster seat inspections. Events can be advertised during back-to-school time by local stores and schools, and scheduled during convenient times for parents, such as Saturday mornings. Municipal leaders also can assist in creating fact sheets on air bag and car seat safety. For more information, visit the National Safety Council at <http://www.nsc.org/partners/facts1.htm>; and the website for National Child Passenger Safety Week at: <http://www.nhtsa.dot.gov/people/injury/childps/csr2001/csrhtml/genSeatBelts.html>.
- **Promote the installation of smoke alarms.** In addition to focusing on family homes, a special campaign could target family day care providers and relatives who care for children. Adequate smoke alarm coverage cuts the chances of citizens dying in a home fire by half. City leaders may be able to negotiate corporate sponsorships with local businesses to assist the fire department in purchasing and distributing free smoke alarms to the public. City officials also can team up with local college and university students and community organizations to distribute and install free smoke alarms in residents’ homes.
- **Educate the public about fire safety.** City leaders can play an important role in emphasizing the importance of planning and practicing fire escape routes; talking to children about how to properly react to a fire emergency; and keeping matches, lighters, and other heat sources out of children’s reach. At local fairs and community events, city leaders can host a fire safety booth to increase the public’s awareness of fire hazards and safety measures. City leaders and fire officials also can visit local schools and childcare centers to encourage better planning and to educate children and adults alike.

- **Make lead poisoning prevention a priority.** City leaders can educate families about lead contamination and prevention methods, such as washing children’s hands and toys after they have been playing. Cities also can convene annual discussions among local education and care providers to further heighten awareness about how to prevent lead poisoning. In addition, municipal leaders can broker partnerships with local grocery stores and financial institutions to print safety tips on grocery bags and store receipts, while including safety information with municipal employees’ paychecks. (For more information on reducing childhood lead poisoning, see Strategy Spotlight #3: Lead Poisoning Prevention.)
- **Take steps to prevent SIDS.** City leaders can lend high-profile support to the Back to Sleep Campaign, which reminds parents and other caregivers to always place infants on their back to sleep, even for naps. For more information: http://www.keepkidshealthy.com/welcome/safety/back_to_sleep.html. Cities also can sponsor a public education campaign to reduce smoking by pregnant women, parents, and other caregivers—using public service announcements, billboards, media interviews, and other outreach.

CITY EXAMPLES

- In Bakersfield, California, the city’s efforts to promote and protect its youngest citizens have focused on car seat safety. Bakersfield’s fire department has seven trained car seat technicians who provide free car seat inspections to the community. Additionally, the fire department holds approximately one clinic per month to teach parents and care givers how to properly secure child safety seats.
- In order to prevent harm and meet the city’s goal of healthier and safer neighborhoods, the City of Charlottesville, Virginia provides free smoke detectors and free installation for city residents.
- The City of Philadelphia, through the Childhood Lead Poisoning Prevention Program (CLPPP), educates community residents about lead poisoning prevention, identifies children at risk for lead poisoning, analyzes and tracks blood lead screenings, and ensures adequate home assessment and medical follow-up.

STRATEGY #2: Promoting Children's Health Insurance

Good health is an essential component of early childhood success. Children of all ages need and deserve preventive health care, but it is especially important during the formative years between birth and school entry. Yet, millions of children lack health insurance and are not getting the care they need.

The lack of health insurance is a particular problem among minority and low-income children. Among the uninsured: 26 percent of all Hispanic children; 16 percent of all African-American children; and 22 percent of children in low-income families. The statistics also show that the majority of uninsured children come from working families; 65 percent have at least one parent who worked full time throughout the year.¹

THE STRATEGY IN FOCUS

While there are free and low-cost health insurance programs offered through the federal and state government, many families do not know that they are eligible. Municipal leaders can play an important role in publicizing the available benefits to ensure that children receive the coverage they need.

The key insurance programs available to help cover children are Medicaid and the State Child Health Insurance Program (SCHIP):

- **Medicaid-** Medicaid provides free or low-cost health care service to low-income families and children. Families do not have to be on welfare to qualify for Medicaid, and some states have raised their income limits so that more working families can qualify for coverage.
- **SCHIP-** Since 1997, SCHIP has given states another way to provide publicly-funded coverage for children in near-poor and poor families.

More than 7.5 million low-income children who are eligible to participate in Medicaid or SCHIP are not enrolled in either program. City leaders can engage in an array of efforts to publicize these programs and encourage people to use them.

When mayors, city councilmembers, and other municipal leaders spread the word about free health care coverage for children, they do more than help families. They also can bring millions of federal and state dollars into the community, thereby strengthening neighborhoods, assisting small businesses, and spurring local economic development.

¹ Source: The United States Bureau of the Census, 2000 Current Population Survey, March 2001; and The Children's Defense Fund.

WHAT CITY LEADERS CAN DO

- **Use the “bully pulpit” to highlight the problem.** Given their prominent stature in the community, local officials are in a good position to inform the public about free and low-cost health insurance programs through public service announcements, media appearances, community events, and other outreach. City leaders can place the issue of health care coverage for children squarely at the top of the community’s agenda.
- **Bring together diverse segments of the community.** Outreach campaigns have the greatest impact when all sectors of the community come together around a common goal. City leaders are uniquely positioned to convene key leaders and foster cooperation toward the goal of boosting health coverage for children. Local coalitions should include community organizations that can reach low-income families and other targeted populations.
- **Contribute the resources of city agencies.** A modest amount of local funding goes a long way when used creatively. Transit ads, posters in public buildings, inserts in water bills, and flyers or brochures that inform employees and the public about SCHIP and Medicaid eligibility are just some of the ways that municipal government can aid outreach efforts.
- **Reach out through schools and child care centers.** Many low-income working families have children in child care and school. With cooperation from local agencies, organizations, and schools, cities can give outreach efforts a major boost by ensuring that children are sent home with information about free or low-cost health insurance.
- **Involve businesses and employers.** Employers can support local outreach by including information in paychecks or other mailings and by displaying posters prominently in workplaces and public areas.
- **Use the media.** By creating a media packet and distributing it to key news reporters, media executives, and editorial boards, city leaders can educate the media about the outreach campaign and the benefits available to low-income families in the community.
- **Enlist the help of health care providers.** Hospitals, community clinic staff, doctors, nurses, therapists, medical social workers, and pharmacists make ideal outreach partners. They have direct contact with low-income families and generally have their trust. One way to involve these providers is to organize a joint training of health care providers and staff from community-based organizations. The focus of the training: how to reach out to families with information on SCHIP and Medicaid.

- **Get community health workers involved.** Community health workers are trained to provide health information to low-income residents and to help them obtain care from the formal health and human service systems. Based in local hospitals and clinics, government health offices, and social service agencies, these workers can be natural and willing partners in local outreach efforts on the health coverage issue. Some health workers are current or former Medicaid beneficiaries themselves, making them particularly well suited to help families overcome some of the barriers to enrollment.
- **Encourage community-based programs to check income eligibility.** Staff at Head Start, child care centers, school meal, and other community-based programs routinely asks about parents' income to determine whether children are eligible for benefits. Since families can qualify for Medicaid or SCHIP only if their incomes are below specified levels, these community groups can easily assess whether a particular child is likely to be eligible for health coverage.

CITY EXAMPLES

- Under the leadership of Mayor Joseph P. Ganim, Bridgeport, Connecticut worked to enroll some of the 15,000 uninsured children in the area in Medicaid or the Connecticut SCHIP program. The city worked with area chambers of commerce to identify fast-food chains, grocery stores, retail operations, and other businesses that employ low-wage workers. Letters then went out to the businesses explaining the benefits of SCHIP and asking that employers promote the program.
- Laredo, Texas has enrolled nearly 7,000 children in SCHIP through an aggressive outreach program. The city supported a television public service announcement featuring the mayor, along with 25 billboard displays throughout the area. Information also was aired on the local cable system's public access channel.

RESOURCES

The National Association of Child Advocates (NACA)— With 63 member organizations in 47 states, NACA is focusing on SCHIP outreach and enrollment and has prepared a series of issue briefs on the topic. For more information see:

<http://www.childadvocacy.org>.

Covering Kids— Covering Kids is a national initiative sponsored by The Robert Wood Johnson Foundation to help enroll more low-income uninsured children in health care programs. For more information see: <http://www.coveringkids.org>.

Publications:

Insuring Children's Health: A Community Guide to Enrolling Children in Free and Low-Cost Health Insurance Programs, The Children's Defense Fund (CDF). CDF offers a host of ideas for SCHIP outreach in its 1999 publication. Available at:

<http://www.childrensdefense.org>.

Outreach Strategies in the State Children's Health Insurance Program, Families USA published a 1998 document. Available at: <http://www.familiesusa.org>.

STRATEGY #3: Lead Poisoning Prevention

Lead poisoning is the single biggest preventable environmental health problem facing America's children, according to the Centers for Disease Control and Prevention. Since the late 1970s, children's average blood lead levels have decreased more than 80 percent, but the problem of childhood lead poisoning remains concentrated on a local level:

- The prevalence of elevated blood lead levels among children living in pre-1946, low-income housing is as much as 30 times greater than that of middle-income children living in newer housing.
- Of all U.S. children under six who had dangerously high blood lead levels in the last decade, almost 85 percent were enrolled in Medicaid.
- One in six African American children living in older houses and apartments (22 percent) has elevated blood lead levels. Mexican American children also are at increased risk—13 percent of those living in older housing have elevated blood lead levels, compared to less than 6 percent of non-Hispanic white children living in such housing.

Exposure to lead in early childhood can cause learning disabilities, behavioral problems, and, at very high levels, seizures, comas, and even death. While adults absorb about 11 percent of lead reaching the digestive tract, children may absorb 30 to 75 percent.

THE STRATEGY IN FOCUS

Although lead poisoning frequently is considered a problem that is concentrated in large cities, any city with an older housing stock may be affected. Great progress has been made in cities where local elected officials and community leaders have identified childhood lead poisoning prevention as a priority public health issue. Municipalities have taken aggressive approaches to reducing lead poisoning hazards through public education, remediation, enforcement of lead laws, and other strategies.

WHAT CITY LEADERS CAN DO

- **Encourage abatement for property owners through loans and grant funds.** Abatement is the process of permanently controlling a lead hazard with the goal of limiting exposure to harmful levels of lead. Abatement can include strategies such as component replacement, paint removal, encapsulation with an approved product, or permanently covering bare lead-contaminated soil. The "Lead Safe Boston" program in Boston, Massachusetts, for example, encourages abatement of lead hazards in private housing by offering grants and zero-percent deferred loans to property owners engaging in abatement projects.

- **Enforce local and federal lead laws.** Even if a city has appropriate and stringent codes regarding lead, the problem will not go away unless the law is adequately enforced. City leaders should focus on factors that hinder compliance, such as a lack of public knowledge about regulations or a lack of city inspectors available to carry out the ordinance guidelines. (For information about federal lead regulations, go to: <http://www.epa.gov/lead/regulation.htm>.)
- **Conduct intensive screening to ensure early detection of blood lead levels.** Children’s blood lead levels tend to increase rapidly from 6 to 12 months of age and peak when the child reaches 18 to 24 months. A simple blood test can detect high levels of lead. Early detection of slightly elevated blood lead levels enables children to be treated sooner and prevents more severe poisoning. Among the cities that offer screening services is Chicago, Illinois, which provides free lead screening to young children between the ages of 6 months and 6 years. The Chicago Department of Health’s “Care Van” mobile unit conducts the lead screening in neighborhood locations. Meanwhile, Trenton, New Jersey’s “Lead-Safe ... For Kid’s Sake” program implemented broad-based lead screening using a public health nursing model.
- **Inspect and renovate homes with hazardous lead levels.** An evaluation by a lead inspector or risk assessor can determine the presence or absence of lead-based paint on painted or coated surfaces. City leaders can support or sponsor lead inspection programs.
- **Increase community education, outreach, and prevention efforts.** Community members need to be made aware of the basic facts about lead, including what the health risks are, where lead is found, when it is likely to be a hazard, how to check your family or home, and where to get help. In Baltimore, Maryland, the city dedicated a \$200,000 grant to purchase “do-it-yourself” home lead-dust test kits, which are offered to every pregnant woman in Baltimore during her first prenatal clinic visit. These kits allow pregnant women to perform a simple test to determine if their household contains lead paint hazards.
- **Collaborate with multiple city agencies and nonprofit and private partners.** City leaders can forge partnerships to maximize the impact of community initiatives and avoid duplication of services. Partnerships can build on proven education, outreach, and screening strategies while leveraging additional funding and other resources. In 2002, city planners in South Bend, Indiana collaborated with the Women, Infants and Children (WIC) program, the city’s “Get the Lead Out” task force, the local hospital, and a local medical foundation to educate children and families about lead hazards.
- **Create and influence legislation.** Municipal leaders can write city ordinances and urge their state legislatures to pass and enforce laws that hold landlords accountable for repairing and preventing lead hazards. City officials also can establish programs that educate tenants and homeowners about lead hazards and

safety, and pass laws requiring at-risk children to have their blood screened for elevated levels. In Milwaukee, Wisconsin, the city's Lead Poisoning Prevention and Control Ordinance provides the Health Department with authority to issue work orders to property owners when a lead-poisoned child has been identified. Ordered changes might include permanent treatments to window surfaces and components in order to provide longer-term protection to young children, with lead-dust clearance tests as a final condition of compliance with orders.

CITY EXAMPLES

- In Providence, Rhode Island, the city's Safe Housing Lead Task Force received a lead abatement grant from the Department of Housing and Urban Development (HUD) and worked in partnership with the National Lead Safe Housing Corporation to secure another grant for lead abatement. The city allocated \$800,000 from its Paint-It-Fix-It program to assist eligible homeowners in making their properties safe.
- In response to a large backlog of pending lead hazard violation cases, the City of Philadelphia, Pennsylvania created a special division of the Court of Common Pleas to hear cases brought by the city against property owners who fail to abate lead hazards. The judges have authority to: order property owners to abate lead hazards; direct city lead hazard abatement crews to bill owners for their work; issue fines of up to \$300 per day on property owners who fail to comply with the city or court's orders; and order tenants moved to lead-safe housing at the owner's expense for the duration of the lead hazard abatement. The city also has undertaken stringent enforcement of lead laws against property owners. As of 2002, it had sued 500 property owners for failure to abate lead hazards in housing units that have caused lead poisoning in children.
- The town of Manchester, Connecticut's Lead Action Project (LAP) is a community development and housing rehabilitation program aimed at reducing lead hazards in low-income housing.

RESOURCES

The Department of Housing & Urban Development (HUD) — HUD has offered grants to help cities work to end childhood lead poisoning. For more information see: <http://www.hud.gov/offices/adm/grants/nofa/grplead.cfm>. or <http://www.hud.gov/offices/lead/lhc/index.cfm>.

Children's Health Forum (CHF)— CHF promotes the primary prevention of lead exposure by informing policy makers and the public about lead hazards and lead-safe practices. The organization advocates for real solutions on a national scale, and combines the resources of governments, organizations, and the private sector to ensure the health of the nation's children. For more information see: <http://www.chfusa.org>.

Alliance to End Childhood Lead Poisoning— The Alliance seeks to protect children from lead and other environmental hazards in and around their homes by advocating for policy solutions and building capacity for primary prevention in communities throughout the United States and around the world. For more information see: <http://www.aeclp.org>.

CLEARCorps (Community Lead Education and Reduction Corps)— CLEARCorps is a project of the Shriver Center of the University of Maryland, Baltimore County, and the National Paint and Coatings Association, together with the AmeriCorps. CLEARCorps members become state-certified lead workers proficient in stabilizing deteriorating paint. With local affiliates in 10 major urban areas (Baltimore, Cincinnati, Detroit, Grand Rapids, Houston, Minneapolis/St. Paul, Pittsburgh, Portland, Providence, and St. Louis), CLEARCorps members focus on reducing lead hazards in housing and educating residents about lead-safe practices in at-risk, low-income neighborhoods. For more information see: <http://www.clearcorps.org>.

STRATEGY #4: Children's Health Fairs

Children's health fairs give city leaders the opportunity to reach out to the community and promote healthy lifestyles. Bringing local health professionals, community groups, and state and national organizations together is an effective way to educate children and families about health, prevention, and the resources available to them in the community.

THE STRATEGY IN FOCUS

Children's health fairs can be especially helpful for families with young children (ages 0 to 5) because the first years of life are the most important in establishing a healthy foundation. Although all children need regular health check-ups, the earliest years are a period of life when children need immunizations and frequent health screenings to make sure they are developing properly. New parents may not always be aware of potential health issues facing their young children or of where to find needed resources within the community.

Children's health fairs are a perfect setting for bringing all of the services parents need together in one place. And it is not only children and families who stand to benefit. Health fairs also can help participating community organizations by granting them favorable publicity and a chance to showcase the services and resources they provide.

WHAT CITY LEADERS CAN DO

- **Focus on key health issues in your community.** The first step in planning a successful children's health fair is to determine the issues that will be addressed. Is there a specific theme the city should focus on (e.g., immunizations)? Or will the fair cover a variety of health topics?
- **Pay attention to scheduling.** Another important step is choosing when the fair should be held. The City of Nashville, Tennessee chose to hold its health fair during spring school registration. Other popular times include the beginning of school or during children's vacations. The key is to schedule the health fair during a time when there are no other large events planned. Also, many national health organizations have designated weeks or months that promote healthy childhood issues, such as National Infant Immunization Week, which is in April and is sponsored by the Centers for Disease Control. Organizing health fairs during a specific national week can help raise awareness of a particular issue and allow for stronger state and national support. National organizations often can provide cities with materials and information to promote their causes, particularly during their designated awareness weeks. These organizations also might have a local chapter that would be interested in helping with the planning or in attending the fair as an exhibitor.
- **Choose a convenient, accessible location.** In order to reach as many children and families as possible in the community, city leaders and their partners should

choose a health fair location that is convenient for both attendees and presenters. Popular locations for health fairs include hospitals, local schools, and public buildings such as a convention center, library, or community center. Try to pick a location that is accessible by public transportation and that offers plenty of parking. For example, Lubbock, Texas chose to hold its health fair at a local mall to attract families who were there shopping. The city brought in more than 40 agencies to hand out information and provide health screenings to families. In larger cities, local officials might consider holding more than one fair in different neighborhoods. This may make it easier to draw families to the events because they will be close to where people live.

- **Invite a range of partners and presenters.** Children’s health fairs should include a wide range of community organizations so the content is as comprehensive as possible. Possible exhibitors include: health professionals; state health departments; community groups; police, fire and rescue departments; and local and national health organizations. Make sure to contact organizations early in the planning process. They can be a valuable resource to help plan the event and often have great ideas about how to involve other organizations. Other key partners cities should approach are local businesses, which can make a financial donation or contribute space, materials, or equipment for the fair. In exchange for business support, cities can offer companies a healthy dose of community recognition through publicity of their support.
- **Promote the event to ensure maximum participation.** Cities can use press conferences, press releases, public service announcements, and posters throughout the city to inform people about the children’s health fair. Advertisements can go anywhere families might see them, including libraries, banks, childcare centers, clinics, hospitals, business newsletters, and churches. City leaders also can ask schools to send home fliers with their students.

CITY EXAMPLES

- Nashville, Tennessee organized Healthy Kids Kickoff, a two-day event that took place during school registration in April. The kickoff was a joint effort of the Mayor’s Office of Children and Youth, Metro Nashville Public Schools, and the Metro Health Department. The event, which sought to enable parents to access the health services their children need, was open to all children in Nashville, including those not attending school. The program included basic health screenings, physical examinations, vaccinations, and vision, hearing, dental, mental and behavioral health content. All services offered were free of charge. For more information see: http://www.nashville.gov/mocy/Healthy_kids/index.htm.
- During National Infant Immunization Week, the New York City Department of Health and Mental Hygiene organized five health fairs throughout the city to raise awareness of the importance of vaccinations in childhood. The five health fairs

offered immunization information to families, as well as interactive games, prizes, and entertainment from local businesses. The event was advertised throughout the city in grocery stores, on public transportation, and in local businesses.