

The importance of prevention in Child Death Review:

Child Death Review teams should not consider a review complete without asking: "What are we going to do to prevent this from happening again?" There is prevention potential for all natural, intentional, unintentional, and even undetermined child deaths. Reviews should be seen as opportunities to examine the issues involved, in order to identify any preventive action that could be taken by individuals, agencies, the larger community, or the state.

How this form is useful and who should use it:

This recommendation generator form was adapted from the "Effective Recommendation Writing Guidelines" developed for California Child Death Review Teams through the FCANS Program of the EPIC Branch, California Department of Health Services¹. This tool can be used to formulate effective recommendations, identify key individuals (intervention actors, recipients, person(s) accountable) and follow up on recommendations for preventive action. Use this template as a guideline to shape discussion as your team crafts its prevention recommendations.

Child Death Review Teams do not have to lead the prevention action through from start to finish. Utilizing appointed subcommittees, task forces, coalitions, or partnerships with existing community agencies are options for acting on recommendations. This recommendation template can be used by Teams or agencies that: a) craft the preventive action to be carried out; b) carry out the recommendation action; or c) follow-up on the proposed action.

Step 1: Assess the Problem

A. Problem Statement:

Define the problem. What child death mechanism and intent are you addressing?

How prevalent is this problem? Try to reference local, state, or national data. Consider polling other CDR teams if you suspect this child death mechanism is under-reported or under-recognized.

List any risk or protective factors that seem relevant to the stated problem. What makes some children more or less vulnerable to this death mechanism?

B. Evidence-Based Prevention Strategies (Best Practices):

Can your team identify any proven or promising strategies to prevent these deaths? What evidence exists to support the efficacy of these strategies? Are the strategies likely to be equally effective in your community when applied to the population you hope to target?

C. Local Capacity & Feasibility¹:

Ask your team to consider each potential strategy in terms of

- Existing local efforts, resources, capacity and other "serendipitous circumstances" that might favor a strategy
- Costs of intervention and costs of choosing not to intervene
- Equity - does the intervention treat all equally; if not, is it designed to redress existing inequalities in risk?
- Stigmatization of individuals or groups
- Preferences of the affected community or individuals
- Feasibility - technological, political, organizational

D. Spectrum of Prevention:

The Spectrum is a useful framework for thinking about recommendations and interventions. Prevention programs, policies, or technical interventions are more likely to be successful if they address a problem over multiple “levels” of the spectrum because the interventions synergistically support one another. A program, policy or technical intervention need not be limited to a single level in the “spectrum of prevention.”²

Ask your team to identify the levels of intervention required in order to implement your proposed recommendation:

- Strengthening the individual knowledge and skills of the parents or children to be protected
- Promoting community education
- Educating providers or others who will interact with the parents or children to be protected
- Changing organizational practices
- Fostering prevention-focused coalitions and networks
- Mobilizing neighborhoods and communities
- Influencing policy and legislation to modify behavior, products or the environment

Consider:

Have you identified the appropriate level(s) of the spectrum of prevention given the issues you identified in your problem assessment?

Yes No

Are there opportunities to link this prevention strategy to other active public health concerns in your community (for example, playground safety tied to efforts to promote physical activity or promotion of sleep safety linked to campaigns to reduce disparities in infant mortality)?

Yes No

Notes / Comments

Step 2: Write a Recommendation

A. Intervention Actor:

Identify the persons and organizations [“doer(s)”] to take action. Please note the importance of the preliminary work to identify who is the “appropriate” or most likely/willing to champion the recommendation.

Example - “The Maternal/Child Health Program of the Public Health Department should...”

B. Intervention Focus:

Identify the focus of the proposed action. Your team should be specifying the person(s), agency, policy, product, environment, and/or law to be targeted by the intervention actor. This may not be the same as the ultimate beneficiaries of the recommendation

Example - The building inspector may be the focus of an intervention designed to increase compliance with a pool fencing ordinance while young children at risk of drowning are the ultimate beneficiaries of this action.

C. Intervention Activities:

Describe the plan of action in sufficient detail to allow follow-up.

Example - Develop educational materials and training curriculum to prevent toddler drowning in residential pools, spas, and other “wading pools” to use in educating new pool owners.

Review:

- Is your action plan consistent with the issues identified in the problem assessment?
- Have you accurately identified the places/institutions where changes might occur?
- Are the proposed actions appropriate for recipient of the recommendation?
- Has a timeframe for the proposed action been identified?

D. Timeline:

Determine a timeframe for the prevention recommendation action to occur, appropriate deadlines for the action plan, and when regular report backs will occur.

Example - "DHS will have materials available before the beginning of the next school year".

Step 3: Follow-Up

A. Accountability:

Identify person accountable (i.e., team member or other individual) for follow-up and tracking of progress on actions taken (though (s)he need not necessarily do the work) within the identified timeframe for follow-up.

B. Dissemination:

Specify who will receive the recommendation. Understanding the "audience" for your recommendation is crucial to writing and using it effectively.

Intervention Actor - who will be implementing the recommendation (decision maker, potential supporter, funder, public health official, etc.):

Intervention Focus - who the recommendation is targeting (compliance officers, educators, clinicians, parents, etc):

C. Outcomes/Impacts:

Identify a mechanism/procedure to document the impacts and outcomes that result from action on team recommendations. How will your team know that this recommendation was successfully implemented?

D. Reporting:

To whom should the creation of this recommendation be reported (in addition to those specified as intervention actors or foci)? What strategies exist for publicizing the efforts, successes, and lessons learned by your team?

E. Additional Follow-Up:

What additional follow-up is necessary at this time? When will this recommendation be re- reviewed by the Team?

¹ This document was adapted from the conceptual framework and "Guidelines for Writing Effective Recommendations" tool developed through the joint efforts of **Stephen Wirtz, PhD** and **Valodi Foster, MPH** of the Fat al Child Abuse and Neglect Surveillance Program of the Epidemiology and Prevention for Injury Control Branch, California Department of Health Services.

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² Cohen L, Swift S. The spectrum of prevention: developing a comprehensive approach to injury prevention. *Injury Prevention*. 1999 Sep; 5(3):203-7.

³ CRattray, T., Brunner, W. & Freestone, J. The New Spectrum of Prevention: A model for public health practice. *Contra Costa Health Services*, 4/2002. http://www.cchealth.org/topics/prevention/pdf/model_for_public_health.pdf