

## Cycle IV Capstones

**KPHLI Cycle IV fellows completed the following capstone projects:**

### **Special Needs Populations in Emergency Preparedness and Response Planning**

Sherry Angell, RN – North Central Kansas Public Health Initiative Regional Coordinator

**Abstract:** *Effective emergency preparedness and response planning requires the capacity to reach every person in a community. In order to do this, a community must know what subgroups make up its population, where the people in these groups live and work, and how they best receive information. According to the U.S. Census Bureau, 54 million Americans have some type of disability and one in seven Americans is now over 65 years old. Special needs populations are particularly vulnerable in a disaster. In order for them to have an equal opportunity to survive a disaster and recover from it in the best possible physical and emotional condition, local planners must consider their distinctive considerations beforehand. Surveys in recent years have shown that Americans with disabilities remain insufficiently prepared and emergency response agencies are typically not equipped to anticipate and respond to the needs of special populations. Local planners will need to define and locate their special needs populations and determine their progress in accommodating the unique needs of those populations into an effective local plan. This in turn, will enable emergency responders to make informed decisions for the best use of resources and to ensure an easier and more effective response. My capstone is part of a multi-faceted special needs project partnering with Kansas Association of Local Health Departments and Kansas Department of Health and Environment which includes, but is not limited to: GIS web-based mapping of licensed special needs facilities, inventory of current resource material, and development of assessment tools. My participation was in testing the GIS pilot project; developing tools that local communities could use to identify their unique special population demographics, particular needs and barriers, and available community resources; and assisting them in improving the special needs populations' involvement in emergency planning and preparedness.*

### **Kansas Safety Net Clinics and Emergency Preparedness**

Terry Bourlard, MPH – Harvey County Health Department

**Abstract:** *Since September 11, 2001, federal, state, and local government has been involved in planning for emergencies, whether natural or intentionally caused. Government has partnered with health care, business, volunteer agencies and other groups in this planning. One group of agencies that has been ignored is the safety net clinic. This project, Kansas Safety Net Clinics and Emergency Preparedness, begins to examine the issues around safety net clinic involvement in emergency preparedness. Kansas safety net clinics typically see those individuals that have no medical and/or dental insurance or those that are “underinsured” and have trouble obtaining care despite having some insurance. Many safety net clinic patients are from a racial minority, are female, are children, and live in, or just above, poverty. They cannot readily access “mainstream” society. Through interviews with the executive directors of two Kansas safety net clinics, one large and one small, we found an awareness of, but some lack of involvement in, emergency planning in their communities; a concern about the populations they serve in an emergency response; a need for information and training in specific areas as it relates to preparedness; doubt about whether the preparedness community considers them a part of the*

planning “team”; and an expectation that public health will provide leadership during a community health emergency.

### **Immunization Trends among the Mennonite Population in Finney County, Kansas**

Tim Broaderway, RN, BSN – Kansas Department of Health and Environment

**Abstract:** *I chose to assess the immunization levels of children aged two years or less in the German/Spanish-speaking Mennonite population in Finney County, Kansas. My rationale for choosing this particular selection is due to the unique subculture characteristics of this group. With the ever-growing cultural diversity that Finney County is currently experiencing, much of the attention is focused primarily on migrant Hispanics, Vietnamese, and Laotians and little on the Mennonite population. Interventions for improving immunization levels within this population will be based on the data collected, especially in the areas of missing immunizations and missed opportunities.*

### **Bright Futures: Exploring Training for Kansas**

Steven Christenberry, BS, MS, LMLP – Topeka Family Service and Guidance Center

Brenda Nickel, RN, BSN – Kansas Department of Health and Environment

**Abstract:** *Developed by the National Center for Education in Maternal and Child Health (NCEMCH) at Georgetown University in 1990 for use by various health providers and other community entities, Bright Futures are recommended guidelines to be used to create partnerships between families, communities, and health care providers to promote desired developmental outcomes for children and adolescents, increase family knowledge and participation in prevention and health promotion activities, and enhance health care professionals’ knowledge in providing developmentally appropriate health care for families and their communities (Green & Palfrey, 2000). Bright Futures guidelines are recommended for use at public health departments in Kansas who participate in the Maternal Child Health (MCH) services program administered through the Kansas Department of Health and Environment (KDHE). The American Academy of Pediatrics (AAP) endorses the use of the guidelines by physicians working with children and adolescents. Our project was twofold. First, to survey health agencies, pediatricians and nurses, mental health providers, and other professionals who have contact with families and children to determine the extent to which this program is being utilized in health and educational settings. The survey was designed to assess professionals’ knowledge of the Bright Futures guidelines, as well as the desire of professionals and agencies to participate in one or more trainings focused on learning to use the Bright Futures guidelines as a framework for providing health care to children. The second aspect of our project was to develop a plan for providing information and training that provide a thorough overview of Bright Futures, including a format to train professionals to use the guidelines and materials in their daily work with the families. While the scope of this project was to identify professionals knowledge of Bright Futures and the need and/or desire training, it is our intent to engage professionals and interested groups in exploring the benefits of utilizing a framework statewide that embraces the Bright Futures mission: “To promote and improve the health, education, and well-being of infants, children, adolescents, families, and communities” (AAP, 2007).*

### **Placement of Amateur Radios as an Emergency Hospital Communication System in Southwest Kansas**

Richard Everett, EMT-I, TO II – Southwest Kansas Health Initiative Regional Coordinator

**Abstract:** *This project addresses the need for emergency backup communications system for 18 hospitals located in 17 different counties of Southwest Kansas. The Southwest Kansas Emergency Communications Team (SKECT) is a collaborative partnership between various agencies in southwest Kansas created to develop this emergency communications system. In the event that major communications (landlines, cell phones, Internet and radios) are disabled or disrupted, this emergency backup communication system will activate. Each hospital will receive amateur radios, specifically a 2 Meter (144 to 148 MHz) and a 440MHz (420 to 450 MHz) radio with corresponding antennas, and will be capable of handling both radio frequencies. Four voice repeaters (communications equipment which receives incoming signals and amplifies and retransmits or "repeats" the received incoming signal so that signal reception can be accomplished at greater distances) will be strategically placed around Southwest Kansas in Garden City, Dodge City, Hugoton, and Syracuse, Kansas. Currently, there are approximately 200 licensed operators in the 18 counties in Southwest Kansas. The need for future operators will be addressed by offering amateur radio classes to all individuals interested in obtaining a license.*

### **Marketing Preparedness Information to Underserved Populations in Kansas: Three Perspectives**

Sharon Goolsby, RN – Kansas Department of Health and Environment

Nancy Tausz, RN, BSN – Johnson County Health Department

Aiko Allen, MS – Hunter Health Clinic

**Abstract:** *Americans depend on a strong public health system that is able to respond to any emergency—a natural disaster such as a hurricane or flood, an act of terrorism, or an emerging infectious illness. Ensuring that preparedness information for such emergencies is disseminated to the general population is a key function of public health. To ensure the information is received by underserved or vulnerable populations is another facet of that duty. A landmark Institute of Medicine (IOM) report on health literacy suggests there is much work to be done in this arena. Health literacy is defined as the “degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions” (Nelsen-Bohlman, Panzer, & Kindig, 2004). The report indicates that nearly half of all American adults (90 million people) have difficulty understanding and using health information. Additionally, the Federal Emergency Management Agency (FEMA) indicates that racial, ethnic, and tribal communities are 2.5 times more likely than other Americans to face the effects of emergencies such as floods, hurricanes, tornadoes, fires and deadly storms (MARC, 2007). What is the state of preparedness information for underserved populations in Kansas—a state in which racial/ethnic populations: 1) doubled from 223,627 in 1980 to 454,421 in the year 2000 and 2) went from 3.7 percent of the state’s total population in 1900 to 17.2 percent today (US Census Bureau 2006)? This project is a first step in gathering information about preparedness from the perspectives of three underserved populations in Kansas: the faith-based African American community in the Topeka, Lawrence, Kansas City, and Wichita metropolitan areas, the four sovereign American Indian nations in Kansas, and non-English speaking populations in the Kansas City metropolitan areas. Definitions of preparedness, ways to distribute information about personal safety and preparedness, and effective message content are evaluated through interviews with community opinion leaders and service providers involved with preparedness planning. Based on these perspectives, challenges and opportunities for*

*effective collaboration among community, tribal, and agency partners are identified as well as recommendations for development and delivery of information to these populations.*

### **Social Marketing Message for Area Agencies on Aging**

Annette Graham, LSCSW – Central Plains Area Agency on Aging

**Abstract:** *This project addressed one of the major challenges that Area Agencies on Aging (AAAs) face in providing services in the community: the public's lack of awareness of services and options available for individuals needing assistance as they age. In the aging field it is generally accepted knowledge that older adults and caregivers do not know where to start when the need for assistance and information arises. The system of care is fragmented, complex and difficult to navigate. Aging service providers struggle with the issue and work to develop solutions to address this enduring lack of awareness. The AAAs were developed under the Older Americans Act in 1972 and are mandated to serve as the leader in aging, develop a comprehensive and coordinated system of care, and provide information and assistance to adults age 60 and over. This project seeks to develop a social marketing message that will be used as the focal point for a marketing plan. To gather qualitative data about this issue from a national and statewide perspective, a survey was developed and administered to a sample of AAAs. This project includes results of surveys that were conducted with a total of 28 AAAs, the 11 in Kansas and 17 from other states. The survey results provide data on the AAAs' perception of the issue and actions taken to increase community awareness. To identify the historical perspective at the local level, the needs assessments from the Central Plains AAA (CPAAA) from 1984 to 2005 were reviewed and compared. The results of the summary of the findings are presented. The process undertaken in the development of a marketing message by the CPAAA is reviewed. The response to the marketing messages was pre-tested with two focus groups in Wichita, Kansas, and the responses are presented.*

### **Improving Mental Health and Public Health Integration and Access to Mental Health Services for Hispanics**

Lanis Houser, LSCSW – Flint Hills Community Health Center

**Abstract:** *Hispanic patients seeking care through local health departments in Kansas present with multiple health issues, including mental health conditions such as depression and anxiety. Stigma, socioeconomic and legal status, lack of health insurance, and language barriers are all contextual factors that may result in poor health outcomes for this population. Culturally competent mental health and public health care objectives for the underserved Hispanic population are to strengthen the ability of community agencies to develop and deliver strong public health messages that promote education regarding mental health issues within the Hispanic community; develop culturally appropriate methods to promote the understanding of mental health conditions and the perceptions of, and receptivity to, mental health services by the Hispanic community; increase the motivation of the Hispanic population to seek mental health care as needed; and strengthen the ability of community-based agencies to screen for mental health issues and respond with appropriate treatment interventions. Existing and new data was used for this capstone project in order to assess the effectiveness of initial outreach activities, public health education, and applied media venues within the Hispanic community during 2006 in Lyon County. Quantitative data was evaluated from two sources: 1) the Flint Hills Community Health Center Depression Collaborative Registry and 2) the Mental Health Center of East Central Kansas Hispanic client database. The data was captured from January 1, 2005, through*

*June 30, 2007, to begin to assess whether or not outreach activities organized during the initial demonstration site grant “Increasing Collaboration Between Public Health, Mental Health, and Primary Care” (National Association of County and City Health Officials, NACCHO, July 5, 2005-April 5, 2006) increased the number of Hispanic clients and patients seeking mental health services from the Mental Health Center of East Central Kansas and Flint Hills Community Health Center. The recommended strategies obtained from the initial pilot phase data and current capstone project are part of a larger project, pending funding, which will attempt to increase access to culturally competent mental health and public health care for the underserved Hispanic population in Lyon County.*

### **Case Management Turnover: Evaluating Turnover Rates and Techniques for Reducing Turnover**

Timothy Kaufman, BA, MPA – Sedgwick County Government

Sheli Sweeney, BS, MPA – Association of Community Mental Health Centers of Kansas

Joan Tammany, MA – COMCARE of Sedgwick County

**Abstract:** *Turnover rates among case management or direct service employees are a critical success factor for any social service agency. It is very critical for Community Mental Health Centers (CMHCs) in Kansas, as case management is the foundational service in community based mental health service delivery. COMCARE of Sedgwick County (COMCARE) is the largest CMHC in the state of Kansas, operates in an urban center of the state, and is unique among CMHCs in Kansas. In addition to being the local CMHC, it is also a department of Sedgwick County government, and its employees are all county employees. Driven by case management turnover, this project set out to address the following questions: (1) Is the COMCARE case management turnover rate inconsistent with other CMHCs, (2) Is there a difference in turnover rates between urban and rural CMHCs in Kansas, (3) Is the turnover rate for case managers at CMHCs different from that of other direct care providers in Kansas, (4) Is there a link between employee engagement and turnover, and (5) Ultimately, what can be done to reduce or mitigate turnover among case managers. Answers to these questions were achieved through review of available literature, survey findings from COMCARE employees, surveys anonymously completed by case management staff from other CMHCs in Kansas, and anonymous survey responses from employees of other service agencies that had equivalent, entry level, direct service providers. Data from surveys and exit interviews indicated pay was a factor in dissatisfaction, as were communication and leadership concerns. From these findings, several recommendations to reduce turnover among case managers were generated.*

### **Conceptual Framework for Communication: Schools and Communities Working Together for Healthier Children**

Allison Koonce, MS, CHES – Kansas Department of Health and Environment

Brandon Skidmore, BS – Kansas Department of Health and Environment

**Abstract:** *Background: Effective communication plays a vital role in the success of any coordinated school health program. To actively engage partners in the process it is imperative that school health councils identify and use appropriate channels of communication within the council and the community to increase resources and partnerships and to facilitate measurable success. To improve communication between Kansas Coordinated School Health (KCSH) grantees and their respective communities, the KCSH program developed a conceptual framework for how schools and communities could increase communication and share*

*resources. Methods: The study utilized all 14 school districts awarded phase one-action grants through the KCSH program. The 14 school districts were randomized into two groups following a simple random sample methodology using SAS. Nine school districts were randomly assigned to the implementation group and 5 school districts to the control group. The implementation school districts were provided the Conceptual Framework for Communication and accompanying guide to utilize during implementation. The school districts in the control group utilized the standard 8 component coordinated school health model developed by the Centers for Disease Control and Prevention (CDC) during implementation. The grants were scored against five study objectives developed to determine the total numbers of community partners and community resources identified, as well as the total numbers of grant strategies, SMART objectives and evaluation strategies created. Results: The differences between the control and implementation groups were noticeable in all five of the study objective categories. The school districts in the implementation group, on average, identified 13.3 community partners compared to 8.2 partners identified by the control group. On average, the school districts in the implementation group identified more than double the number of community resources of the districts in the control group: 10.3 vs. 5.0, respectively. The implementation group, on average, identified two times the number of strategies: 26.8 vs. 11.6, respectively. The school districts in the implementation group averaged 8.4 SMART objectives compared to an average of 1.0 for the school districts in the control group. School districts in the implementation group developed twice the average number of evaluation methods, 8.7, compared to an average of 3.6 for the school districts in the control group. Conclusions: Overall, the implementation group which utilized the conceptual framework for communication and guide engaged a higher number of community partners, accessed a larger number of community resources and developed substantially more strategies to successfully implement their coordinated school health plans. These findings have implications for efforts to increase the number of community partners and resources utilized in the implementation of coordinated school health programs.*

### **Environmental Health Career Recruitment**

Doris Leslie, BS, RHES/RS – City of Wichita

Laura Quick, BS, RHES/RS – City of Wichita

**Abstract:** *Everyone knows what doctors, teachers, cooks, and pilots do, but few people know what careers in environmental health entail. Enrollment in university environmental health programs is down, and a large percentage of environmental health specialists will be retiring in the coming years. 37 surveys were completed by employees in an environmental health department and by other members of the Kansas Environmental Health Association. Responses indicated that most environmental professionals found their current position by chance as opposed to actively seeking their position (by almost 3 to 1), that most employers require some type of college degree as a requirement to hold the position (95%), and that most respondents did not know what a Registered Sanitarian was prior to their employment in the environmental health field. Two-thirds of respondents thought that receiving information in school would have helped them to choose or prepare for a career in environmental health. These findings would justify the creation of recruiting materials designed to generate awareness and interest in environmental health careers among high school and college students. A DVD would seem to be the most practical format for presenting the information. Survey respondents offered many suggestions for the type of information that would be useful to include in a DVD, including information on the variety of environmental health specialties, salary ranges, how environmental*

*health impacts everyday life, the history of sanitation, and lessons learned from disaster response. The next step in this project will be to fund and create a DVD for environmental health career recruitment.*

### **Are You Ready Reno County?: An Assessment of All Hazards Training Materials Designed to Aid the Disabled and Other Vulnerable Populations**

Barbara Lilyhorn, BS – K-State Research and Extension Reno County

**Abstract:** *Preparedness and response require communication activities with the capacity to reach every person. To do this, a community must know what sub-groups comprise their population, where the people in the groups live and work, and how they best receive information. The purpose of this project is to develop a workbook that can support state, local, and tribal planners as they advance in their efforts to reach all populations – and specifically, vulnerable populations – in day-to-day communication and during crisis or emergency situations. These are groups whose needs are not fully addressed by traditional service providers or who feel they cannot comfortably or safely access and use the standard resources offered in disaster preparedness, relief, and recovery. The workbook will encompass a research-based approach designed to assist public health and emergency planning professionals in defining, locating, and communicating with vulnerable populations in Reno County with application in other Kansas communities.*

### **Kansas Public Health Certificate Program Community Health Improvement Online Course Update**

Rachel Lindbloom, MA, LSCSW – Kansas Department of Health and Environment

**Abstract:** *The Office of Local and Rural Health (OLRH) coordinates the Public Health Certificate (PHC) program in partnership with the University of Illinois at Chicago School of Public Health (UICSPH). The purpose of the program is to assist in preparing the public health workforce to perform essential public health services to protect and improve the health of Kansans. It uses a blended learning approach by incorporating both online learning and on-site sessions. Students complete three online courses in each of nine competency areas. The Community Health Improvement Module provides an introduction to the public health function of assessment. It contains chapters that explain and define community health assessment, allow opportunity to apply informatics to the community assessment process, and provide students an opportunity to practice assessment of community assets and capacities. Content includes measurement of selected determinants of community health status and use of health services, identification of community assets, selection of appropriate qualitative and quantitative tools, maximization of community participation, capacity-building and consultation in the community, and moving from aggregate or state level data to application with smaller more defined populations. Modules contained in the original UICSPH online process were specifically designed to enhance community assessment skills, but with a focus for an Illinois target audience. Although most readings were generic in nature, some contained Illinois-specific content, a number of exercises were built around community health problems specific to Illinois communities, and website links were pointed directly to Illinois data, reading content and exercises. These were modified to contain Kansas-specific reading, exercise and data content. The process of developing the online modules included identifying modules for use in the online process, securing and making available datasets for use in the online community assessment informatics process, collaborating with the UICSPH representative to post modules to the web,*

*assuring that modules are prepared in a user-friendly manner, following up with students to gather recommendations for additional online course modification, and negotiating with the UICSPH representative to repost updates to the modules on the web. The process of module development is designed to bolster student proficiency in defining, assessing, and understanding population health status, determinants of health and illness, and factors influencing the use of health service.*

### **Smokeless Does NOT Mean Harmless**

Diane McNichols, RN – Cloud County Health Department

**Abstract:** *Cloud County, Kansas, conducted focus groups in fall 2006 among youth to determine attitudes toward tobacco use. Both tobacco users and non tobacco users indicated perceiving a high percentage of youth smokeless tobacco use, which was increasing. County wide youth tobacco surveys (YTS) indicated usage of spit tobacco as follows: 2002 - 25%, 2004 - 30%, 2006 - 28%. Rates are high, but not the increase indicated by youth perception. In response to the number of never smokeless tobacco (SLT) users with 1+ SLT user among their 4 closest friends (among males) we noticed an alarming increase from 30%, to 38%, to 48%. Our youth are at high risk for developing favorable attitudes toward SLT and becoming eventual users. Our goal is to change perceptions about SLT among youth and community members. A secondary goal is to encourage cessation among already users. SLT is commonly associated with the rodeo and mud races, especially during our county fair in Cloud County. We developed a logo with the phrase: "Warning, smokeless does not mean harmless". This logo was carried on a flag at the rodeo and displayed on banners at both events. Our logo was printed in the program, and announced on the loudspeaker throughout these events. Youth greeted people at the gate wearing the logo on t-shirts and distributed small bags of sunflower seeds with the logo. Kansas has a quitline for tobacco users. This number and other cessation information were on display in the commercial building. Our county fair, and these events, occurred in July 2007. Long range evaluation plans are to track youth attitudes through an analysis of the YTS which is scheduled to be administered again this fall. We will also look for an increase in calls to the quitline following this promotion.*

### **Immunization Services among Private Providers in Sedgwick County**

Angelia Paschal, PhD, MEd – KU School of Medicine-Wichita

J'Vonnah Maryman, BS, MPH – Sedgwick County Health Department

**Abstract:** *The goal of Healthy People 2010, Healthy Kansas 2010, and Immunize Kansas Kids is to increase vaccination rates among children to 90% (US DHHS, 2000; Immunize Kansas Kids, 2007). According to the US Department of Health & Human Services (2000), vaccination coverage levels of 90 percent are, in general, sufficient to prevent circulation of viruses and bacteria-caused vaccine-preventable diseases. Currently Kansas coverage falls below that goal, with 2007 rates at 83.8% (Immunize Kansas Kids, 2007). In 2004, Kansas ranked 43rd in childhood vaccination coverage among children ages 19-35 months (www.immunizekansaskids.org). The National Immunization Survey results in 2004 showed that in 35 Kansas counties, 80 percent or more of the children had finished the full series of vaccinations by 24 months (Hoffman, 2006). While this rate is just below the national rate of 84%, all but three of the 35 counties had populations under 10,000. None of the five urban counties—Douglas, Johnson, Sedgwick, Shawnee, and Wyandotte—had vaccination coverage of 80 percent or more. Urban counties fall behind rural counties in vaccination coverage among children and*

efforts to increase coverage in these areas are needed (Hoffman, 2006). Currently, efforts to increase vaccination coverage among Kansas children are being undertaken (Healthy Kansas 2010; Immunize Kansas Kids, 2007). The role that private providers play in these efforts is critical. Although a significant portion of children receive vaccinations via local public health departments, many depend on private care physicians for these services (Robinson, Sepe, & Lin, 1993). In Kansas, 50% of all immunizations occur in the private sector; in the United States, distributions are 80% in the private sector (Governor's Blue Ribbon Task Force, 2004). The purpose of this study is to examine immunization practices and perceptions among private practice clinics in an urban Kansas county and to explore the barriers, if any, that prevent them from providing effective services. Recommendations for improvement will also be obtained to determine what can be done to improve the Vaccines for Children program and Kansas Immunization Registry participation.

### **Planning for Organizational Sustainability at Healthy Options for Kansas Communities (HOP)**

Ruth (Toni) B. Pickard, PhD – Wichita State University

**Abstract:** *This paper describes and assesses the first year implementation of a new strategic plan intended to better position Healthy Options for Planeview (HOP), a small safety net clinic in southeast Wichita, for organizational expansion and long term sustainability. The strategy has two main components: 1) development of new revenue streams, and 2) management restructuring to support future leadership succession. The description includes organizational strengths, weakness, and threats to growth as well as opportunities that are evolving as a result of committed campus and community partnerships.*

### **SAFE KIDS: Messages of a Drowning Prevention Campaign**

Carolyn Synovitz, MD, MPH – University of Oklahoma College of Medicine Tulsa

**Abstract:** *In the United States, drowning remains the second leading cause of injury-related death among children ages 1 to 14. In 2003, 782 children ages 14 and under died as a result of unintentional drowning. There are continued efforts to provide emergency medical physicians and those who treat pediatric drowning and near drowning victims with prevention messages. This study seeks better understand the general public's awareness levels for prevention and general awareness of water safety issues. In turn, these messages could be given by prehospital providers caring for pediatric patients. This teachable moment could be used to increase message retention for parents and caregivers. Methods: In order to assess methods to support prehospital providers and emergency physicians to provide increased prevention messages and patient care, researchers at a School of Medicine in the Midwest issued an injury prevention survey to members of the general public. A 10-question survey was administered to respondents through the surveymonkey.com electronic platform. Queries were grouped into five main themes of emergency preparedness: 1) awareness of the state Safe Kids campaign, 2) recognition of other national campaigns or prevention resources, 3) parental awareness and interest in drowning prevention, 4) parental prevention behavior, and 5) demographic information. Respondents were from a convenience sample. Of the 110 respondents, 67% were female and 31% were male. Eleven percent (11%) reported being 18-25 years, 43% 25-35, 24% 35-45, 15% 45-60 and 6% were over 60. Fifty-seven percent of respondents indicated that they are parents. There were 13 respondents with children age zero to five, 13 respondents reported having children age five to ten, 11 parents indicated their were children age 10 to 15, and three*

*respondents reported having children age 15 to 18. Results: Of the five national child drowning prevention campaigns presented in the survey, respondents did not indicate knowledge of most campaigns. The highest recall for a campaign (n=26) was the Red Cross Life Saving Campaign. One respondent indicated knowledge of the Safer 3, Pools Day and Take Command campaign, respectively. One additional campaign was listed in the “other” category as the “American Heart Association.” Eighty percent (80%) responded yes to having heard of the state Safe Kids campaign. In response to how parents and caregivers should keep children safe around water, there were a variety of responses. The majority of the respondents (95%) indicated that they think child water safety issues are important or very important. Categorically, respondents indicated adult supervision as the primary prevention method for child water safety. Several responses noted another water safety method to include swimming lessons/instruction. Conclusions: This research is a cursory review of information related to the general public’s knowledge and interest level regarding drowning prevention for children. Respondents revealed specific gaps in water safety campaign knowledge. This assessment served as a “barometer” for prehospital care providers to find methods to increase recall and reinforce message retention. Prehospital and emergency care professionals have the ability to discover methods to support prevention initiatives. It just takes one minute to make a difference.*