HEALTH CARE
INFANT AND CHILD SAFETY

"Babies Dying – Mothers Crying"

Panel Facilitator
Danielle Kemp, M.Ed.
Vice President, Arizona Center for African American Resources (AzCAAR)

WORKSHOP AGENDA

- Welcome and Greetings
- Workshop Presentations
- Proposals for Further Action
- Questions and Answers

HEALTH CARE

PANELISTS

Ilce Alexander
Injury Prevention Program Manager, Phoenix Children's Hospital, Phoenix, AZ

Yomaira Diaz Castillo
Injury Prevention Specialist, Phoenix Children's Hospital, Phoenix, AZ

Dr. Monica Ennis
Arizona Black Nurses Association, Phoenix, AZ

Katharine Levandowsky
Chief, Office for Children with Special Health Care Needs, Arizona Department of Health Services, Phoenix, AZ

Patricia Neff, Ed.D.
Director Education, Pilgrim Rest Foundation, Phoenix, AZ

SAFE SLEEP FOR BABIES

Presented by

Ilce Alexander & Yomaira Diaz Castillo
Phoenix Children's Hospital, Phoenix, AZ

SAFE SLEEP FOR BABIES

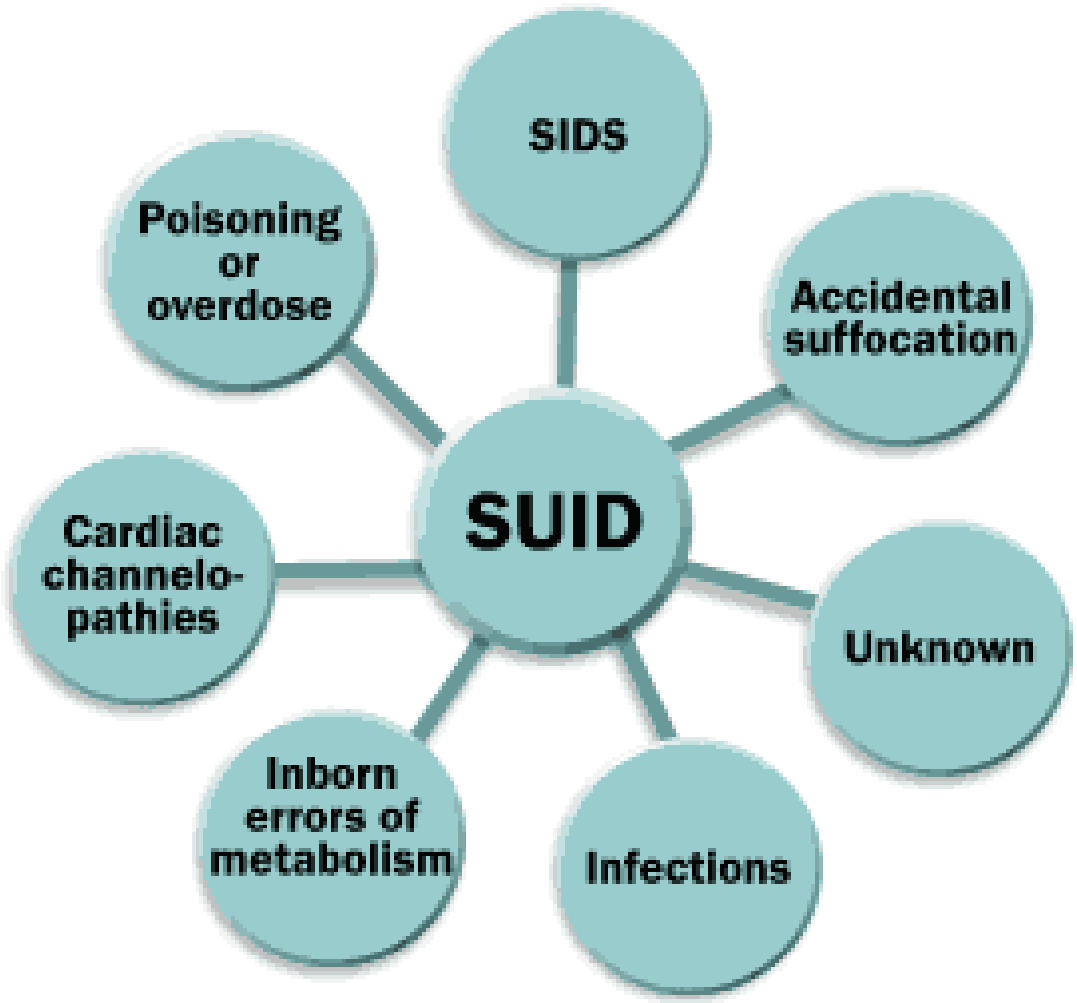
ARIZONA DEPARTMENT OF HEALTH SERVICES

Health and Wellness for all Arizonans

PHOENIX CHILDREN'S

Center for Family Health and Safety

SUDDEN UNEXPECTED INFANT DEATH (SUID)



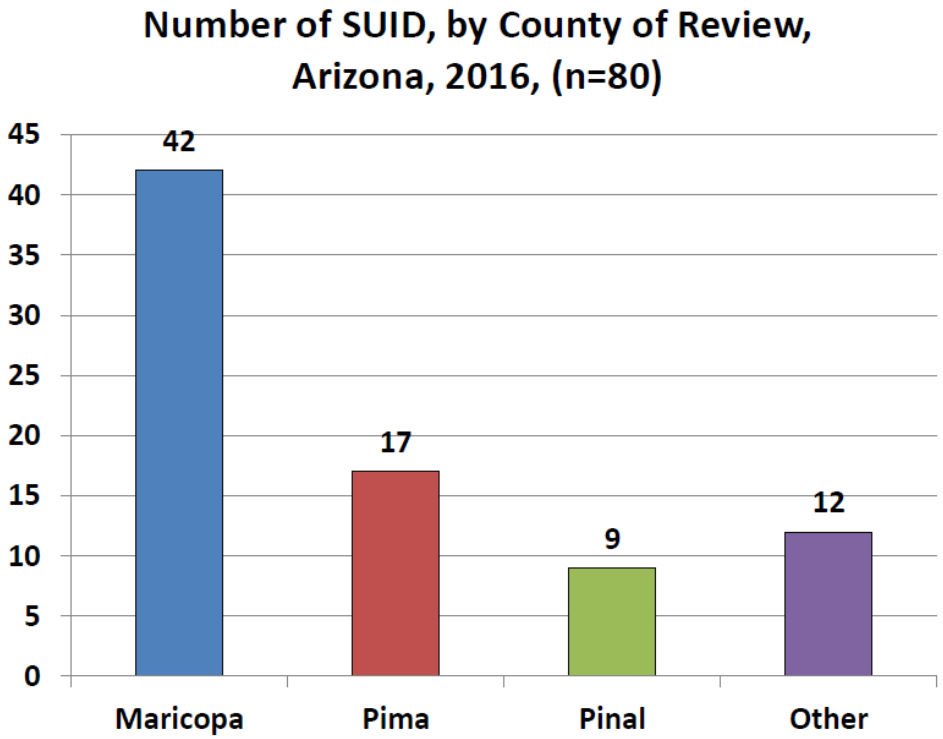
DEATHS IN AZ

Sudden Unexpected Infant Deaths (SUID) and Sleep Related Deaths

SUID **increased by 3%** from 2015 (n=78) to 2016 (n=80) and accounted for **10%** of all child deaths in Arizona.

The number of unsafe sleep deaths **increased 7%** from 2015 (n= 74) to 2016 (n=79).

53% of SUID occurred in Maricopa County (n=42).



WHAT SHOULD A SLEEP ENVIRONMENT LOOK LIKE ?

CORRECT SAFE SLEEP ENVIRONMENT SHOULD LOOK LIKE…

AMERICAN ACADEMY OF PEDIATRICS (AAP) SAFE SLEEP RECOMMENDATIONS

- ❑ Use firm mattress and tight-fitting sheets
- ❑ No sofas, recliners, waterbeds, bean bags, air mattresses, soft mattresses, blankets, soft bedding, car seats, baby swings, breast feeding pillows or bumper pads.
- ❑ Put baby to sleep on his/her back
- ❑ No toys
- ❑ No bed sharing
- ❑ Avoid overwarming
- ❑ Room sharing up to 6 months
- ❑ Use a pacifier at sleep time.

OTHER WAYS TO REDUCE THE RISK OF SUIDS

COMMUNITY RESOURCE

PHOENIX CHILDREN'S
Center for Family Health and Safety

To be a part of the Cribs for Kids program, you must meet the following qualifications:

- Financially in need.
- Does not currently own a crib, bassinet, or playard.
- Expecting mother in her third trimester of pregnancy.
- Infant less than 6 months of age and weigh under 20 lbs.
- Parent must participate in a 1 hour Safe Sleep training to receive a free Pack 'n Play.

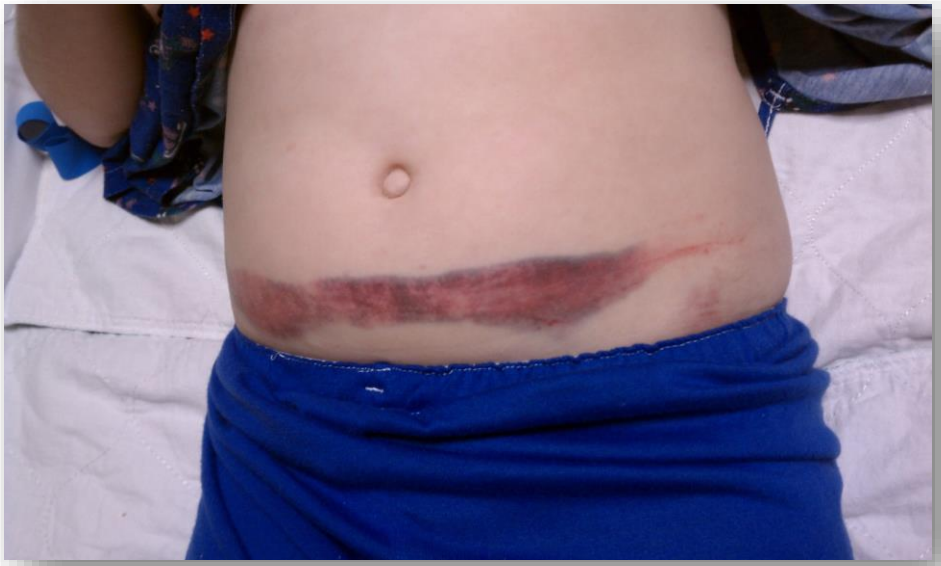
Car Seat Safety

CAR SEAT SAFETY

Phoenix Children's
Center for Family Health and Safety

CHILD PASSENGER RESTRAINT LAW IN ARIZONA

- All children under 8 years of age or less than 4 feet 9 inches tall, need to be in the right child seat while in a moving vehicle.
- Fines range from $50-$250



PASSENGER SAFETY

DID YOU KNOW…

Information on height and weight limits of seat

car seats expire?

- Car seats must be replaced after moderated to severe crash
- 80% of car seats are not installed properly
- Correct use of car sets reduce the risk of death by as much as 71%

SAFE TRAVEL FOR ALL CHILDREN: TRANSPORTING CHILDREN WITH SPECIAL NEEDS

Inpatient referral program for children who have medical conditions

Provide testing for children with special needs that require large medical seats.

SERVING THE COMMUNITY

SICKLE CELL

Presented by

Katharine Levandowsky
Chief, Office for Children with Special Health Care Needs, Arizona Department of Health Services, Phoenix, AZ

Enid Quintana-Torres
PRAMS Coordinator/Epidemiology Program Manager

Assessment of Sickle Cell Disease and Trait in Arizona Using Hospital Discharge Data

February 16, 2018

ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Background

- The National Heart, Lung and Blood Institute estimates 100,000 Americans are living with sickle cell anemia, and more than 2 million are living with the trait.
- According to the 2009/10 National Survey of Children with Special Health Care Needs approximately 1.4% of Arizona's Children with Special Health Care Needs have a blood-related problem.
- However, there is a lack of report data on sickle cell disease (SCD and trait (SCT) in the state.

Aims

- Evaluate the characteristics of individuals in Arizona with SCD and SCT,

- Estimate the prevalence of SCD and SCT in Arizona by sub-categories using the Arizona hospital discharge data.

Methods

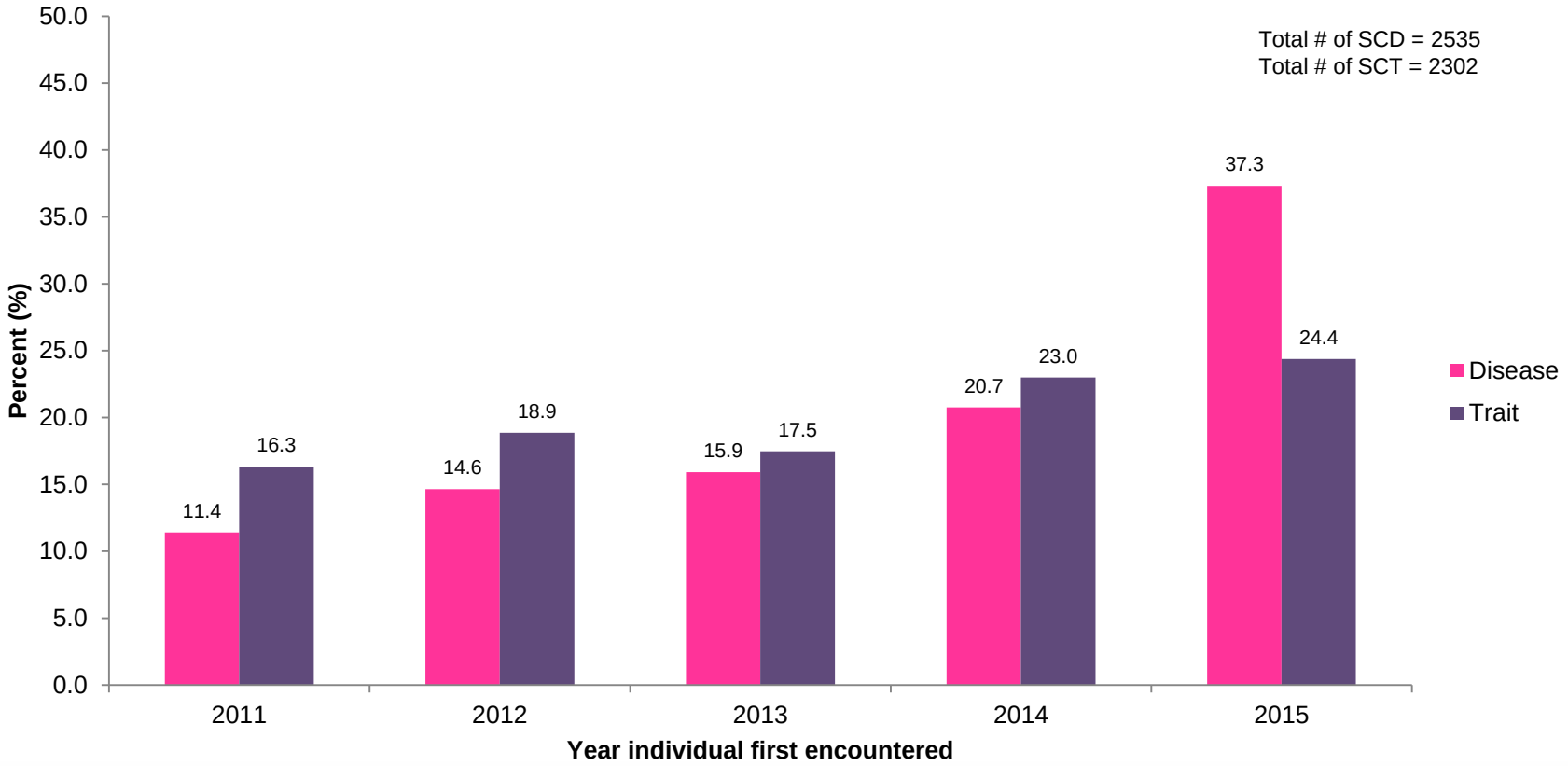
1. Cases were identified using the Arizona hospital discharge data between years 2011-2015.
2. All individuals with SCD or SCT as a principal diagnosis or co-morbidity were included in the study.
3. A total of 2,648 unique individuals with SCD and 2,193 unique individuals with SCT were included in the analysis.

Note: In order to assess the differences in the means, t-tests were used and to assess the equality of proportions between SCD and SCT, chi-square test was used. An alpha level of 0.05 was considered significant. The overall prevalence, as well as prevalence by race/ethnicity were calculated per year for both SCD and SCT.

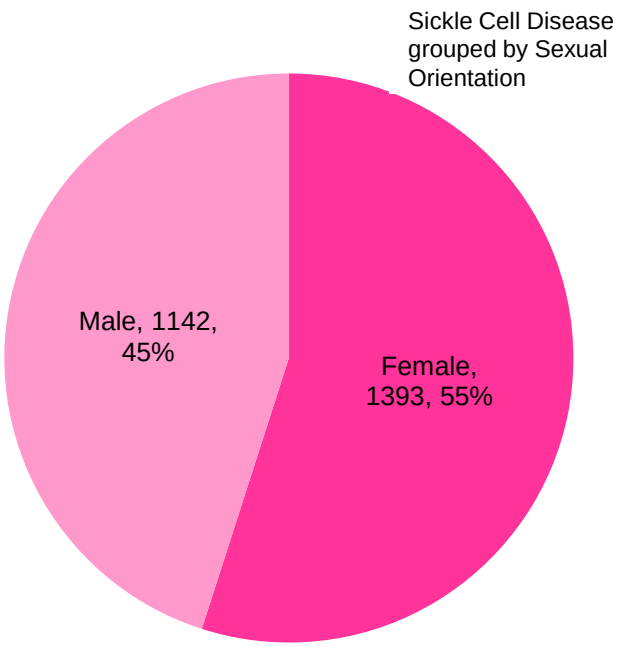
Results

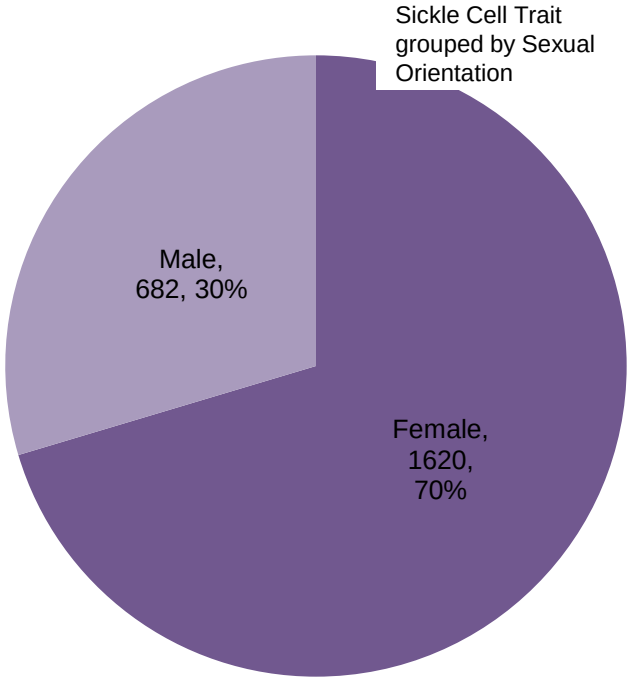
- Overall, there was an increase of prevalence of SCD between 2011 and 2015 in Arizona.
- The majority of the hospitals visits among individuals with SCD were primarily related to the disease.
- Among individuals with SCT, only less than 2% of their hospital visits were directly related to SCT.
- The average length of stay in the hospitals for these two groups were similar with no statistically significant difference (SCD= 5.2+/-5.4, SCT=5.7+/-11.11).
- As expected, African Americans had the highest prevalence of SCD and SCT in all the years included in the analysis.
- Hispanics had a slightly higher prevalence of SCT than non-Hispanics, Whites for all five years, while the SCD prevalence among these groups was similar.

Sickle Cell Disease and Trait in Arizona Between 2011-2015

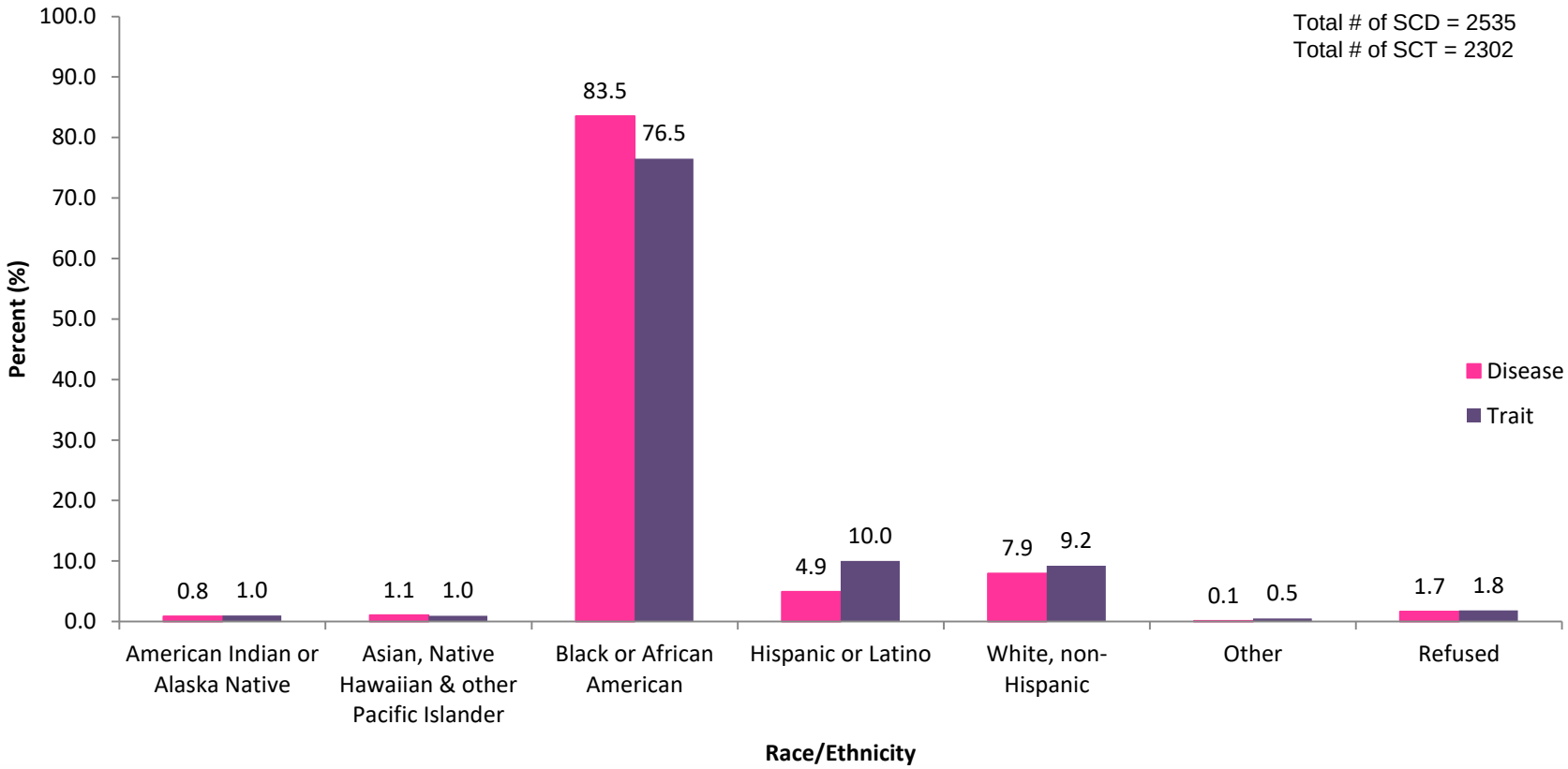


Sickle Cell Disease in Arizona Grouped by Sexual Orientation





Sickle Cell Disease andTrait by Race/Ethnicity

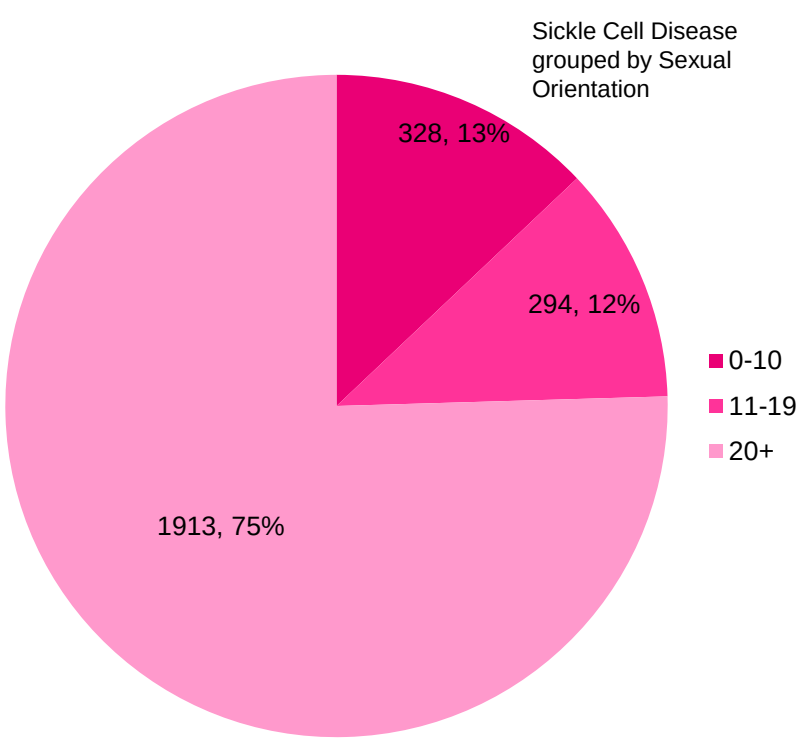


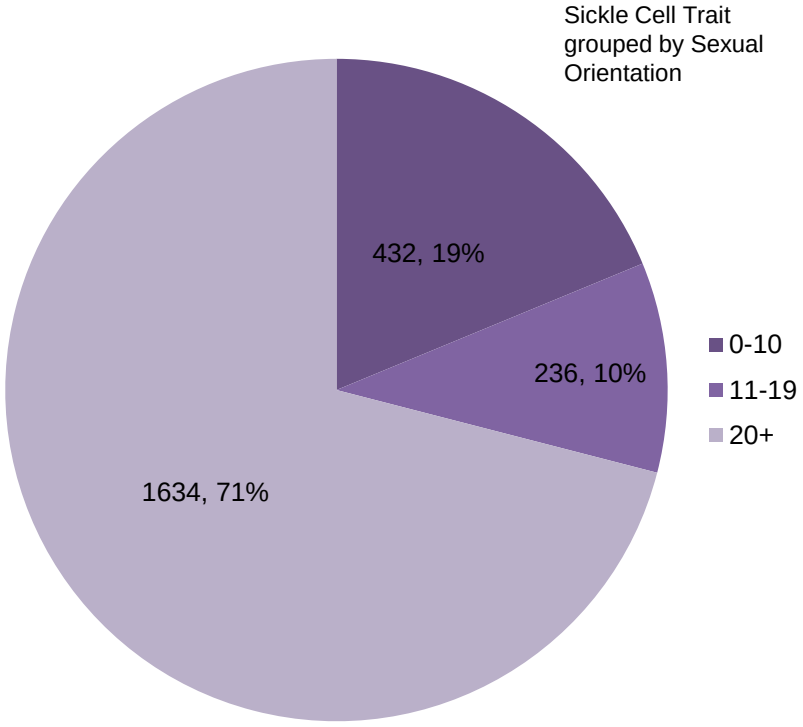
SCD = Sickle cell disease, SCT = Sickle cell trait

Race/Ethnicity

	Sickle Cell Disease	Sickle Cell Trait
Non-Hispanic, White	205 (7.7%)	209 (9.5%)
Black or African American	2222 (83.9%)	1665 (75.9%)
Hispanic or Latino	127 (4.8%)	226 (10.3%)
Other	94 (3.5%)	93 (4.2%)

Sickle Cell Disease and Trait in Arizona by Age Group (2011-2015)



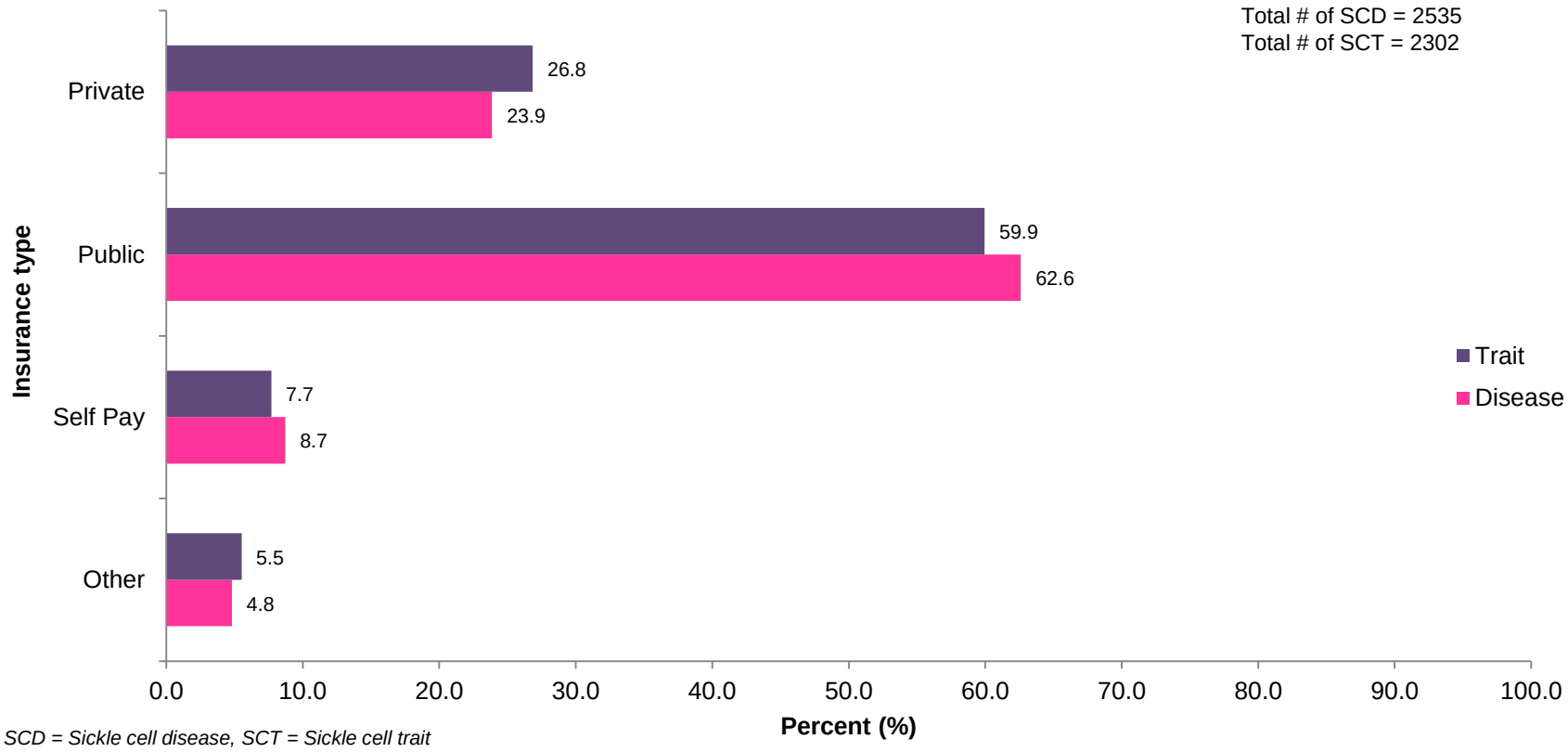


Average age = 328.5±18.3

Characteristics of Individuals by Age Group (Years)

Ages	Sickle Cell Disease	Sickle Cell Trait
<1	38 (1.4%)	115 (5.2%)
1-4	126 (4.8%)	170 (7.8%)
5-9	133 (5.0%)	112 (5.1%)
10-14	121 (4.6%)	97 (4.4%)
15-19	187 (7.1%)	150 (6.8%)
20-24	351 (13.3%)	316 (14.4%)
25+	1692 (63.9%)	1233 (56.2%)

Insurance of Individuals with Sickle Cell Disease and Trait in Arizona (2011-2015)

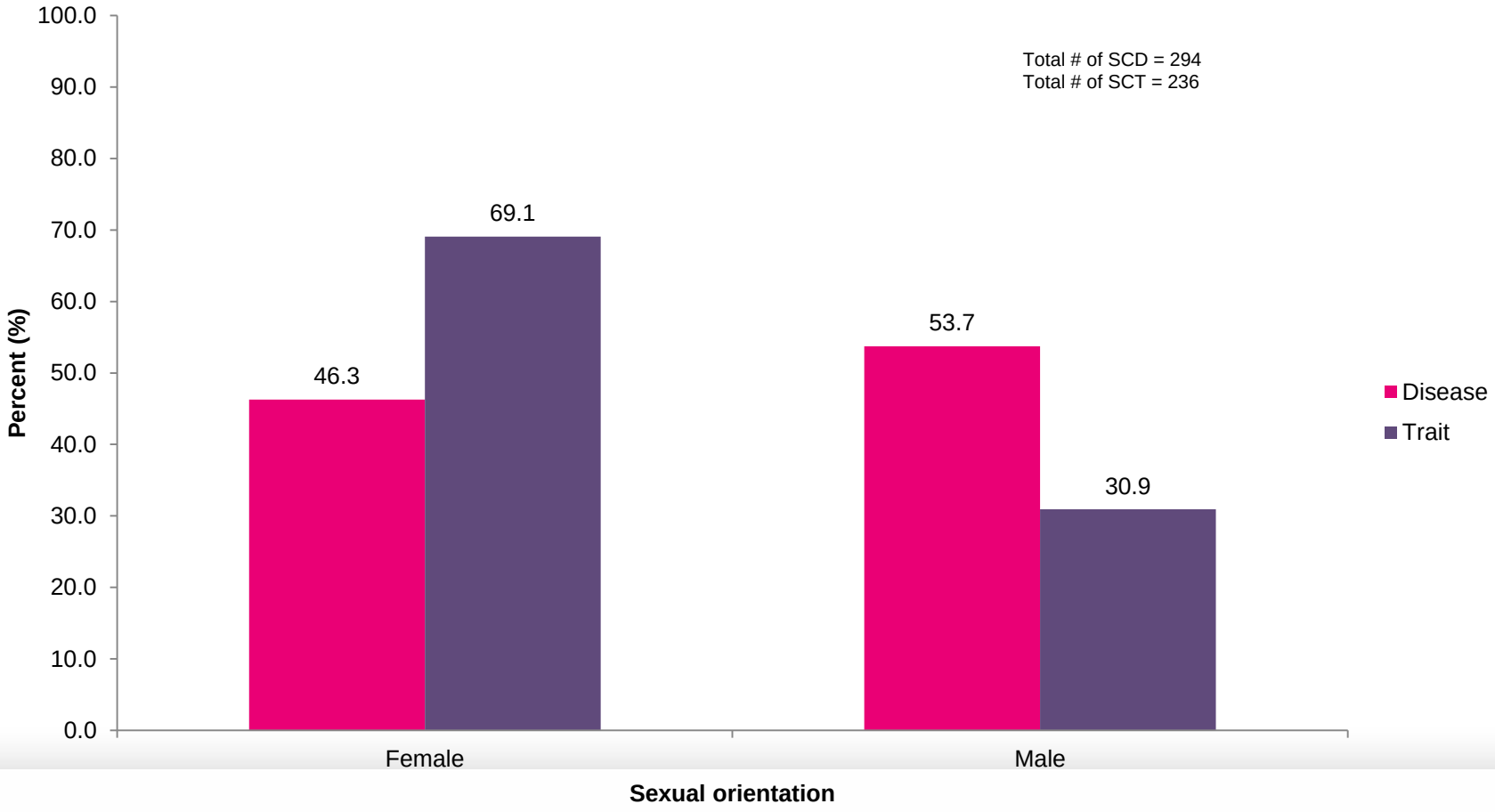


SCD = Sickle cell disease, SCT = Sickle cell trait

Insurance Use Per Visit

	Sickle Cell Disease	Sickle Cell Trait
Self pay	507 (4.8%)	290 (7.8%)
Private	2075 (19.6%)	841 (22.5%)
Public	7513 (71.1%)	2403 (64.4%)
Other	473 (4.5%)	198 (5.3%)

Distribution of Gender of Age Group 11-19 Years Old with Sickle Cell Disease or Trait



Characteristics of Individuals with Sickle Cell Disease or Trait discharged from an Arizona Hospital

	Sickle cell disease N (%)	Sickle cell trait N (%)
Total number of patients	2,648	2,193
Total number of visits	10,568	3,732
Average number of visits	4.2 ±7.6	1.4 ±1.4
Principal diagnosis	6387	46
Length of stay (days)	24,741	10,377
Average length of stay	5.2 ±5.4	5.7 ±11.1

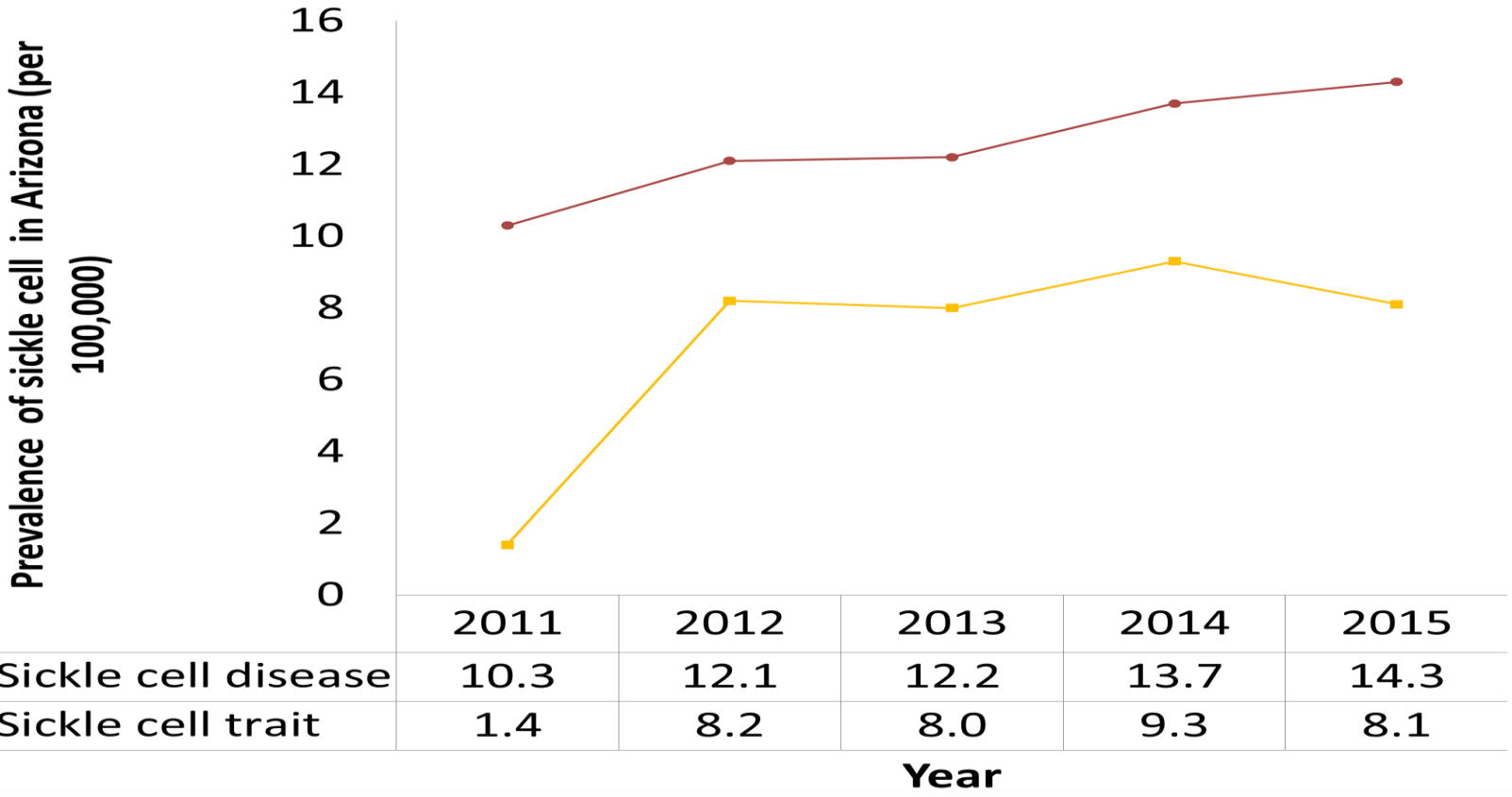
Total Visits Per Year

	Sickle Cell Disease	Sickle Cell Trait
2011	1,893 (17.9%)	669 (17.9%)
2012	2,019 (19.1%)	696 (18.6%)
2013	1,967 (18.6%)	714 (19.1%)
2014	2,275 (21.5%)	879 (23.6%)
2015	2,414 (22.8%)	774 (20.7%)

Type of Discharge Record Reported

	Sickle Cell Disease	Sickle Cell Trait
Inpatient	4,732 (44.8%)	1,823 (48.8%)
Emergency department	5,836 (55.2%)	1,909 (51.2%)
Admission type		
• **Emergency**	9,364 (88.6%)	2,664 (71.4%)
• **Urgent**	965 (9.1%)	660 (17.7%)
• **Other**[1]	239 (2.3%)	408 (10.9%)

Prevalence of Sickle Cell in Arizona (per 100,000)



Conclusions

- In agreement to previous literature, this Arizona study found that African Americans had the highest prevalence of sickle cell disease and trait (SCD and SCT).
- There was a slight increase of SCT prevalence in Hispanics compared to non-Hispanic, whites.
- The primary cause of hospital visits by individuals with SCD was truly related to sickle cell disease, while the majority of the hospital visits for individuals with SCT were not related to the trait.

Implications of Public Health

- Inform community partners and policymakers about the status of sickle cell in Arizona and about the difference in healthcare utilization between individuals with SCD and SCT.
- This assessment using HDD data could be used to identify Children with Special Health Care Needs with specific health conditions to further strengthening public health efforts in this population.

Limitations

Arizona hospital discharge data does not include the healthcare facilities under federal administration, including but not limited to, Veteran Affairs hospitals and Indian Health Service facilities and affiliates.

References

1. National Heart, Lung, and Blood Institute. Who is at risk for sickle cell anemia? 2016.

2. National Survey of Children with Special Health Care Needs. NS-CSHCN 2009/2010. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [1/12/2017].

Contact Information

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HEALTH CARE

QUESTIONS and COMMENTS

HEALTH CARE

AzCAAR and the AzCAAC Collaborative thank you for coming.

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