

# What we learned regarding evidence-based advocacy

Keep eye on the goal – protecting children

Align research priorities with potential impact
 Provide rational, unbiased analysis

- "Voice of reason"

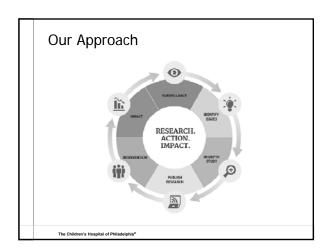
Conduct research with pragmatic rigor

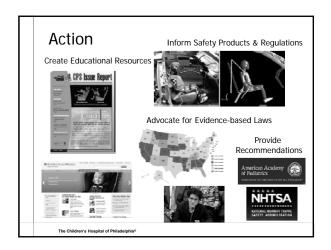
- Excellent science but applied to achieve a goal
- Science is the starting point for action

Include partners & rely on them

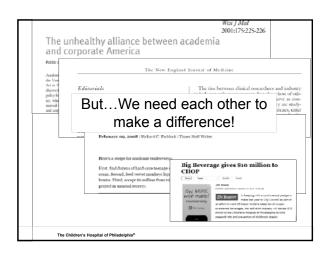
- Include them from the beginning
- But make their action easy translate research

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### To save lives and prevent injuries, collaboration is essential

Collaborate in all phases:

From project definition to project conduct, analysis and dissemination

Partners - leverage & buy-in

- Influencers of the target population
  - Government laws and policies
  - Industry makes the products families buy
  - Advocacy orgs deliver messages to families
  - Medical community source of respected info
- Communities and families

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# Center for Child Injury Prevention Studies (CChIPS)

- · Part of CIRP
- National Science Foundation Industry University Cooperative Research Center
- Conduct research to support industrial R & D
- · Composed of Faculty from
  - CHOP/Penn founding site in 2005
  - Ohio State University second site brought on in 2009
- Cchips.research.chop.edu





#### **CChIPS Mission**

"To advance the safety of children by facilitating the conduct of scientific inquiry into childhood injuries and to translate these findings into commercial applications and public education programs for prevention."

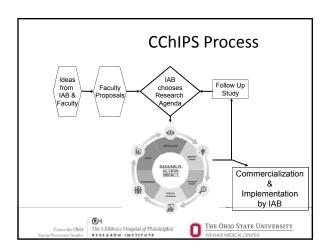
...In brief: Science + Impact

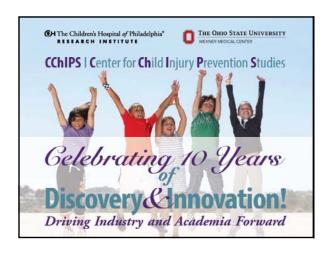
Center for Child
Injury Prevention Studies

RESEARCH INSTITUTE

Π	The Ohio State University
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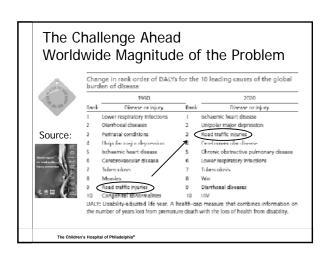


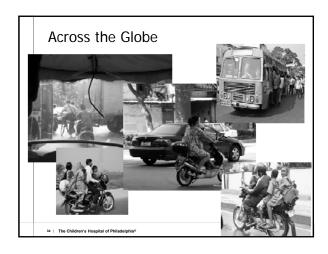












"It took developed countries 70 years to reverse negative health trends from road transport, but developing countries can accelerate this process through strategic investments and collaboration across sectors"

World Bank, Transport for Health: The Global Burden of Disease from Motorized Transport, 2014



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#### Let's not forget about the US Disparities Age-appropriate restraint White parents 4x more likely to report ageappropriate restraint 60.0% 40.0% \*controlling for education, income, information sources, and site 20.0% 0.0% Age 1-3 Age 4-7 Age 8-12 White Non-White Macy et al. Pediatrics, 2014 36 | The Children's Hospital of Philadelphia®

## Where do we go from here? Future priorities

Increase restraint use among harder-toreach populations

Increase age-appropriate restraint use

- Simplify child restraint use
- Make typical behavior safe

Optimizing the rear seat

Partnerships are necessary to make this happen

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