

NACHRI Profile Series

Children's Hospitals at the Frontlines
The Prevention of Child Abuse and Neglect



N A C H R I
National Association of
Children's Hospitals
and Related Institutions

NACHRI has made the prevention and treatment of child abuse and neglect a priority. Following *Defining the Children's Hospital Role in Child Maltreatment*, which outlines opportunities for children's hospitals to become leaders in response activities, this profile focuses on the proactive efforts being implemented by children's hospitals to reduce child abuse and neglect. Twelve children's hospitals are cited here. Representing their colleagues, each hospital is involved in a number of outreach efforts, and works with families and communities to prevent child abuse and neglect.

For more information about the role of children's hospitals and NACHRI in preventing child maltreatment contact Karen Seaver Hill, director of child advocacy at NACHRI at khill@nachri.org.

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HOSPITAL-BASED PARENT EDUCATION PROGRAMS

In 1998, Mark Dias, M.D. initiated a program at Women and Children's Hospital of Buffalo that drastically decreased the cases of shaken baby syndrome (SBS) in western New York state. The program provided information on SBS to parents of every newborn in the Buffalo area and included the following resources:

- A video, *Portrait of Promise*, created and produced by The Junior League of St. Paul, Inc. and the Midwest Children's Resource Center at Children's Hospitals and Clinics. The video features three parents talking about their shaken babies - two of whom became severely disabled and one of whom died - and offers advice from health care professionals on how to relieve the stress that can result from a crying baby.
- Information on prolonged crying and alternative responses to persistent infant crying
- A commitment statement that parents were asked to sign and return, affirming their receipt and understanding of the materials

Dias' model was highly successful showing a 54 percent decrease in SBS cases. Children's hospitals from coast to coast adopted and adapted the New York model developed by Dias. Today, hospitals continue to use the model, shaping it to meet their unique needs.

Loma Linda University Children's Hospital (Loma Linda, CA)

Loma Linda University Children's Hospital developed an original video about SBS, information for the family, and a commitment statement for families to sign. However, they chose to put the focus on the mother and her obligation to screen who takes care of her baby.

After profiling their cases and searching for common characteristics, Loma Linda found that perpetrators of SBS were often young unemployed males, not married to the mother of the child. They also found a history of drug abuse and poor impulse control.

As a result of these findings, the hospital developed the *Choices* program, which conveys the main message, "be very careful when selecting your caretaker." A general audience brochure, video, and a teaching card for nurses were created to supplement the *Choices* program. These educational materials encourage mothers to think carefully about their selection

of caretakers in order to make good choices. The program also asks them to put the baby down if they are frustrated and to share baby safety information with others.

The *Choices* video, *Keep Me Safe*, is filmed like a documentary and tells the story of a nurse whose baby was shaken by her live-in boyfriend (also the baby's father). The nurse shares how she met the father and about the events that lead to the victimization of her child, the outcomes for the baby and the consequences for the father resulting from his actions. She also talks about her pain and struggle following the incident.

Integrated throughout the video are physicians commenting on this specific case of SBS and on SBS in general. The video closes with a chaplain discussing good choices.

To foster nursing staff interest in SBS and the *Choices* program, Loma Linda's Child Abuse and Neglect team created signs, which they called teasers, with facts and statistics on child maltreatment for display in nurse lounges and bathrooms. They developed and delivered an in-service on SBS. Funds from a grant paid for hot food to bedside nurses receiving the 15 minute training, which was scheduled over a three-to-four hour period.

Now, after two years of planning and implementation at Loma Linda, the team is expanding the intervention and education program to hospitals outside of its region. The hospital also offers an annual Parent Conference to provide helpful preventive and supportive information to young, inexperienced parents in the county and region.

*Penn State Children's Hospital at The Milton S. Hershey Medical Center
(Hershey, PA)*

Penn State Children's Hospital, under the direction of Dr. Dias and his staff, has implemented the upstate New York program across the entire state of Pennsylvania since passage of the state's *Shaken Baby Syndrome Education Act of 2002*.

Two nurse coordinators work directly with all birthing centers and hospitals within the state. They provide on-site training for obstetric, nursery, and NICU nurses at all state birthing and children's hospitals. Partnering with the state Department of Health, they provide free of charge all SBS prevention program materials including the *Portrait of Promise* video, commitment statements, and posters and brochures on infant crying, the dangers of shaking a baby and the prevention of SBS.

The program has established relationships with all 122 birthing and children's hospitals in the state, is educating staff at all hospitals and documenting hospital compliance with the program through the monthly return of signed commitment statements. The group is tracking the effect of the program on abusive head injuries reported to the state's *Child Line* child abuse registry. The hospital's prevention and awareness program also provides training for the Department of Children and Youth, local attorneys and judges. It has been fully funded through the Pennsylvania Commission on Crime and Delinquency and through the Department of Health.

Connecticut Children's Medical Center (Hartford, CT)

Dias and his colleagues from New York published their work on SBS in *Pediatrics*, the journal of the American Academy of Pediatrics, in 2005. The study showed evidence that a coordinated, hospital-based parent education program for all parents of newborn infants can significantly reduce the incidence of SBS among infants and children.

The results gave additional recognition to the already successful model and prompted implementation by other hospitals. Connecticut Children's Medical Center decided to adopt the New York model after study publication.

The medical center is rolling out its SBS program in the NICU as a part of pre-discharge teaching with the goal of expanding it to the regular newborn nursery. The medical center also plans to train nurses on its in-patient floors in how to counsel families about appropriate responses to crying and show *Portrait of Promise* as part of its educational video rotation in the waiting room of the primary care center. Additionally, Connecticut Children's is undertaking an effort to educate nursing staff about domestic violence, with a goal of teaching staff to properly screen and refer families.

The hospital formed a sub-committee to create staff domestic violence education modules. The first module will debut as a voluntary session during lunch time. Nurses at Connecticut Children's currently are required to screen for domestic violence on admission, but there is little consistency. The goals of the first module are to help staff identify their feelings about domestic violence and barriers to screening and to offer strategies for efficient screening.

Program Results

Primary Children's Medical Center (Salt Lake City, UT)

Primary Children's Medical Center, which started its program training nurses in 2000, saw a decrease in cases over its research period of three

years. Primary Children's modified the New York model, but talked to parents in the neonatal period about crying and coping with crying. The program included informational brochures for parents of newborns; a video about SBS with a local story, Elijah's story; a commitment statement to verify receipt of information and request that parents educate other caregivers of their baby; and a refrigerator magnet with contact information for the National Center on Shaken Baby Syndrome.

Data from Primary Children's shows that the program had success in educating patient families. Parents had very emotional responses to Elijah's story and they remembered his story and the commitment statement.

Helen DeVos Children's Hospital (Grand Rapids, MI)

Helen DeVos Children's Hospital implemented a four year research project with the purpose of preventing SBS in its community. The hospital-based parent education program mirrored the New York model, but included a discussion with parents to reinforce lessons learned from *Portrait of Promise* and provide options to deal with the frustration of caring for a crying infant. DeVos Children's also provided their nursing staff with strategies to address parental reactions to the information.

In addition to its research project, DeVos Children's offered free-of-charge sessions or inservices on SBS prevention for staff at neighboring hospitals. A self-learning module with quiz and answer key was designed by the nurse coordinator of the program. A free start-up kit was also developed to support hospitals implementing a prevention program. A sample self-learning module, research information and articles, sample documentation forms, sample research forms, sample posters, bookmarks and brochures, the *Portrait of Promise* order form, and a sample DeVos Children's Never Shake a Baby magnet are included in the start-up kit. Thus far, 30 hospitals in Michigan are in the process of or have implemented a SBS prevention program following DeVos Children's outreach efforts. The hospital plans to continue supporting interests in implementing SBS education programs throughout the state.

Preliminary results from the DeVos Children's research project are encouraging, as there appears to be a reduction in SBS cases in the targeted region. Follow-up survey responses reveal that parents remember the video, the stories of the families in the video, the damage that can be done to the brain by shaking, and the message to walk away and put a crying baby in a safe place if needed. Most parents (96 percent) felt the information was helpful and 94 percent learned at least one new strategy. The program reached more than 18,000 families including one-third of fathers from

2002-2006.

Through a complementary program in its pediatric clinic DeVos Children's identifies parental and child behavioral concerns and recommends its Parent Coaching program. A coaching session is conducted in a playroom with a two-way mirror. The parent uses an ear microphone and hospital staff (behind a mirror) coach parent's interactions with the child in a short play session. The program is described as an educational process for parents, who are asked to commit to using the skills taught in a consistent short playtime each day at home. The program is an adaptation of Parent-Child Interaction Therapy, which places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns.

Women and Children's Hospital of Buffalo (Buffalo, NY)

Women and Children's Hospital of Buffalo, which continues to coordinate the New York model, is working to further reduce the incidence of SBS in New York. The program started in Western New York, has expanded to the Finger Lakes Region and since 2000 has seen a 54 percent reduction in cases in that area.

Twenty-seven hospitals in the two regions are participating fully in the program, including all 16 of the Western New York hospitals and all but three of the Finger Lakes Region hospitals. The program receives commitment statements representing 91 percent of live births at participating hospitals. It is also working with pediatric care providers to distribute office-based crying cards to families during the first visit.

Between December 1, 1998 and June 30, 2006, there have been 28 children identified as victims of SBS in the Western New York region, a rate of 3.7 cases per year or 21.9 cases per 100,000 live births. This represents a 55 percent reduction in identified cases and a 47 percent reduction in new cases per 100,000 live births during the time that the program has been in effect, compared with the 8.3 cases per year and 41.6 cases per 100,000 live births during the control period.

Further analysis of the Western New York cases reveals that six infants were born either before the program began or at hospitals who were not participating at the time of the child's birth. Of the remaining 22 infants, the birth hospital is unknown in one fatal case, six were born at participating hospitals but a commitment statement was not documented, and in 15 cases a prior commitment statement was returned signed by at least one parent. The perpetrator in 12 of these cases was a parent, in one case was

a babysitter, in two cases was a boyfriend and in seven cases was not able to be identified.

Currently at 2.9 cases per year, Women and Children's Hospital of Buffalo is approaching its original goal of fewer than 2.2 cases per year. The reduction of nearly 50 percent in new cases remains both statistically and practically meaningful.

THE HAPPIEST BABY ON THE BLOCK

C. S. Mott Children's Hospital (Ann Arbor, MI)

Harvey Karp, M.D. developed The Happiest Baby on the Block, a method that teaches caretakers how to recreate the environment of the womb. His perspective is rooted in child development and based on the premise that infants in their first few months can have trouble adjusting to external stimuli.

Karp's method combines swaddling, the side-stomach position, shushing sounds, swinging and sucking, known as the 5 Ss, to recreate the coziness and the rhythmic motions of the womb. He offers a parent education curriculum, described as a "calming reflex" and as a positive and empowering message for parents.

To encourage parents to come their hospital, staff at C.S. Mott Children's trained nurses and other health care professionals in Karp's baby soothing technique. Hospital staff met Karp in 2004 and began thinking of ways to bring his program to their hospital. Together with Prevent Child Abuse America, they planned a training day with Karp in their state. Through the use of grant funds the hospital sent 30 staff to the training and purchased The Happiest Baby on the Block certification kits. Karp also conducted four three-hour informational sessions (advertised state-wide) at the children's hospital. More than 100 nurses, residents, doctors and other staff were briefed on strategies for calming crying babies and communicating with toddlers.

After training and certification, participating nurses agreed to lead The Happiest Baby on the Block classes for the hospital free of charge for one year. The hospital currently offers the class once per month for the public and plans to expand its offerings to its birthing education classes and off-site clinics. There is a fee for the class to cover materials, though some are sponsored to participate for free. C.S. Mott Children's also includes information about SBS and shows the "Portrait of Promise" video during the

class.

C.S. Mott Children's home-visiting nurses have been certified in Karp's method as well. A nurse will visit each family with a newborn one time after birth. The nurses incorporate Karp's message and method into the home visit presentation. They also provide and leave information on SBS.

St. Luke's Children's Hospital (Boise, ID)

St. Luke's Children's Hospital is using *The Happiest Baby on the Block* to educate new parents about the dangers that exist when frustrating moments arise.

St. Luke's conducted community-wide awareness programs like *Fragile: Handle with Care*. Although successful, the hospital decided it needed to do something more to focus on what is often the trigger of shaking, crying, and give parents a skill set to calm babies.

St. Luke's paid for two staff to take Dr. Karp's training class and become certified in *The Happiest Baby on the Block*. The hospital now offers a pre-and-post natal class for parents and uses the soothing method to begin baby and child safety discussions.

Presently, four to six classes are offered each month with at least 25 participants; one-on-one sessions may also be offered. The 5 Ss, crying as a trigger and having a plan for crying are covered during the pre-and-post natal classes. The hospital charges fifteen dollars for the class, the cost of materials; scholarships are available to assist families in need.

Through its mother/baby unit, the hospital also distributes swaddling blankets to all new families with instructions on the 5 Ss associated with *The Happiest Baby on the Block*. The blankets are presented as a gift to new mothers. Then, nurses explain and demonstrate the first S, swaddling, and continue to have a discussion about baby safety.

St. Luke's is expecting to add *The Happiest Toddler on the Block* to its program in 2007. Except for materials for participants, all expenses of the program are absorbed by the hospital.

PARTNERING WITH COMMUNITY

St. Joseph's Children's Hospital of Tampa (Tampa, FL)

St. Joseph's Children's Hospital was searching for a program to complement SBS education already being offered in their community. They settled on one unmet need, a targeted SBS prevention program for unrelated males, like a mother's boyfriend.

Hospital staff decided to approach local juvenile justice facilities to position themselves in front of a male population. Around the same time, they learned of a presentation developed by a family member of a SBS victim. This presentation was developed for adolescents, and the hospital was easily able to adapt it for the juvenile population.

St. Joseph's began working closely with two juvenile facilities to deliver the adapted 45-minute SBS prevention presentation. During the program, staff shake dye in an egg inside of a baby food jar (to create a visual of the effects of shaking a baby). To further illustrate what happens when a baby's brain is violently shaken, they use a doll with a visible brain. They also play a tape of a crying baby and ask participants to raise their hand when they've heard enough. These interactive techniques have been well received by the adolescents.

Hospital staff was approached about offering a program specifically for young fathers in the facility. At this request, they developed a 13-week course, Responsible Fatherhood. It addresses a range of topics from baby basics to child passenger safety and domestic violence.

Unfortunately, the hospital is not able to evaluate the effectiveness of its targeted programs because contact with facility participants is prohibited after program delivery. Immediate feedback from facility staff and participants suggest that the program has some positive effects.

St. Joseph's also reaches out to its migrant populations to promote child safety. The hospital operates a well child and immunization mobile bus. To prevent abuse incited as a result of prolonged infant crying, parents are offered pain relievers for their infant after immunization and are educated on comfort techniques for the baby and the dangers of SBS.

Phoenix Children's Hospital (Phoenix, AZ)

Phoenix Children's Hospital, through *Darkness to Light's* Stewards of Children prevention program, is working with the community to train adults to

stop, recognize, and react responsibly to child sexual abuse. *Darkness to Light* is an organization dedicated to the primary prevention of child sexual abuse.

Stewards of Children is designed for organizations and corporations that serve children and youth. The program features survivor and professional perspectives on child sexual abuse; a sexual abuse prevention package with guidelines in organizational policies and procedures; an interactive workbook and training video to motivate individuals to action; and *7 Steps to Protecting our Children*, the core educational tool for sexual abuse prevention. Training topics include minimizing opportunity, talking openly about abuse to kids and staying alert.

Phoenix Children's offers the prevention training program to their staff and to community groups (schools, businesses, day care centers) that are interested. The hospital first held sessions for its administrators. Now, classes are open to all staff members on an ongoing basis.

Funding for the program comes from two grants—the Arizona Child Abuse Prevention License Plate Fund and the Arizona Republic Season for Sharing Campaign. The funding is allowing the hospital to train 25 new facilitators from across the state who will in turn implement the training in their organizations and local communities.

The hospital is also involved in initiatives to end corporal punishment of children and advocate for non-violent discipline practices. Last year, the hospital participated in SpankOut Day USA. The Child Abuse Prevention Department set up an information booth for children and families visiting the Outpatient Center. Children were engaged in esteem-building and craft activities. Parents were offered materials related to positive parenting, including a magnet containing the ten guidelines for raising a well-behaved child, and *Catch Your Child Being Good* magnetic picture frames.

REFRAMING CHILD ABUSE AND NEGLECT

Children's Hospital (Columbus, OH)

Prevent Child Abuse Ohio at Children's Hospital (PCAO) is reframing the issue of child abuse and neglect to promote better public understanding and increase public engagement in prevention. PCAO runs Pinwheels for Prevention during child abuse prevention month. This awareness campaign, developed by Prevent Child Abuse Georgia, informs the public about the cases of child maltreatment and encourages them to focus on preven-

tion as a part of an overall plan to break the cycle of abuse.

Prevent Child Abuse Ohio started Pinwheels for Prevention in 2005 with select counties participating. The program was opened to the entire state in 2006.

County representatives take the lead in coordinating their Pinwheels for Prevention displays by selecting planting locations for the pinwheels and conducting outreach to community partners to recruit assistants.

The colorful pinwheels, each representing a reported case of child abuse, are planted in front of courthouses, playgrounds, libraries, and parks. Public education messages and written materials run in conjunction with Pinwheels for Prevention. They emphasize that any adult can make a difference and be a voice for a child.

Together, the display and messages underscore the magnitude of child abuse and neglect—it is a widespread problem that occurs in every community. All community members are asked to intervene. Tips are provided on reporting and responding to a situation in public.

To help individuals overcome the feeling of helplessness and learn how to intervene when they see a potential child abuse situation in the public, Prevent Child Abuse Ohio offers Help Us Grow Safely (HUGS).

A train the trainer program, HUGS teaches participants how to identify types of child abuse, their warning signs and indicators, and provides advice on how to safely and effectively intervene in a stressful parent/child interaction. The sessions, which last from one to two hours, are for the general public, and are highly recommended for individuals with significant public interaction, such as retail, daycare, and social service staff. HUGS is described as a community approach to preventing child abuse and neglect.

Children's Hospital & Regional Medical Center (Seattle, WA)

During 2006 Children's Hospital & Regional Medical Center provided training sessions on the prevention of SBS in eastern and western Washington, which supplied participants with copies of the presentation and educational materials, and encouraged them to "pay it forward" by educating colleagues and other providers and parents about preventing child abuse.

Seattle Children's has also developed a public service video to help new parents cope with the stress of a crying infant. The "Have a Plan" video series was produced by filmmakers at White Noise Productions and with

monies from the Leslie Fund, a Seattle nonprofit organization that is a longtime supporter of activities to help prevent SBS. Brochures and bookmarks that compliment the information in the videos are available free of charge.

Through unscripted insights and comments of real-life couples with newborn babies, these 5-minute videos urge parents to have a plan to help them prepare for moments when they experience fatigue, stress, anxiety and frustration as part of the parenting process. Having a clear plan helps them keep their children safe. The videos provide a checklist of resources from child health advocates intended to reduce a parent's stress level during peak crying times, and a list of discussion questions to help guide a productive conversation after watching the video. The videos are programmed into the hospital's internal broadcast network and integrated into child birth classes, childcare center trainings and foster parent trainings.

Copies of the "Have A Plan" videos are available to parents, caregivers, birthing hospitals, childbirth education classes, teachers, public health nurses and others throughout Washington state and throughout the nation. English and Spanish language versions are available and a teenage version with a similar message was recently released. The teenage version contains a separate eight-minute video with the story of a SBS victim named Kaden. A single video (VHS or DVD) costs \$18; a compilation of the videos costs \$40 and may be previewed on the Seattle Children's Web site (search child abuse). The videos were developed in partnership with the Washington Council for Prevention of Child Abuse and Neglect, Parent Trust for Washington Children, the National Shaken Baby Coalition and Conscious Fathering.

Conscious Fathering produced a resource guide, "A Guide for Expectant Fathers," available in English and Spanish at no charge. The guide, distributed at Seattle Children's, is designed to provide infant care skills while stressing the benefits of responsible fatherhood. Fathers are expected to connect with their baby, keep their baby as comfortable as possible and have a plan for when "everything goes wrong." The goal of the program is designed to provide basic infant care skills and encouragement to men prior to the birth of their baby. It is one of Seattle Children's many efforts to keep children safe.

WHERE WE ARE

Children's hospitals are spreading the message "never shake a baby" and expanding efforts to help families prevent child maltreatment and provide nurturing environments for their children.

To help individuals, organizations and communities, programs are developed to raise public awareness about child abuse and neglect. Programs are also designed to support families and prepare professionals and the public to safeguard children from all forms of child abuse and neglect.

- Experts recognize that efforts to control child abuse and neglect depend upon the success of prevention programs, but with the bulk of dollars spent on treating child abuse, there is less money available for proactive and supportive efforts. Hospitals absorb the costs of programs for the prevention of child abuse and neglect. External funds supporting these programs come from a variety of sources, both private and public.
- Programs that educate new parents about the dangers of shaking, stressors that put children at risk and ways to protect children from injury have shown promising results. To become better equipped, parents and caregivers need to be educated at the right time about SBS and prevention.
- There is interest among hospitals in re-framing public perceptions about child abuse and neglect to focus on communicating positive messages: keep children safe; parents and families need support; and communities can help prevent child abuse. Research conducted through Prevent Child Abuse America's strategic framing analysis identified four frames to advance child abuse policy and behavior change: parenting, child abuse and neglect, child development, and community.
- Children's hospitals recognize the need to provide parents with information on the growth and development of their children. Topics may include effective guides on the first months after birth and child health and child safety issues. This information helps parents understand what to expect from their babies and children and how to help children and adolescents reach their full potential as they grow and develop.

Children's hospitals also promote positive parenting attitudes and behaviors through public education campaigns. The emphasis is on healthy family relationships for the prevention of child abuse.

Related NACHRI Profiles

Portraits of Child Abuse Teams, 2005

Understanding the Link Between Child Abuse and Domestic Violence, 2004

A Simple Model, A Vital Purpose, Preventing Shaken Baby Syndrome, 2003

Related Web Site

Prevent Child Abuse America/Reframing

http://www.preventchildabuse.org/about_us/reframing/index.shtml

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