



State – by – State Profiles: The Integration of Pediatric Care Components into the EMS System

**Report prepared by Sandra A. Adomako, MPH
and Isabelle Melese-d’Hospital Ph.D.**



Introduction

Emergency Medical Services for Children (EMSC) is a jointly administered federal program (by the Health Resources and Services Administration's Maternal and Child Health Bureau, and the Department of Transportation's National Highway Traffic Safety Administration). The program's goal is to reduce child and youth morbidity and mortality sustained due to severe illness or trauma. It aims to accomplish the following; 1) to ensure that every U.S. state and territory provides state-of-the-art emergency medical care for the ill or injured children and adolescents; 2) to ensure that quality pediatric services are well integrated into an emergency medical services (EMS) system backed by optimal resources; and 3) to ensure that the entire spectrum of emergency services (including primary prevention of illness and injury, acute care, and rehabilitation) is provided to children and adolescents. EMSC interventions aim to improve the emergency medical care of children from birth to 21 years of age, and to remove barriers for accessing such care.

The goal of the State-by-State profiles is to assess the progress of the EMSC program by providing a resource that summarizes the gains and accomplishments of states and territories which have received EMSC grant funding. This document updates the *1995 EMSC 10-Year Report* [3.5]. By examining several indicators and sentinel outcomes, the progress of each state's existing EMSC interventions can be evaluated. A profile of each state and territory was compiled. Each state profile includes the following data (when available):

- ◆ A pediatric age breakdown (Birth to 24 years);
- ◆ A racial/ethnic distribution;
- ◆ Childhood health and social indicators that are relevant to children's need for emergency care;
- ◆ A listing of key clinical resources that exist in each state or territory; and
- ◆ Data from the 1997 Youth Risk Behavior Surveillance System.

In addition, the following components of EMSC were assessed: systems development, training and education -- including public education -- injury prevention, and data collection. State EMSC coordinators were given an opportunity to provide a brief narrative with highlights of their progress since 1995.

This document will help policy makers and other interested parties to compare and quantify states' efforts in addressing the needs of children in emergency situations and integrating appropriate pediatric care into the EMS system.

Methodological Notes & Limitations

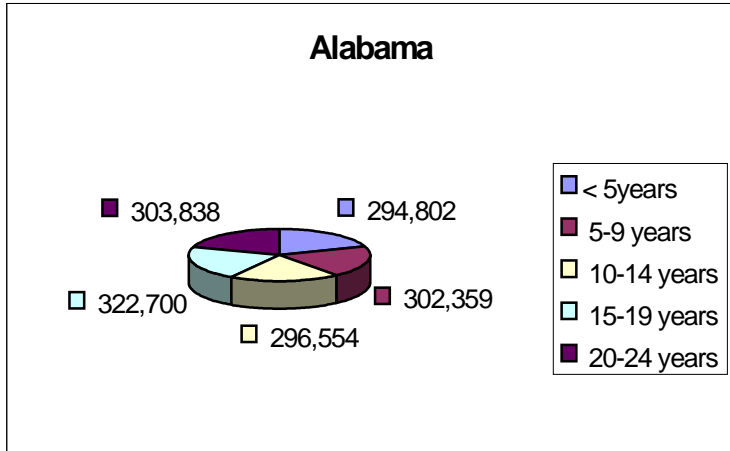
Most of the information in this report was collected from national data sources listed in the references at the end of the report. Sources included national and state agencies, as well as private child health organizations. Unless otherwise indicated, all data is from 1997, or, in the case of the “EMSC At-A-Glance” table, as recent as December 1999. However, in some cases, data was simply not available. Multiple efforts were made to contact EMSC coordinators in each of the 56 states and territories for comment and correction of the data.

The “state narrative” at the end of each profile was provided by the appropriate EMSC coordinator and edited by the staff of the EMSC National Resource Center. Some states and territories did not provide narratives, while others provided were lengthy and thus were edited by NRC staff to highlight key accomplishments of the program.

This report provides an overall picture of the activities of each state’s accomplishments and challenges in improving emergency care for children and adolescents. Comparisons are challenging due to differences in resources, geography, population and other factors. Therefore, states were not ranked, compared to each other, or contrasted to national data.

Alabama

Table 1: Number of Children by Age in Alabama, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Alabama, 1997

Total	1,071,800	100.0%
White	698,600	65.2%
Black	347,900	32.5%
Hispanic	13,600	1.3%
Asian & Pacific Islander	7,900	0.7%
Native American	3,800	0.3%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	9.5 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	3.4 per 1,000 live births
Child Mortality Rate (ages 1 - 14)	36.1 per 100,000
Teen Mortality Rate (ages 15 - 19)	95.1 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	23.1 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	17.7 per 100,000
Teen High School Dropouts (ages 16 - 19)	12 %
Percent Children without Insurance (ages 0 - 19)	15.4 %

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	130
Verified Trauma Centers	Level I - 1 ; Level II - (Self designated)
Poison Control Centers	2
Pediatric ICU's	3
Pediatricians	636
Emergency Physicians	860
EMS Providers	1 st Responders = unknown ¹ ; EMT-B = 6,269; EMT-I = 1,964; EMT-P = 3,004
Licensed Ground Ambulance Services	?

¹ First responders are not licensed in Alabama

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	24.9%
Rode with a drinking driver during the past month	40.3%
Carried a weapon during the past month	26.1%
Involved in a physical fight during the past year	33.0%
Attempted suicide during the past year	8.1%
Rarely or never wore a bicycle helmet during the past year	92.4%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Alabama EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	N
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	N
Pediatric emergency protocols for prehospital providers	N
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	N
Facility categories for pediatric trauma	N
Regionalized care for pediatric intensive care/trauma	N
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	N
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

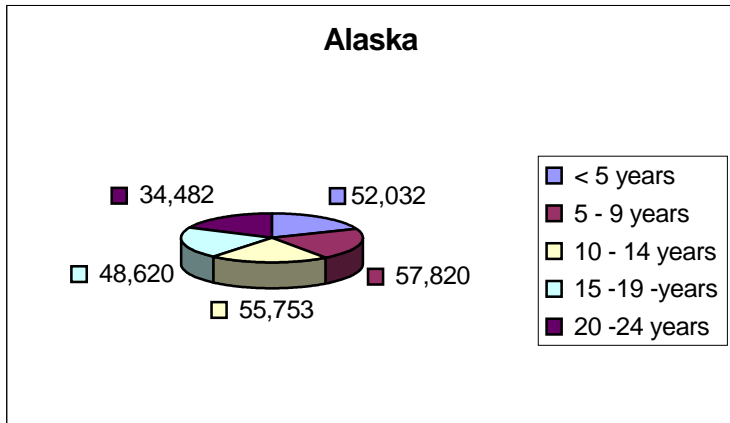
Y = Yes; N = No; I = In progress

Alabama EMSC Accomplishments Since 1995

EMSC has been institutionalized into Alabama's EMS system in the form of the Alabama EMSC Advisory Committee which is a subcommittee of the State EMS Medical Control Committee. The completion of a comprehensive statewide needs assessment conducted by the EMSC Advisory Committee has resulted in; 1) the review and assessment of Alabama's 1997 EMS data by NEDARC; 2) a contractual relationship with the University of Alabama in Birmingham to manage our statewide EMS data system; and 3) the piloting of the PEP course in four of the six EMS regions and a planned PEPP Instructor Course for representatives from all of Alabama's EMS training programs.

Alaska

Table 1: Number of Children by Age in Alaska, 1998



Source: Alaska Population Overview -1998 Estimates

Table 2: Number and Percent of Children by Race/Ethnicity in Alaska, 1998

Total	262,059	100.0%
White	169,051	64.5%
Black	12,723	4.9%
Hispanic ¹	13,352	5.1%
Asian & Pacific Islander	12,262	4.7%
Native American	54,671	20.9%

Source: Alaska Population Overview: 1998 Estimates

¹ Persons of Hispanic Origin may be of any race

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1998
Infant Mortality Rate (Birth - 1 year)	7.4 per 1,000 live births ²
Postneonatal Mortality Rate (28 days - 11 months)	3.9 per 1,000 live births ³
Child Mortality Rate (ages 1 - 14)	29.6 per 100,000
Teen Mortality Rate (ages 15 - 19)	88.4 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	26.7 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	7.9 per 100,000
Teen High School Dropouts (ages 16 - 19)	9 %
Percent Children without Insurance (ages 0 - 19)	15.0 %

Alaska Bureau of Vital Statistics

² Infant Mortality Rates are five-year moving averages 1994-1998 per 1,000 live births. All other rates are single year rates per 100,000 population in the age group.

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	24
Verified Trauma Centers	Level I -0; Level II -1
Poison Control Centers	1
Pediatric ICU's	2
Pediatricians	81
Emergency Physicians	66
EMS Providers	EMT-I = 2,500; EMT-II = 500; EMT-III = 500; MICP ⁴ = 200
Licensed Ground Ambulance Services	160

⁴ MICP - Mobile Intensive Care Paramedic

Table 5: Youth Behavior by Selected Risk Factor, 1997⁵

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	NA
Rode with a drinking driver during the past month	NA
Carried a weapon during the past month	NA
Involved in a physical fight during the past year	NA
Attempted suicide during the past year	NA
Rarely or never wore a bicycle helmet during the past year	NA

Source: 1997 Youth Risk Behavior Surveillance System

Students in grades 9 through 12

⁵ Alaska did not participate in the 1997 Youth Risk Behavior Surveillance System

Table 6: Alaska EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	Y
Method to assess availability of pediatric equipment on ambulances	?
Method to assess availability of pediatric equipment in ED's	?
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	?
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	?
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	Y
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

Y = Yes; N = No; I = In progress

Alaska EMSC Accomplishments Since 1995

Alaska EMSC program has taken an active role in institutionalizing EMSC in the state and has made some major accomplishments. A Suicide Prevention Task Force has profiled youth at risk of suicide; established emergency department procedures and protocols to identify youth at risk of suicide. A "Gatekeeper" training was designed to train people from local communities to recognize the warning signs of potential suicide and to respond appropriately to those warning signs. The Alaska Medevac Manual was revised and a Basic Life Support version was developed. An EMSC five-year strategic plan was developed. Pediatric equipment was purchased and distributed to emergency medical service agencies, and a comprehensive pediatric training plan was developed. Lastly, a comprehensive statewide needs assessment was conducted in 1999.

American Samoas

Table 1: Number of Children by Age in the American Samoas, 1998

Not Available

Table 2: Number and Percent of Children by Race/Ethnicity in the American Samoas, 1997

Total	Not Available	100%
White	Not Available	?
Black	Not Available	?
Hispanic	Not Available	?
Asian & Pacific Islander	Not Available	?
Native American	Not Available	?

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	Not Available
Postneonatal Mortality Rate (28 days - 11 months)	3.6 per 1,000 live births
Child Mortality Rate (ages 1 - 14)	5.7 per 100,000
Teen Mortality Rate (ages 15 - 19)	Not Available
Rate of Teen Firearm Related Deaths (ages 15 - 19)	Not Available
Motor Vehicle-Related Death Rate (ages 0 - 19)	Not Available
Teen High School Dropouts (ages 16 - 19)	Not Available
Percent Children without Insurance (ages 0 - 19)	Not Available

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	Not Available
Verified Trauma Centers	Not Available
Poison Control Centers	Not Available
Pediatric ICU's	Not Available
Pediatricians	Not Available
Emergency Physicians	Not Available
EMS Providers	Not Available
Licensed Ground Ambulance Services	Not Available

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	35.5%
Rode with a drinking driver during the past month	40.5%
Carried a weapon during the past month	23.0%
Involved in a physical fight during the past year	50.4%
Attempted suicide during the past year	22.0%
Rarely or never wore a bicycle helmet during the past year	85.2%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: American Samoas EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	?
Pediatric equipment guidelines for ED's	?
Method to assess availability of pediatric equipment on ambulances	?
Method to assess availability of pediatric equipment in ED's	?
Pediatric emergency protocols for prehospital providers	?
Interfacility transport guidelines	?
Facility categories for pediatric intensive care	?
Facility categories for pediatric trauma	?
Regionalized care for pediatric intensive care/trauma	?
Pediatric EMS advisory committee or pediatric subcommittee	?
Training & Education	
Pediatric emergency training to prehospital providers	?
Pediatric emergency training to nurses and physicians	?
EMSC legislation and regulation regarding training	?
Public education and awareness activities	?
Injury Prevention	
Injury prevention activities	?
Data Collection	
EMSC-related data collection activities	?

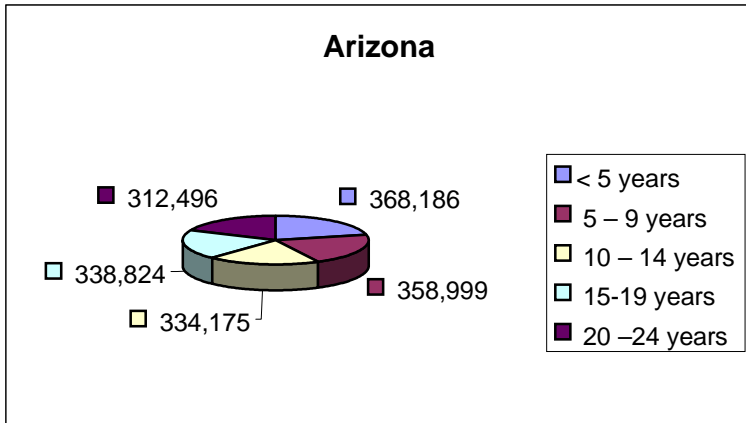
Y = Yes; N = No; I = In progress

American Samoas EMSC Accomplishments Since 1995

This territory received an EMSC planning grant for FY 1999-2000.

Arizona

Table 1: Number of Children by Age in Arizona, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Arizona, 1998

Total	1,736,490	100.0%
White	978,645	56.4%
Black	73,714	4.2%
Hispanic	505,750	29.1%
Asian & Pacific Islander	38,739	2.2%
Native American	139,642	8.1%

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	7.6 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.8 per 1,000 live births
Child Mortality Rate (ages 1 - 14)	31.0 per 100,000
Teen Mortality Rate (ages 15 - 19)	90.9 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	33.2 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	11.4 per 100,000
Teen High School Dropouts (ages 16 - 19)	16 %
Percent Children without Insurance (ages 0 - 19)	27.4 %

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	59
Verified Trauma Centers	0 (7 are self designated)
Poison Control Centers	2
Number of Neonatal Pediatric ICU's	5
Pediatricians	663
Emergency Physicians	378
EMS Providers	EMT-B = 8,389; EMT-I = 155; EMT-P = 2,717
Licensed Ground Ambulance Services	83

Table 5: Youth Behavior by Selected Risk Factor²

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	NA
Rode with a drinking driver during the past month	NA
Carried a weapon during the past month	NA
Involved in a physical fight during the past year	NA
Attempted suicide during the past year	NA
Rarely or never wore a bicycle helmet during the past year	NA

Source: 1997 Youth Risk Behavior Surveillance System

Includes students in grades 9 through 12

² Arizona did not participate in the 1997 Youth Risk Behavior Surveillance System

Table 6: Arizona EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	Y
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	N
Pediatric emergency protocols for prehospital providers	I
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	I
Facility categories for pediatric trauma	I
Regionalized care for pediatric intensive care/trauma	I
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	N
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

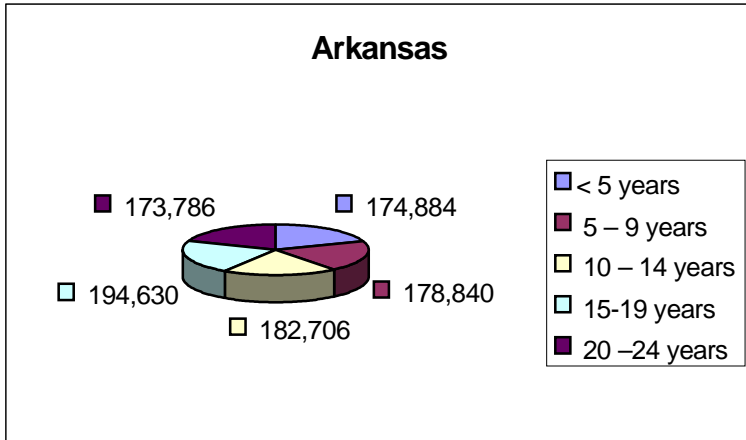
Y = Yes; N = No; I = In progress

Arizona EMSC Accomplishments Since 1995

EMSC efforts centered around the assessment of training needs, development and enhancement of the resources available to the state, and development of partnerships and networks to promote EMSC activities. The establishment of training standards and competencies, followed by the cultivation of a network of trainers connected to distant training sites, will result in a system that optimally responds to the needs of Arizona's children within each component of the system of care; however, we continue to face the challenge of providing training across remote rural areas. The Office of Women's and Children's Health and the Bureau of Emergency Medical Services continue to work together to provide community based programs with a statewide focus – this coordination of efforts is critical to provide the highest level of care.

Arkansas

Table 1: Number of Children by Age in Arkansas, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Arkansas, 1997

	Number	Percent
Total	662,800	100.0%
White	494,800	74.7%
Black	141,500	21.3%
Hispanic	17,700	2.7%
Asian & Pacific Islander	5,100	0.8%
Native American	3,700	0.6%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	8.7 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11months)	3.5 per 1,000 live births
Child Mortality Rate (ages 1 - 14)	37.6 per 100,000
Teen Mortality Rate (ages 15 - 19)	110.6 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	26.9 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	22.6 per 100,000
Teen High School Dropouts (ages 16 - 19)	9 %
Percent Children without Insurance (ages 0 - 19)	28.0 %

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	87
Verified Trauma Centers	0
Poison Control Centers	1
Pediatric ICU's	?
Pediatricians	191
Emergency Physicians	141
EMS Providers	1 st Responders = 427; EMT-B = 2,853; EMT-I = 198; EMT-P = 1,172
Licensed Ground Ambulance Services	230

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	29.0%
Rode with a drinking driver during the past month	41.4%
Carried a weapon during the past month	27.5%
Involved in a physical fight during the past year	36.2%
Attempted suicide during the past year	10.0%
Rarely or never wore a bicycle helmet during the past year	95.0%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Arkansas EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	Y
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	Y
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	?
Facility categories for pediatric intensive care	Y
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	Y
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	Y
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

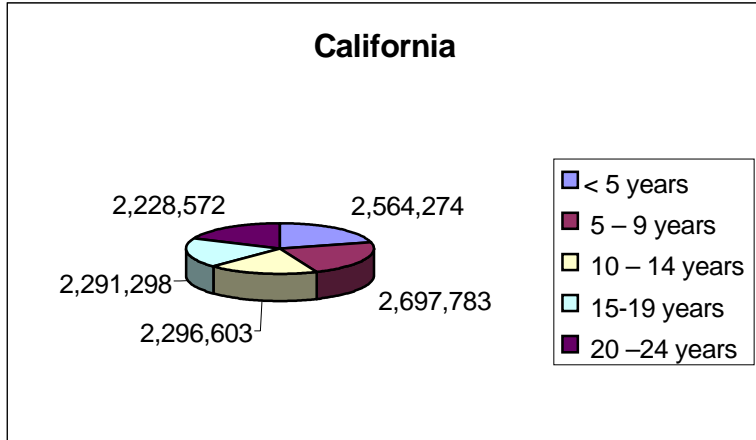
Y = Yes; N = No; I = In progress

Arkansas EMSC Accomplishments Since 1995

The EMS and Trauma Division of the Arkansas Department of Health hired an EMSC Coordinator, and the Governor's Advisory Council for EMS added a subcommittee to address pediatric issues. This committee, the EMSC Working Group, analyzed state ambulance run data and recognized a need for more injury prevention in the state. A prevention curriculum was developed and mailed to all services - several of them showed interest in starting injury prevention initiatives in their communities. Most recently, the working group sent one of the division's EMS Specialists to the PEPP training course. He will train other EMT's in the state with these updated pediatric training methods.

California

Table 1: Number of Children by Age in California, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in California, 1997

Total	8,951,700	100.0%
White	3,697,100	41.3%
Black	633,800	7.1%
Hispanic	3,591,400	40.1%
Asian & Pacific Islander	982,200	11.0%
Native American	417,200	4.6%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	5.9 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11months)	2.1 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	21.3 per 100,000
Teen Mortality Rate (ages 15 - 19)	69.1 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	23.7 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	7.0 per 100,000
Teen High School Dropouts (ages 16 - 19)	10 %
Percent Children without Insurance (ages 0 - 19)	18.8 %

¹Title V Data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	560
Verified Trauma Centers	Level I = 12; Level II = 25; Level III = 2; Pediatric = 3
Poison Control Centers	1 center with 4 locations
Pediatric ICU's ²	17
Pediatricians	5013
Emergency Physicians	2779
EMS Providers	1 st Responders = 10,000 ³ ; EMT-B = 48,000; EMT-II = 500; EMT-P = 9,500
Licensed Ground Ambulance Services	352 ⁴

²California Children's Services approved

³2,500 with the California Highway Patrol

⁴Includes public and private ambulance services

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	6.1%
Rode with a drinking driver during the past month	29.8%
Carried a weapon during the past month	16.7%
Involved in a physical fight during the past year	28.6%
Attempted suicide during the past year	8.3%
Rarely or never wore a bicycle helmet during the past year	78.3%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: California EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	Y
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	Y
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	Y
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	Y
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training ⁵	Y
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities ⁵	Y

Y = Yes; N = No; I = In progress

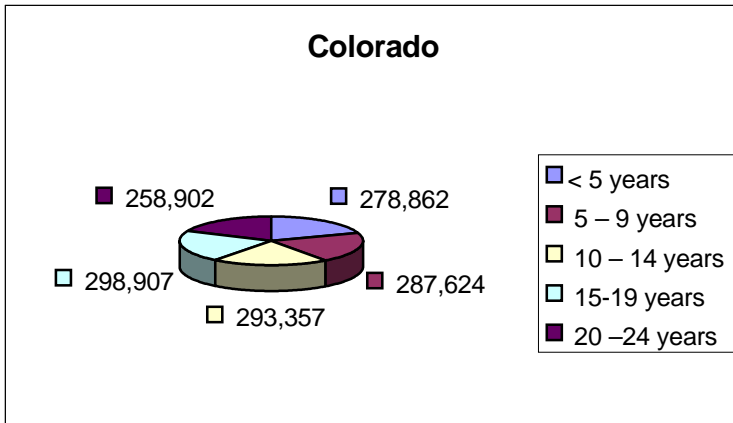
⁵ at the regional level where EMSC is in place

California EMSC Accomplishments Since 1995

The California Emergency Medical Services for Children (EMSC) Act of 1996 established the EMSC Program within the State Emergency Medical Services Authority (EMSA). The statute provided for program implementation at a regional level; established an EMSC technical advisory committee; and created a cooperative relationship between the EMSA, the State Department of Health Services, and other public/private agencies for the development of standards and policies for the delivery of emergency and critical care services for children. In addition, it outlined the EMSC Program components to be incorporated into the local EMS Plan, should a county/region choose to develop an EMSC Program. The EMSC Technical Advisory Committee was established in 1986. Key activities of the committee include: 1) an annual EMSC Statewide Conference; 2) the development of the Pediatric Education for Prehospital Personnel (PEPP) course; 3) the development of regulations for pediatric trauma centers and standards for child care providers; 4) providing consultation visits to local/regional EMS systems interested in integrating EMSC; and 5) a 5-Year Plan. Federal Block Grant funding has been made available for the development of EMSC Programs at the local level. Since 1987, counties/regions within California have been awarded EMSC related grants totaling over \$2.8 million. Currently, 48/58 counties have either established, or are in the process of establishing EMSC Programs. It is the goal of California to have EMSC Programs throughout the State by 2005.

Colorado

Table 1: Number of Children by Age in Colorado, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Colorado, 1997

Total	1,015,500	100.0%
White	735,100	72.4%
Black	45,800	4.5%
Hispanic	202,600	20.0%
Asian & Pacific Islander	24,700	2.4%
Native American	7,300	0.7%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	7.0 per 1,000 live births
Postneonatal Mortality Rate (28 days – 11months)	2.2 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	23.3 per 100,000
Teen Mortality Rate (ages 15 - 19)	69.9 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	17.9 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	9.8 per 100,000
Teen High School Dropouts (ages 16 - 19)	10 %
Percent Children without Insurance (ages 0 - 19)	14.1 %

¹ 1996 Title V data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	68
Verified Trauma Centers	Level I = 3; Level II = 7; Level III = 18; Level IV = 35*
Poison Control Centers	1
Pediatric ICU's	NA
Pediatricians	479
Emergency Physicians	391
EMS Providers	EMT-B = 17,897; EMT-I = 951; EMT-P = 2,360; (Total = 21,208)*
Licensed Ground Ambulance Services	211

* 1999 data from the Trauma Program, Emergency Medical Services and Prevention Division, Colorado Dept. of Public Health and Environment.

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	21.0%
Rode with a drinking driver during the past month	39.2%
Carried a weapon during the past month	20.1%
Involved in a physical fight during the past year	36.0%
Attempted suicide during the past year	10.8%
Rarely or never wore a bicycle helmet during the past year	83.6%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Colorado EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	Y
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	Y
Pediatric emergency protocols for prehospital providers	N
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	I
Facility categories for pediatric trauma	I
Regionalized care for pediatric intensive care/trauma	Y
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	N
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	I

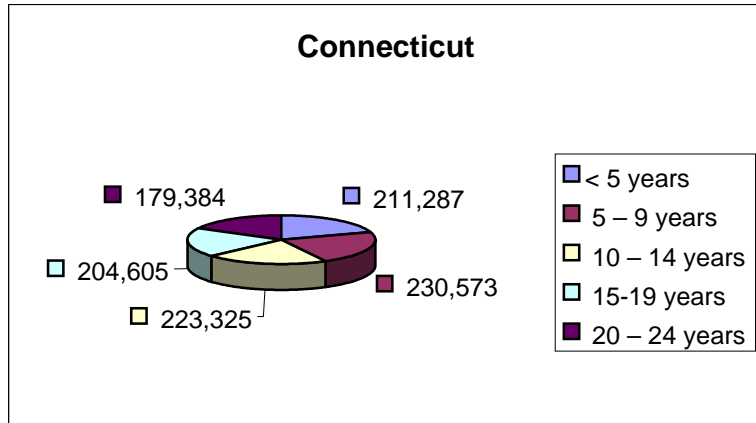
Y = Yes; N = No; I = In progress

Colorado EMSC Accomplishments Since 1995

In 1995, the Colorado legislature passed Trauma Systems legislation, which created the EMS for Children program within the health department. Since October of 1995 EMSC allocated, beyond staff expenses, \$90,000 for the implementation of two EMSC projects: a pediatric education equipment loaner program and a child safety seat train-the-trainer program. The EMSC program established regionally located, packages of training equipment and curriculum materials, each containing four labs: Basic Assessment, Pediatric Respiratory Emergencies, Pediatric Vascular Access, and Pediatric Spine Injury Management. The EMSC Partnership Grant 1997-2000 has included the completion of a needs assessment for the improvement of pediatric emergency care knowledge and skills of K-12 public school faculty and staff. Statewide implementation of the program will take place in 2001. The 2000-2002 EMSC Partnership Grant will provide a statewide EMSC needs assessment and develop a Colorado EMSC five year plan.

Connecticut

Table 1: Number of Children by Age in Connecticut, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Connecticut, 1997

Total	792,200	100%
White	589,600	74.4%
Black	85,800	10.8%
Hispanic	94,200	11.9%
Asian & Pacific Islander	21,000	2.7%
Native American	1,600	0.2%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	7.0 per 1,000 live births ¹
Postneonatal Mortality Rate (28 days - 11 months)	1.9 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	19.5 per 100,000
Teen Mortality Rate (ages 15 - 19)	51.4 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	9.0 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	7.5 per 100,000
Teen High School Dropouts (ages 16 - 19)	5 %
Percent Children without Insurance (ages 0 - 19)	11.8 %

¹ 1998 Connecticut Department of Public Health Registration Report

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	32
Verified Trauma Centers	Level I = 4; Level II = 8
Poison Control Centers	1
Pediatric ICU's	6
Pediatricians	882
Emergency Physicians	294
EMS Providers	MRT ² = 5,365; EMT-B = 11,947; EMT-I - 1,257; EMT-P - 1,001
Licensed Ground Ambulance Services	184

² MRT - Medical Response Technician

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	23.6%
Rode with a drinking driver during the past month	38.2%
Carried a weapon during the past month	17.0%
Involved in a physical fight during the past year	33.8%
Attempted suicide during the past year	9.1%
Rarely or never wore a bicycle helmet during the past year	87.2%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Connecticut EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	Y
Method to assess availability of pediatric equipment on ambulances	?
Method to assess availability of pediatric equipment in ED's	?
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	Y
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	?
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	Y
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	I

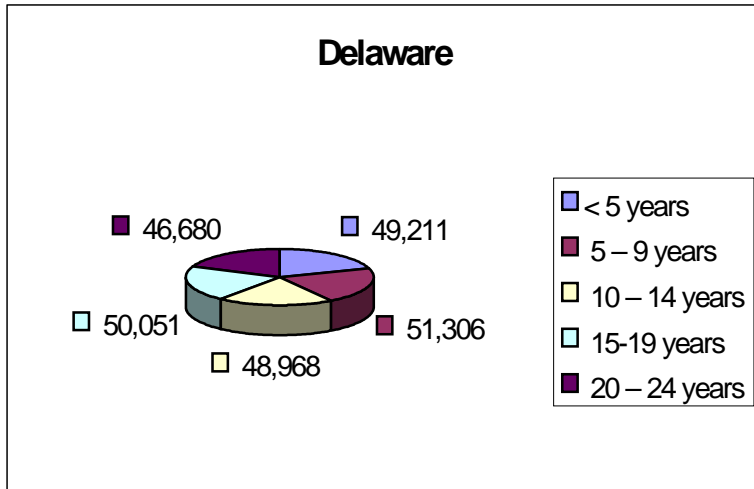
Y = Yes; N = No; I = In progress

Connecticut EMSC Accomplishments Since 1995

A comprehensive statewide needs assessment conducted in 1994-1995 identified the deficiencies in pediatric emergency care and has led to the following: 1) the development of a state EMSC Committee which is part of the State EMS Advisory Board; 2) the creation of a dedicated staff position in the Department of Public Health, Office of Emergency Medical Services; 3) the incorporation of EMSC key components into the current revision of the EMS regulations; 4) the formation of partnerships with the Connecticut Safe Kids, the Commission on Children, and within the Department of Public Health (Office of Injury Prevention, Day Care Program and the Children with Special Health Care Needs program), and the Connecticut Commission on Fire Prevention and Control; and 5) the enhancement of prehospital pediatric training for EMS instructors and critical care training for emergency department staff.

Delaware

Table 1: Number of Children by Age in Delaware, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Delaware, 1997

Total	177,500	100.0%
White	122,600	69.1%
Black	42,100	23.7%
Hispanic	8,500	4.8%
Asian & Pacific Islander	3,700	2.1%
Native American	600	0.3%

Source: 1999 Kids Count Data Book

Childhood Health and Social Indicators

Indicator	1994-1998
Infant Mortality Rate (Birth – 1 year)	7.9 per 1,000 live births
Postneonatal Mortality Rate (28 days – 11 months)	2.6 per 1,000 live births
Child Mortality Rate (ages 1 - 14)	23.3 per 100,000 ¹
Teen Mortality Rate (ages 15 - 19)	47.5 per 100,000 ¹
Rate of Teen Firearm Related Deaths (ages 15 - 19)	14.5 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	12.2 per 100,000
Teen High School Dropouts (grades 9-12)	4.5%
Percent Children without Insurance (ages 0 - 19)	12.4 %

¹1992-1996 data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	7
Verified Trauma Centers	Level I = 1; Level II=1; Level III=3; Level IV=3
Poison Control Centers	1
Pediatric ICU's	3
Pediatricians	92
Emergency Physicians	82
EMS Providers	EMT-B = 1,431; EMT-P = 182
Licensed Ground Ambulance Services	?

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	22.2%
Rode with a drinking driver during the past month	34.0%
Carried a weapon during the past month	19.0%
Involved in a physical fight during the past year	33.6%
Attempted suicide during the past year	9.6%
Rarely or never wore a bicycle helmet during the past year	89.7%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Delaware EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	I
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	Y
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	Y
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	Y
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	Y
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

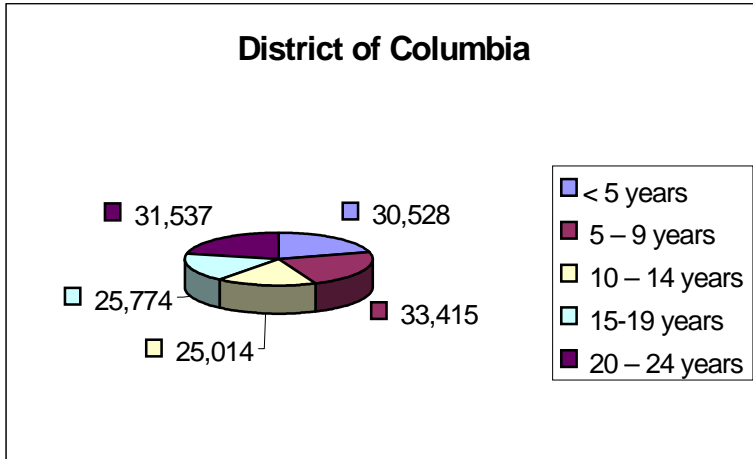
Y = Yes; N = No; I = In progress

Delaware EMSC Accomplishments Since 1995

Delaware completed a comprehensive pediatric emergency needs assessment in 1998. Since that time Delaware EMSC has accomplished the following: 1) developed a statewide EMSC Coalition made up of approximately 60 individuals and organizations committed to improving pediatric emergency care; 2) provided funding to 17 children's injury prevention programs that were led by or included EMS personnel; 3) coordinated the Risk Watch program; 4) participated in the development of our statewide internet based EMS data information network and worked with NEDARC to secure CODES funding for our state; 5) provided four plus hours of pediatric prehospital training to 100% of the state's 182 paramedics and provided additional pediatric continuing education for EMT-Bs; 6) developed a pediatric emergency preparedness program for the primary care setting; 7) assessed pediatric equipment status on all prehospital ambulances and paramedic units. We have also initiated a change in pediatric equipment required by regulations on ambulances to include all pediatric equipment recommended by NAEMSD.

District of Columbia

Table 1: Number of Children by Age in District of Columbia, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in the District of Columbia, 1997

Total	107,100	100.0%
White	13,500	12.6%
Black	81,300	75.9%
Hispanic	9,400	8.8%
Asian & Pacific Islander	2,800	2.6%
Native American	100	0.1%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	13.2 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	4.6 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	46.5 per 100,000
Teen Mortality Rate (ages 15 - 19)	303.6 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	240.9 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	5.8 per 100,000 ²
Teen High School Dropouts (ages 16 - 19)	11 %
Percent Children without Insurance (ages 0 - 19)	14.3 %

¹ 1996 Title V Data

² This estimate is unreliable

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	15
Verified Trauma Centers	Not Available
Poison Control Centers	1
Pediatric ICU's	Not Available
Pediatricians	345
Emergency Physicians	63
EMS Providers	Not Available
Licensed Ground Ambulance Services	Not Available

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	31.9%
Rode with a drinking driver during the past month	34.6%
Carried a weapon during the past month	31.8%
Involved in a physical fight during the past year	39.4%
Attempted suicide during the past year	10.2%
Rarely or never wore a bicycle helmet during the past year	93.2%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: District of Columbia EMSC At-A-Glance

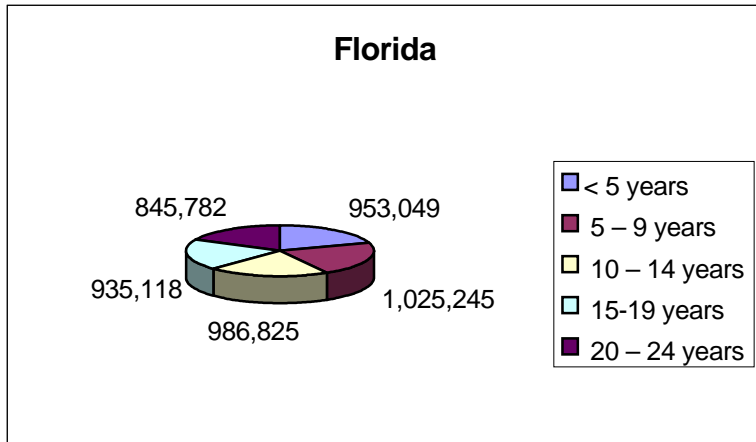
	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	Y
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	Y
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	Y
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	Y
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	Y
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	I
Data Collection	
EMSC-related data collection activities	Y

Y = Yes; N = No; I = In progress

District of Columbia EMSC Accomplishments Since 1995

Florida

Table 1: Number of Children by Age in Florida, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Florida, 1997

	Number	Percent
Total	3,471,300	100.0%
White	2,100,000	60.4%
Black	742,800	21.4%
Hispanic	552,900	15.9%
Asian & Pacific Islander	64,600	1.9%
Native American	11,000	0.3%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	7.1 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.4 per 1,000 live births
Child Mortality Rate (ages 1 - 14)	27.3 per 100,000
Teen Mortality Rate (ages 15 - 19)	71.5 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	15.0 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	10.5 per 100,000
Teen High School Dropouts (ages 16 - 19)	12 %
Percent Children without Insurance (ages 0 - 19)	20.3 %

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	295
Verified Trauma Centers	Level I = 6; Level II=8; Level II/Pediatric=3; Pediatric Trauma Referral=3 (20 Total)
Poison Control Centers	3
Pediatric ICU's	Level I= 14; Level II = 10
Pediatricians	1558
Emergency Physicians	1088
EMS Providers	(1 st Responders not licensed or certified); EMT-B=23,445; EMT-P=13,212
Licensed Ground Ambulance Services	244

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	17.4%
Rode with a drinking driver during the past month	34.4%
Carried a weapon during the past month	18.7%
Involved in a physical fight during the past year	32.2%
Attempted suicide during the past year	8.9%
Rarely or never wore a bicycle helmet during the past year	94.9%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Florida EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	I
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	N
Pediatric emergency protocols for prehospital providers	N
Interfacility transport guidelines	I
Facility categories for pediatric intensive care	I
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	I
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	N
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	I

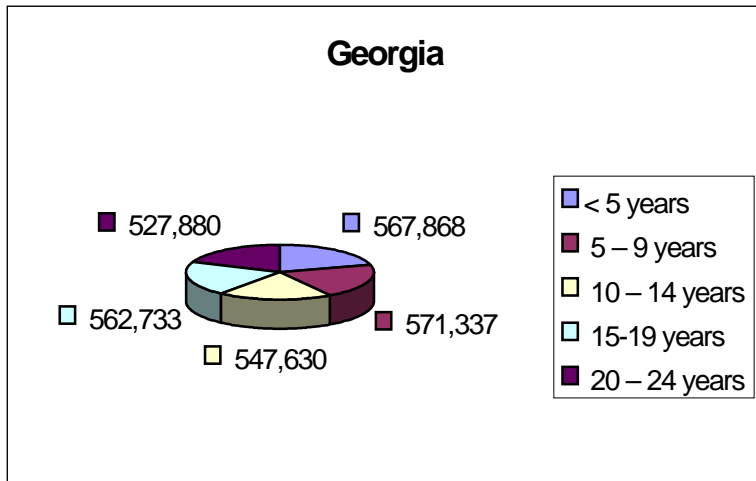
Y = Yes; N = No; I = In progress

Florida EMSC Accomplishments Since 1995

In 1997, the Florida Legislature established a committee to advise the state Department of Health on matters concerning preventative, prehospital, hospital, rehabilitative, and other post-medical care for children. This permanently established EMSC within the Department, including the authority to hire a full-time EMSC coordinator. The same year, the federal Maternal and Child Health Bureau awarded an EMSC partnership grant to Florida. Subsequent activities have included: revising state law to include language requiring training in pediatric emergency care as a condition for recertification of EMTs and paramedics, developing and implementing statewide children's injury/illness prevention programs in partnership with Florida SAFE KIDS, publishing "Florida Drowning Statistics, 1992-1997," implementing Pediatric Education for Paramedics (PEP) courses throughout the state in partnership with the Florida College of Emergency Physicians, developing partnerships with other state agencies and organizations, and disseminating information and materials on both "Office Based Preparedness for Pediatric Emergencies" and the National Fire Prevention Association's RiskWatch program. The EMSC Advisory Committee has evolved, with increasing membership involvement at both state and local levels. The Florida EMSC program has become more integrated with the EMS system by changes in committee structure, reporting procedures, and improved communication.

Georgia

Table 1: Number of Children by Age in Georgia, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Georgia, 1997

Total	1,987,700	100.0%
White	1,196,600	60.2%
Black	679,300	34.2%
Hispanic	70,800	3.6%
Asian & Pacific Islander	37,400	1.9%
Native American	3,600	0.2%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	8.6 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	3.0 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	29.0 per 100,000
Teen Mortality Rate (ages 15 - 19)	80.6 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	19.3 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	14.2 per 100,000
Teen High School Dropouts (ages 16 - 19)	13 %
Percent Children without Insurance (ages 0 - 19)	16.8 %

¹ 1996 Title V data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	159
Verified Trauma Centers	Not Available
Poison Control Centers	1
Pediatric ICU's	Not Available
Pediatricians	794
Emergency Physicians	554
EMS Providers	Not Available
Licensed Ground Ambulance Services	Not Available

Table 5: Youth Behavior by Selected Risk Factor, 1997²

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	NA
Rode with a drinking driver during the past month	NA
Carried a weapon during the past month	NA
Involved in a physical fight during the past year	NA
Attempted suicide during the past year	NA
Rarely or never wore a bicycle helmet during the past year	NA

Source: 1997 Youth Risk Behavior Surveillance System

Students in grades 9 through 12

²Georgia did not participate in the 1997 Youth Risk Behavior Surveillance System

Table 6: Georgia EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	?
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	?
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	Y
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	Y
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	?
Public education and awareness activities	?
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	I

Y = Yes; N = No; I = In progress

Georgia EMSC Accomplishments Since 1995

Guam

Table 1: Number of Children by Age in Guam, 1998

Not Available

Table 2: Number and Percent of Children by Race/Ethnicity in Guam, 1997

Total	Not Available	100.0%
White	Not Available	?
Black	Not Available	?
Hispanic	Not Available	?
Asian & Pacific Islander	Not Available	?
Native American	Not Available	?

Table 3: Childhood Health and Social Indicators, 1997

<u>Indicator</u>	<u>1997</u>
Infant Mortality Rate (Birth – 1 year)	8.8 per 1,000 live births
Postneonatal Mortality Rate (28 days – 11 months)	4.6 per 1,000 live births
Child Mortality Rate (ages 1 - 14)	22.1 per 100,000
Teen Mortality Rate (ages 15 - 19)	Not Available
Rate of Teen Firearm Related Deaths (ages 15 - 19)	Not Available
Motor Vehicle-Related Death Rate (ages 0 - 19)	Not Available
Teen High School Dropouts (ages 16 - 19)	Not Available
Percent Children without Insurance (ages 0 - 19)	Not Available

Table 4: Number of Clinical Resources by Type

<u>Type of Resource</u>	<u>Number</u>
Hospitals	Not Available
Verified Trauma Centers	Not Available
Poison Control Centers	Not Available
Pediatric ICU's	Not Available
Pediatricians	Not Available
Emergency Physicians	Not Available
EMS Providers	Not Available
Licensed Ground Ambulance Services	Not Available

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	13.1%
Rode with a drinking driver during the past month	45.0%
Carried a weapon during the past month	19.6%
Involved in a physical fight during the past year	42.8%
Attempted suicide during the past year	19.5%
Rarely or never wore a bicycle helmet during the past year	91.9%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Guam EMSC At-A-Glance

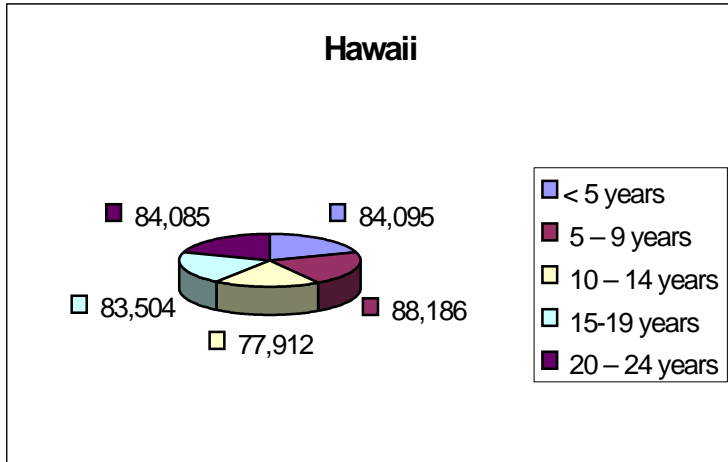
	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	?
Pediatric equipment guidelines for ED's	?
Method to assess availability of pediatric equipment on ambulances	?
Method to assess availability of pediatric equipment in ED's	?
Pediatric emergency protocols for prehospital providers	?
Interfacility transport guidelines	?
Facility categories for pediatric intensive care	?
Facility categories for pediatric trauma	?
Regionalized care for pediatric intensive care/trauma	?
Pediatric EMS advisory committee or pediatric subcommittee	?
Training & Education	
Pediatric emergency training to prehospital providers	?
Pediatric emergency training to nurses and physicians	?
EMSC legislation and regulation regarding training	?
Public education and awareness activities	?
Injury Prevention	
Injury prevention activities	?
Data Collection	
EMSC-related data collection activities	?

Y = Yes; N = No; I = In progress

Guam EMSC Accomplishments Since 1995

Hawaii

Table 1: Number of Children by Age in Hawaii, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Hawaii, 1997

	Total	100.0%
White	72,500	24.0%
Black	8,200	2.7%
Hispanic	34,300	11.4%
Asian & Pacific Islander	186,200	61.5%
Native American	1,400	0.4%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

<u>Indicator</u>	<u>1997</u>
Infant Mortality Rate (Birth - 1 year)	6.6 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.0 per 1,000 live births
Child Mortality Rate (ages 1 - 14)	19.0 per 100,000
Teen Mortality Rate (ages 15 - 19)	45.3 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	2.5 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	5.6 per 100,000 ¹
Teen High School Dropouts (ages 16 - 19)	5 %
Percent Children without Insurance (ages 0 - 19)	5.5 %

¹ This estimate is unreliable

Table 4: Number of Clinical Resources by Type

<u>Type of Resource</u>	<u>Number</u>
Hospitals	23
Verified Trauma Centers	Level I = 1; Level III = 18; Level IV = 4
Poison Control Centers	1
Pediatric ICU's	3
Pediatricians	191
Emergency Physicians	110
EMS Providers	EMT-B = 160; EMT-P = 284
Licensed Ground Ambulance Services	4 providers which operate 45 ambulance units

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	14.6%
Rode with a drinking driver during the past month	36.1%
Carried a weapon during the past month	14.1%
Involved in a physical fight during the past year	31.7%
Attempted suicide during the past year	11..5%
Rarely or never wore a bicycle helmet during the past year	93.9%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Hawaii EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	Y
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	Y
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	Y
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	Y
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	Y
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

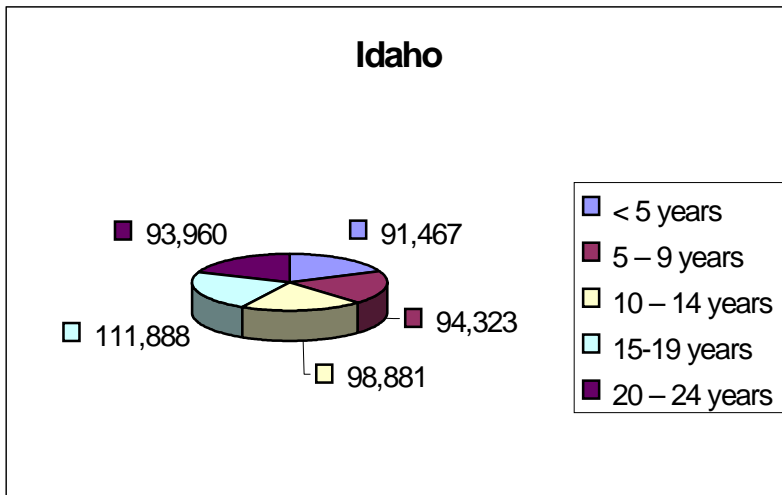
Y = Yes; N = No; I = In progress

Hawaii EMSC Accomplishments Since 1995

Hawaii is proud of its accomplishments in integrating EMSC as an essential component of the State Comprehensive EMS system. The major accomplishments include but are not limited to: 1) establishing a pediatric medical director position for continuous quality improvement and medical oversight of emergency medical services for children; 2) formalizing EMSC training as part of the initial and continuing medical education programs; 3) standardizing pediatric medical equipment and medical care protocols for advanced life support emergency ambulances; and 4) integrating EMS as the medical home for injury prevention statewide.

Idaho

Table 1: Number of Children by Age in Idaho, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Idaho, 1997

Total	351,200	100.0%
White	306,500	87.3%
Black	1,200	0.3%
Hispanic	35,400	10.1%
Asian & Pacific Islander	3,700	1.1%
Native American	4,400	1.2%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth – 1 year)	6.9 per 1,000 live births
Postneonatal Mortality Rate (28 days – 11 months)	2.6 per 1,000 live births
Child Mortality Rate (ages 1 - 14)	37.1 per 100,000
Teen Mortality Rate (ages 15 - 19)	81.0 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	16.4 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	17.2 per 100,000
Teen High School Dropouts (ages 16 - 19)	9 %
Percent Children without Insurance (ages 0 - 19)	64.6 %

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	50 (41 with Emergency Departments)
Verified Trauma Centers	3 (One Level II verified ACS; Two seeking Level II ACS verification)
Poison Control Centers	1
Number of Neonatal and Pediatric ICU's	5
Pediatricians	65
Emergency Physicians	84
EMS Providers	1 st Responder – 551; EMT-B – 2673; EMT-A ¹ – 551; EMT-P – 157; Total - 3,932
Licensed Ground Ambulance Services	103

¹ Advanced

Table 5: Youth Behavior by Selected Risk Factor, 1997²

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	NA
Rode with a drinking driver during the past month	NA
Carried a weapon during the past month	NA
Involved in a physical fight during the past year	NA
Attempted suicide during the past year	NA
Rarely or never wore a bicycle helmet during the past year	NA

Source: 1997 Youth Risk Behavior Surveillance System

Students in grades 9 through 12

² Idaho does not participate in the Youth Risk Behavior Surveillance System

Table 6: Idaho EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	I
Pediatric equipment guidelines for ED's	I
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	I
Pediatric emergency protocols for prehospital providers	I
Interfacility transport guidelines	I
Facility categories for pediatric intensive care	N
Facility categories for pediatric trauma	N
Regionalized care for pediatric intensive care/trauma	N
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	N
Public education and awareness activities	I
Injury Prevention	
Injury prevention activities	N
Data Collection	
EMSC-related data collection activities	Y

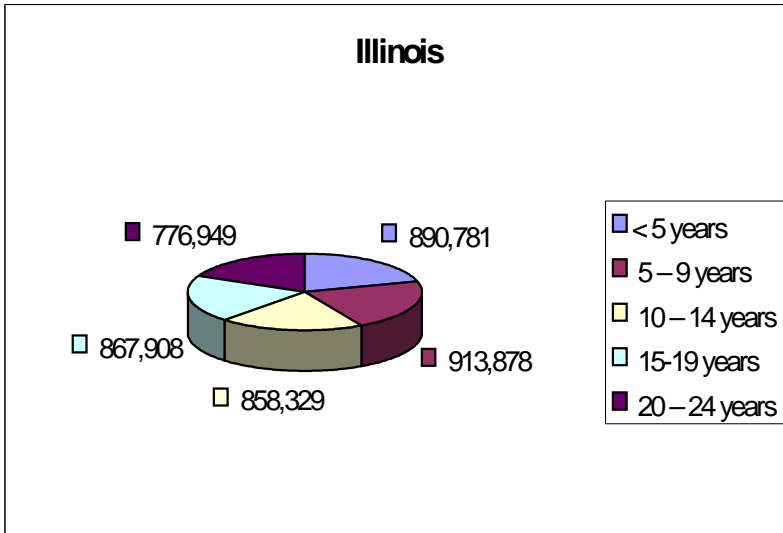
Y = Yes; N = No; I = In progress

Idaho EMSC Accomplishments Since 1995

A pediatrician has been added to the Emergency Medical Services Advisory Committee (EMSAC), and an EMSC Task Force has been appointed as a subcommittee of EMSAC. The EMSC Task Force is in full support of a data driven approach to the identification of EMSC issues within Idaho. A base line from which to address identified needs is being established through an epidemiologic study of the morbidity of children who use the EMS system and a statewide needs assessment of the EMS system and hospital emergency departments. Once the base line for EMSC within Idaho is established we will proceed with prioritization of education, training, equipment, prevention, and evaluation activities.

Illinois

Table 1: Number of Children by Age in Illinois, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Illinois, 1997

	Number	Percent
Total	3,174,300	100.0%
White	2,038,100	64.2%
Black	592,600	18.7%
Hispanic	437,300	13.8%
Asian & Pacific Islander	102,000	0.3%
Native American	4,300	0.1%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	8.4 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	3.0 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	22.7 per 100,000
Teen Mortality Rate (ages 15 - 19)	83.0 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	26.8 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	7.0 per 100,000
Teen High School Dropouts (ages 16 - 19)	10.0% ²
Percent Children without Insurance (ages 0 - 19)	11.1%

¹ According to 1996 Title V data

² According to 1996 Kids Count data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	222 (215 with ED's)
Verified Trauma Centers	Level I - 20; Level II - 47
Poison Control Centers	1
Pediatric ICU's	15
Pediatricians	2327
Emergency Physicians	1063
EMS Providers	1 st Responders - 4,849; EMT-B - 27,505; EMT-I - 2,850; EMT-P - 9,784
Licensed Ground Ambulance Services	670

Table 5: Youth Behavior by Selected Risk Factor

Selected Risk Factors	Percent ³
Rarely or never used seatbelts	29%
Rode with a drinking driver during the past month	38%
Carried a weapon during the past month	21%
Involved in a physical fight during the past year	21%
Attempted suicide during the past year	38%
Rarely or never wore a bicycle helmet during the past year	10%

Source: 1995 Youth Risk Behavior Surveillance System

Students in grades 9 through 12

³ Illinois did not participate in 1997. The data listed above is for the 1995 Youth risk Behavior Survey.

Table 6: Illinois EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	Y
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	I
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	I
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	N
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	Y
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	I
Data Collection	
EMSC-related data collection activities	Y

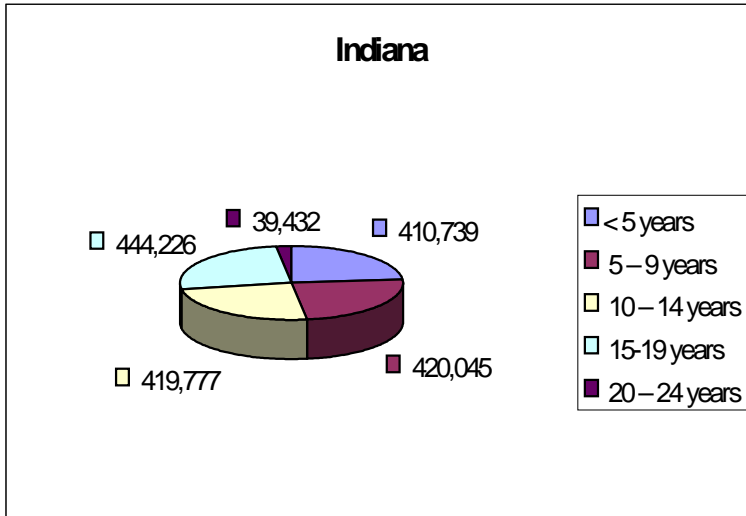
Y = Yes; N = No; I = In progress

Illinois EMSC Accomplishments Since 1995

A comprehensive statewide needs assessment conducted in 1994-1995 identified the deficiencies in pediatric emergency care and has led to the following: 1) the development of task force committees charged with addressing identified needs; 2) the institutionalization of key pediatric components within the EMS Rules & Regulations including prehospital continuing education, equipment, protocols, and quality improvement; 3) the implementation of a pediatric facility recognition process that has led to the recognition of 72 hospitals; 4) development of a menu-driven electronic data system providing information on state/local emergency care, illness and injury trends; 5) the development of a website that provides access to pediatric resources and a directory of over 1200 statewide prevention programs; and 6) the development of a partnership with the Kiwanis and United Way community organizations.

Indiana

Table 1: Number of Children by Age in Indiana, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Indiana 1998

Total	2,088,919	100.0%
White	1,789,045	85.6
Black	204,623	9.8
Hispanic	67,573	3.2
Asian & Pacific Islander	22,355	1.1
Native American	5,323	0.3

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	8.2 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	3.1 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	27.3 per 100,000
Teen Mortality Rate (ages 15 - 19)	79.8 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	15.5 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	13.2 per 100,000
Teen High School Dropouts (ages 16 - 19)	6 %
Percent Children without Insurance (ages 0 - 19)	12.7 %

¹ 1996 Title V data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	109
Verified Trauma Centers	Level I - 3; Level II - 0
Poison Control Centers	1
Pediatric ICU's	7
Pediatricians	434
Emergency Physicians	390
EMS Providers	1 st Responders = 10,146 ; EMT-B = 10,426; EMT-I = 1,380; EMT-P = 2,092
Licensed Ground Ambulance Services	547

Table 5: Youth Behavior by Selected Risk Factor, 1997²

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	NA
Rode with a drinking driver during the past month	NA
Carried a weapon during the past month	NA
Involved in a physical fight during the past year	NA
Attempted suicide during the past year	NA
Rarely or never wore a bicycle helmet during the past year	NA

Source: 1997 Youth Risk Behavior Surveillance System

Students in grades 9 through 12

² Indiana did not participate in the 1997 Youth Risk Behavior Surveillance System

Table 6: Indiana EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	Y
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	?
Pediatric emergency protocols for prehospital providers	N
Interfacility transport guidelines	?
Facility categories for pediatric intensive care	?
Facility categories for pediatric trauma	?
Regionalized care for pediatric intensive care/trauma	?
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	?
EMSC legislation and regulation regarding training	?
Public education and awareness activities	?
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

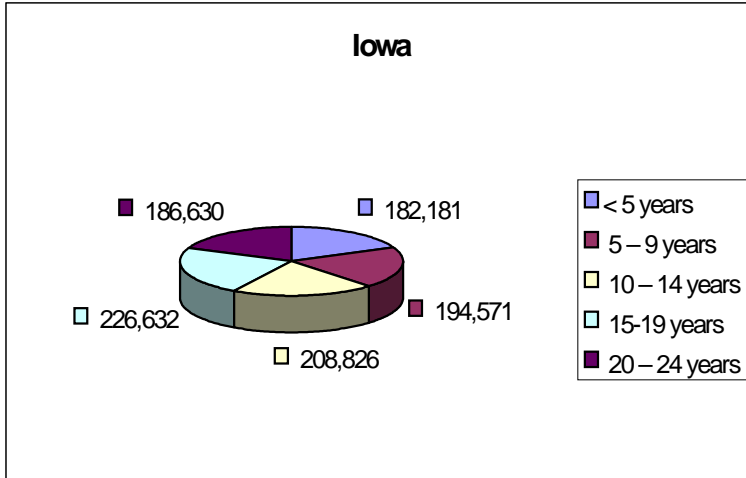
Y = Yes; N = No; I = In progress

Indiana EMSC Accomplishments Since 1995

After conducting a needs assessment in 1995, Indiana was awarded the EMSC Implementation grant in 1996. Since the inception of EMSC, Indiana has worked to address the needs of the prehospital provider, engage in active discussion for injury prevention, address gaps in urgent care for those with special needs and provide the impetus to further improve state requirements for prehospital equipment and education. The Indiana District of Kiwanis has generated additional EMSC funding of over \$100,000 for community based pediatric emergency response. EMSC continues to work for the development of a statewide injury prevention center with research based and data driven initiatives.

Iowa

Table 1: Number of Children by Age in Iowa, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Iowa, 1997

Total	725,300	100.0%
White	672,400	92.7%
Black	18,200	2.5%
Hispanic	20,400	2.8%
Asian & Pacific Islander	11,700	1.6%
Native American	2,600	0.4%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	6.2 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.2 per 1,000 live births
Child Mortality Rate (ages 1 - 14)	24.1 per 100,000
Teen Mortality Rate (ages 15 - 19)	64.5 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	13.9 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	12.1 per 100,000
Teen High School Dropouts (ages 16 - 19)	5 %
Percent Children without Insurance (ages 0 - 19)	11.2 %

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	124
Verified Trauma Centers	98 on-site visits; 32 Verified
Poison Control Centers	2
Pediatric ICU's	6
Pediatricians	192
Emergency Physicians	78
EMS Providers	1st Responders = 2837; EMT-B = 6249 ; EMT-I = 1315; EMT-P = 1933; L (law enforcement) = 1528; Z (Public Access Defibrillation) = 616
Licensed Ground Ambulance Services	Basic Level-5; EMT-B-130; EMT-I-80; EMT-P-215

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	12.6%
Rode with a drinking driver during the past month	40.4%
Carried a weapon during the past month	18.6%
Involved in a physical fight during the past year	31.0%
Attempted suicide during the past year	9.0%
Rarely or never wore a bicycle helmet during the past year	93.0%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Iowa EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	I
Method to assess availability of pediatric equipment on ambulances	I
Method to assess availability of pediatric equipment in ED's	I
Pediatric emergency protocols for prehospital providers	I
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	I
Facility categories for pediatric trauma	I
Regionalized care for pediatric intensive care/trauma	I
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	I
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	I

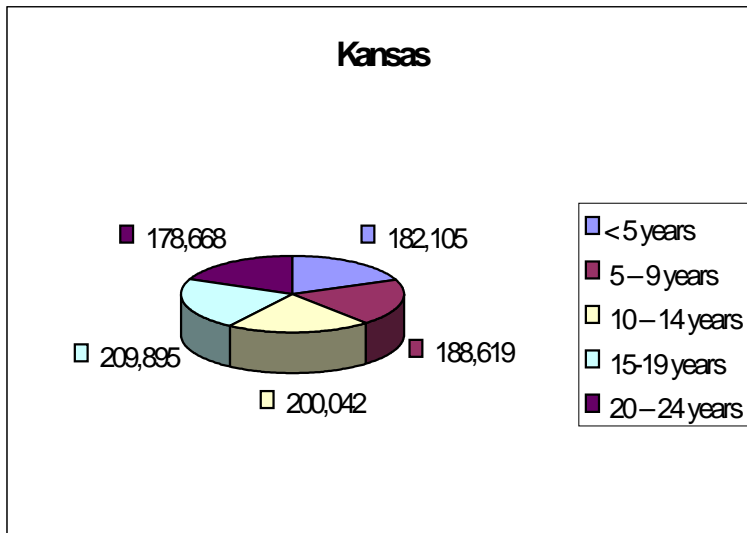
Y = Yes; N = No; I = In progress

Iowa EMSC Accomplishments Since 1995

Following recommendations revealed from a statewide needs assessment formation of an EMSC Coalition spearheaded the early planning and implementation initiatives. These included but were not limited to: pediatric curricula development, pediatric protocols, continuous pediatric education training opportunities, injury prevention mini-grant funding revenue. As the state's EMSC program continued to gain momentum coalition members and efforts were transitioned into the existing state EMS Advisory Council. Enhancement of pediatric focused needs was then more streamlined and institutionalized among state EMS efforts. Ongoing emphasis has been placed on yearly protocol review, state child passenger safety project, injury prevention community empowerment programs and increasing resource availability to child care providers.

Kansas

Table 1: Number of Children by Age in Kansas, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Kansas, 1997

	Number	Percent
Total	688,000	100.0%
White	570,400	82.9%
Black	47,200	6.9%
Hispanic	51,300	7.5%
Asian & Pacific Islander	13,300	1.9%
Native American	5,800	0.8%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	7.4 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.7 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	26.9 per 100,000
Teen Mortality Rate (ages 15 - 19)	85.1 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	22.3 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	12.9 per 100,000
Teen High School Dropouts (ages 16 - 19)	6 %
Percent Children without Insurance (ages 0 - 19)	10.2 %

¹ 1996 Title V data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	131
Verified Trauma Centers	Level I=2; Level II=0
Poison Control Centers	1
Pediatric ICU's	5
Pediatricians	323
Emergency Physicians	136
EMS Providers	1 st Responders = 1,-43; EMT-B=5,821; EMT-I=1,607; EMT-P=1,475
Licensed Ground Ambulance Services	182

Table 5: Youth Behavior by Selected Risk Factor, 1997²

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	NA
Rode with a drinking driver during the past month	NA
Carried a weapon during the past month	NA
Involved in a physical fight during the past year	NA
Attempted suicide during the past year	NA
Rarely or never wore a bicycle helmet during the past year	NA

Source: 1997 Youth Risk Behavior Surveillance System

Students in grades 9 through 12

² Kansas did not participate in the Youth Risk Behavior Surveillance System

Table 6: Kansas EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	I
Pediatric equipment guidelines for ED's	N
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	Y
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	I
Facility categories for pediatric intensive care	I
Facility categories for pediatric trauma	I
Regionalized care for pediatric intensive care/trauma	N
Pediatric EMS advisory committee or pediatric subcommittee	N
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	N
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

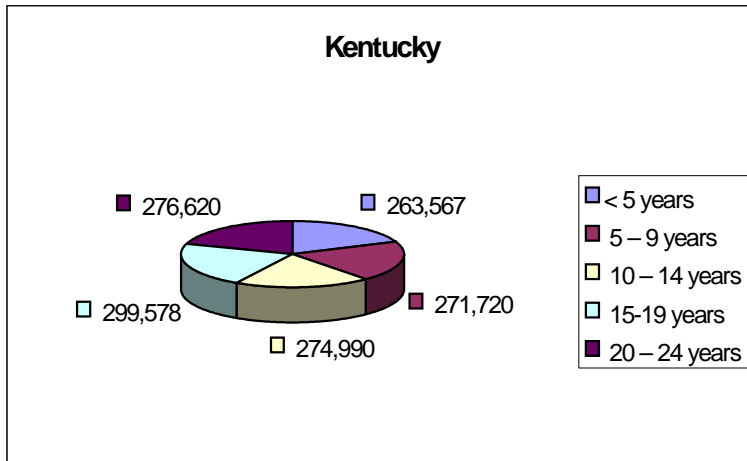
Y = Yes; N = No; I = In progress

Kansas EMSC Accomplishments Since 1995

Established EMSC management team including parent representatives. Conducted three annual surveys of attendants related to pediatric issues. Surveyed EMS and hospitals in the spring of 1997 and 2000 concerning pediatric training and equipment. Established and jointly sponsor with the Kansas chapter of AAP an annual three-day pediatric symposium. Developing an EMS data collection systems. Provided a half-time secretary to the Kansas Safe Kids Coalition for two years. Conducted PIER training for seven state EMSC coordinators. Active participant in the MES booth at the Kansas State Fair.

Kentucky

Table 1: Number of Children by Age in Kentucky, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Kentucky, 1997

Total	961,000	100.0%
White	860,200	89.5%
Black	83,000	8.6%
Hispanic	9,700	1.0%
Asian & Pacific Islander	7,000	0.7%
Native American	1,200	0.1%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth – 1 year)	7.3 per 1,000 live births
Postneonatal Mortality Rate (28 days – 11 months)	2.6 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	29.7 per 100,000
Teen Mortality Rate (ages 15 - 19)	86.2 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	17.5 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	16.8 per 100,000
Teen High School Dropouts (ages 16 - 19)	14 %
Percent Children without Insurance (ages 0 - 19)	14.1 %

¹ 1996 Title V data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	106 with ED's
Verified Trauma Centers	2
Poison Control Centers	1
Neonatal/Pediatric ICU's	2 neonatal/2 pediatric
Pediatricians	385
Emergency Physicians	283
EMS Providers	1st Responders = 1,224; EMT = 11,996; Paramedics = approximately 1,200
Licensed Ground Ambulance Services	256

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	23.5%
Rode with a drinking driver during the past month	35.9%
Carried a weapon during the past month	26.4%
Involved in a physical fight during the past year	32.5%
Attempted suicide during the past year	8.0%
Rarely or never wore a bicycle helmet during the past year	95.4%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Kentucky EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	Y
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	Y
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	Y
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	N
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	N
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

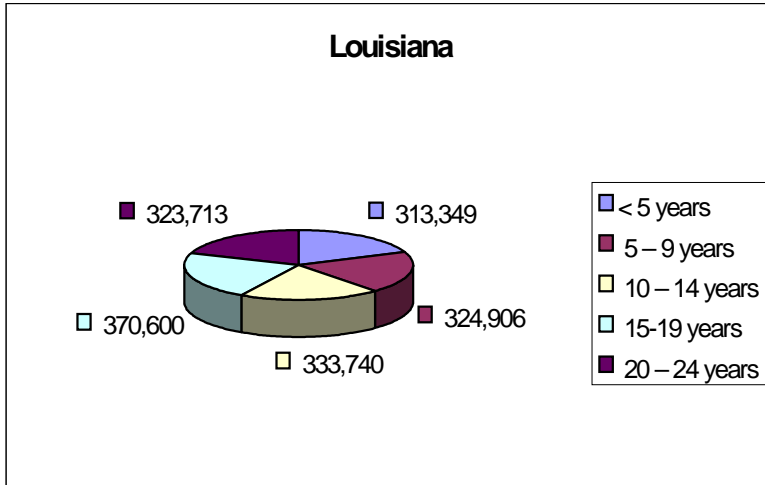
Y = Yes; N = No; I = In progress

Kentucky EMSC Accomplishments Since 1995

Training goals have been surpassed by more than triple, (PALS, PEP, and APLS). Standardized pediatric protocols were developed and disseminated for both ALS & BLS ambulance services; and a list of standardized pediatric equipment developed for both ambulances and ED's. A network of reporting trauma registries within and surrounding Kentucky, including West Virginia, Ohio and Tennessee was established. Two-year surveillance of more than 150 families of severely injured children was completed, which led to a current targeted issues grant to implement & evaluate a support group network linked via telemedicine. The State EMS Board passed into law in the establishment of the EMSC program within state EMS, however no funding has been allocated at this point. In 2000, there is a legislative bill will remove EMS from Cabinet for Health Services and establish it as an external board; one pediatric position secured on that board.

Louisiana

Table 1: Number of Children by Age in Louisiana, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Louisiana, 1997

	Number	Percent
Total	1,190,800	100.0%
White	669,300	56.2%
Black	468,000	39.3%
Hispanic	31,400	2.6%
Asian & Pacific Islander	16,500	1.4%
Native American	5,600	0.5%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	9.5 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	3.4 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	34.3 per 100,000
Teen Mortality Rate (ages 15 - 19)	103.9 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	35.9 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	15.1 per 100,000
Teen High School Dropouts (ages 16 - 19)	12 %
Percent Children without Insurance (ages 0 - 19)	22.9 %

¹ 1996 Title V data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	245
Verified Trauma Centers	Level I = 2
Poison Control Centers	1
Pediatric ICU's	2
Pediatricians	512
Emergency Physicians	392
EMS Providers	1 st Responders = 12,000; EMT-B = 5,500; EMT-I = 500; EMT-P = 1,900
Licensed Ground Ambulance Services	660

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	23.5%
Rode with a drinking driver during the past month	45.7%
Carried a weapon during the past month	22.0%
Involved in a physical fight during the past year	38.0%
Attempted suicide during the past year	10.0%
Rarely or never wore a bicycle helmet during the past year	96.4%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Louisiana EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	N
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	N
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	Y
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	Y
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	Y
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

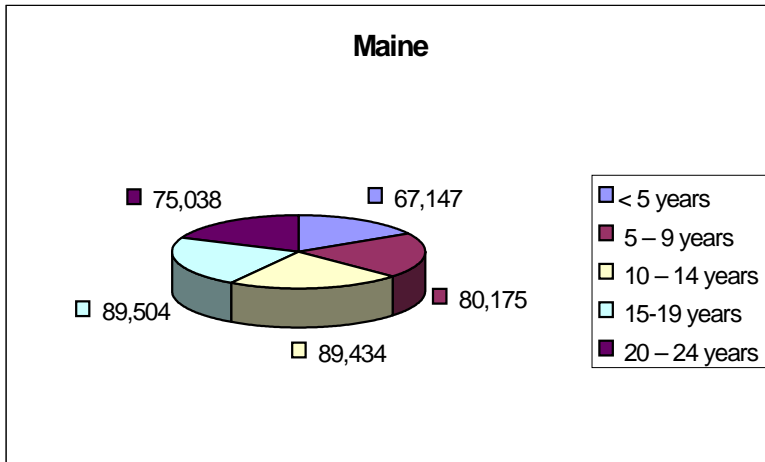
Y = Yes; N = No; I = In progress

Louisiana EMSC Accomplishments Since 1995

The Louisiana EMSC Advisory Council is in full swing. Current projects include the following; the completion of a needs assessment; advising the division of (Daycare) licensing on the requirements that should be implemented concerning CPR and First Aid courses, providing data to a joint review committee of the Louisiana House and Senate regarding daycare issues; and working with the Louisiana State Medical Society to comply with new legislation. This 1999 legislation establishes minimum statewide pediatric prehospital protocols for parishes (counties) without specific service directed protocols. Subcommittees have been formed to focus on public education, professional education and children with special health care needs. Each year, an annual EMSC conference is held. The American Heart Association's PALS course and the National Association of EMTs' PEP course have been implemented throughout the state. A plan is in place to transition to the American Academy of Pediatrics PEPP course in the future. Once the needs assessment is completed we will proceed with the prioritization of education, equipment regulations, injury prevention and evaluation activities.

Maine

Table 1: Number of Children by Age in Maine, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Maine, 1997

Total	297,300	100.0%
White	288,700	97.1%
Black	1,500	0.5%
Hispanic	2,700	0.9%
Asian & Pacific Islander	2,600	0.9%
Native American	1,800	0.6%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	5.1 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	0.1 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	20.9 per 100,000
Teen Mortality Rate (ages 15 - 19)	54.3 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	12.5 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	7.2 per 100,000
Teen High School Dropouts (ages 16 - 19)	7 %
Percent Children without Insurance (ages 0 - 19)	14.9 %

¹ 1996 Title V data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	Not Available
Verified Trauma Centers	Not Available
Poison Control Centers	1
Pediatric ICU's	Not Available
Pediatricians	175
Emergency Physicians	110
EMS Providers	Not Available
Licensed Ground Ambulance Services	Not Available

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	22.3%
Rode with a drinking driver during the past month	34.0%
Carried a weapon during the past month	22.0%
Involved in a physical fight during the past year	32.5%
Attempted suicide during the past year	8.5%
Rarely or never wore a bicycle helmet during the past year	84.7%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Maine EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	?
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	Y
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	?
Facility categories for pediatric trauma	?
Regionalized care for pediatric intensive care/trauma	I
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	?
Public education and awareness activities	?
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

Y = Yes; N = No; I = In progress

Maine EMSC Accomplishments Since 1995

Mariana Islands

Table 1: Number of Children by Age in the Mariana Islands, 1998

Not Available

Table 2: Number and Percent of Children by Race/Ethnicity in the Mariana Islands, 1997

Total	Not Available	100.0%
White	Not Available	?
Black	Not Available	?
Hispanic	Not Available	?
Asian & Pacific Islander	Not Available	?
Native American	Not Available	?

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth – 1 year)	NA ¹
Postneonatal Mortality Rate (28 days – 11 months)	NA ¹
Child Mortality Rate (ages 1 - 14)	26.1 per 100,000 ²
Teen Mortality Rate (ages 15 - 19)	Not Available
Rate of Teen Firearm Related Deaths (ages 15 - 19)	Not Available
Motor Vehicle-Related Death Rate (ages 0 - 19)	Not Available
Teen High School Dropouts (ages 16 - 19)	Not Available
Percent Children without Insurance (ages 0 - 19)	Not Available

¹ Not reported – unavailable

² 1996 Title V data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	Not Available
Verified Trauma Centers	Not Available
Poison Control Centers	Not Available
Pediatric ICU's	Not Available
Pediatricians	Not Available
Emergency Physicians	Not Available
EMS Providers	Not Available
Licensed Ground Ambulance Services	Not Available

Table 5: Youth Behavior by Selected Risk Factor, 1997 ³

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	NA
Rode with a drinking driver during the past month	NA
Carried a weapon during the past month	NA
Involved in a physical fight during the past year	NA
Attempted suicide during the past year	NA
Rarely or never wore a bicycle helmet during the past year	NA

Source: 1997 Youth Risk Behavior Surveillance System

Students in grades 9 through 12

³ The Mariana Islands did not participate in the 1997 Youth Risk Behavior Surveillance System

Table 6: Mariana Islands EMSC At-A-Glance

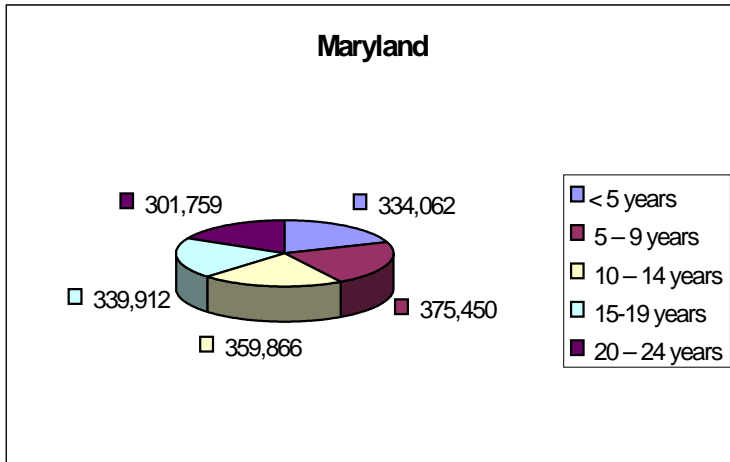
	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	?
Pediatric equipment guidelines for ED's	?
Method to assess availability of pediatric equipment on ambulances	?
Method to assess availability of pediatric equipment in ED's	?
Pediatric emergency protocols for prehospital providers	?
Interfacility transport guidelines	?
Facility categories for pediatric intensive care	?
Facility categories for pediatric trauma	?
Regionalized care for pediatric intensive care/trauma	?
Pediatric EMS advisory committee or pediatric subcommittee	?
Training & Education	
Pediatric emergency training to prehospital providers	?
Pediatric emergency training to nurses and physicians	?
EMSC legislation and regulation regarding training	?
Public education and awareness activities	?
Injury Prevention	
Injury prevention activities	?
Data Collection	
EMSC-related data collection activities	?

Y = Yes; N = No; I = In progress

Mariana Islands EMSC Accomplishments Since 1995

Maryland

Table 1: Number of Children by Age in Maryland, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Maryland, 1997

Total	1,268,400	100.0%
White	764,400	60.3%
Black	393,700	31.0%
Hispanic	54,700	4.3%
Asian & Pacific Islander	52,200	4.1%
Native American	3,400	0.3%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	8.8 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.6 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	22.9 per 100,000
Teen Mortality Rate (ages 15 - 19)	75.6 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	28.7 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	7.4 per 100,000
Teen High School Dropouts (ages 16 - 19)	7 %
Percent Children without Insurance (ages 0 - 19)	10.4 %

¹ 1996 Title V data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	Not Available
Verified Trauma Centers	Not Available
Poison Control Centers	2
Pediatric ICU's	Not Available
Pediatricians	1,252
Emergency Physicians	489
EMS Providers	Not Available
Licensed Ground Ambulance Services	Not Available

Table 5: Youth Behavior by Selected Risk Factor, 1997²

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	NA
Rode with a drinking driver during the past month	NA
Carried a weapon during the past month	NA
Involved in a physical fight during the past year	NA
Attempted suicide during the past year	NA
Rarely or never wore a bicycle helmet during the past year	NA

Source: 1997 Youth Risk Behavior Surveillance System

Students in grades 9 through 12

² Maryland did not participate in the 1997 Youth Risk Behavior Surveillance System

Table 6: Maryland EMSC At-A-Glance

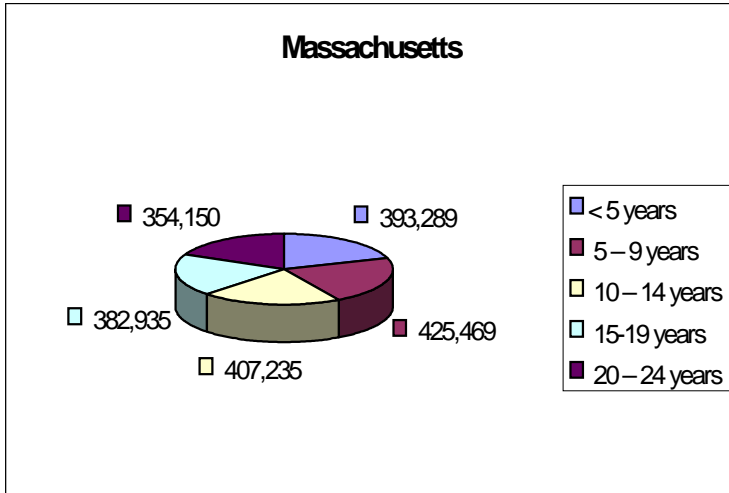
	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	Y
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	?
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	I
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	Y
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	I
Public Education	
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

Y = Yes; N = No; I = In progress

Maryland EMSC Accomplishments Since 1995

Massachusetts

Table 1: Number of Children by Age in Massachusetts, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Massachusetts, 1997

Total	1,451,400	100.0%
White	1,138,500	78.4%
Black	108,100	7.5%
Hispanic	138,100	9.5%
Asian & Pacific Islander	63,700	4.4%
Native American	3,000	0.2%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	5.2 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	1.4 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	15.2 per 100,000
Teen Mortality Rate (ages 15 - 19)	52.6 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	5.4 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	5.2 per 100,000
Teen High School Dropouts (ages 16 - 19)	7 %
Percent Children without Insurance (ages 0 - 19)	9.2 %

¹ 1996 Title V data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	94
Verified Trauma Centers	6 pediatric trauma centers
Poison Control Centers	1
Pediatric ICU's	6
Pediatricians	1,943
Emergency Physicians	651
EMS Providers	EMT-B = 16,000; EMT-I = 500; Paramedics = 1,300
Licensed Ground Ambulance Services	296

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	29.2%
Rode with a drinking driver during the past month	35.4%
Carried a weapon during the past month	19.0%
Involved in a physical fight during the past year	35.5%
Attempted suicide during the past year	9.5%
Rarely or never wore a bicycle helmet during the past year	86.1%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Massachusetts EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	I
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	Y
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	I
Facility categories for pediatric intensive care	N
Facility categories for pediatric trauma	N
Regionalized care for pediatric intensive care/trauma	N
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	N
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

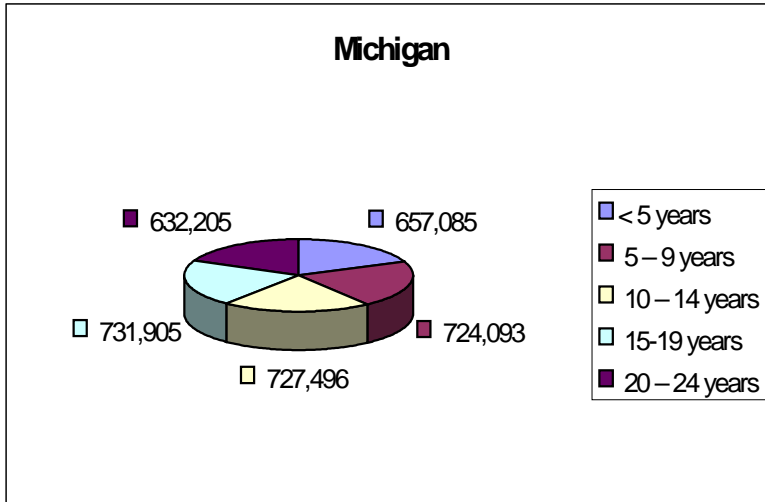
Y = Yes; N = No; I = In progress

Massachusetts EMSC Accomplishments Since 1995

A statewide survey of pediatric resources in hospital emergency departments was conducted in 1995. Pediatric BLS and ALS refresher curricula have been developed for EMT and paramedic instructors. The EMSC Project has provided financial support to the Massachusetts Emergency Nurses Association to conduct five Emergency Nurse Pediatric Courses per year over a two-year period; to date, 200 nurses attended the training. The Pediatric Resource Group has been established as a subcommittee of the state's EMS Medical Services Committee and has developed guidelines for pediatric care in hospital emergency departments. Guidelines have also been produced for 1) school nurses seeking to develop emergency readiness plans and 2) primary care physicians seeking to ensure office readiness for pediatric emergencies. A parent survey has been conducted to determine the emergency readiness and EMS experience of families with children who have special health care needs. In March 2000, the Massachusetts EMSC Project launched a web site that provides EMS resources to providers and information to parents and child health advocates.

Michigan

Table 1: Number of Children by Age in Michigan, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Michigan, 1997

Total	2,504,900	100.0%
White	1,921,900	76.7%
Black	429,800	17.2%
Hispanic	93,100	3.7%
Asian & Pacific Islander	43,500	1.7%
Native American	16,600	0.7%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	8.2 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.8 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	25.7 per 100,000
Teen Mortality Rate (ages 15 - 19)	75.5 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	19.4 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	11.1 per 100,000
Teen High School Dropouts (ages 16 - 19)	8 %
Percent Children without Insurance (ages 0 - 19)	8.6 %

¹ Title V data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	167
Verified Trauma Centers	N/A
Poison Control Centers	2
Pediatric ICU's	12
Pediatricians	1064
Emergency Physicians	651
EMS Providers	1 st Responders = 11,815; EMT-B = 11,301; EMT-I = 1,900; EMT-P = 5,616
Licensed Ground Ambulance Services	364

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	18.5%
Rode with a drinking driver during the past month	37.1%
Carried a weapon during the past month	18.9%
Involved in a physical fight during the past year	36.4%
Attempted suicide during the past year	10.4%
Rarely or never wore a bicycle helmet during the past year	95.0%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Michigan EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	Y
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	N
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	I
Facility categories for pediatric intensive care	N
Facility categories for pediatric trauma	N
Regionalized care for pediatric intensive care/trauma	N
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	Y
Public education and awareness activities	N
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

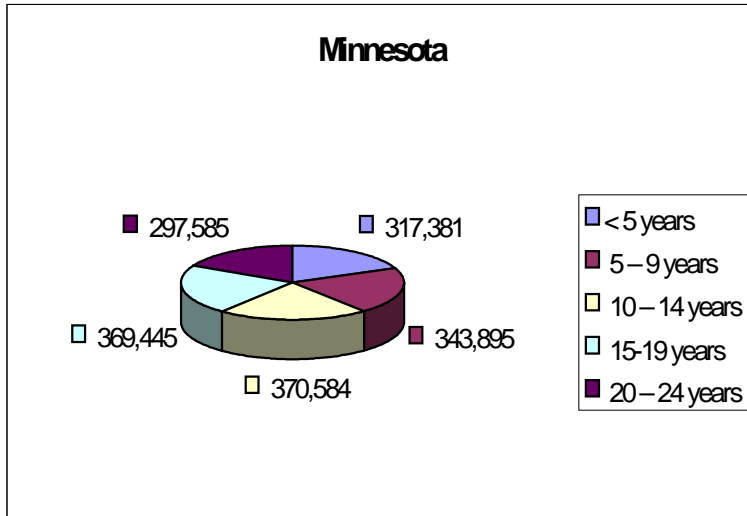
Y = Yes; N = No; I = In progress

Michigan EMSC Accomplishments Since 1995

Michigan has formed a Committee on Pediatric Emergency Medicine (COPEM) that consists of pediatric emergency physicians, an emergency nurse, paramedics, a representative from the Michigan Hospital Association, a representative from Michigan Community Health, Bureau of Maternal & Child Health, a representative from Michigan Community Health, Childhood & Unintentional Injury Section, a representative from Michigan Dept. of State Police, Office of Highway & Safety Planning, and two representatives from the State EMS office. Over the last five years Michigan has institutionalized activities that include: 1) enhancement of our education curriculum for EMT Basic, Specialist, and Paramedics to include additional pediatric hours, mandatory continuing education for all levels of pre-hospital providers for pediatric care; 2) implementation of pediatric pre-hospital standards, protocols and procedures; 3) development and pilot test for implementation of hospital standards; 4) development of Objective Structured Clinical Evaluations (OSCE's) and self efficacy tool to evaluate the effectiveness of our education programs and to pilot test alternative education methods and evaluate their effectiveness by utilizing OSCE's; and 5) implementation of data system for data collection and analyses.

Minnesota

Table 1: Number of Children by Age in Minnesota, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Minnesota, 1997

	Number	Percent
Total	1,250,800	100.0%
White	1,097,200	87.7%
Black	49,300	3.9%
Hispanic	32,600	2.6%
Asian & Pacific Islander	49,200	3.9%
Native American	22,500	1.8%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1998 ¹
Infant Mortality Rate (Birth - 1 year)	5.6 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	1.9 per 1,000 live births
Child Mortality Rate (ages 1 - 14)	20.2 per 100,000
Teen Mortality Rate (ages 15 - 19)	63.4 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	9.7 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	9.3 per 100,000
Teen High School Dropouts (ages 16 - 19)	7 %
Percent Children without Insurance (ages 0 - 19)	7.6 %

¹ Minnesota Planning Demographic Data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	141
Verified Trauma Centers	Level I = 4; Level II = 3
Poison Control Centers	1
Neonatal/Pediatric ICU's	5 neonatal/8 pediatric
Pediatricians	945
Emergency Physicians	310
EMS Providers	31,097
Licensed Ground Ambulance Services	65 ALS; 235 BLS

Table 5: Youth Behavior by Selected Risk Factor, 1997 ²

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	NA
Rode with a drinking driver during the past month	NA
Carried a weapon during the past month	NA
Involved in a physical fight during the past year	NA
Attempted suicide during the past year	NA
Rarely or never wore a bicycle helmet during the past year	NA

Source: 1997 Youth Risk Behavior Surveillance System

Students in grades 9 through 12

² Minnesota did not participate in the 1997 Youth Risk Behavior Surveillance System

Table 6: Minnesota EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	I
Pediatric equipment guidelines for ED's	I
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	I
Pediatric emergency protocols for prehospital providers	I
Interfacility transport guidelines	I
Facility categories for pediatric intensive care	I
Facility categories for pediatric trauma	I
Regionalized care for pediatric intensive care/trauma	N
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	I
Pediatric emergency training to nurses and physicians	I
EMSC legislation and regulation regarding training	I
Public education and awareness activities	I
Injury Prevention	
Injury prevention activities	I
Data Collection	
EMSC-related data collection activities	I

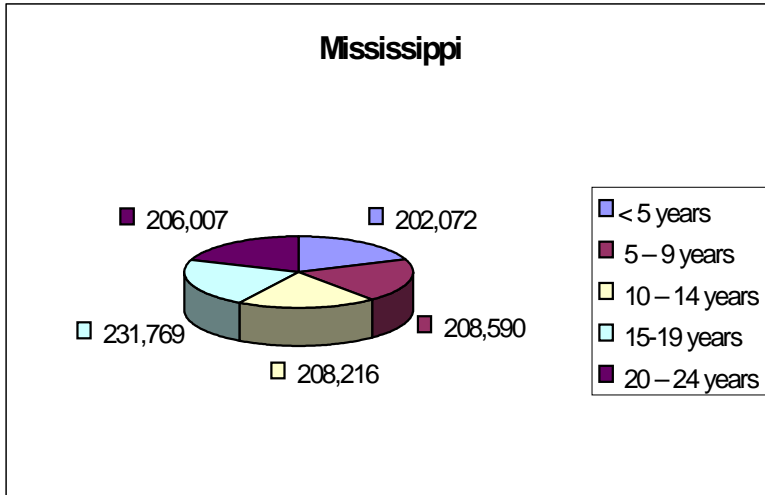
Y = Yes; N = No; I = In progress

Minnesota EMSC Accomplishments Since 1995

Since 1995, Minnesota's EMSC Resource Center has been established. Minnesota EMSC had accomplished the following: 1) a statewide needs assessment in 1996; 2) the development of an EMSC Advisory Board; 3) placing a pediatrician to the EMS Regulatory Board; 4) developed and disseminated the Pediatric Emergency Care Course (PECC) to over 2,300 first responders and EMT's; 5) trained over 2,100 health care professionals in the care of pediatric emergencies; 6) authored and distributed ten newsletters, *Prepare*, to over 6,500/edition of health care professionals; 7) assisted in the development of Basic and Advanced Life Support Pediatric Guidelines ; 8) assisted in the development of a CPR for Infant and Children Video; 9) developed a partnership with one of the trauma centers to provide child passenger safety training to EMS providers; 10) sponsored four annual Pediatric Emergency Care Conferences; 11) surveyed families, health care providers, and school nurses about children with special health care needs; 12) initiated the *PERK* - Plan for Emergency Response for Kids; 13) partnered with school nurses to provider "Managing School Emergencies"; and 14) partnered with thirteen professional and state organizations to provide education and or resources. We are in the process of developing our strategic plan for 2000-2003, establishing new community partnerships, beginning a new collaborative injury prevention initiative, and determining the use of pediatric protocols, and measuring ongoing pediatric emergency education in hospital and ambulance services.

Mississippi

Table 1: Number of Children by Age in Mississippi, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Mississippi, 1997

Total	753,000	100.0%
White	397,000	52.7%
Black	339,900	45.1%
Hispanic	6,800	0.9%
Asian & Pacific Islander	5,700	0.8%
Native American	3,600	0.5%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	10.6 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	3.8 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	36.2 per 100,000
Teen Mortality Rate (ages 15 - 19)	116.7 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	27.9 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	20.2 per 100,000
Teen High School Dropouts (ages 16 - 19)	11 %
Percent Children without Insurance (ages 0 - 19)	19.1 %

¹ 1996 Title V data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	112
Verified Trauma Centers ²	Level I = 1; Level II = 5
Poison Control Centers	1
Pediatric ICU's	3
Pediatricians	159
Emergency Physicians	147
EMS Providers	EMS Driver = 3,582; EMT-B = 2,263; EMT-I = 264; EMT-P = 786
Licensed Ground Ambulance Services	133

² Mississippi will begin the process of inspecting nearly 20 potential Level III Trauma Centers and nearly 45 potential Level IV Trauma Centers this summer.

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	31.2%
Rode with a drinking driver during the past month	41.3%
Carried a weapon during the past month	23.3%
Involved in a physical fight during the past year	36.6%
Attempted suicide during the past year	8.6%
Rarely or never wore a bicycle helmet during the past year	97.0%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Mississippi EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	?
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	?
Pediatric emergency protocols for prehospital providers	N
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	?
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	Y
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	I
Public education and awareness activities	?
Injury Prevention	
Injury prevention activities	I
Data Collection	
EMSC-related data collection activities	Y

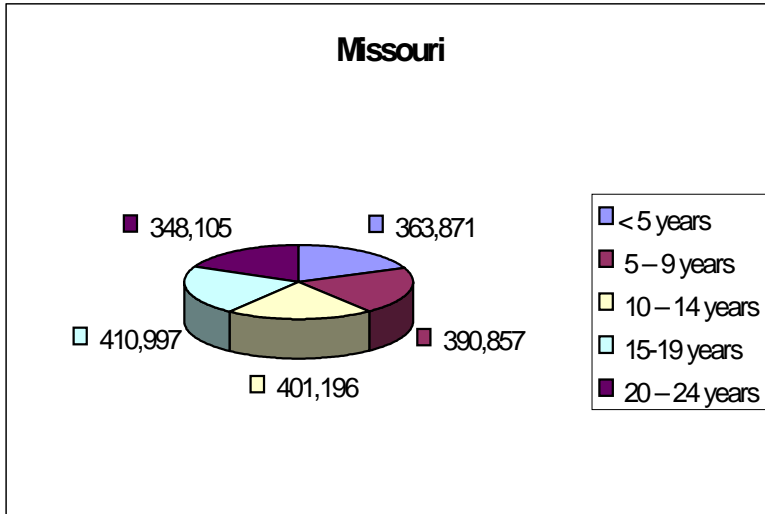
Y = Yes; N = No; I = In progress

Mississippi EMSC Accomplishments Since 1998 (First Year of Grant Award)

A comprehensive statewide needs assessment survey was conducted in 1998 to identify the needs of children in Mississippi. The results of this assessment led to the development of the Mississippi EMSC Coalition. This coalition took the information that was collected in the needs assessment and developed an action plan for implementation. This plan included the implementation of advanced pediatric education for EMT's, nurses and physicians in Mississippi. The Pediatric Education for Prehospital Professionals course was implemented statewide and made available to all Mississippi EMT's, nurses, and physicians at not cost to the participant. To date, over 300 professionals have been trained in this course. The Mississippi EMSC Program has also implemented a comprehensive school based injury prevention curriculum called Risk Watch. To date, Risk Watch has been established in over 20 schools in Mississippi, with addition schools beginning in the Fall 2000. Mississippi EMSC has also contracted with the Mississippi Regional Poison Control Facility to collect pediatric poison data and created an annual report to disseminate the findings. This data will be used to develop up-to-date poison prevention material to educate specific areas across the state.

Missouri

Table 1: Number of Children by Age in Missouri, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Missouri, 1997

Total	1,406,400	100.0%
White	1,155,600	82.2%
Black	201,200	14.3%
Hispanic	28,200	2.0%
Asian & Pacific Islander	16,400	1.2%
Native American	5,000	0.4%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	7.6 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.9 per 1,000 live births
Child Mortality Rate (ages 1 - 14)	27.2 per 100,000
Teen Mortality Rate (ages 15 - 19)	90.7 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	21.6 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	14.9 per 100,000
Teen High School Dropouts (ages 16 - 19)	12 %
Percent Children without Insurance (ages 0 - 19)	13.1 %

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	147
Verified Trauma Centers	36
Poison Control Centers	1
Neonatal/Pediatric ICU's	9 neonatal/7 pediatric
Pediatricians	533
Emergency Physicians	328
EMS Providers	EMT-P = 4,000; EMT-B = 8,000
Licensed Ground Ambulance Services	224

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	29.1%
Rode with a drinking driver during the past month	39.8%
Carried a weapon during the past month	20.9%
Involved in a physical fight during the past year	33.1%
Attempted suicide during the past year	9.1%
Rarely or never wore a bicycle helmet during the past year	92.5%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Missouri EMSC At-A-Glance

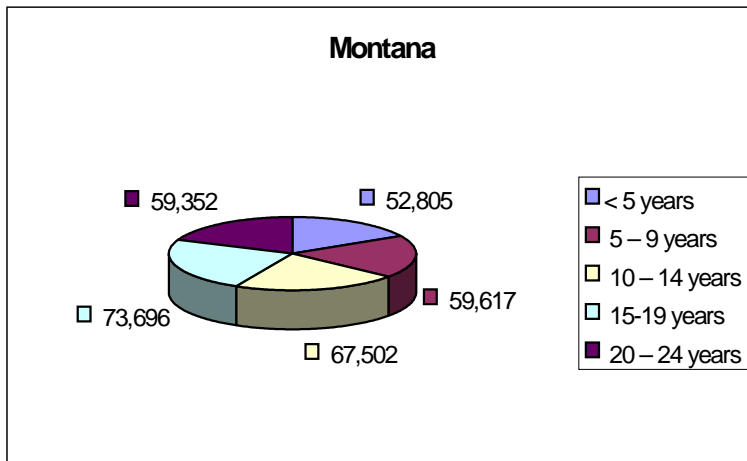
	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	I
Facility categories for pediatric intensive care	Y
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	Y
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	
Public education and awareness activities	
Injury Prevention	
Injury prevention activities	
Data Collection	
EMSC-related data collection activities	Y

Y = Yes; N = No; I = In progress

Missouri EMSC Accomplishments Since 1995

Montana

Table 1: Number of Children by Age in Montana, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Montana, 1997

Total	229,700	100.0%
White	199,000	86.6%
Black	800	0.3%
Hispanic	5,700	2.5%
Asian & Pacific Islander	1,800	0.8%
Native American	22,400	9.8%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth – 1 year)	6.9 per 1,000 live births
Postneonatal Mortality Rate (28 days – 11 months)	2.7 per 1,000 live births
Child Mortality Rate (ages 1 - 14)	32.1 per 100,000
Teen Mortality Rate (ages 15 - 19)	96.4 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	15.2 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	16.7 per 100,000
Teen High School Dropouts (ages 16 - 19)	7 %
Percent Children without Insurance (ages 0 - 19)	17.9 %

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	45
Verified Trauma Centers	Level II = 6, Level III = 4
Poison Control Centers	0
Neonatal/Pediatric ICU's	3
Pediatricians	64
Emergency Physicians	78
EMS Providers	1 st Responder = 2,440; 1 st Responder – A = 826; EMS Driver = 799; EMT-B = 2,683; EMT-I = 278; EMT-P = 214
Licensed Ground Ambulance Services	126

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	32.0%
Rode with a drinking driver during the past month	46.6%
Carried a weapon during the past month	23.8%
Involved in a physical fight during the past year	32.2%
Attempted suicide during the past year	8.4%
Rarely or never wore a bicycle helmet during the past year	87.5%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Montana EMSC At-A-Glance

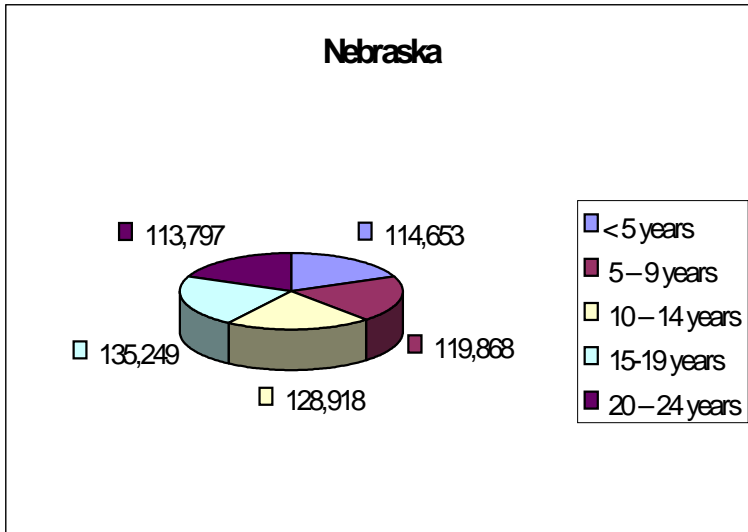
	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	I
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	I
Pediatric emergency protocols for prehospital providers	I
Interfacility transport guidelines	I
Facility categories for pediatric intensive care	?
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	I
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	N
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

Y = Yes; N = No; I = In progress

Montana EMSC Accomplishments Since 1995

Nebraska

Table 1: Number of Children by Age in Nebraska, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Nebraska, 1997

Total	444,700	100.0%
White	383,400	86.2%
Black	21,900	4.9%
Hispanic	26,900	6.0%
Asian & Pacific Islander	6,900	1.6%
Native American	5,600	1.3%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth – 1 year)	7.4 per 1,000 live births
Postneonatal Mortality Rate (28 days – 11 months)	2.9 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	23.8 per 100,000
Teen Mortality Rate (ages 15 - 19)	75.8 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	17.4 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	13.9 per 100,000
Teen High School Dropouts (ages 16 - 19)	8 %
Percent Children without Insurance (ages 0 - 19)	10.0 %

¹ 1996 Title V data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	Not Available
Verified Trauma Centers	Not Available
Poison Control Centers	1
Pediatric ICU's	Not Available
Pediatricians	144
Emergency Physicians	64
EMS Providers	Not Available
Licensed Ground Ambulance Services	Not Available

Table 5: Youth Behavior by Selected Risk Factor, 1997 ¹

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	NA
Rode with a drinking driver during the past month	NA
Carried a weapon during the past month	NA
Involved in a physical fight during the past year	NA
Attempted suicide during the past year	NA
Rarely or never wore a bicycle helmet during the past year	NA

Source: 1997 Youth Risk Behavior Surveillance System

Students in grades 9 through 12

¹ Nebraska did not participate in the 1997 Youth Risk Behavior Surveillance System

Table 6: Nebraska EMSC At-A-Glance

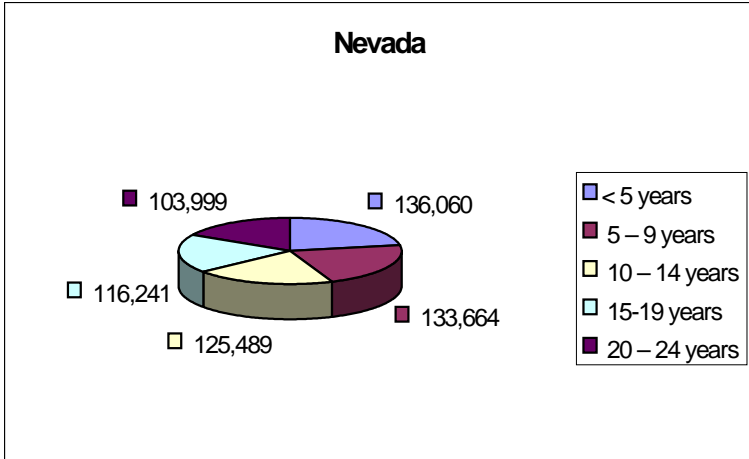
	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	I
Pediatric equipment guidelines for ED's	?
Method to assess availability of pediatric equipment on ambulances	?
Method to assess availability of pediatric equipment in ED's	?
Pediatric emergency protocols for prehospital providers	?
Interfacility transport guidelines	I
Facility categories for pediatric intensive care	?
Facility categories for pediatric trauma	?
Regionalized care for pediatric intensive care/trauma	?
Pediatric EMS advisory committee or pediatric subcommittee	?
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	?
EMSC legislation and regulation regarding training	?
Public education and awareness activities	?
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	?

Y = Yes; N = No; I = In progress

Nebraska EMSC Accomplishments Since 1995

Nevada

Table 1: Number of Children by Age in Nevada, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Nevada, 1997

	Number	Percent
Total	442,800	100.0%
White	286,800	64.8%
Black	37,100	8.4%
Hispanic	92,800	20.9%
Asian & Pacific Islander	18,700	4.2%
Native American	7,400	1.7%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	6.5 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.4 per 1,000 live births
Child Mortality Rate (ages 1 - 14)	29.8 per 100,000
Teen Mortality Rate (ages 15 - 19)	80.8 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	26.7 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	12.8 per 100,000
Teen High School Dropouts (ages 16 - 19)	17 %
Percent Children without Insurance (ages 0 - 19)	20.1 %

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	Not Available
Verified Trauma Centers	Not Available
Poison Control Centers	2
Pediatric ICU's	Not Available
Pediatricians	114
Emergency Physicians	126
EMS Providers	Not Available
Licensed Ground Ambulance Services	Not Available

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	17.6%
Rode with a drinking driver during the past month	33.4%
Carried a weapon during the past month	20.4%
Involved in a physical fight during the past year	34.0%
Attempted suicide during the past year	8.2%
Rarely or never wore a bicycle helmet during the past year	91.4%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Nevada EMSC At-A-Glance

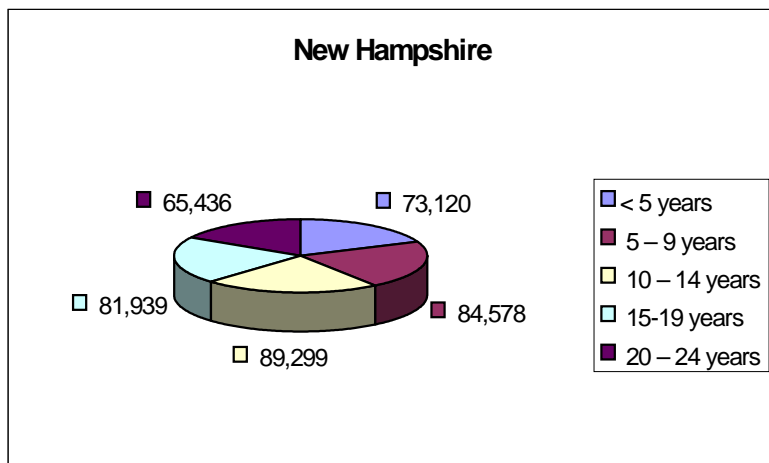
	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	?
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	?
Pediatric emergency protocols for prehospital providers	I
Interfacility transport guidelines	?
Facility categories for pediatric intensive care	?
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	Y
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	Y
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

Y = Yes; N = No; I = In progress

Nevada EMSC Accomplishments Since 1995

New Hampshire

Table 1: Number of Children by Age in New Hampshire, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in New Hampshire, 1997

Total	296,100	100.0%
White	284,100	95.95
Black	1,900	0.6%
Hispanic	5,800	2.0%
Asian & Pacific Islander	3,700	1.2%
Native American	600	0.2%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	4.3 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	1.5 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	19.8 per 100,000
Teen Mortality Rate (ages 15 - 19)	36.7 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	2.5 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	4.9 per 100,000 ²
Teen High School Dropouts (ages 16 - 19)	6 %
Percent Children without Insurance (ages 0 - 19)	10.3 %

¹ 1996 Title V data

² This estimate is unreliable

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	26
Verified Trauma Centers	Level I = 1; Level II = 4
Poison Control Centers	1
Pediatric ICU's	1
Pediatricians	190
Emergency Physicians	111
EMS Providers	1 st Responders = 445; EMT-B = 2,118; EMT-I = 833; EMT-P = 472
Licensed Ground Ambulance Services	158

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	23.1%
Rode with a drinking driver during the past month	30.4%
Carried a weapon during the past month	17.9%
Involved in a physical fight during the past year	30.8%
Attempted suicide during the past year	9.8%
Rarely or never wore a bicycle helmet during the past year	80.2%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: New Hampshire EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	Y
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	Y
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	N
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	Y
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	I
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

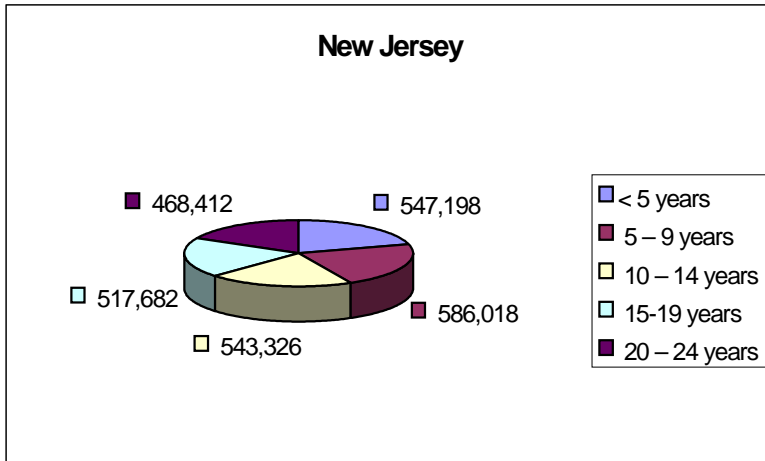
Y = Yes; N = No; I = In progress

New Hampshire EMSC Accomplishments Since 1995

Pediatric treatment, triage, and transfer protocols were revised and combined with adult protocols. Trauma system legislation was passed, and fourteen hospitals have received a trauma hospital designation level. Teaching resources on pediatric treatment, triage and transfer were distributed to EMS instructors. A children's educational program called Kids Can Make the Right Call was developed. The Special Kids Information Program (SKIP) including information sheets, emergency plans, and an educational program for EMS providers was developed. The book entitled, *Traumatic Brain Injury in Children and Adolescents: A Guide for Families*, was published and edited for national distribution.

New Jersey

Table 1: Number of Children by Age in New Jersey, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in New Jersey, 1997

Total	1,987,200	100.0%
White	1,259,900	63.4%
Black	316,800	15.9%
Hispanic	295,400	14.9%
Asian & Pacific Islander	111,100	5.6%
Native American	4,000	0.2%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	6.3 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.1 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	21.4 per 100,000
Teen Mortality Rate (ages 15 - 19)	54.3 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	9.2 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	5.5 per 100,000
Teen High School Dropouts (ages 16 - 19)	6 %
Percent Children without Insurance (ages 0 - 19)	15.9 %

¹ 1996 Title V data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	123
Verified Trauma Centers	Level I = 3; Level II = 7
Poison Control Centers	1
Pediatric ICU's	14
Pediatricians	1,312
Emergency Physicians	480
EMS Providers	EMT-B = 22,000; EMT-P = 1,500
Licensed Ground Ambulance Services	625

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	21.7%
Rode with a drinking driver during the past month	29.0%
Carried a weapon during the past month	16.0%
Involved in a physical fight during the past year	36.1%
Attempted suicide during the past year	7.9%
Rarely or never wore a bicycle helmet during the past year	89.1%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: New Jersey EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	Y
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	Y
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	I
Facility categories for pediatric intensive care	I
Facility categories for pediatric trauma	I
Regionalized care for pediatric intensive care/trauma	I
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	Y
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	I

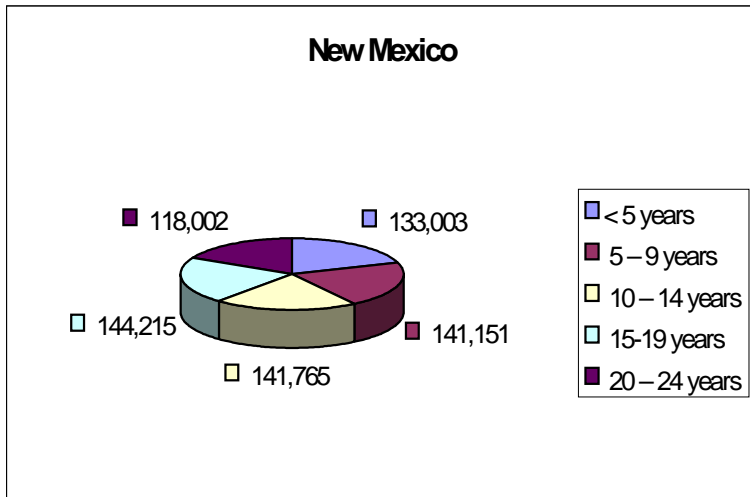
Y = Yes; N = No; I = In progress

New Jersey EMSC Accomplishments Since 1995

Pediatric trauma triage guidelines have been developed and distributed. The chair of the EMSC Advisory Council is now a member of the statewide EMS Council. Regulations for emergency departments have been expanded to include a minimum pediatric equipment list and minimum continuing education criteria for nurses and physicians. Statewide prehospital pediatric standing orders have been placed into regulations. Paramedics will soon be required to complete a designated number of continuing education hours in pediatrics for recertification. Work has begun on the creation of a statewide pediatric emergency department critical care registry.

New Mexico

Table 1: Number of Children by Age in New Mexico, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in New Mexico, 1997

Total	499,300	100.0%
White	189,000	37.9%
Black	8,900	1.8%
Hispanic	237,900	47.6%
Asian & Pacific Islander	5,400	1.1%
Native American	58,100	11.6%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	6.1 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.9 per 1,000 live births
Child Mortality Rate (ages 1 - 14)	27.5 per 100,000
Teen Mortality Rate (ages 15 - 19)	83.6 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	21.2 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	14.1 per 100,000
Teen High School Dropouts (ages 16 - 19)	13 %
Percent Children without Insurance (ages 0 - 19)	19.9 %

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	35
Verified Trauma Centers	Level I = 1; Level III = 2
Poison Control Centers	1
Pediatric ICU's	2
Pediatricians	219
Emergency Physicians	161
EMS Providers	1 st Responders = 639; EMT-B = 2,873; EMT-I = 1,015; EMT-P = 775
Licensed Ground Ambulance Services	92

Table 5: Youth Behavior by Selected Risk Factor, 1997 ¹

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	NA
Rode with a drinking driver during the past month	NA
Carried a weapon during the past month	14.7
Involved in a physical fight during the past year	23.6
Attempted suicide during the past year	NA
Rarely or never wore a bicycle helmet during the past year	NA

Students in grades 9 through 12

¹ New Mexico did not participate in the Youth Risk Behavior Surveillance System in 1997, however New Mexico did conduct the New Mexico School Survey that year. The NMSS data is shown above.

Table 6: New Mexico EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	N
Pediatric equipment guidelines for ED's	Y
Method to assess availability of pediatric equipment on ambulances	N
Method to assess availability of pediatric equipment in ED's	Y
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	N
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	N
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	Y
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

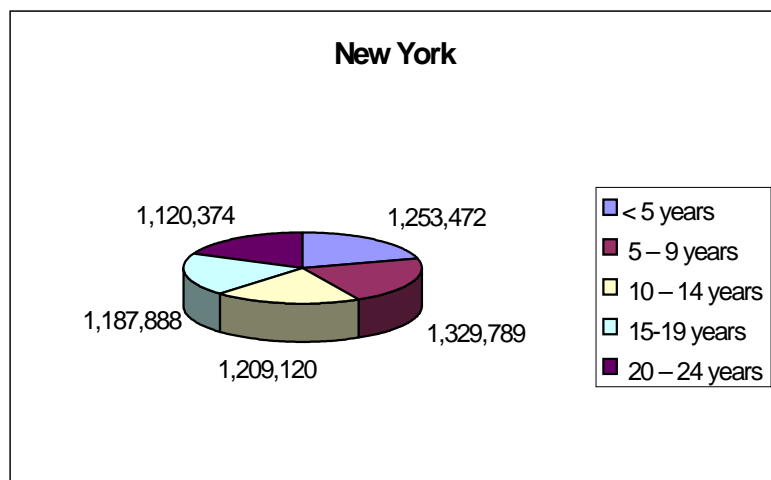
Y = Yes; N = No; I = In progress

New Mexico EMSC Accomplishments Since 1995

Since its inception, the New Mexico EMSC Project had created a strong infrastructure to build support for EMSC activities. The New Mexico EMSC Project has an advisory committee which reports to the statewide EMS Advisory Committee quarterly, and actively participates with New Mexico's three regional offices, the University of New Mexico's Department of Emergency Medicine and EMS Academy, the SAFE KIDS Coalition, New Mexico Public Health Association, and others to establish a network of sharing and program support. A substantial focus for EMSC has been to address childhood injuries and injury prevention. Major accomplishments include: training EMTs in injury prevention principles and strategies; integration of injury prevention into EMT curricula and community based projects; and coordination of EMS with school nurses to improve emergency response to school injuries. More recently, New Mexico has designated an EMSC Medical Director and has moved into the assessment of pediatric equipment, training, and protocols among hospitals and prehospital services.

New York

Table 1: Number of Children by Age in New York, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in New York, 1997

Total	4,560,000	100.0%
White	2,684,700	58.9
Black	774,700	17.0
Hispanic	84,580	1.9
Asian & Pacific Islander	240,100	5.3
Native American	14,700	0.3

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	6.7 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.2 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	20.7 per 100,000
Teen Mortality Rate (ages 15 - 19)	52.1 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	10.6 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	5.7 per 100,000
Teen High School Dropouts (ages 16 - 19)	9 %
Percent Children without Insurance (ages 0 - 19)	15.8 %

¹ 1996 Title V data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	258
Verified Trauma Centers	Level I = 26; Level II = 21
Poison Control Centers	6
Pediatric ICU's	27
Pediatricians	5,534
Emergency Physicians	1,138
EMS Providers	1 st Responders = 13,304; EMT-B = 36,725; EMT-I = 4,660; EMT-P = 4,516
Licensed Ground Ambulance Services	Not Available

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	23.3%
Rode with a drinking driver during the past month	28.8%
Carried a weapon during the past month	18.4%
Involved in a physical fight during the past year	34.2%
Attempted suicide during the past year	7.8%
Rarely or never wore a bicycle helmet during the past year	87.9%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: New York EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	Y
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	Y
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	Y
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	Y
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	Y
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

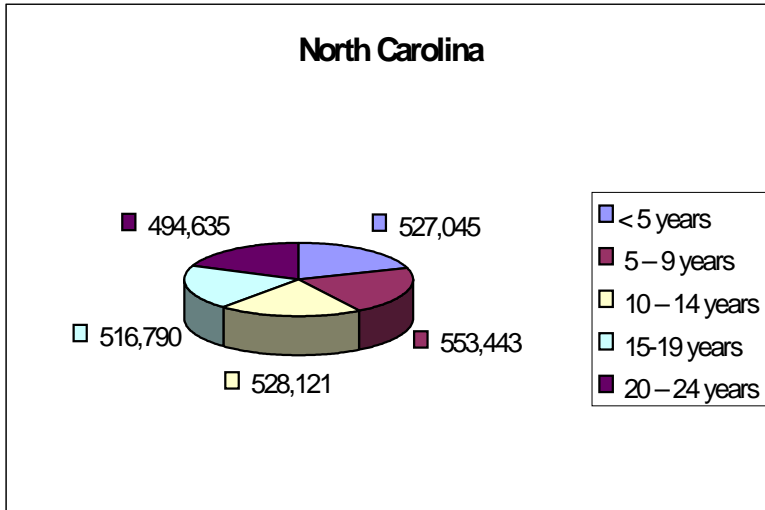
Y = Yes; N = No; I = In progress

New York EMSC Accomplishments Since 1995

A statewide EMSC forum was held to discuss progress in institutionalizing EMSC to date and to determine unmet needs and priorities. An EMSC advisory committee has been established to provide recommendations on pediatric emergency care to the Department of Health and to the state's governing bodies for emergency medical services. A partnership was forged with the Center for Pediatric Emergency Medicine to provide EMS instructors with training on the use of the *Teaching Resource for Instructors on Prehospital Pediatrics (TRIPP)*, BLS version. Over 250 certified EMS instructors received the training. The state continues to upgrade the skills of its prehospital providers through the re-development of its continuing education curriculum on prehospital pediatrics and its development of a pediatric prehospital care reference card for use in all certified ambulances. The state is also working to involve EMS providers in child injury prevention activities in their communities through regional initiatives. In addition, the Center for Pediatric Emergency Medicine is developing an ALS version of the TRIPP resource and has initiated a National Child Protection Education Project to assess EMS provider knowledge on child abuse/neglect. A teaching resource will be developed based on results of the assessment.

North Carolina

Table 1: Number of Children by Age in North Carolina, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in North Carolina, 1997

Total	1,873,400	100.0%
White	1,253,900	66.9%
Black	505,500	27.0%
Hispanic	55,100	2.9%
Asian & Pacific Islander	27,800	1.5%
Native American	31,100	1.7%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	9.2 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.7 per 1,000 live births
Child Mortality Rate (ages 1 - 14)	28.4 per 100,000
Teen Mortality Rate (ages 15 - 19)	78.9 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	15.0 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	14.8 per 100,000
Teen High School Dropouts (ages 16 - 19)	12 %
Percent Children without Insurance (ages 0 - 19)	18.3 %

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	106
Verified Trauma Centers	Level I = 5; Level II = 3; Level III = 1
Poison Control Centers	1
Pediatric ICU's	9
Pediatricians	887
Emergency Physicians	670
EMS Providers	Medical Responders = 2,913; EMT = 12,663; EMT-D ¹ = 5,899; EMT-I = 1,770; EMT-P = 3,551; Mobile Intensive Care Nurse = 824; Medical Direction Assistant = 8; EM Dispatcher = 647
Licensed Ground Ambulance Services	786

¹ EMT-D is Defibrillation

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	15.4%
Rode with a drinking driver during the past month	28.9%
Carried a weapon during the past month	21.4%
Involved in a physical fight during the past year	33.1%
Attempted suicide during the past year	9.1%
Rarely or never wore a bicycle helmet during the past year	93.1%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: North Carolina EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	?
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	?
Pediatric emergency protocols for prehospital providers	?
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	?
Facility categories for pediatric trauma	?
Regionalized care for pediatric intensive care/trauma	?
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	?
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

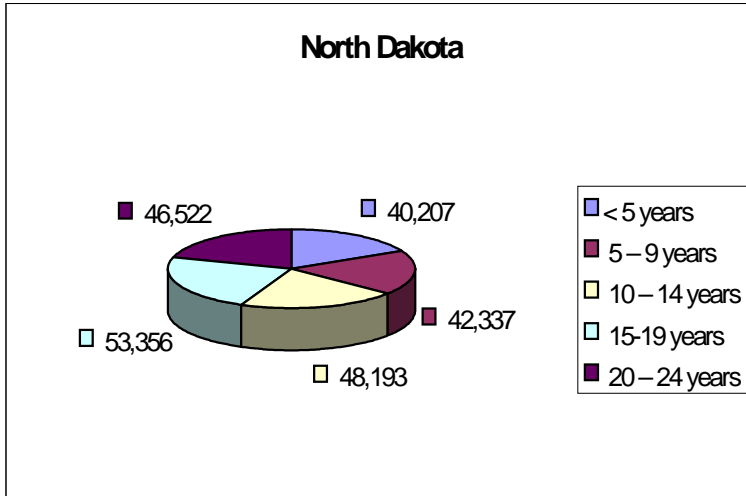
Y = Yes; N = No; I = In progress

North Carolina EMSC Accomplishments Since 1995

North Carolina Office of Emergency Medical Services received its first EMSC funding in 1990. Since then, NC EMSC has: developed a pediatric pre-hospital training workshop; developed a pediatric emergency care course for hospital based emergency care providers; developed a workshop for pediatric primary care providers addressing office preparedness for pediatric emergencies; jointly developed an injury prevention curriculum for school children called Risk Watch, taught by teachers and community volunteers using private funding; established the NC EMSC Educational Foundation for the purpose of securing funds to allow ongoing pediatric emergency care training for all health care providers; obtained a continuing education grant from MCHB and hosted the first annual Southeast Regional EMSC; developed a training session for the recognition and reporting of child abuse for EMS personnel and developed an EMSC section to the NC OEMS website for dissemination of EMSC information.

North Dakota

Table 1: Number of Children by Age in North Dakota, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in North Dakota, 1997

	Total	Percent
Total	165,100	100.0%
White	146,500	88.7%
Black	1,100	0.7%
Hispanic	2,700	1.6%
Asian & Pacific Islander	1,700	1.0%
Native American	13,100	7.9%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	6.2 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.4 per 1,000 live births
Child Mortality Rate (ages 1 - 14)	20.7 per 100,000
Teen Mortality Rate (ages 15 - 19)	72.5 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	11.5 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	14.0 per 100,000
Teen High School Dropouts (ages 16 - 19)	5 %
Percent Children without Insurance (ages 0 - 19)	16.9 %

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	48
Verified Trauma Centers	Level II = 5; Level IV = 26
Poison Control Centers	1
Pediatric ICU's	3
Pediatricians	67
Emergency Physicians	31
EMS Providers	1 st Responders = 1,380; EMT-B = 1,630; EMT-I = 327; EMT-P = 320
Licensed Ground Ambulance Services	142

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	NA ¹
Rode with a drinking driver during the past month	52.5%
Carried a weapon during the past month	NA ¹
Involved in a physical fight during the past year	32.2%
Attempted suicide during the past year	8.6%
Rarely or never wore a bicycle helmet during the past year	97.7%

Source: 1997 Youth Risk Behavior Surveillance System

Students in grades 9 through 12

¹ Did not ask this question in 1997

Table 6: North Dakota EMSC At-A-Glance

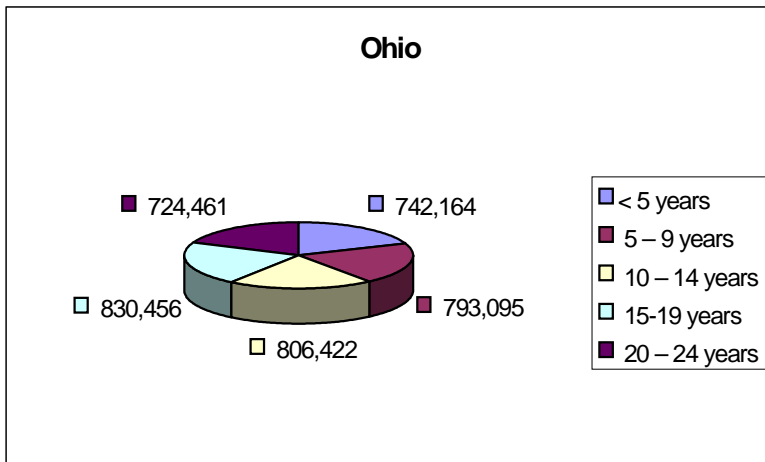
	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	I
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	?
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	?
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	?
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	?
EMSC legislation and regulation regarding training	?
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

Y = Yes; N = No; I = In progress

North Dakota EMSC Accomplishments Since 1995

Ohio

Table 1: Number of Children by Age in Ohio, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Ohio, 1997

Total	2,838,600	100.0%
White	2,327,000	82.0%
Black	408,900	14.4%
Hispanic	62,100	2.2%
Asian & Pacific Islander	35,400	1.2%
Native American	5,200	0.2%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth – 1 year)	7.6 per 1,000 live births
Postneonatal Mortality Rate (28 days – 11 months)	2.6 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	24.3 per 100,000
Teen Mortality Rate (ages 15 - 19)	60.6 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	9.5 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	8.6 per 100,000
Teen High School Dropouts (ages 16 - 19)	9 %
Percent Children without Insurance (ages 0 - 19)	10.6 %

¹ Title V data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	218
Verified Trauma Centers	24 ACS verified trauma centers (13 Level I and 11 Level II) 5 additional are seeking ACS certification
Poison Control Centers	3
Neonatal/Pediatric ICU's	15 neonatal/pediatric
Pediatricians	2018
Emergency Physicians	1020
EMS Providers	38,000
Licensed Ground Ambulance Services	140 private; 1750 total ground

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	24.3%
Rode with a drinking driver during the past month	34.7%
Carried a weapon during the past month	17.7%
Involved in a physical fight during the past year	37.3%
Attempted suicide during the past year	10.5%
Rarely or never wore a bicycle helmet during the past year	93.5%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Ohio EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	?
Pediatric equipment guidelines for ED's	?
Method to assess availability of pediatric equipment on ambulances	?
Method to assess availability of pediatric equipment in ED's	?
Pediatric emergency protocols for prehospital providers	I
Interfacility transport guidelines	I
Facility categories for pediatric intensive care	Y
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	Y
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	?
EMSC legislation and regulation regarding training	?
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

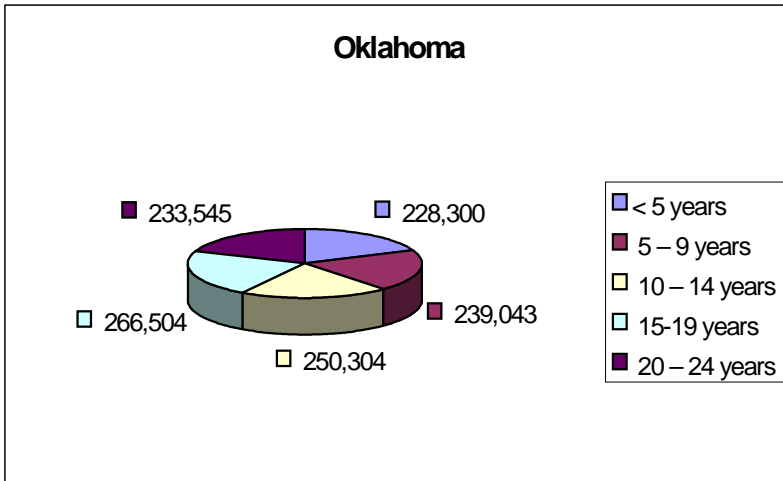
Y = Yes; N = No; I = In progress

Ohio EMSC Accomplishments since 1995

1) Two full-time permanent EMSC Coordinator positions have been institutionalized in the EMS office; 2) an EMSC subcommittee of the state EMS Board has been created; 3) Pediatric continuing education requirements have been institutionalized within EMS rules; 4) Prehospital Pediatric Protocols have been created; 5) The EMSC Program has taken over the leadership of the Ohio SAFE KIDS Coalition; 6) The state EMS office has demonstrated a commitment to funding the Children's Safety Calendar project on an annual basis; 7) An EMSC website that provides access to pediatric resources and products has been created; 8) In response to the results of a 1997 school nurse survey, *Emergency Guidelines for Schools: Guidelines for Helping an Ill or Injured Student when the School Nurse is not Available* was created; 9) The *First Aid for Child Day Care Personnel Trainer Manual* was created in 1999; 10) Regional train-the-trainer sessions for this course were conducted in an effort to standardize first-aid training for child care providers and establish a statewide network of affordable and accessible trainers; 11) Ohio EMSC has funded the training of four Course Coordinators for the American Academy of Pediatrics PEPP course and plans to coordinate PEPP training in Ohio.

Oklahoma

Table 1: Number of Children by Age in Oklahoma, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Oklahoma, 1997

	Number	Percent
Total	878,200	100.0%
White	647,800	73.8%
Black	82,800	9.4%
Hispanic	48,600	5.5%
Asian & Pacific Islander	12,100	1.4%
Native American	86,900	9.9%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth – 1 year)	7.5 per 1,000 live births
Postneonatal Mortality Rate (28 days – 11 months)	2.9 per 1,000 live births
Child Mortality Rate (ages 1 - 14)	32.9 per 100,000
Teen Mortality Rate (ages 15 - 19)	99.1 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	24.7 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	17.5 per 100,000
Teen High School Dropouts (ages 16 - 19)	10 %
Percent Children without Insurance (ages 0 - 19)	17.6 %

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	131
Verified Trauma Centers	¹ Level I = 1; Level II = 1; Level III = 3
Poison Control Centers	1
Pediatric ICU's	4
Pediatricians	261
Emergency Physicians	162
EMS Providers	^{1st} Responders = 22,7000; EMT-B = 6,096; EMT-I = 898; EMT-P = 1,521
Licensed Ground Ambulance Services	190

¹ Verified Trauma Centers by State of Oklahoma standards. Oklahoma has 1 Level II @ ACS

Table 5: Youth Behavior by Selected Risk Factor, 1997 ²

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	NA
Rode with a drinking driver during the past month	NA
Carried a weapon during the past month	NA
Involved in a physical fight during the past year	NA
Attempted suicide during the past year	NA
Rarely or never wore a bicycle helmet during the past year	NA

Source: 1997 Youth Risk Behavior Surveillance System

Students in grades 9 through 12

² Oklahoma did not participate in the 1997 Youth Risk Behavior Surveillance System

Table 6: Oklahoma EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	I
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	I
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	I
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	I
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	Y
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

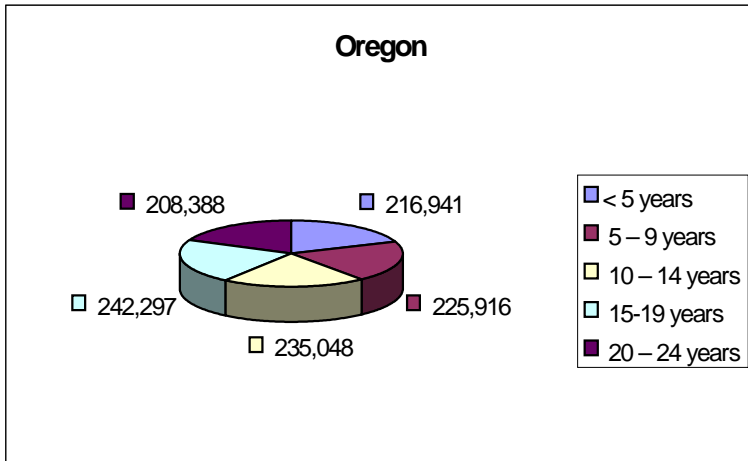
Y = Yes; N = No; I = In progress

Oklahoma EMSC Accomplishments Since 1995

Developed a comprehensive pediatric first aid and injury prevention for the childcare provider, and a statewide network of trainers to establish local access. Developed a Bystander Care curriculum that is culturally directed toward Native Americans in Oklahoma and the nation. Established a master trainer network in 17 tribal offices and EMS services. Updated the Pediatric Supplement for the new DOT EMT-Basic curriculum approved in 1995. Developed a Pediatric Supplement for the DOT EMT-Basic Refresher curriculum. Trained 116 physicians, 257 RN's, 194 EMT-P and 78 other healthcare professionals in the AHA Pediatric Advanced Life Support Provider course. Assisted in the establishment of 2 rural medical facilities conducting PALS courses. Developed a statewide Bystander Course based on the Native American program and the NHTSA format. Provided a total of 124 continuing education hours for pre-hospital emergency care personnel and supported 78 services in providing CE programs. Adapted an Injury Prevention and EMS curriculum from NM EMSC to Oklahoma for inclusion into the EMT-Basic course.

Oregon

Table 1: Number of Children by Age in Oregon, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Oregon, 1997

Total	810,600	100.0%
White	680,100	83.9%
Black	16,500	2.0%
Hispanic	73,700	9.1%
Asian & Pacific Islander	28,400	3.5%
Native American	11,900	1.5%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth – 1 year)	5.8 per 1,000 live births
Postneonatal Mortality Rate (28 days – 11 months)	2.3 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	24.6 per 100,000
Teen Mortality Rate (ages 15 - 19)	69.0 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	11.0 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	11.8 per 100,000
Teen High School Dropouts (ages 16 - 19)	12 %
Percent Children without Insurance (ages 0 - 19)	11.4 %

¹ 1996 Title V data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	Not Available
Verified Trauma Centers	Not Available
Poison Control Centers	1
Pediatric ICU's	Not Available
Pediatricians	382
Emergency Physicians	334
EMS Providers	Not Available
Licensed Ground Ambulance Services	Not Available

Table 5: Youth Behavior by Selected Risk Factor, 1997 ²

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	NA
Rode with a drinking driver during the past month	NA
Carried a weapon during the past month	NA
Involved in a physical fight during the past year	NA
Attempted suicide during the past year	NA
Rarely or never wore a bicycle helmet during the past year	NA

Source: 1997 Youth Risk Behavior Surveillance System

Students in grades 9 through 12

² Oregon did not participate in the 1997 Youth Risk Behavior Surveillance System.

Table 6: Oregon EMSC At-A-Glance

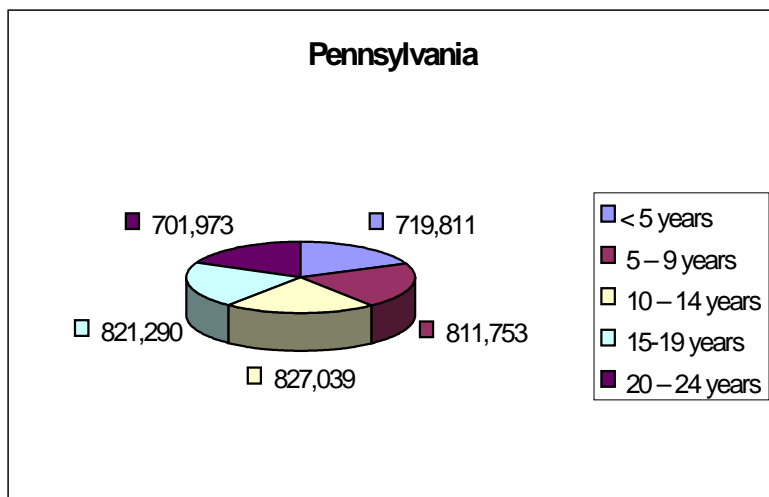
	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	?
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	I
Pediatric emergency protocols for prehospital providers	?
Interfacility transport guidelines	?
Facility categories for pediatric intensive care	?
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	Y
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	?
EMSC legislation and regulation regarding training	Y
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	?
Data Collection	
EMSC-related data collection activities	Y

Y = Yes; N = No; I = In progress

Oregon EMSC Accomplishments Since 1995

Pennsylvania

Table 1: Number of Children by Age in Pennsylvania, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Pennsylvania, 1997

	Number	Percent
Total	2,864,100	100.0%
White	2,347,600	82.0%
Black	346,900	12.1%
Hispanic	111,100	3.9%
Asian & Pacific Islander	54,900	1.9%
Native American	3,600	0.1%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	7.6 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.4 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	24.0 per 100,000
Teen Mortality Rate (ages 15 - 19)	72.9 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	17.4 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	10.1 per 100,000
Teen High School Dropouts (ages 16 - 19)	8 %
Percent Children without Insurance (ages 0 - 19)	8.5 %

¹ Title V data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	Not Available
Verified Trauma Centers	Not Available
Poison Control Centers	3
Pediatric ICU's	Not Available
Pediatricians	1931
Emergency Physicians	1079
EMS Providers	Not Available
Licensed Ground Ambulance Services	Not Available

Table 5: Youth Behavior by Selected Risk Factor, 1997 ²

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	NA
Rode with a drinking driver during the past month	NA
Carried a weapon during the past month	NA
Involved in a physical fight during the past year	NA
Attempted suicide during the past year	NA
Rarely or never wore a bicycle helmet during the past year	NS

Source: 1997 Youth Risk Behavior Surveillance System

Students in grades 9 through 12

² Pennsylvania does not participate in the Youth Risk Behavior Surveillance System

Table 6: Pennsylvania EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	?
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	Y
Pediatric emergency protocols for prehospital providers	?
Interfacility transport guidelines	?
Facility categories for pediatric intensive care	Y
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	Y
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	?
Public education and awareness activities	?
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

Y = Yes; N = No; I = In progress

Pennsylvania EMSC Accomplishments Since 1995

Puerto Rico

Table 1: Number of Children by Age in Puerto Rico, 1998

Not available

Table 2: Number and Percent of Children by Race/Ethnicity in Puerto Rico, 1997

Total	Not Available	100%
White	Not Available	
Black	Not Available	
Hispanic	Not Available	
Asian & Pacific Islander	Not Available	
Native American	Not Available	

Table 3: Childhood Health and Social Indicators, 1997

<u>Indicator</u>	<u>1997</u>
Infant Mortality Rate (Birth – 1 year)	11.3 per 1,000 live births
Postneonatal Mortality Rate (28 days – 11 months)	2.6 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	Not Available
Teen Mortality Rate (ages 15 - 19)	Not Available
Rate of Teen Firearm Related Deaths (ages 15 - 19)	Not Available
Motor Vehicle-Related Death Rate (ages 0 - 19)	Not Available
Teen High School Dropouts (ages 16 - 19)	Not Available
Percent Children without Insurance (ages 0 - 19)	Not Available

¹ 1996 Title V data

Table 4: Number of Clinical Resources by Type

<u>Type of Resource</u>	<u>Number</u>
Hospitals	Not Available
Verified Trauma Centers	Not Available
Poison Control Centers	Not Available
Pediatric ICU's	Not Available
Pediatricians	335
Emergency Physicians	138
EMS Providers	Not Available
Licensed Ground Ambulance Services	Not Available

Table 5: Youth Behavior by Selected Risk Factor, 1997 ²

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	NA
Rode with a drinking driver during the past month	NA
Carried a weapon during the past month	NA
Involved in a physical fight during the past year	NA
Attempted suicide during the past year	NA
Rarely or never wore a bicycle helmet during the past year	NA

Source: 1997 Youth Risk Behavior Surveillance System

Students in grades 9 through 12

² Puerto Rico did not participate in the Youth Risk Behavior Surveillance System in 1997

Table 6: Puerto Rico EMSC At-A-Glance

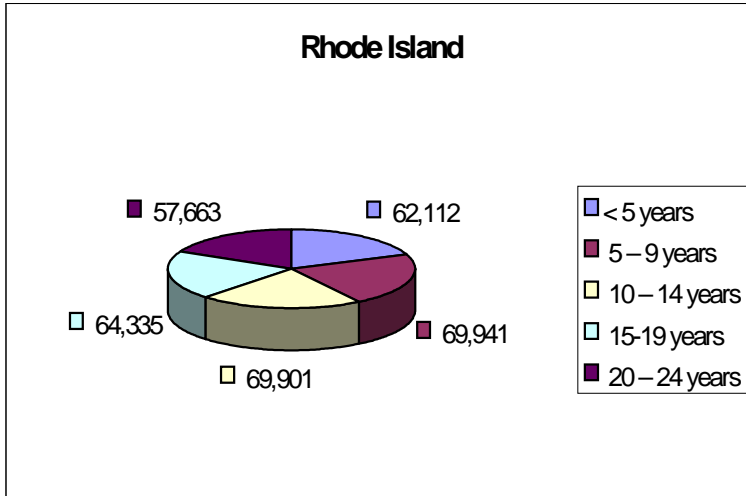
	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	?
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	?
Pediatric emergency protocols for prehospital providers	I
Interfacility transport guidelines	I
Facility categories for pediatric intensive care	?
Facility categories for pediatric trauma	I
Regionalized care for pediatric intensive care/trauma	?
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	?
Public education and awareness activities	?
Injury Prevention	
Injury prevention activities	?
Data Collection	
EMSC-related data collection activities	I

Y = Yes; N = No; I = In progress

Puerto Rico EMSC Accomplishments Since 1995

Rhode Island

Table 1: Number of Children by Age in Rhode Island, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Rhode Island, 1997

	Number	Percent
Total	233,600	100.0%
White	190,600	81.6%
Black	12,100	5.2%
Hispanic	22,700	9.7%
Asian & Pacific Islander	6,900	3.0%
Native American	1,300	0.6%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	7.0 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	1.2 per 1,000 live births
Child Mortality Rate (ages 1 - 14)	14.7 per 100,000
Teen Mortality Rate (ages 15 - 19)	71.6 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	6.4 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	7.3 per 100,000 ¹
Teen High School Dropouts (ages 16 - 19)	12 %
Percent Children without Insurance (ages 0 - 19)	8.1 %

¹ This estimate is unreliable

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	Not Available
Verified Trauma Centers	Not Available
Poison Control Centers	1
Pediatric ICU's	Not Available
Pediatricians	195
Emergency Physicians	117
EMS Providers	Not Available
Licensed Ground Ambulance Services	Not Available

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	32.7%
Rode with a drinking driver during the past month	35.9%
Carried a weapon during the past month	17.7%
Involved in a physical fight during the past year	35.2%
Attempted suicide during the past year	9.6%
Rarely or never wore a bicycle helmet during the past year	90.7%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Rhode Island EMSC At-A-Glance

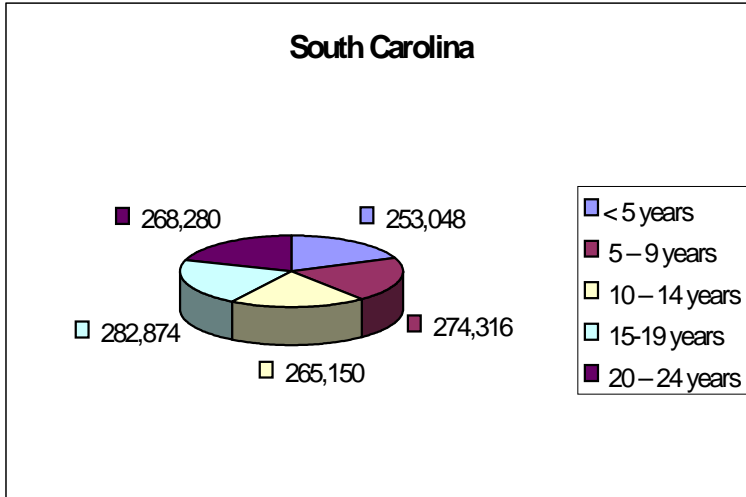
	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	?
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	?
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	?
Facility categories for pediatric trauma	?
Regionalized care for pediatric intensive care/trauma	Y
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	Y
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

Y = Yes; N = No; I = In progress

Rhode Island EMSC Accomplishments Since 1995

South Carolina

Table 1: Number of Children by Age in South Carolina, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in South Carolina, 1997

	Number	Percent
Total	637,900	100.0%
White	576,200	90.3%
Black	35,300	5.5%
Hispanic	15,100	2.4%
Asian & Pacific Islander	8,900	1.4%
Native American	2,400	0.4%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	9.6 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.7 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	27.6 per 100,000
Teen Mortality Rate (ages 15 - 19)	85.9 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	15.9 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	14.9 per 100,000
Teen High School Dropouts (ages 16 - 19)	11 %
Percent Children without Insurance (ages 0 - 19)	18.8 %

¹Title V data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	Not Available
Verified Trauma Centers	Not Available
Poison Control Centers	1
Pediatric ICU's	Not Available
Pediatricians	418
Emergency Physicians	311
EMS Providers	Not Available
Licensed Ground Ambulance Services	Not Available

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	25.3%
Rode with a drinking driver during the past month	37.9%
Carried a weapon during the past month	24.6%
Involved in a physical fight during the past year	36.2%
Attempted suicide during the past year	10.3%
Rarely or never wore a bicycle helmet during the past year	95.3%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: South Carolina EMSC At-A-Glance

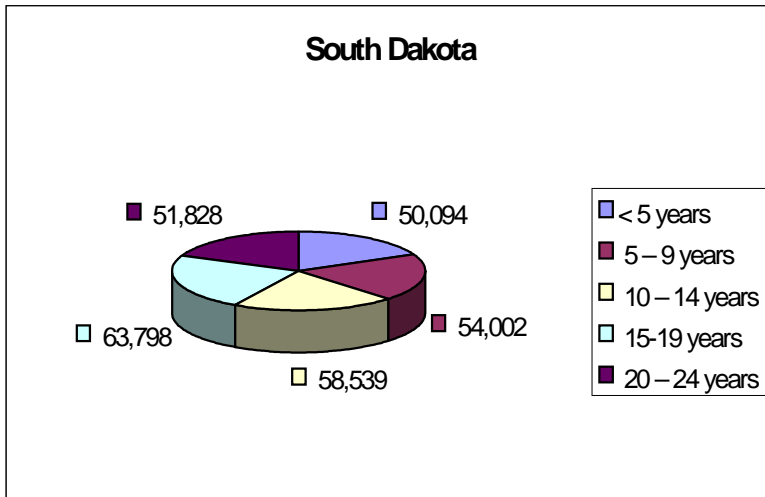
	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	?
Pediatric equipment guidelines for ED's	/
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	?
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	Y
Facility categories for pediatric trauma	?
Regionalized care for pediatric intensive care/trauma	?
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	?
Public education and awareness activities	?
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

Y = Yes; N = No; I = In progress

South Carolina EMSC Accomplishments Since 1995

South Dakota

Table 1: Number of Children by Age in South Dakota, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in South Dakota, 1997

Total	197,300	100.0%
White	164,100	83.2%
Black	1,300	0.7%
Hispanic	3,100	1.6%
Asian & Pacific Islander	1,600	0.8%
Native American	27,200	13.8%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	7.7 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.8 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	29.4 per 100,000
Teen Mortality Rate (ages 15 - 19)	102.5 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	14.4 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	18.5 per 100,000
Teen High School Dropouts (ages 16 - 19)	10 %
Percent Children without Insurance (ages 0 - 19)	9.5 %

¹ Title V data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	51
Verified Trauma Centers	Level I - 0; Level II - 2
Poison Control Centers	1
Pediatric ICU's	3
Pediatricians	57
Emergency Physicians	21
EMS Providers	EMT-B = 3,500; EMT-I = 250; EMT-P = 89
Licensed Ground Ambulance Services	128

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	36.5%
Rode with a drinking driver during the past month	49.7%
Carried a weapon during the past month	19.5%
Involved in a physical fight during the past year	31.1%
Attempted suicide during the past year	10.7%
Rarely or never wore a bicycle helmet during the past year	96.7%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: South Dakota EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	N
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	N
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	I
Facility categories for pediatric intensive care	I
Facility categories for pediatric trauma	I
Regionalized care for pediatric intensive care/trauma	I
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	I
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	I

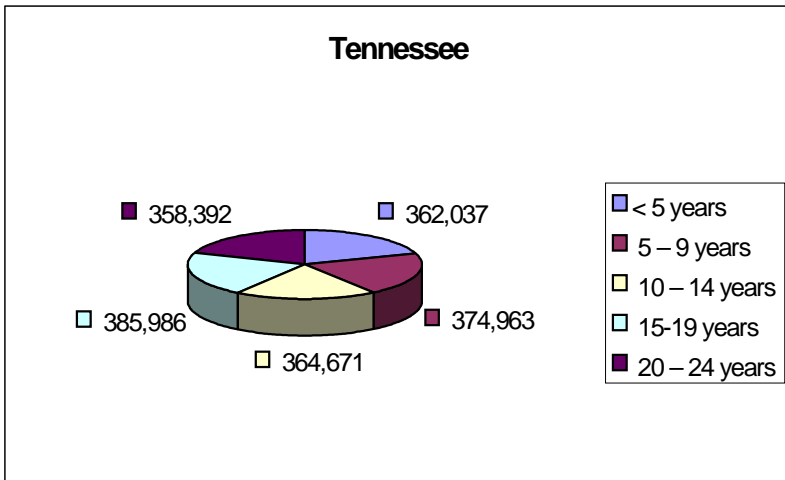
Y = Yes; N = No; I = In progress

South Dakota EMSC Accomplishments Since 1995

South Dakota EMSC has provided pediatric emergency care training for over 3,500 participants statewide. All of the State's BLS providers received two days of pediatric training. Injury Prevention and Bystander First Aid training was provided for over 200 instructors and 4,000 participants across the state. SD EMSC has partnered with the United Tribes Technical College in Bismarck, ND to help serve the training needs of the 94,000 members of the American Indian tribes in North Dakota, South Dakota, Iowa and Nebraska. Pediatric training has been provided annually and support is provided for the annual Native American Lifesavers Conference and the Injury Prevention Degree Program at the college.

Tennessee

Table 1: Number of Children by Age in Tennessee, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Tennessee, 1997

	Number	Percent
Total	1,324,800	100.0%
White	1,005,000	75.9%
Black	283,800	21.4%
Hispanic	1,900	0.1%
Asian & Pacific Islander	14,200	1.1%
Native American	2,800	0.2%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	8.6 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	3.5 per 1,000 live births
Child Mortality Rate (ages 1 - 14)	30.4 per 100,000
Teen Mortality Rate (ages 15 - 19)	97.6 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	25.7 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	15.5 per 100,000
Teen High School Dropouts (ages 16 - 19)	13 %
Percent Children without Insurance (ages 0 - 19)	11.1 %

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	168
Verified Trauma Centers	Level I = 6; Level II = 4; Level III = 4
Poison Control Centers	2
Pediatric ICU's	5
Pediatricians	518
Emergency Physicians	351
EMS Providers	1 st Responders = 3,186; EMT-B = 4,783; EMT-I = 2,940; EMT-P = 3,103
Licensed Ground Ambulance Services	175

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	25.3%
Rode with a drinking driver during the past month	35.3%
Carried a weapon during the past month	23.9%
Involved in a physical fight during the past year	32.7%
Attempted suicide during the past year	9.8%
Rarely or never wore a bicycle helmet during the past year	93.0%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Tennessee EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	Y
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	Y
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	Y
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	Y
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	Y
Public Education	
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

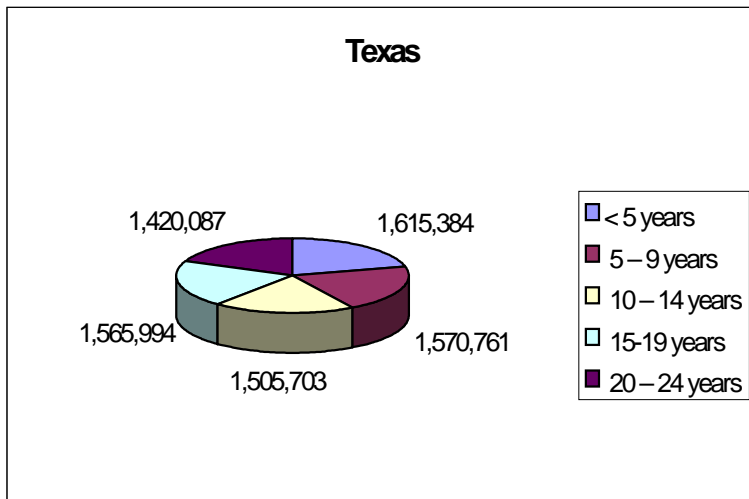
Y = Yes; N = No; I = In progress

Tennessee EMSC Accomplishments Since 1995

Institutionalization of EMSC into the state system has been the primary focus of Tennessee's project since funding was awarded in 1994. Both the Board for Licensing Health Care Facilities and the EMS Board elevated the state Committee on Pediatric Emergency Care to full committee status. An outcome of the EMSC legislation in 1998 was the EMS pediatric equipment and training and regulations requiring designation of four levels of pediatric emergency care facilities: basic, primary, general, and comprehensive regional pediatric center. The requirements for staff training and equipment as well as certain hospital functions are delineated in the promulgated rules. The new regulations require hospitals to report certain information about the level of training of their providers and the equipment available for pediatric care. In addition, the annual surveys of all the hospitals will require information on triage, transfer and care of pediatric cases, including the type of pediatric cases seen in each hospital and those that are referred to a higher level of care. Surveyors for the Board for Licensing Health Care Facilities will conduct on site inspections of all hospitals to verify the degree of compliance with the EMSC regulations.

Texas

Table 1: Number of Children by Age in Texas, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Texas, 1997

Total	6,347,353	100.0%
White	3,066,933	48.3%
Black	804,783	12.7%
Hispanic	2,312,318	36.4%
Asian & Pacific Islander	139,000	2.2%
Native American	14,319	0.2%

Source: 1999 Texas Bureau of Vital Statistics

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	6.4 per 1000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.5 per 1000 live births ¹
Child Mortality Rate (ages 1 - 14)	24.1 per 100,000 ²
Teen Mortality Rate (ages 15 - 19)	78.2 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	17.5 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	11.7 per 100,000
Teen High School Dropouts (ages 16 - 19)	1.6 % ³
Percent Children without Insurance (ages 0 - 19)	16.5 % ⁴

¹ 1996 Title V data

³ 1999 Texas Education Agency data

² 1999 Texas Bureau of Vital Statistics

⁴ 1999 Child Health Insurance Program data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	470
Verified Trauma Centers	Level I = 10; Level II = 11; Level = 30; Level IV = 127
Poison Control Centers	6
Pediatric ICU's	134
Pediatricians	1690
Emergency Physicians	1020
EMS Providers	1 st Responders = 4,994; EMT-B = 21,298; EMT-I = 3,717; EMT-P = 9,995
Licensed Ground Ambulance Services	690 (Current Licenses)

Table 5: Youth Behavior by Selected Risk Factor, 1997 ²

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	NA
Rode with a drinking driver during the past month	NA
Carried a weapon during the past month	NA
Involved in a physical fight during the past year	NA
Attempted suicide during the past year	NA
Rarely or never wore a bicycle helmet during the past year	NA

Source: 1997 Youth Risk Behavior Surveillance System

Students in grades 9 through 12

²Texas did not participate in the 1997 Youth Risk Behavior Surveillance System

Table 6: Texas EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	I
Pediatric equipment guidelines for ED's	Y
Method to assess availability of pediatric equipment on ambulances	I
Method to assess availability of pediatric equipment in ED's	Y
Pediatric emergency protocols for prehospital providers	I
Interfacility transport guidelines	I
Facility categories for pediatric intensive care	Y
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	Y
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	I
Public education and awareness activities	I
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

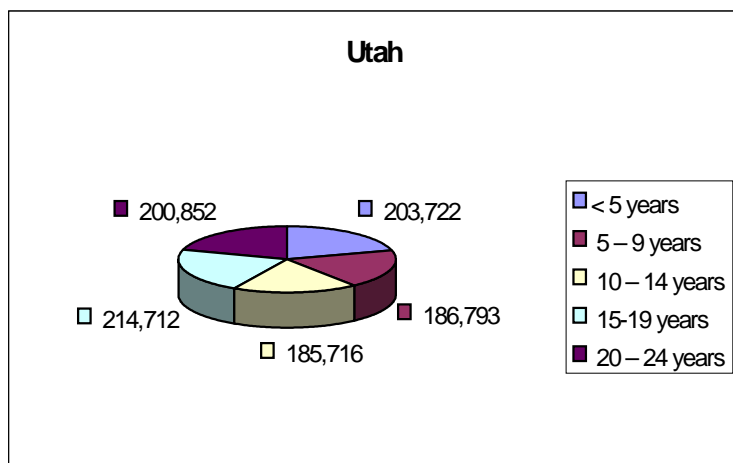
Y = Yes; N = No; I = In progress

Texas EMSC Accomplishments Since 1995

In 1995, the last of 22 Trauma Service Areas in Texas were recognized; and the Regional Advisory Committees (RAC) were established. Since mid-1999 Level III and Level IV hospitals have been participating in a pilot Pediatric Stabilization Facility process to help define a higher standard of pediatric care. To date, 6 hospitals have been actively involved with the Texas Department of Health and the pilot process. Also, in an effort to increase EMS education and awareness of the pediatric patient's need, Texas rolled out the Pediatric Education for Prehospital Professionals (PEPP) in cooperation with the American Academy of Pediatrics (AAP). By November 2000, Texas will have trained PEPP instructors in all TSA's. Lastly, since the 1995 inception of Texas Child Fatality Review Teams, 167 of 254 Texas Counties have active or developing Child Fatality Review Teams that cover approximately 80 percent of state population. The Child Fatality Review Teams are housed with in the same agency as Child Protective Services, which allows communities and participants to disseminate a large number of injury prevention and education materials throughout the state. Participation in a Child Fatality Review Team is a requirement for hospitals to be designated as Pediatric Stabilization Facilities.

Utah

Table 1: Number of Children by Age in Utah, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Utah, 1997

	Number	Percent
Total	688,000	100.0%
White	306,600	44.6%
Black	4,400	0.6%
Hispanic	52,600	7.6%
Asian & Pacific Islander	17,100	2.5%
Native American	10,300	1.5%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	5.8 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.0 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	26.8 per 100,000
Teen Mortality Rate (ages 15 - 19)	80.5 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	16.0 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	14.9 per 100,000
Teen High School Dropouts (ages 16 - 19)	8 %
Percent Children without Insurance (ages 0 - 19)	12.7 %

¹ 1996 Title V data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	Not Available
Verified Trauma Centers	Not Available
Poison Control Centers	1
Pediatric ICU's	Not Available
Pediatricians	165
Emergency Physicians	172
EMS Providers	Not Available
Licensed Ground Ambulance Services	Not Available

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	16.6%
Rode with a drinking driver during the past month	19.4%
Carried a weapon during the past month	20.8%
Involved in a physical fight during the past year	31.9%
Attempted suicide during the past year	8.6%
Rarely or never wore a bicycle helmet during the past year	86.4%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Utah EMSC At-A-Glance

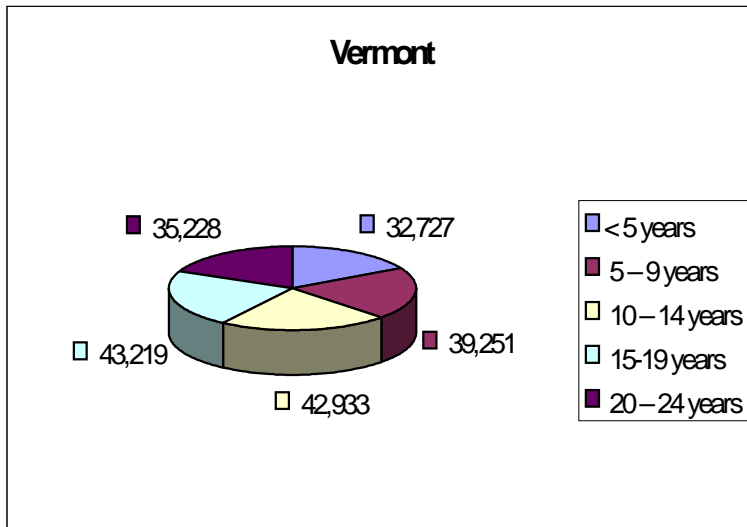
	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	Y
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	?
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	?
Facility categories for pediatric trauma	?
Regionalized care for pediatric intensive care/trauma	?
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	Y
Public education and awareness activities	?
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

Y = Yes; N = No; I = In progress

Utah EMSC Accomplishments Since 1995

Vermont

Table 1: Number of Children by Age in Vermont, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Vermont, 1997

Total	145,600	100.0%
White	141,500	97.2%
Black	800	0.5%
Hispanic	1,400	1.0%
Asian & Pacific Islander	1,500	1.0%
Native American	400	0.3%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	6.1 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.5 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	23.1 per 100,000
Teen Mortality Rate (ages 15 - 19)	35.6 per 100,00 ²
Rate of Teen Firearm Related Deaths (ages 15 - 19)	2.4 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	8.1 per 100,000 ²
Teen High School Dropouts (ages 16 - 19)	7 %
Percent Children without Insurance (ages 0 - 19)	6.6 %

¹ 1996 Title V data

² These estimates are unreliable

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	Not Available
Verified Trauma Centers	Not Available
Poison Control Centers	1
Pediatric ICU's	Not Available
Pediatricians	148
Emergency Physicians	63
EMS Providers	Not Available
Licensed Ground Ambulance Services	Not Available

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	12.5%
Rode with a drinking driver during the past month	32.7%
Carried a weapon during the past month	NA ³
Involved in a physical fight during the past year	27.6%
Attempted suicide during the past year	8.4%
Rarely or never wore a bicycle helmet during the past year	63.9%

Source: 1997 Youth Risk Behavior Surveillance System

Students in grades 9 through 12

³ Vermont did not ask this question in 1997

Table 6: Vermont EMSC At-A-Glance

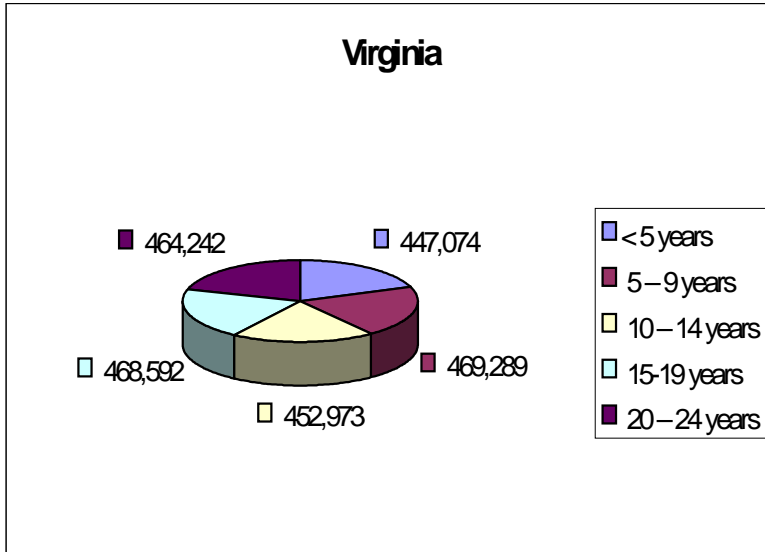
	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	?
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	I
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	I
Facility categories for pediatric trauma	I
Regionalized care for pediatric intensive care/trauma	I
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	?
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	?

Y = Yes; N = No; I = In progress

Vermont EMSC Accomplishments Since 1995

Virginia

Table 1: Number of Children by Age in Virginia, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Virginia, 1997

	Number	Percent
Total	1,644,400	100.0%
White	1,124,700	68.4%
Black	380,100	23.1%
Hispanic	75,100	4.6%
Asian & Pacific Islander	61,200	3.7%
Native American	3,300	0.2%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth – 1 year)	7.8 per 1,000 live births
Postneonatal Mortality Rate (28 days – 11 months)	2.4 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	22.8 per 100,000
Teen Mortality Rate (ages 15 - 19)	76.0 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	20.8 per 100,000 ²
Motor Vehicle-Related Death Rate (ages 0 - 19)	8.9 per 100,000 ²
Teen High School Dropouts (ages 16 - 19)	8 %
Percent Children without Insurance (ages 0 - 19)	11.9 %

¹ 1996 Title data.

² 1997 Virginia EMSC and Virginia Department of Health data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	96
Verified Trauma Centers	Level I = 5; Level II = 3; Level III = 3
Poison Control Centers	3
Pediatric ICU's	8
Pediatricians	849
Emergency Physicians	565
EMS Providers	1 st Responders = 1942; EMT-B = 24,854; EMT-Shock Trauma = 1430; EMT-P = 1741
Licensed Ground Ambulance Services	BLS = 47 ALS = 481*

*2000 data from the Virginia Department of Health, Office of EMS.

Table 5: Youth Behavior by Selected Risk Factor, 1997²

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	NA
Rode with a drinking driver during the past month	NA
Carried a weapon during the past month	NA
Involved in a physical fight during the past year	NA
Attempted suicide during the past year	NA
Rarely or never wore a bicycle helmet during the past year	NA

Source: 1997 Youth Risk Behavior Surveillance System

Students in grades 9 through 12

² Virginia did not participate in the 1997 Youth Risk Behavior Surveillance System

Table 6: Virginia EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	I
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	I
Pediatric emergency protocols for prehospital providers	I
Interfacility transport guidelines	I
Facility categories for pediatric intensive care	I
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	I
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	N
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

Y = Yes; N = No; I = In progress **Virginia EMSC Accomplishments Since 1995**

Virginia EMSC Accomplishments Since 1995

Virginia's EMSC program (VA EMSC) built a strong pediatric EMS infrastructure through statewide collaboration among EMS, child health, and educational systems, which resulted in improved systems development on both regional and state levels. Achievements included: updated regional pediatric morbidity and mortality data profiles obtained by collecting and linking statewide data on pediatric injury deaths, E-coded hospital discharge data and DMV crash reports; statewide programs on first aid and CPR, as well as data-based pediatric injury prevention and education, expanded pediatric emergency training programs and resource materials for school health professionals and prehospital providers. VA EMSC also: conducted assessments of school-based healthcare, children with special needs, and emergency/disaster preparedness; created and selected the "Governor's Award for Outstanding Contribution to EMSC;" created an "EMSC Strategic Planning Group" which works closely with the state EMS department; and succeeded in getting the multidisciplinary statewide EMSC Committee to become a full standing committee of the Governor's EMS Advisory Board.

Virgin Islands

Table 1: Number of Children by Age in Virgin Islands, 1998

Not available

Table 2: Number and Percent of Children by Race/Ethnicity in Virgin Islands, 1997

Total	Not Available	100.0%
White	Not Available	
Black	Not Available	
Hispanic	Not Available	
Asian & Pacific Islander	Not Available	
Native American	Not Available	

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

<u>Indicator</u>	<u>1997</u>
Infant Mortality Rate (Birth – 1 year)	10.8 per 1,000 live births
Postneonatal Mortality Rate (28 days – 11 months)	2.3 per 1,000 live births
Child Mortality Rate (ages 1 - 14)	Not Available
Teen Mortality Rate (ages 15 - 19)	Not Available
Rate of Teen Firearm Related Deaths (ages 15 - 19)	Not Available
Motor Vehicle-Related Death Rate (ages 0 - 19)	Not Available
Teen High School Dropouts (ages 16 - 19)	Not Available
Percent Children without Insurance (ages 0 - 19)	Not Available

Table 4: Number of Clinical Resources by Type

<u>Type of Resource</u>	<u>Number</u>
Hospitals	Not Available
Verified Trauma Centers	Not Available
Poison Control Centers	Not Available
Pediatric ICU's	Not Available
Pediatricians	3
Emergency Physicians	4
EMS Providers	Not Available
Licensed Ground Ambulance Services	Not Available

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	8.7%
Rode with a drinking driver during the past month	26.3%
Carried a weapon during the past month	20.9%
Involved in a physical fight during the past year	32.3%
Attempted suicide during the past year	9.3%
Rarely or never wore a bicycle helmet during the past year	97.4%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Virgin Islands EMSC At-A-Glance

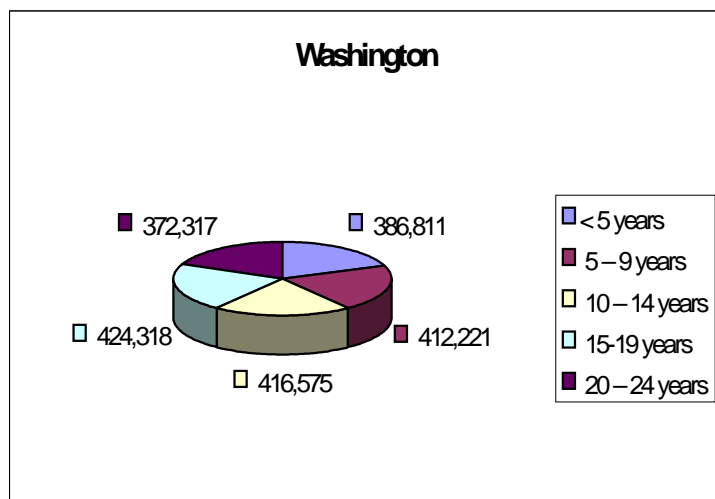
	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	?
Pediatric equipment guidelines for ED's	?
Method to assess availability of pediatric equipment on ambulances	?
Method to assess availability of pediatric equipment in ED's	?
Pediatric emergency protocols for prehospital providers	?
Interfacility transport guidelines	?
Facility categories for pediatric intensive care	?
Facility categories for pediatric trauma	?
Regionalized care for pediatric intensive care/trauma	?
Pediatric EMS advisory committee or pediatric subcommittee	?
Training & Education	
Pediatric emergency training to prehospital providers	?
Pediatric emergency training to nurses and physicians	?
EMSC legislation and regulation regarding training	?
Public education and awareness activities	?
Injury Prevention	
Injury prevention activities	?
Data Collection	
EMSC-related data collection activities	?

Y = Yes; N = No; I = In progress

Virgin Islands EMSC Accomplishments Since 1995

Washington

Table 1: Number of Children by Age in Washington, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Washington, 1997

Total	Number	Percent
Total	1,454,700	100.0%
White	1,145,500	78.7%
Black	55,900	3.8%
Hispanic	134,400	9.2%
Asian & Pacific Islander	89,800	6.2%
Native American	29,100	2.0%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	5.6 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.1 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	23.1 per 100,000
Teen Mortality Rate (ages 15 - 19)	64.8 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	16.1 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	9.8 per 100,000
Teen High School Dropouts (ages 16 - 19)	9 % ²
Percent Children without Insurance (ages 0 - 19)	7.9 %

¹ Injury Prevention Project, Department of Health, 1998

² Washington State Kids Count, 1997

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	94
Verified Trauma Centers	Level I = 1; Level II = 2; Level III = 3
Poison Control Centers	1
Pediatric ICU's	5
Pediatricians	668
Emergency Physicians	462
EMS Providers ²	1 st Responders = 2,244; EMT-B and -I = 11,683; ILS ³ = 13; EMT-P = 1,216
Licensed /Verified Ground Aid/Ambulance Services ²	2,136 Ambulance and Aid Vehicles; 988 Ambulance only

³ Intermediate Life Support Technician

² Washington State Department of Health

Office of Emergency Medical and Trauma Prevention
March, 1999

Table 5: Youth Behavior by Selected Risk Factor, 1997 ⁵

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	NA
Rode with a drinking driver during the past month	NA
Carried a weapon during the past month	NA
Involved in a physical fight during the past year	NA
Attempted suicide during the past year	NA
Rarely or never wore a bicycle helmet during the past year	NA

Source: 1997 Youth Risk Behavior Surveillance System

Students in grades 9 through 12

⁵ Washington did not participate in the 1997 Youth Risk Behavior System

Table 6: Washington EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	Y
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	Y
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	N
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	Y
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	Y
Public education and awareness activities	I
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

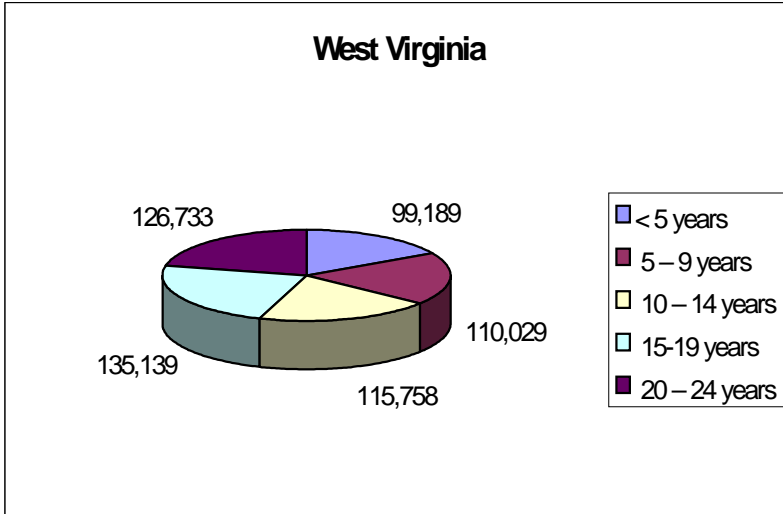
Y = Yes; N = No; I = In progress

Washington EMSC Accomplishments Since 1995

In 1998-1999 Washington State conducted a comprehensive needs assessment and developed an EMSC strategic plan for the next three to five years. The needs assessment process along with a statewide survey of hospital pediatric capabilities indicates that pediatric-specific emergency care, inpatient care and intensive care units are available across Washington State. Reassessing pediatric trauma care training for providers is currently a focus in Washington State, with efforts to provide appropriate pediatric content in an easily accessible manner. Other current EMSC projects include development of: a pilot project designed to ensure the appropriate level of CPR training is provided to high school students, strategies to ensure emergency department identification and referral of children with mental health problems, and an EMSC web site that provides useful information about topics such as education and training and prehospital pediatric protocols and guidelines.

West Virginia

Table 1: Number of Children by Age in West Virginia, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in West Virginia, 1997

	Number	Percent
Total	411,700	100.0%
White	391,100	95.0%
Black	15,200	3.7%
Hispanic	2,900	0.7%
Asian & Pacific Islander	2,000	0.5%
Native American	500	0.1%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	9.6 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.4 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	28.7 per 100,000
Teen Mortality Rate (ages 15 - 19)	68.4 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	14.6 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	14.3 per 100,000
Teen High School Dropouts (ages 16 - 19)	9 %
Percent Children without Insurance (ages 0 - 19)	12.6 %

¹ 1996 Title V data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	72
Verified Trauma Centers	Level I = 2; Level II = 1; Level III = 11
Poison Control Centers	1
Pediatric ICU's	5
Pediatricians	158
Emergency Physicians	143
EMS Providers	1 st Responders = 507; EMT-B = 4,948; EMT-P = 1,311
Licensed Ground Ambulance Services	170

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	21.6%
Rode with a drinking driver during the past month	35.0%
Carried a weapon during the past month	25.5%
Involved in a physical fight during the past year	32.1%
Attempted suicide during the past year	9.7%
Rarely or never wore a bicycle helmet during the past year	88.9%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: West Virginia EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	Y
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	?
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	Y
Facility categories for pediatric intensive care	Y
Facility categories for pediatric trauma	I
Regionalized care for pediatric intensive care/trauma	I
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	I
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

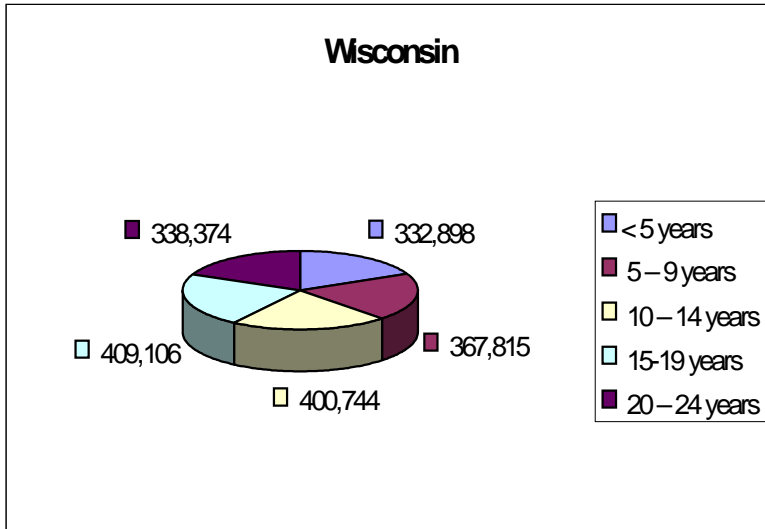
Y = Yes; N = No; I = In progress

West Virginia EMSC Accomplishments Since 1995

West Virginia EMSC has established a recognized presence among social and family service agencies, legislators, public and fire safety organizations, and hospitals. A pediatrician now represents EMSC on the two major EMS System policy-making committees. The Course on Pediatric Emergencies (COPE) manual has been completed - this offers a basic curriculum and advanced life support instruction for statewide training for First Responders, EMTs and other medical professionals with. Other activities include: 1) the implementation of the identification of "at-risk" children through Children's Special Needs Clinics; 2) the creation the EMS Home Visit form for introduction of the EMS personnel to use with families of children with special needs; 3) the adoption of hospital guidelines to implement a systematic ascertainment of pediatric capability among hospitals throughout the state with the incorporation of the "ARK", Always Ready for Kids; and, 4) the coordination of a Home Health Nursing Conference in collaboration with WV MCH staff serving Children with Special Health Care Needs. Activities continue to enhance community awareness and the development of a second SAFE KIDS coalition to facilitate the prevention of unintentional injury to our children.

Wisconsin

Table 1: Number of Children by Age in Wisconsin, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Wisconsin, 1997

Total	1,346,300	100.0%
White	1,138,900	84.6%
Black	107,500	8.0%
Hispanic	51,300	3.8%
Asian & Pacific Islander	32,500	2.4%
Native American	16,100	1.2%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	6.5 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.7 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	21.6 per 100,000
Teen Mortality Rate (ages 15 - 19)	61.2 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	12.8 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	9.7 per 100,000
Teen High School Dropouts (ages 16 - 19)	4 %
Percent Children without Insurance (ages 0 - 19)	5.1 %

¹ 1996 Title v data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	122
Verified Trauma Centers	4
Poison Control Centers	2
Neonatal and Pediatric ICU's	8
Pediatricians	550
Emergency Physicians	373
EMS Providers	23,000
Licensed Ground Ambulance Services	467

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	26.6%
Rode with a drinking driver during the past month	36.0%
Carried a weapon during the past month	15.1%
Involved in a physical fight during the past year	34.0%
Attempted suicide during the past year	NA ²
Rarely or never wore a bicycle helmet during the past year	92.6%

Source: 1997 Youth Risk Behavior Surveillance System

Students in grades 9 through 12

² Did not ask this question – Data not available

Table 6: Wisconsin EMSC At-A-Glance

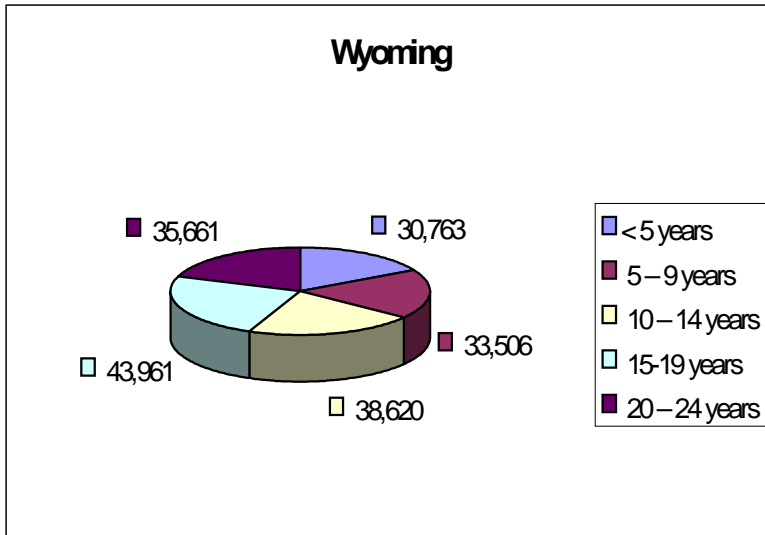
	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	?
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	?
Pediatric emergency protocols for prehospital providers	Y
Interfacility transport guidelines	I
Facility categories for pediatric intensive care	?
Facility categories for pediatric trauma	Y
Regionalized care for pediatric intensive care/trauma	?
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	?
EMSC legislation and regulation regarding training	?
Public education and awareness activities	Y
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	I

Y = Yes; N = No; I = In progress

Wisconsin EMSC Accomplishments Since 1995

Wyoming

Table 1: Number of Children by Age in Wyoming, 1998



Source: U.S. Census Bureau 1998

Table 2: Number and Percent of Children by Race/Ethnicity in Wyoming, 1997

	Number	Percent
Total	131,900	100.0%
White	115,400	87.5%
Black	900	0.7%
Hispanic	40,500	30.7%
Asian & Pacific Islander	1,200	0.9%
Native American	3,900	3.0%

Source: 1999 Kids Count Data Book

Table 3: Childhood Health and Social Indicators, 1997

Indicator	1997
Infant Mortality Rate (Birth - 1 year)	5.8 per 1,000 live births
Postneonatal Mortality Rate (28 days - 11 months)	2.4 per 1,000 live births ¹
Child Mortality Rate (ages 1 - 14)	31.3 per 100,000
Teen Mortality Rate (ages 15 - 19)	90.0 per 100,000
Rate of Teen Firearm Related Deaths (ages 15 - 19)	16.2 per 100,000
Motor Vehicle-Related Death Rate (ages 0 - 19)	20.8 per 100,000
Teen High School Dropouts (ages 16 - 19)	8 %
Percent Children without Insurance (ages 0 - 19)	14.3 %

¹ 1996 Title v data

Table 4: Number of Clinical Resources by Type

Type of Resource	Number
Hospitals	Not Available
Verified Trauma Centers	Not Available
Poison Control Centers	1
Pediatric ICU's	Not Available
Pediatricians	34
Emergency Physicians	35
EMS Providers	Not Available
Licensed Ground Ambulance Services	Not Available

Table 5: Youth Behavior by Selected Risk Factor, 1997

<u>Selected Risk Factors</u>	<u>Percent</u>
Rarely or never used seatbelts	32.9%
Rode with a drinking driver during the past month	40.9%
Carried a weapon during the past month	25.6%
Involved in a physical fight during the past year	34.0%
Attempted suicide during the past year	8.4%
Rarely or never wore a bicycle helmet during the past year	90.3%

Source: 1997 Youth Risk Behavior Surveillance System
Students in grades 9 through 12

Table 6: Wyoming EMSC At-A-Glance

	In place by December 1999
Systems Development	
Pediatric equipment guidelines for ambulances	Y
Pediatric equipment guidelines for ED's	?
Method to assess availability of pediatric equipment on ambulances	Y
Method to assess availability of pediatric equipment in ED's	?
Pediatric emergency protocols for prehospital providers	I
Interfacility transport guidelines	?
Facility categories for pediatric intensive care	?
Facility categories for pediatric trauma	?
Regionalized care for pediatric intensive care/trauma	?
Pediatric EMS advisory committee or pediatric subcommittee	Y
Training & Education	
Pediatric emergency training to prehospital providers	Y
Pediatric emergency training to nurses and physicians	Y
EMSC legislation and regulation regarding training	?
Public education and awareness activities	?
Injury Prevention	
Injury prevention activities	Y
Data Collection	
EMSC-related data collection activities	Y

Y = Yes; N = No; I = In progress

Wyoming EMSC Accomplishments Since 1995

References

In addition to the data provided by individual states and territories, the following key data sources were used to develop this document:

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- 9) U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (1999). Child Health USA 1999. Washington DC: U.S. Government Printing Office