


**Never Shake a Baby Arizona
Annual Evaluation Report
August 2007**

**No Baby
has ever died
from crying,
but too many
have died from
being shaken.**



**Never Shake
A Baby.
*Ever.***



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Executive Summary

Prevent Child Abuse Arizona initiated the Never Shake a Baby Arizona program (NSBAZ) in northern Arizona at the Flagstaff Medical Center and in southeastern Arizona at the University Medical Center in Tucson in the fall of 2003. NSBAZ has been in continuous operation since then, and has now served over 13,000 parents of newborns. Given the positive response from the parents since the program's inception, the primary objective for the past year was to increase the number of hospitals providing the education and to expand the program to community-based organizations. This goal was fulfilled with the addition of five hospitals and one community-based organization. In 2006-07, over 6000 families were served.

NSBAZ consists of a brief (less than 1 hour) intervention in which parents of newborns receive education about infant crying as a normal behavior. The education focuses on teaching parents how to soothe crying infants and how to handle their own frustrations since crying is the most frequent trigger for Shaken Baby Syndrome. Parents also learn about the dangers of shaking babies and methods to avoid shaking. Hospital personnel (primarily nurses) and family service providers are responsible for administering the program. The primary tasks are to solicit parents' participation in program activities that include watching a video, accepting written materials to take home, and reading and signing a commitment form agreeing to share what they learn with other caregivers. The educators discuss the dangers of shaking babies and are asked to witness parents signing the commitment forms. The goal of NSBAZ is to eliminate or reduce Shaken Baby Syndrome (SBS) and to reduce health care costs of injuries associated with this syndrome in Arizona.

This year, data estimates from Arizona Department of Health Services Bureau of Women's and Children's Health indicate that the number of non-fatal hospitalizations due to abusive head injuries among Arizona infants and young children decreased from 34 in 2005 to 22 in 2006. However, the number of confirmed deaths increased from 3 in 2005 to 8 in 2006. Despite the decrease in non-fatal hospitalizations, the hospitalization costs increased from 2005 to 2006. This was primarily due to an increase in average length of hospital stay. Therefore, the need to educate all parents on the consequences of abusive head injuries in babies and strategies to avoid shaking them remains vital.



Introduction

Prevent Child Abuse Arizona first contracted with LeCroy & Milligan Associates, Inc. in 2003 to conduct an evaluation of the Never Shake a Baby Arizona (NSBAZ) *pilot* program. The program was initially implemented in northern Arizona at the Flagstaff Medical Center (FMC) in Flagstaff and in southeastern Arizona at the University Medical Center (UMC) in Tucson in the fall of 2003, and has been in continuous operation since.

This report is the fourth in a series of annual evaluation reports. The first report, *Never Shake a Baby Arizona FY2004 Annual Evaluation Report*, presented program implementation findings related to the start up of the pilot program and included recommendations for program improvement. The second and third annual reports, *Never Shake a Baby Arizona Annual Evaluation Reports FY2005 and FY2006*, included program implementation and intermediate outcome findings regarding the participants' recall of the main messages of the NSBAZ program six months after completion. The evaluation findings in those reports indicated that the program was well-received by parents: they found the program helpful and remembered its main messages about the dangers of shaking babies and methods to handle the stress related to babies crying for prolonged periods of time. This year, the evaluation report provides data on program expansion looking at the number of families in Arizona that received the NSBAZ program statewide and by institution, and updated data on abusive head injuries among Arizona infants and young children from the Arizona Department of Health Services.



Program Description

The NSBAZ program consists of a brief (less than 1 hour) intervention that is conducted in hospitals and community organizations with parents of newborns soon after the mother gives birth and before the mother and baby are sent home. The premise of the program is that the period just after the baby's birth provides an optimal "teachable moment" wherein parents can be educated about the dangers of shaking babies and methods to avoid shaking when frustrated. It is believed that during moments of frustration and stress, particularly associated with babies who cry for prolonged periods of time, parents will recall what they learned from the program and implement strategies other than shaking, such as calling a friend or relative for help, or letting the baby cry (but checking on the baby frequently).¹

A study of the original New York program conducted by Dr. Mark Dias (2005) supports the basic program premise: "A coordinated, hospital-based, parent education program, targeting parents of all newborn infants, can reduce significantly the incidence of abusive head injuries among infants and children less than 36 months of age."

NSBAZ has a Program Coordinator who oversees program implementation. The coordinator is responsible for training hospital and community organization staff on the proper implementation and data collection procedures, supplying them with program materials, and ensuring that completed commitment forms are submitted to the evaluation team.

In hospitals, clinical coordinators, clinical educators, and charge and floor nurses are responsible for administering the program. The nurses approach parents of newborns to solicit their participation in program activities that include watching a video, accepting written materials to take home, and reading and signing a commitment form agreeing to share what they learn with other caregivers. The nurses also discuss the dangers of shaking babies and are asked to witness parents signing the commitment forms. In community service organizations, families of newborns and older infants are offered the program, and similar procedures are followed.

¹ For more information about Shaken Baby Syndrome and its prevention, go to www.preventchildabuse.com/shaken.htm, www.nsbaz.org, or www.dontshake.org



The program materials highlight the consequences of shaking babies and methods to avoid shaking. The video options available to participants include *Preventing Shaken Baby Syndrome* (produced by Phoenix Children's Hospital), *When Your Baby Cries*, which is targeted to Native Americans (produced by the University of Oklahoma Health Sciences Center), and *Elijah's Story*. Spanish-speaking versions of all videos are also available except *Elijah's Story*, which uses Spanish subtitles rather than oral translation. For parents who speak neither English nor Spanish, UMC provides electronic translation equipment for watching the video.



Abusive Head Injuries among Arizona Infants and Young Children, 2004-2006

The information in this section was provided by ADHS Bureau of Women's and Children's Health (BWCH). The BWCH compiles annual data based on the abusive head injury fatalities identified in the Arizona Child Fatality Review Program annual reports and on the non-fatal hospitalizations and emergency department visits due to abusive head injuries (shaken infant or shaken impact syndrome). The cases are identified using methods from a study conducted by Dias et al. (2005).² Infants and children under the age of two with a code for shaken infant syndrome (995.55) in any of the diagnostic fields were included. Additionally, cases with a diagnostic code for skull fracture or intracranial injury (800-804.9), retinal hemorrhage (362.81), or intracranial hemorrhage (853.0, 853.1) with an external cause of injury code for known or suspected homicide/assault (E960-E968 and E980-E989) are included.

In the study by Dias and colleagues (2005), all suspected cases of abusive head injury were reviewed in detail by a multidisciplinary medical team to confirm the nature of the inflicted injuries. For this report on abusive head injury in Arizona during 2004-2006, the number of non-fatal hospitalizations represents *an estimate* because ADHS was unable to conduct an extensive review of medical records.

2004

In 2004, there were 29 non-fatal hospitalizations. Sixty-two percent were males (n=18) and 38 percent were females (n=11). The children spent a total of 292 days in the hospital, and the mean length of stay was 10 days. The hospital charges totaled \$1,459,354, and AHCCCS/Medicaid was the expected payer for the majority of these hospitalizations (69 percent, n=20). Of the cases for which AHCCCS/Medicaid was the expected payer, the average cost per hospitalization was \$72,967. There were also two emergency department visits due to abusive head injuries. According to the 12th Annual Child Fatality Review Program Report, there were **three confirmed deaths** due to shaken infant syndrome in 2004.³

² Dias MS, Smith K, deGuehery K, *et al.* Preventing Abusive Head Trauma among Infants and Young Children: A Hospital-Based, Parent Education Program. *Pediatrics*. 2005;115:e470-e477.

³ Arizona Child Fatality Review Program: <http://www.azdhs.gov/phs/owch/cfr.htm>



2005

In 2005, there were 34 non-fatal hospitalizations. Sixty-two percent were males (n=21) and 38 percent were females (n=13). The children spent a total of 298 days in the hospital, and the mean length of stay was 8.8 days. The hospital charges totaled \$1,526,626, and AHCCCS/Medicaid was the expected payer for the majority of these hospitalizations (76 percent, n=26). Of the cases for which AHCCCS/Medicaid was the expected payer, the average cost per hospitalization was \$58,716. There were also six emergency department visits for abusive head injuries. According to the 13th Annual Child Fatality Review Program Report, there were **three confirmed deaths** due to shaken infant syndrome in 2005.³

2006

There were 22 non-fatal hospitalizations in 2006. Sixty-four percent were males (n=14) and 36 percent were females (n=8). The children stayed a total of 244 days in the hospital, and the mean length of stay was 11 days. The hospital charges totaled \$1,630,998, and AHCCCS/Medicaid was the expected payer for the majority of these hospitalizations (68 percent, n=15). Of the cases for which AHCCCS/Medicaid was the expected payer, the average cost per hospitalization was \$108,733. There were five emergency department visits for abusive head injuries. According to the Child Fatality Review program, there were **eight confirmed deaths** due to shaken infant syndrome in 2006: six deaths occurred in Maricopa County; one death in Apache County, and one death in Gila County. There were no deaths reported in Pima and Coconino Counties, where the program has been in effect since 2003. The 14th Annual Child Fatality Review Report will be published in November 2007.

The information provided above shows that the number of non-fatal hospitalizations went from 29 to 34 to 22 over the three-year period, with an appreciable decline in 2006. Although number of incidents went down, the total hospital costs increased, with mean length of stay per year rising from 8.8 days in 2005 to 11 days in 2006. According to the ADHS data, the average hospitalization cost per case for 2005, for which the expected payer was AHCCCS/Medicaid, was \$58,716 per case. For 2006, the average

³ Ibid.



hospitalization cost per case for which the expected payer was AHCCCS/Medicaid was \$108,733 per case. Clearly, despite the decline in incidents, the rising cost of hospitalization due to abusive head injuries among young children justifies the need for educating all parents of newborns and young infants about Shaken Baby Syndrome.

The non-fatal hospitalizations due to abusive head injuries were reported from eight facilities during 2004-2006. Exhibit 1 shows non-fatal hospitalizations due to abusive head injury by facility.

Exhibit 1. Non-Fatal Hospitalizations due to Abusive Head Injury by Facility, Arizona 2004-2006						
Facility	2004 (n=29)		2005 (n=34)		2006 (n=22)	
	n	%	n	%	n	%
Banner Desert Medical Center	2	7%	6	18%	1	4%
Maricopa Medical Center	2	7%	4	12%	3	14%
Phoenix Children's Hospital	12	41%	11	32%	10	45%
St. Joseph's Hospital and Medical Center	5	17%	4	12%	4	18%
Tucson Medical Center	2	7%	1	3%	-	
University Medical Center	6	21%	7	21%	3	14%
Flagstaff Medical Center	-	-	1	3%	-	
Banner Good Samaritan Medical Center	-	-	-	-	1	4%

During 2004-2006, the majority of children hospitalized for abusive head injuries resided in Maricopa County. Exhibit 2 shows non-fatal hospitalizations due to abusive head injuries by county of residence. From 2005 to 2006, the incidents of abusive head injuries decreased in Coconino and Pima Counties, where the program has been in effect since 2003.



Exhibit 2. Non-Fatal Hospitalizations due to Abusive Head Injuries by County of Residence, Arizona 2004-2006						
County of Residence	2004 (n=29)		2005 (n=34)		2006 (n=22)	
	n	%	n	%	n	%
Apache	1	3%	3	9%	1	4%
Cochise	2	7%	-	-	-	-
Coconino	1	3%	1	3%	-	-
Gila	-	-	-	-	1	4%
La Paz	-	-	1	3%	-	-
Maricopa	16	55%	15	44%	14	64%
Mohave	1	3%	1	3%	-	-
Pima	6	21%	7	21%	3	14%
Pinal	-	-	2	6%	2	9%
Santa Cruz	1	3%	1	3%	-	-
Yavapai	-	-	3	9%	1	4%
Yuma	1	3%	-	-	-	-

Program Goals and Objectives

As demonstrated above, shaking babies can lead to serious injury or death. The emotional and financial toll on families can also be staggering. The continual care required often necessitates that one parent become a full-time caregiver. This can lead to loss of income and tensions in the family, especially among other siblings who may sometimes feel neglected.

Although Shaken Baby Syndrome is relatively rare compared to more common diseases and conditions such as heart disease or diabetes, the costs are high, and consequences can be, and often are, severe for children and families. The goal of implementing NSBAZ, therefore, is to eliminate or reduce Shaken Baby Syndrome and reduce health care costs in Arizona. To that end, a primary objective is to expand the program to all birth hospitals in Arizona as well as to appropriate community-based organizations in order to educate *all* parents of newborns about the dangers of shaking their babies, methods to avoid shaking, and the importance of informing their babies' caretakers about the dangers of shaking babies. A logic model that summarizes the program's major resources, activities, objectives, and goals is presented in Exhibit 3 on the following page.



Exhibit 3. Program Logic Model for Never Shake a Baby Arizona

Resources	Activities	Objectives	Outcomes
Program coordinator	Program implementation oversight	Train nurses and community organization service providers on program implementation and data collection procedures Monitor program implementation and data collection; work with sites to correct issues	Decrease the incidence of non-fatal and fatal cases of Shaken Baby Syndrome in Arizona Decrease health care costs in Arizona
	Program development	Expand program to all Arizona hospitals Expand program to community-based organizations	
Hospital nursing staff Community-based organization program providers	Discuss dangers of shaking babies with parents Provide parents written materials on methods to avoid shaking Show parents video on consequences of shaking/methods to avoid	Educate all parents of newborns and young infants on the dangers of shaking babies and methods to avoid shaking	
	Have parents sign commitment forms Submit signed forms to evaluation team	Parents commit to sharing information with all their babies' caregivers Signed commitment form	
Evaluation team	Count and verify commitment forms	Report numbers of parents receiving program	
Funding	Administrative and supplies costs	Program sustainability	



Expansion of the Program

In 2006-07, NSBAZ experienced unprecedented growth in the number of hospitals and organizations offering services to the parents of newborns and young infants. The table below presents the complete list of organizations currently providing services, and in what year and month the program was initiated. Five hospitals and one community organization initiated program services in 2006-07 (see Exhibit 4).

Exhibit 4. Hospitals and Organizations offering NSBAZ education		
<i>Organization Name</i>	<i>Organization Type</i>	<i>Month/Year of Program Initiation</i>
Flagstaff Medical Center (FMC)	Hospital	August 2003
University Medical Center (UMC Tucson)	Hospital	October 2003
Kingman Regional Medical Center (KRMC)	Hospital	November 2006
Phoenix Children's Hospital (PCH)	Hospital	February 2007
Western Arizona Regional Medical Center (WARMC)	Hospital	February 2007
Phoenix Baptist Hospital (PBH)	Hospital	March 2007
Maryvale Hospital Medical Center	Hospital	April 2007
Southwest Human Development	Family and children service provider	May 2007



Data Collection and Families Served

During the past year, data collection from the parents participating in the program was modified. Demographic and background information about parents was eliminated from the commitment form. Parents were asked to sign a simpler commitment form saying they would ensure that they and any caregivers of their babies would use methods learned through the program to cope with crying babies. Parents also listed a person or persons they could call for help and support when upset by their babies' prolonged crying. By signing the forms, parents "committed" to sharing the information they learned with their babies' other caregivers. An example of the simplified form is presented in Appendix A.

The signed forms were mailed to LeCroy & Milligan Associates, Inc. on a monthly basis along with a data cover sheet that stated the number of births that month in the case of birthing hospitals, or the number of parents eligible to receive the program in the case of community-based organizations. The numbers were then checked and entered into a database. The results for 2006-07 are presented in the Exhibit 5.



Exhibit 5. Families Receiving Never Shake a Baby Education in Arizona FY 2006-07					
Month & Year	Number of Births in Hospitals and/or Number of Parenting Families in Organizations Served	Number of Families Offered Program	Percent of Eligible Families Offered Program	Number of Families Offered Program Who Completed	Percent of Families Offered Program Who Completed
Jul-06	366	254	69%	244	96%
Aug-06	342	223	65%	199	89%
Sep-06	342	260	76%	248	95%
Oct-06	333	233	70%	216	93%
Nov-06	336	251	75%	245	98%
Dec-06	394	307	78%	298	97%
Jan-07	341	266	78%	263	99%
Feb-07	378	299	79%	293	98%
Mar-07	684	403	59%	374	93%
Apr-07	951	414	44%	400	97%
May-07	1032	571	55%	562	98%
Jun-07	806	540	67%	527	98%
Total	6269	4002	64%	3850	96%

Statewide, the total number of families that have received NSB education since program inception is over now 13,000, with over 7000 families receiving services between 2003 and 2005, and over 6200 families receiving services in 2006-07.

Appendix B presents monthly figures for the number of families served by institution in 2006-07.



References

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Appendix A: Commitment Form Example



Never Shake A Baby Arizona - Commitment Form

You are your child's best advocate. We need you to prevent the shaking of your baby.

Commitment Statement:

I have learned that crying is normal for babies, and shaking a baby can cause brain damage or death. I will make sure that anyone who watches my child knows about the dangers of shaking.

Please sign for yourself below:

Mother's Signature _____ date _____

Father's Signature _____ date _____

Witness' Signature _____ date _____

My Plan in case my baby cries a lot:

- take my baby for a walk or a ride in the car
- put my baby in a safe place and let him/her cry
- do what I like to relax myself _____
- other _____

Who I can call for help:

Name of doctor _____

Telephone number _____

Name of family member _____

Telephone number _____

Name of friend _____

Telephone number _____

Note: this statement is not part of the medical record. If found, please return to
NSBAZ, c/o Prevent Child Abuse Arizona, P.O. Box 432, Prescott, AZ

LeCroy & Milligan Associates, Inc. _____

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Appendix B: Number of Families Served by Institution



Flagstaff Medical Center FY 2006-07					
	Number of births	Number of Families Offered Program	Percent of Families Offered Program	Number of Families Offered Program Who Completed	Percent of Families Offered Program Who Completed
Jul-06	133	95	71%	93	98%
Aug-06	143	91	64%	83	91%
Sep-06	139	109	78%	104	95%
Oct-06	125	96	77%	89	93%
Nov-06	123	94	76%	93	99%
Dec-06	126	95	75%	94	99%
Jan-07	123	91	74%	91	100%
Feb-07	127	100	79%	94	94%
Mar-07	122	117	96%	94	80%
Apr-07	140	105	75%	97	92%
May-07	132	108	82%	101	94%
Jun-07	160	135	84%	132	98%
Total	1593	1236	78%	1165	94%

University Medical Center (Tucson) FY 2006-07					
	Number of births	Number of Families Offered Program	Percent of Families Offered Program	Number of Families Offered Program Who Completed	Percent of Families Offered Program Who Completed
Jul-06	233	159	68%	151	95%
Aug-06	199	132	66%	116	88%
Sep-06	203	151	74%	144	95%
Oct-06	208	137	66%	127	93%
Nov-06	199	143	72%	138	97%
Dec-06	209	153	73%	145	95%
Jan-07	169	128	76%	125	98%
Feb-07	189	137	72%	137	100%
Mar-07	173	147	85%	141	96%
Apr-07	172	129	75%	124	96%
May-07	157	117	75%	115	98%
Jun-07	192	137	71%	128	93%
Total	2303	1670	73%	1591	95%



Kingman Regional Medical Center FY 2006-07					
	Number of births	Number of Families Offered Program	Percent of Families Offered Program	Number of Families Offered Program Who Completed	Percent of Families Offered Program Who Completed
Nov-06*	14	14	100%	14	100%
Dec-06	59	59	100%	59	100%
Jan-07	49	47	96%	47	100%
Feb-07	50	50	100%	50	100%
Mar-07	55	55	100%	55	100%
Apr-07	53	42	79%	41	98%
May-07	61	61	100%	61	100%
Jun-07	59	46	78%	46	100%
Total	400	374	94%	373	100%

* partial month of NSB services

Phoenix Children's Hospital FY 2006-07					
	Number of Families Eligible to Receive Program (This is not a birthing hospital)	Number of Families Offered Program	Percent of Families Offered Program	Number of Families Offered Program Who Completed	Percent of Families Offered Program Who Completed
Feb-07	9	9	100%	9	100%
Mar-07	40	40	100%	40	100%
Apr-07	6	6	100%	6	100%
May-07	41	41	100%	41	100%
Jun-07	36	36	100%	36	100%
Total	96	96	100%	96	100%



Western Arizona Regional Medical Center FY 2006-07					
	Number of births	Number of Families Offered Program	Percent of Families Offered Program	Number of Families Offered Program Who Completed	Percent of Families Offered Program Who Completed
Apr-07*	3	3	100%	3	100%
Mar-07	12	2	17%	2	100%
Apr-07	26	12	46%	12	100%
May-07	22	11	50%	11	100%
Jun-07	31	17	55%	17	100%
Total	94	45	48%	45	100%

* partial month of NSB services

Phoenix Baptist Hospital FY 2006-07					
	Number of births	Number of Families Offered Program	Percent of Families Offered Program	Number of Families Offered Program Who Completed	Percent of Families Offered Program Who Completed
Mar-07	282	42	15%	42	100%
Apr-07	283	26	9%	26	100%
May-07	342	58	17%	58	100%
Jun-07	not reported	not reported		not reported	
Total	907	126	14%	126	100%

Southwest Human Development FY 2006-07					
	Number of births	Number of Families Offered Program	Percent of Families Offered Program	Number of Families Offered Program Who Completed	Percent of Families Offered Program Who Completed
May-07	4	4	100%	4	100%
Jun-07	38	38	100%	37	97%
Total	42	42	100%	41	98%

