Planning for Knowledge Exchange in a Study of the Safety-Related Experiences of Parents of Children with Disabilities and Chronic Conditions

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In 2004 approximately 950,000 children under 18 years died as a result of an unintentional injury.

Unintentional injuries are the leading cause of death for children over 9 years.

Tens of millions of children require hospital care every year for non-fatal injuries.

In high-income countries, child injuries account for 40% of all child deaths.

Background – General

Distribution of global child injury deaths by cause, 0–17 years, World, 2004

- Other unintentional\(^a\) 31.1%
- Road traffic injuries 22.3%
- Drowning 16.8%
- Fire-related burns 9.1%
- Falls 4.2%
- Poisoning 3.9%
- Homicide 5.8%
- Self-inflicted injuries 4.4%
- War 2.3%

\(^a\) "Other unintentional" includes categories such as smothering, asphyxiation, choking, animal and venomous bites, hypothermia and hyperthermia as well as natural disasters.

Background – Children with disabilities

Children (0 -17 yrs) with a *single disability* higher prevalence  (Sinclair et al., 2008)

Higher percentages of nonfatal injury in previous 3 months are found in children (5 -17 yrs) with *asthma; ADHD; vision disability*  (Xiang et al., 2005)

In children 3 - 5 yrs (over the period of 1 year), children with *autism, ADHD and other psychopathology* were 2 – 3 times more likely to experience an injury that needed medical attention  (Lee et al., 2008)

Children with *hearing loss* (1 - 18 yrs) were more than twice likely to have been treated for an injury  (Mann et al., 2007)
Background – Injury Prevention

The law The media Injury prevention programs

Parents

Supervision:
Proximity and attention relevant factors (Morrongiello et al., 2006, 2004)

Parenting interventions:
Provided within the home and multi-faceted are effective in reducing childhood injury (Kendrick et al., 2008)
Background — Study purpose

*Study to address gaps in knowledge:*

How do parents of children with disabilities and chronic conditions:

- Perceive risks
- Manage safety issues
Methods

Who:
20 - 25 parents of children between 1 and 5 years
Children who have a disability or chronic health condition

How:
Grounded theory methodology
Semi structured interviews, transcribed verbatim

Why:
To develop a rich description of how parents manage child safety issues
To provide theory grounded in the data
To increase practitioners awareness
To provide groundwork for a survey tool
Knowledge to Action Process

Currently at knowledge creation stage

Knowledge content:
- How parents perceive and manage safety-related issues in relation to their children with disabilities/chronic conditions

Target audience:
- Present: Researchers and Clinicians
  (Future: Parents, families, policy makers, media)

As knowledge is developed, move towards:
- Knowledge tools/products
- Tailoring knowledge
- Action cycle (application of knowledge)
Knowledge to Action Process

Planned Activities – Dissemination to:

Injury prevention & child health researchers:
- Peer-reviewed journal publications
- Child health, injury prevention conference presentations
- Teleconference and seminar presentations
- Website summaries

Clinicians working with families of children with disabilities/chronic conditions:
- Clinical rounds or presentations
- Telehealth presentations
- Newsletters, professional journals
Knowledge to Action Process

Integrated KT approach reflected in:

Collaborative research approach:
- Multidisciplinary team
- Clinician researchers part of team
- Clinical perspectives incorporated through out research process

Limitations:
- Not all types of clinicians included
- Clinician/researcher perspective
Issues and Challenges

Planning KTA process and activities:

- Fit with stage of research
- Fit with type of knowledge generated
- Issues of intensity of KT
- Allocating time and resources appropriately
Issues and Challenges

Adapting to local context and assessing barriers:

- Summer intern to conduct literature review
- Developing plans for tailoring messages and methods
- Assess learning opportunities, needs and preferences for different groups of clinicians (nurses, physicians, OT’s, PT’s) in relevant settings

Challenges include:

Meeting varied needs and expectations for:
   - Information and approaches
   - Content & framing of messages
Questions to Consider

How to assess and address end-user expectations regarding the information research can provide?

How can the diverse needs of different groups of clinicians be addressed?

Are there ways that KTA processes can be undertaken in clinical settings in more integrated ways?
  - Linking efforts across research topics?
  - Reducing duplication of efforts
  - Developing site specific resources to assist with KTA
Thank you!

Study Team Members:

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