Data to Directives: Integrating Crash Reports and Hospital Data to Guide Prevention in Child Passenger Safety. Webinar: broadcast 3/23/23

Quiz Questions to earn CEUs

Send your completed quiz to Susanne Ogaitis-jones (sogaitisjones@miemss.org or cps@miemss.org) or fax: 410-706-3660 or mail: EMS, 653 W. Pratt St, Baltimore, MD 21201. You must get at least 80% correct in order to receive CPST credit or MIEMSS’ EMS credit.

1. True/False: In the data slide showing number of Maryland deaths of restrained or unrestrained occupants between 2007-2012, the green line across the bar graph represented the number of “unknown or not stated restraint use.”
2. What is NOT a source of data used in the NJ-Safety & Outcomes (NH-SHO) Data Warehouse?
	1. Motor vehicle crash (MVC) reports
	2. Hospital discharge data
	3. Seat belt and car seat observational data
	4. Birth/death certificates
	5. Traffic citations & driver licensing
	6. Geographic level indicators
3. Why is it important to standardize your data’s structure?
	1. To “harmonize” it across all the sources
	2. To link each pair of data independently
	3. To organize relational tables
	4. To count events and calculate rates
	5. To follow individuals over time
	6. All of these
4. Which ONE of these data sources did NJ-SHO NOT USE to examine transportation equity?
	1. Residential addresses
	2. Crash location
	3. Race/ethnicity for drivers (from hospital data)
	4. Income and education of drivers
5. True or False: The NJ-SHO data could be used to examine if newer cars and their enhanced safety features are correlated with any changes in injury from MVCs.
6. True/False: A limitation of using only hospital data to understand MVCs is that it does not capture those who don’t seek medical care as well as those with minor injuries.
7. What conclusion did the CHOP speakers make about the NJ-SHO table data below?

 **Restraint use by Child Age**

|  |  |  |
| --- | --- | --- |
| Restraint use type | Children < 2 years | Children 2-3 yrs |
| Rear-facing car seat |  60% |  11% |
| Forward-facing car seat |  26% |  70% |
| Booster |  2% |  6% |
| Seat Belt |  11% |  12% |
| Unrestrained |  < 1% |  < 1% |

* 1. More education/interventions are needed to increase the number of children under age 2 who ride facing the rear of the car.
	2. The number of unrestrained children was so low that no interventions are needed.
	3. Too many children ages 2-3 years are riding rear-facing or in boosters.
1. Which category of drivers are more likely to have their under-two year old children sub-optimally restrained according to NJ-SHO?
	1. Male drivers
	2. Female driver
	3. The youngest and the oldest drivers
2. What pattern of injury was seen in NJ-SHO according to child restraint use (using both crash and hospital data?)
	1. Children in boosters had the highest rate of injury
	2. Children in rear-facing seats had the highest rates of injury
	3. The rates of injury increased with each advancing stage of restraint use (i.e., rear-facing to forward-facing to booster to seat belt)
3. True or False: The National Digital Check Form (NDCF) can be used directly on a tablet device, on a phone APP, or on a paper version and transferred online later.
4. What integrated data can the NDCF show to users through its dashboard?
	1. A map of where seat checks have occurred by county or state
	2. A summary of checks that the individual CPST-user has conducted
	3. An overall misuse rate of car seats by state
	4. Misuse rates by type of misuse (e.g., harnessing, installation)
	5. All of the above
5. True or False: A limitation to conclusions made from the National Digital Check Form is that NDCF only reflects those who choose to attend a car seat check, while the NJ-SHO is more representative of a population because it uses large numbers of people documented to have been in a motor vehicle crash.

**Your name: Email:**