



## Testimony to the Senate Judiciary Committee Senate Bill 77

February 12, 2013

Chair King and Members of the Committee:

I am Trudy Racine, Vice President of Operations for the Kansas Children's Service League. I appreciate this opportunity to provide testimony in support of Senate Bill 77. The mission of the Kansas Children's Service League (KCSL) is "to protect and promote the well-being of children." We are the Kansas chapter of Prevent Child Abuse America. In this role, we have worked with the Kansas Department for Children and Families and other state partners including the Kansas Department of Health and Environment and the Attorney General's office to facilitate research and establish evidence-based approaches to preventing child abuse and neglect.

We strongly support the State Child Death Review Board's goals:

- **To describe** trends and patterns of child deaths, identifying risk factors in the population;
- **To improve** inter-agency communication so recommendations can be made regarding recording of actual cause of death, investigation of suspicious deaths, and system responses to child deaths;
- **To develop** prevention strategies including community education and mobilization, professional training, and changes in legislation, public policy and/or agency practices.

Kansas performs poorly on infant mortality, ranking 40<sup>th</sup> among all states for overall infant mortality and worst in the nation for deaths of black infants, based on 2009 data cited by the Kansas Blue Ribbon Panel on Infant Mortality. The Child Death Review Board has in its possession information that could help health care providers and other organizations target their efforts to keep infants from dying, but the Board is currently not permitted to release information for research to guide that targeting.

KCSL has an example that illustrates just how effective targeted prevention efforts can be in addressing infant mortality. In 2008, Wichita experienced a spike in child abuse fatalities. Eight children aged 0 to 5 died as a result of child abuse. Given the amount of publicity those deaths received and their small number, the Wichita Child Abuse Fatalities Community Response Team was able to use publicly available information to determine that the majority of those deaths

occurred when the infants were shaken by a caregiver. The Community Response Team decided to implement an evidence-based child abuse prevention program offered by the National Center on Shaken Baby Syndrome, called Period of PURPLE Crying®. That program and several other community initiatives that were implemented are widely credited with reducing Wichita's child abuse fatalities of infants aged 0-5 to two in 2009, one in 2010, and zero in 2011 and 2012.

The PURPLE program is given to parents in the hospital after the birth of their baby. Maternity nurses are trained and provided with a script and program materials, including a DVD and booklet for the parents to take home with them. Hospitals and other communities expressed interest in the program following Wichita's success, and Kansas Children's Service League has worked with a number of funders over the past several years to make Kansas the fourth state in the nation to implement the Period of PURPLE Crying® statewide. Currently, approximately 41,000 of the 42,000 (98%) of the live births have been funded to receive the program in 69 of Kansas' 71 birthing facilities. Training has been provided to more than 3,500 early childhood professionals and community partners across the state.

This success was possible because public information was available about a small number of infant deaths in one major Kansas city. Imagine what could be accomplished if we were able to effectively use the information we have about all infant deaths statewide. We believe SB 77 will allow us to do that.

Thank you for the opportunity to provide testimony related to the potential benefits of SB 77. We would be happy to provide additional details as requested.

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*Our Mission: To Protect and Promote the Well-Being of Children*

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### What is The Period of PURPLE Crying®?

The Period of PURPLE Crying® is an evidenced-based prevention program offered by the National Center on Shaken Baby Syndrome. The program approaches Abusive Head Trauma, also known as Shaken Baby Syndrome (SBS), prevention by helping parents and caregivers understand the frustrating features of crying in normal infants that can lead to shaking or abuse. It is unique among SBS prevention efforts in several important ways:

- It approaches prevention through educating parents and the community about normal infant development, specifically, crying in normal infants, rather than being limited to warnings of the negative consequences of shaking.
- It uses highly attractive, positive messages for caregivers rather than negative warnings about bad consequences.
- It aims to bring about a cultural change in our understanding of infant crying in caregivers and the community generally.
- It is designed to increase "penetration rates" to caregivers and be widely acceptable to health care professionals and groups disseminating the intervention.

The primary messages of **The Period of PURPLE Crying®** are:

- Crying is a part of normal child development. At about two weeks of age, babies may start to cry more each week until about two months when they begin to cry less each week. Crying up to five hours a day is not unusual.
- Ways to comfort a crying child include carrying, comforting, walking, and talking to the baby.
- If it's too frustrating it is OK to walk away for a short period of time.
- Never shake or hurt a baby. It can cause blindness, seizures, disabilities and death.
- Be careful who you have care for your baby. If the person has problems handling frustration or has a quick temper, it may be dangerous to leave your child with them.
- Share the The Period of PURPLE Crying® with your child's other caregivers.

Child abuse often happens at critical child development milestones. **The Period of PURPLE Crying®** addresses one of those: infant crying. The program also meets the five protective factors

- Knowledge of Parenting and Child Development (crying is a normal part of infant development).
- Nurturing and Attachment (soothing techniques such as comforting, carrying, walking, and talking).
- Parent Resilience (parents recognize signs and triggers of stress; it's OK to walk away; parents find ways to cope with their frustrations).
- Social Connections (parents identify their support networks).
- Concrete Support in Times of Need (resource list on the inside cover of DVD is personalized to Kansas).

### What are the Program's Components?

The program employs a triple dose strategy to introduce, reinforce, and promote the messages of the program.

**Dose One:** The PURPLE Program is given to parents, both mothers and fathers, in the hospital after the birth of their baby. Maternity nurses will be trained and provided with a script and the materials. Each family will receive a DVD and 11 page booklet about PURPLE Crying. When possible, the parents will watch the film in the hospital and be able to ask the nurse questions. The booklet and DVD are available in 10 languages.

**Dose Two:** Home visitors or pediatricians can reinforce the message by talking to parents about the concepts taught in the program. If needed the pediatrician (or office personnel) will provide materials to parents who were missed at the hospital after having their baby and did not get the materials. It is important not to duplicate the materials in the distribution process and ideally most parents should have received the materials at the hospital.

**Dose Three:** A public education campaign will provide this information to all those who did not receive it through the above methods. This is an important part of bringing about a cultural change as it is necessary to educate grandmothers, boyfriends, neighbors and relatives about the PURPLE program so the mother and father will receive support and reinforcement from them.

**Reinforcement and Enhancements:** Other groups who serve parents will be specifically targeted so that there is complete community coverage about the program. Child care providers, foster care workers, midwives, advice and hot line personnel, family practice physicians, emergency room personnel, and other groups serving parents should be contacted and receive the training. This will insure that the parents get the same information wherever they go for help and advice.



### How is The Period of PURPLE Crying® being implemented in Kansas?

The Kansas Children's Service League is coordinating an effort to bring **The Period of PURPLE Crying®** Program to parents and communities across the state. Kansas is the fourth state in the nation to implement this program statewide. PURPLE partnerships are being formed with hospitals all across the state. Currently, approximately 41,000 of the 42,000 (98%) live births have been funded. 69 of the 71 birthing facilities across the state are implementing Dose One of the program. Dose Two training has been provided to more than 3,500 early childhood professionals and community partners throughout Kansas.

Public and private partners are coming together quickly to make this project a priority during an economic downturn because it is an evidenced-based, strengths-based approach to support families as family stressors are increasing. Funding for The Period of PURPLE Crying® is being provided by the Kansas Children's Cabinet and Trust Fund, the Topeka Community Foundation, Wichita Community Foundation, the Junior League of Wichita, Kids 4 Kids, and hospital foundations.

### The Letters in PURPLE Stand for

|                                                                                 |                                               |                                                      |                                                                      |                                                   |                                                          |
|---------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|
| <b>P</b>                                                                        | <b>U</b>                                      | <b>R</b>                                             | <b>P</b>                                                             | <b>L</b>                                          | <b>E</b>                                                 |
| <b>PEAK OF CRYING</b>                                                           | <b>UNEXPECTED</b>                             | <b>RESISTS SOOTHING</b>                              | <b>PAIN-LIKE FACE</b>                                                | <b>LONG LASTING</b>                               | <b>EVENING</b>                                           |
| Your baby may cry more each week. The most at 2 months, then less at 3-5 months | Crying can come and go and you don't know why | Your baby may not stop crying no matter what you try | A crying baby may look like they are in pain, even when they are not | Crying can last as much as 5 hours a day, or more | Your baby may cry more in the late afternoon and evening |

The word *Period* means that the crying has a beginning and an end.

