

The Math of Sequestration

Kids Safety on the Cliff



“Sequestration is a blunt and indiscriminate instrument. It is not the responsible way for our nation to achieve deficit reduction.”

– Office of Management and Budget Report on Sequestration¹

Executive Summary

As we near the end of the year, the focus of policy makers is on the “fiscal cliff.” Part of the cliff is sequestration: arbitrary cuts to most federal programs to fulfill the goal of the Budget Control Act² and force responsibility on budget deficit reduction. Unfortunately, arbitrary cuts are the polar opposite of budget responsibility. And the lack of responsibility will make infants less safe as they crawl and sleep, and as kids ride bikes, play sports, play with toys and do many of the things that make kids kids. Close attention has been paid to how the cliff will have serious implications for almost all Americans on taxes and how it will handicap our military. And rightly so.

However, left behind is a discussion on the effect of sequestration on the most vulnerable Americans: our kids. Unintentional injury is the leading cause of death for children ages 1 through 19.³ Progress has been made in decreasing the rate of unintentional injury-related death, but steps backward on the commitment of federal resources will have dire consequences. Sequestration will have a devastating impact on kid’s safety.

The bottom line is that programs with a direct programmatic relationship to child safety would be cut by \$4,586,863,600 in the remaining months of FY 2013.

In this report we focus on three agencies that have a direct impact on child safety: the Consumer Product Safety Commission (CPSC), the National Highway Traffic Safety Administration (NHTSA) and the National Center for Injury Prevention and Control (NCIPC) of the Centers for Disease Control and Prevention (CDC). Other programs with a direct link to child safety and prevention and the cuts they would sustain are calculated in the chart on page 3.

What is the Fiscal Cliff?

In August 2011, Congress was on the verge of defaulting on the national debt. To avoid this, Congress passed the Budget Control Act of 2011 (BCA).¹⁴ It set up a Congressional committee—the Joint Select Committee on Deficit Reduction, often referred to as the Super Committee—with the mandate to make up \$1.2 trillion in debt over ten years.¹⁵ The BCA said that if the Super Committee did not meet its goal by November 23, 2011, most federal departments would experience cuts of 8.2 percent on January 1, 2013 unless the Congress passed deficit-cutting legislation meeting the BCA’s target. The Washington-speak term for this is “sequestration.” The cuts would be across-the-board and arbitrary, though a small class of mandatory programs would be exempt, notably food stamps, Social Security, and Medicaid, but not defense.¹⁶

The Super Committee did not reach an agreement. Thus far, Congress has not passed a \$1.2 trillion deficit reduction agreement. The pressure is on for Congress to do so now.¹⁷

As required by law,¹⁸ the Office of Management and Budget released a document stating how sequestration would cut department-by-department, agency-by-agency.¹⁹ Because sequestration would take place in the second quarter of the fiscal year, the cuts would have to be absorbed in nine months, and thus we used 11 percent in calculating the cuts.

The report looks at:

- The amount of funding cuts caused by sequestration.
- How agencies may decide to cut or eliminate programs vital to kids' safety.
- The economic impact—how cuts will result in greater federal spending.
- How earlier cuts have already put important safety programs on a cliff.
- How new risk detection will be hindered.

This study is aimed specifically at what would happen because of sequestration. However, it also has direct relevance to budget-making and deficit-cutting in the near future. Severe cuts made to safety—oriented programs and, more broadly stated, non-defense discretionary funds could have life-or-death consequences for kids in a deficit reduction “grand bargain.” These limited funds are not the answer, or even close to it.

Arbitrary budget cuts will actually end up costing society because a failure to invest in many safety programs will translate into much more spending in health care and losses in productivity.

Call to Action

What can you do? We urge you to send an email to your U.S. Representatives and Senators, and the White House with two very simple points:

- Take America off the fiscal cliff and prevent sequestration from occurring on January 2, 2013 because it would have an unfair impact on the most vulnerable Americans: our kids.
- Responsible budget cutting to achieve deficit reduction must not rely only on non-defense discretionary programs, including those important to child safety, which have already suffered significant cuts over the past few years.

We can help you with your message and how to locate your Members of Congress at www.safekids.org/cliffaction.

CDC's 2010 11% Cut: A Hint of What 11% Sequestration May Bring

A clue to what may happen because of an 11% cut in an agency's budget comes from the CDC. In 2010 and 2011, Congress cut CDC's funding by that exact amount. Just new in the job, Director Thomas Frieden, M.D. told the Washington Post what he had to do:

“... program reductions and eliminations, reduction in the number of staff working on projects, reductions in dollars going out to state governments for prevention, for preparedness, for lead poisoning prevention, for asthma management. State and local governments have had to cut about 45,000 public health jobs in the past two years, and the CDC budget cuts may require them to reduce staffing by another 1,000 staff.”⁵⁰

Impact of Sequestration on Selected Federal Agencies*

Chart 1

Program	Budget Amount	11% cut [‡]
Consumer Product Safety Commission	\$115,000,000	\$12,650,000
DHS-U.S. Fire Administration	\$44,000,000	\$4,840,000
DOT-National Highway Traffic Safety Administration	\$140,000,000	\$15,400,000
DOT-National Transportation Safety Board	\$102,000,000	\$11,220,000
EPA-Office of Children's Health Protection-Healthy Schools	\$10,900,000	\$1,199,000
HHS-Centers for Disease Control and Prevention	\$5,660,000,000	\$622,600,000
HHS-CDC-Childhood Lead Poisoning Prevention Program**	\$2,000,000	\$220,000
HHS-CDC-National Center for Injury Prevention (CDC)**	\$137,700,000	\$15,147,000
HHS-Children's Hospitals Graduate Medical Education	\$265,000,000	\$29,150,000
HHS-Food and Drug Administration	\$3,873,000,000	\$426,030,000
HHS-Maternal Child Health Services	\$639,000,000	\$70,290,000
HHS-National Institutes of Health	\$30,711,000,000	\$3,378,210,000
HHS-Poison Control Centers	\$18,860,000	\$2,074,600
HUD-Office of Lead Hazard Control and Healthy Homes	\$120,000,000	\$13,200,000
Total		\$4,586,863,600

* Addendum 1 provides definitions for the programs and agencies above which are not discussed in detail in this report.

** These amounts are reflected in the total CDC budget.

‡ Because sequestration would begin to take place in the second quarter of the fiscal year, the cuts would have to be absorbed in nine months, and thus we used 11 percent in calculating the cuts.

Conservative Analysis. In developing this report, we were conservative about the programs we included. We did not include programs in which the overwhelming mission is health, rather than safety. There is an ambiguous line between unintentional injury and health. One example is the Low Income Home Energy Assistance Program (LIHEAP)—consider a child who gets sick because of a freezing home, and that sequester would hit in the dead of winter. Is that solely health or is it unintentional injury because of the exposure to cold? LIHEAP will experience a \$382M cut in a sequester, but these programs are not included in this careful analysis.

How Child Safety Will Be Compromised by Sequestration

More Dangerous Toys, Less Educated Youth Coaches, Progress on Car Safety Stalled

Case History: Impact on an Agency

Consumer Product Safety Commission (CPSC)

The mission of the Consumer Product Safety Commission (CPSC) is to protect the public from unreasonable risks of injury or death from more than 15,000 consumer products. The risk to children from dangerous products has always been central to its exercise of discretion on what to focus on because of the sheer size of the marketplace. Children's safety is evident in the priorities Congress set for the agency in the Consumer Product Safety Improvement Act of 2008.⁶

Over the nine remaining months of FY 2013, **CPSC would experience a cut of \$12.65M**. Because of the nature of its mission, an overwhelming percentage of its budget is devoted to staff. If the budget is cut, the agency's programming, investigatory and education efforts will suffer.

One of the principal functions of the agency, by law, is the evaluation of products for risk to determine if they should be recalled because they pose an unreasonable risk. This means discussions involves manufacturers and retailers about voluntarily removing a product from the marketplace. In 2011, CPSC recalled 439 products (all voluntary) involving over 91M units of products. This included 67,000 units of a remote-controlled toy tank, which were recalled due to the burn hazard that occurred when the toy overheated, and 8,800 units of a Horse-on-a-Stick toy, due to the reins on the toy's bridle posing a strangulation hazard.⁴ Statistically, that could mean 4.2M more dangerous products for kids left on market shelves.

Recently, the agency teamed up with the U.S. Customs and Border Protection (CBP) and stepped up its enforcement at our ports to stop dangerous products from entering the U.S. marketplace. Many of these products were intended for children. However, with sequestration, maintaining this level of vigilance at our ports will be nearly impossible. In 2012, the CBP and CPSC announced it has seized two million units of products. It has been estimated that 84% of the products are for kids or products kids will be exposed to. For example, in November 2012, the CPSC seized 24,000 lead contaminated toys at the port at Elizabeth, NJ. Curbing the port seizure program could mean an estimated 1,680,000 units of children's related products on store shelves and e-shelves.⁷

What are the options the agency can take to cut \$12.65M?

- Lay off port agents?
- Cut the number of recall efforts? Slow them down?
- Lay off experts who inspect products for safety?
- Eliminate positions of staff who conduct public information, education and awareness efforts?

As we went to press with this report, KidCo voluntarily recalled 220,000 PeaPod and PeaPod Plus Travel Beds with CPSC's intervention because of an entrapment and suffocation hazard.⁵

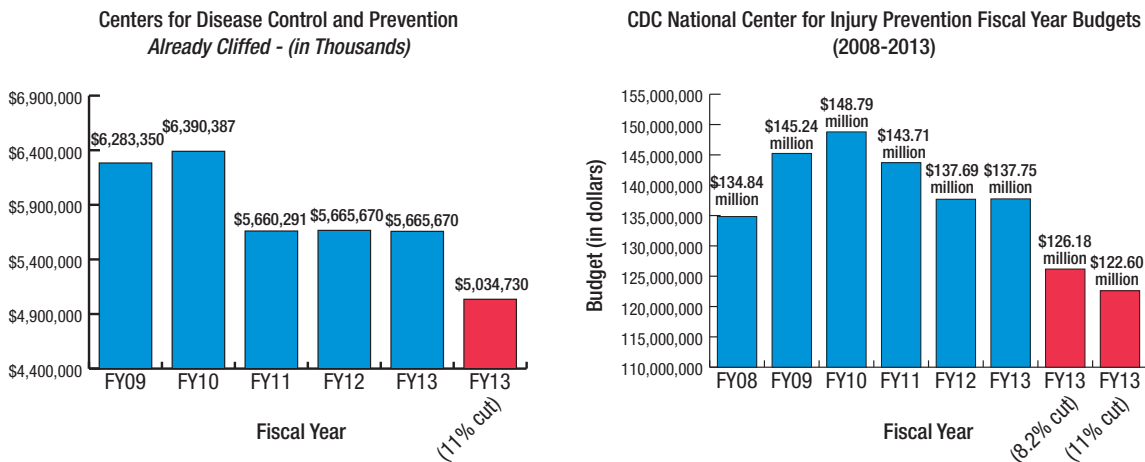
Case History: Impact on an Agency

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (Injury Center)

The Injury Center is the single federal entity that focuses on injury and violence prevention in the home, recreational and other non-work settings. It plays a fundamental research and data gathering role in the injury prevention arena. In the last year, the Injury Center published a report tracking the progress that has been made in the past ten years: the U.S. childhood injury death rate has fallen by 29 percent through awareness, programs and advocacy. But the bulk of the study included sobering statistics and the fact that preventable injuries remain the leading cause of death in kids aged 19 and under. The danger is that sequestration could mean a u-turn in child safety, making life much more dangerous for our kids.

Sequestration could also cost tax payers in the long run. Because the rate of injury is so high—every three minutes a person dies of a preventable injury—the annual societal costs are \$70B in health care and lost productivity.⁸

Over the nine remaining months of FY 2013, **the Injury Center would experience a cut of \$15.1M**. As the chart below demonstrates, the Injury Center’s funding has been steadily declining since at least FY 2008. This coincides with cuts to its parent agency, the Centers for Disease Control and Prevention, which sustained an 11% cut in FY 2011.



What should the agency do to implement the cut?

- With concussions on the minds of millions of parents whose kids play contact sports, should it drop its educational program for youth sports coaches on how to recognize traumatic brain injuries, and prevent them from growing in severity?
- Should it downsize the work on the National Action Plan for Child Injury Prevention (NAP) which strengthens the collection and interpretation of child injury data, promotes research and strengthens child injury policy?⁹
- Education and awareness programs, such as “Up and Away,” dealing with kids getting into medications that should not be accessible to them may have to be reduced in scope or eliminated.

Case History: Impact on an Agency

National Highway Traffic Safety Administration (NHTSA)

If there's a gold star for the federal player which has had the most significant impact in saving kid's lives, it's NHTSA. According to the CDC National Action Plan, the greatest contributor to the declining injury-related death rates for kids in the past decade is the improvements in car crash numbers. Child death in cars decreased 29 percent in the last decade, which is largely attributable to a 41 percent decline in motor vehicle traffic-related death rates.¹⁰ Still, in 2009, 4,077 kids aged 19 and under died as occupants in motor vehicle crashes, and approximately 400,000 were injured.¹¹ Safe Kids has had a vigorous car safety program for more than 20 years, working with NHTSA and supported by our partner, the General Motors Foundation.

NHTSA works to prevent these injuries, deaths and costs, and to keep our roads and cars safe. It accomplishes this by conducting research and gathering data, as well as issuing safety standards and running educational awareness campaigns. With car crashes as the number one cause of injury-related death among children 19 and under in the United States, NHTSA dedicates many of its efforts to promoting safe practices for children in and around cars. In particular, NHTSA is in charge of recalls for car seats and booster seats.

Most of NHTSA's funding comes from the Highway Trust Fund, which is exempt from sequestration. However, \$140M of the NHTSA budget focused on rulemaking and vehicle research will be subject to sequestration. **Over the remaining nine months of FY 2013, the cut will be \$15.4M.** The funds support assessing child restraint performance in near-side impacts, providing recommendations on child restraint models that "fit" in each vehicle, and researching rear visibility to prevent backover crashes that disproportionately affect children.¹² Recently, Safe Kids reported to parents about NHTSA's recall involving more than 55,000 seats—voluntarily agreed to by the manufacturer, Britax—of convertible car seats because the padding can be pulled off and swallowed by kids, causing a choking risk.¹³ When allowed by law, some child passenger education initiatives are supported by the Trust Fund.

How can the agency implement the cut?

- Scale back its role in child restraint systems and safety belt use?
- Discontinue research and engineering analysis on child safety seats, including some that lead to recall?
- End its research into new technologies that can prevent child injury in and around cars, including, for example, when kids are left behind in cars and suffer or die from heatstroke?

xxxxxx Making the Cut? Kids Safety on a Fiscal Cliff xxxxxx

IMPORTANT CHILD SAFETY PROGRAMS COULD BE REDUCED BY \$4.6 BILLION

SPORTS HEAD INJURIES

COST: \$15.1 million in cuts to the CDC Injury Center could reduce or eliminate concussion education for coaches.

IMPACT: Each year, 173,285 kids visit the ER for traumatic brain injuries from sports, including concussions. The average cost for a child hospitalized for a traumatic brain injury is \$40,000.

POISON (UN)CONTROL

COST: \$2.07 million in cuts to U.S. poison control centers after consecutive years of federal cuts would be disastrous for kids.

IMPACT: Poison control centers save more than \$1.8 billion every year. \$1 federal dollar spent saves \$38.74 in health care costs. Close to 90 percent of calls involving kids five and under are resolved by phone.

MORE UNSAFE TOYS

COST: \$12.65 million in cuts to the Consumer Product Safety Commission (CPSC) could severely limit U.S. efforts to evaluate products, issue recalls, and stop unsafe items from entering the country.

IMPACT: In 2012, the CPSC and CPB have seized 2 million units of products. It has been estimated that 84% are for kids. Sequestration could mean 1,680,000 more units of dangerous kids products in stores.

KEEPING CAR SEATS SAFE

COST: \$15.4 million in cuts to the National Highway Traffic Safety Administration (NHTSA) could reduce efforts in kids car safety, ultimately endangering kids in cars. Car crashes are the highest cause of childhood injury and death.

IMPACT: Every dollar spent on a booster seat saves society \$42 dollars. 99 percent of newborns leave hospitals in car seats.

LEAD EXPOSURE UP, FEDERAL ROLE DOWN

COST: Federal programs to protect kids from lead exposure face \$13.2 million in cuts – after already being slashed by \$16 million in previous years. Experts raised the threshold risk for lead intake for children, increasing exposure by 200,000.

IMPACT: The risk of failing to graduate from high school increases by 4.5% for every point of IQ lost to childhood lead exposure. There's an estimated reduction of earnings of \$9,600 for every IQ point lost.

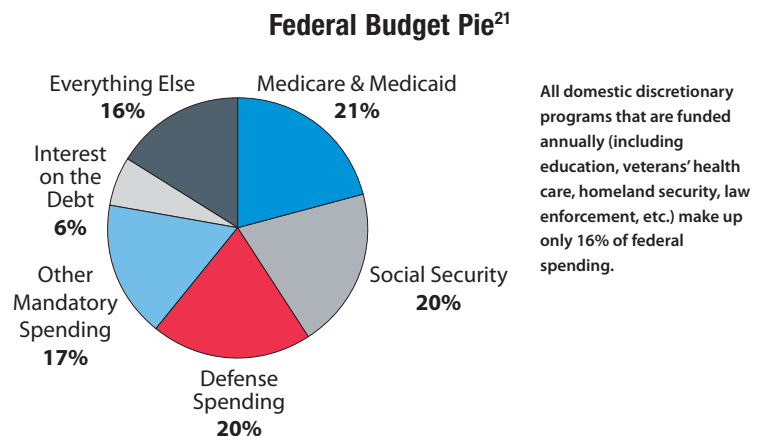


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For Vulnerable Populations, the Cliff Is Already a Reality

If January 2, 2013 is a fiscal cliff, federal support for kid's safety is already at the precipice. The funding for federal efforts to keep kids safe falls into the category of nondefense discretionary program (NDD). The NDD slice of the federal budget pie has sustained significant cuts in recent years. Since fiscal year 2010, the programs have experienced an average 10 percent cut, with some as much as 50 percent.²⁰



With sequestration, non-exempt discretionary programs will be cut another 8.2 percent. In 2011, this piece of the pie was 3.4 percent of GDP, but is on track to be 2.5 percent in 2021—its lowest level in more than 50 years.²² According to a study by the Brookings Institution, total federal expenditures on children are projected to decline with respect to the size of the U.S. economy, with outlays falling from 2.5 to 1.9 percent of GDP in 2022. Also in the next ten years, federal outlays on children will fall as a percentage of the budget from 10 percent to 8 percent.²³

“So far, Congress has imposed virtually 100 percent of deficit reduction on less than 37 percent of the budget,” said former Senator Pete Domenici and Dr. Alice Rivlin in testimony before the Senator Finance Committee.²⁴ They are the bipartisan chairs of the Bipartisan Policy Center Debt Reduction Task Force.

Why the focus on Gross Domestic Product? The amount of money the federal government devotes to programs benefiting the most vulnerable Americans is a reflection of how Washington views the value of programs and those they serve. Though statistics can be cold facts, in this case they are an expression of our values. Spending less than two percent of GDP on investments to educate, protect, keep warm, maintain health and a multitude of other functions important to kids speaks volumes about how America views its next generation.

Lead Paint Exposure

An example of how the pre-sequestration cuts have already impacted kids is seen in the federal effort to protect them from the dangers of lead paint poisoning. Even a small exposure to lead levels causes children to appear inattentive, hyperactive and irritable. Children with greater lead levels may also have problems with learning and reading, delayed growth and hearing loss. At high levels, lead poisoning can cause permanent brain damage and even death.²⁵

The dangers of low-level lead paint poisoning are greater than earlier believed and, in May 2012, the CDC cut in half the threshold of how much lead is dangerous. This means that 450,000 kids are at risk, instead of 250,000.²⁶ However, Congress cut the CDC's lead paint monitoring program from \$29M to \$2M, a 94 percent cut, and one that the Obama Administration sanctioned, with the aim of putting the program out of business.²⁷ Most of these funds were distributed to the states. Sequestration would cut the meager \$2M by another \$220,000.

In addition, there is a program at the Department of Housing and Urban Development (HUD) which funds lead paint hazard control, the actual removal of lead, as well as performing other healthy home interventions, such as radon, trip and fall prevention, carbon monoxide alarms and smoke alarms, but it is mostly for the lead paint rise. These funds would be subject to sequestration, cutting \$13.2M. All totaled, it translates into a 27 percent cut in the federal commitment to eradicating lead as an environmental hazard that can damage a child's developing brain.

There are two ironies:

- There will be federal funds at HUD—though less of them—to remove lead paint, but scant funds to detect it at CDC.
- There's 200,000 more kids at risk, but one less program, and \$40M less to deal with it.

And what's the societal impact? According to a study conducted by the New Jersey Department of the Public Advocate, the risk of failing to graduate from high school increases by 4.5 percent for every point of IQ lost to childhood lead exposure.²⁸ There is an estimated reduction of earnings of \$9,600 for every IQ point lost.²⁹ The New Jersey report also projects societal impacts in terms of more crime, greater costs in providing special education and unemployment.³⁰

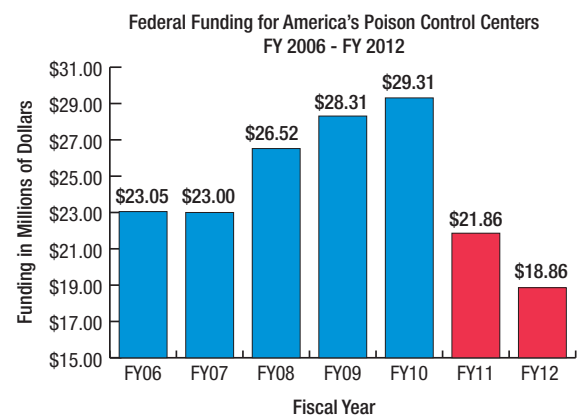
Economic Impact: More Cost to Taxpayers

Only the most short-sighted policy makers fail to see the economic consequences of significant cuts to the federal budget. Many of the programs making up the safety net protect the most defenseless Americans. When a child falls through the safety net, a costly trip to an emergency room is inevitable. It could also mean a hospitalization or even death. The health care costs of all unintentional injuries is \$70 billion each year.³¹

Specific economic impact snapshots involve poisoning and car safety.

Poison Control Centers

A parent who suspects that a child may have swallowed a toxic substance or medication who calls a poison control center, rather than rushing to the ER, is saving tax dollars. 88.9 percent of poison control center (PCC) calls involving children aged 5 and under are resolved without a visit to a health care facility.³² PCCs save Americans more than \$1.8 billion every year; every dollar invested in the poison control centers saves medical costs and lost productivity.³³ Each federal dollar spent to support poison control centers saves \$38.74 in health care costs and productivity.³⁴ Despite the small investment and efficiency, federal support for poison control centers has suffered recent cuts. In fact, the funding is even less than \$18.86M because the Health Resources and Services Administration (HRSA) retains an eight percent administrative fee.



Kids Car Safety

Every dollar spent on a child safety seat saves society \$42.³⁵ While the federal government (NHTSA) does not distribute child safety seats to parents, it is deeply involved in efforts to educate about their safe use, examine the equipment for safety, ensure that technicians who inspect seats installed in cars have done so correctly, implement recalls of defective seats and other aspects of child passenger safety.³⁶

When a child falls through the safety net, a costly trip to an emergency room is likely to follow, often costing tax dollars.

The Timely Identification and Response to Emerging, National Trends Would Be Hindered

Many of the trends in child safety are positive, especially as seen in the CDC's National Action Plan for Child Injury Prevention.³⁷ However, developments in culture, technology, the environment, innovation, product development and other factors cause unintended results: new risks to kids. The federal government holds one of the most effective crystal balls to pick up emerging risks because of its research and data collection role.

Traumatic Brain Injury (TBI) in Youth Sports

The headlines about traumatic brain injury in sports are mostly about professional sports, but the impact on kids playing sports is crushing. Safe Kids conducted research on the awareness and practices involving kids injured in sports in "Coaching Our Kids to Fewer Injuries,"⁴⁰ supported by our founding sponsor Johnson & Johnson. The report revealed that, among other issues, youth coaches know that the danger of TBI is real, but don't feel they know enough and don't know where to obtain the education. Today, the gold standard for coach education on TBIs is the "Heads Up" program, an on-line program provided by the CDC's Injury Center.³⁸ Each year, U.S. emergency rooms treat an estimated 173,000 sports and recreation-related TBIs, including concussions, among kids aged 19 and under.³⁹ Because of the trend and public concern, "Heads Up" has become much deeper with content for coaches in other sports, for example, soccer⁴¹ and cheerleading.⁴²

Sequestration would cut the budget of the National Center for Injury and Prevention and Control Center (Injury Center) at CDC by **\$15.1M for the last nine months of FY 2013**. The TBI program has been moving down the field at a steady pace but sequestration would cause the program to be, at best, grounded. It would come at a time when parental anxiety about the involvement in sports by their kids grows.⁴³

As for the cost to society, the founder and scientific director of the Center for Injury Research and Prevention at the Children's Hospital of Philadelphia, Dr. Flora Winston, closed her testimony at a Congressional hearing regarding TBIs by saying, "The average medical cost for a child hospitalized for a TBI is \$40,000. That's a lot of helmets."⁴⁴

Failing to quickly identify new, emerging dangers would leave them in the shadows for too long, risking kid's lives.

Infant Sleep Deaths

The Maternal and Child Health Program (MCH) is funded under the Health Resources and Services Administration (HRSA) which would suffer a \$683M cut for the nine remaining months of FY 2013. For infants, children aged one and under, the leading cause of unintentional death is suffocation.⁴⁵ We know that suffocation deaths have increased by 30 percent from 2000-2009, for kids aged 19 and under.⁴⁶ Given this ongoing uncertainty involving infants' lives, it is no time to diminish research and education efforts on infant mortality; but that's what might happen. Based on its FY 2012 budget, MCH would be cut by \$70.2M.

Distraction

Distraction is a serious and emerging risk which has many tentacles. Much of it is attributable to technology. When new technologies are developed, the number of injuries and death grows. The injuries and death sustained while drivers operate cars while talking on the phone or texting are well established, and states and cities are continuing to pass legislation to outlaw it. Pedestrians are in danger when they walk and cross the streets while texting. Safe Kids recently released a study about pedestrian safety, "Walking Safely: A Report to the Nation." One of the headlines from the study was that incidents were occurring at a greater risk with kids 16-19, presumably because of their use of technology.⁴⁷

The U.S. Department of Transportation has committed significant education resources to increase awareness of the problem.⁴⁸ The U.S. Consumer Product Safety Commission has been watching the problem of distracted walking. It estimated that 1,152 distracted walkers were sent to emergency rooms in 2011.⁴⁹ Because data collection is so important in risk reduction, cutting federal dollars for that indispensable role would leave emerging dangers in the shadows for too long, wasting tax dollars, risking lives.

Conclusion

It is a national tragedy that unintentional, preventable injury is the leading cause of death for kids aged 19 and under. The key word is "preventable." It means we can do something to save lives, and we have. Government makes an impact. Moreover, the interventions we speak of save tax dollars, whether it is the impact of a parent calling a poison control center or a youth coach receiving education on reducing TBIs and minimizing compound concussions.

It is also clear that stepping backward on the federal commitment to child safety would be catastrophic. This report is a call to action that sequestration must not occur, but also for policy makers to carefully consider cuts they make which would reverse the progress we have made on protecting kids from injuries that just don't have to happen. It is not at all suggested that the federal government is the sole child lifesaver. Many are part of the army involved in child safety: conscientious parents and caregivers, doctors and nurses, pediatric medical institutions, coaches and teachers, first responders, state and local government and many others. It is essential that the effective role of government remain in play.

Role of Certain Government Agencies and Programs

Identified in Chart 1

HUD-Office of Healthy Homes and Lead Hazard Control: Funds lead hazard control (removal of lead and window replacement) and other healthy home interventions, such as moisture control, pest management, mold remediation, radon, trip and fall prevention, carbon monoxide alarms and smoke alarms.⁵¹

CDC Childhood Lead Poisoning Prevention Program: Funds state and local programs to identify lead paint poisoning through screenings, supports research and conducts educational awareness.⁵²

DHS-U.S. Fire Administration: Works to build a solid foundation for fire and emergency services stakeholders in prevention, preparedness, and response.⁵³

EPA-Office of Children's Health Protection: Conducts several programs to prevent schoolchildren from environmental hazards.⁵⁴

National Transportation Safety Board (NTSB): Is involved in safety involving all modes of transportation in the United States, whether in the air, on water, on tracks or on highways. Among the issues with which it is engaged are distraction in transportation and drunk driving, especially involving young drivers.⁵⁵

HHS-Children's Hospitals Graduate Medical Education (CHGME): To support the quality and depth of U.S. pediatricians, this federal program provides an alternate funding tool for children's hospitals. In 2009, CHGME supported the education of more than 5,600 resident pediatricians, and has built the diversity of pediatric sub-specialists.⁵⁶

HHS-Maternal and Child Health Services: The mission of this agency to improve the health and well-being of all mothers and children, and a critical aspect is coping with low birth weight babies and medically fragile newborns, both categories at serious risk for crib death.⁵⁷

HHS-National Institutes of Health (NIH): Is the worldwide leader in leading research to keep all people safe and healthy. It is deeply involved in studying traumatic brain injuries, including those sustained by young athletes, but also the decline in youth physical activity. The groups facing the largest risk from TBI are kids five and younger, male adolescents and young adults 15 to 24 and senior citizens.⁵⁸ NIH is also deeply involved in research regarding infant safe sleep.⁵⁹

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Suggested citation: Green A, Alemi R. The Math of Sequestration: Kids Safety on the Cliff, Safe Kids Worldwide, December 2012.