TIP TIPAT BETICHUT - the Injury Prevention Program in Well-Baby Clinics
Israel

**Background**

TIP TIPAT BETICHUT, the Injury Prevention Program in Well-Baby Clinics in Israel is a national programme that focuses on training and empowerment of health professionals and public education strategies at the local level.

Nurses at Well-Baby Clinics are trained to review safety messages with parents during the 10 standard visits that are made with the child from infancy through to toddler age. Each visit is designed for the age and developmental stage of the child. Safety messages for each stage are provided in a 2-3 minute presentation that includes a training kit with illustrative pictures as well as safety devices.

The program, which was developed during 1998 and launched in 1999, is based on TIPP (The Injury Prevention Program) designed by the American Academy of Paediatrics.

**Policy Background/ Driving Force**

Unintentional injuries are a leading cause of mortality and morbidity in children in Israel. Children up to 4 years of age are at greatest risk for death and injuries due to accidents.

Parents lack knowledge and are unaware of the risks of unintentional injuries and methods to prevent injuries. Health professionals play an important role in addressing these knowledge gaps by educating parents.

Parents and their children in Israel visit Well-Baby Clinics on a regular basis until the age of 5 for developmental follow-up. Beterem and the Israeli Ministry of Health developed TIP TIPAT BETICHUT, a programme for the Well-Baby Clinics, with the idea that prevention of unintentional injuries is a basic healthcare issue that should be included in the guidance parents receive at the clinics.

**Partners**

- Israel Ministry of Health
- Tel Aviv Regional Health Offices
- Well Baby Clinics
- Health Maintenance Organisations (HMO)

**Aims & Objectives**

- Reduce injuries and injury severity among young children in Israel
- Raise awareness among parents that injuries are a central cause of morbidity and mortality and it is possible to prevent them
- Provide parents with knowledge on injury prevention for infants and children

**Implementation Level**

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<th>Local</th>
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<tbody>
<tr>
<td>APPRAOCH</td>
<td>Education, training</td>
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<tr>
<td>SETTING</td>
<td>Well-Baby Clinics</td>
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<td>TARGET AUDIENCE</td>
<td>Parents of children 0-5 years old during visits at Well-Baby Clinics</td>
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<td>RESOURCE IMPLICATIONS</td>
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<td>EVIDENCE BASE:</td>
<td>There is indirect evidence that individual-level educational/counselling in the clinical setting are effective measures to reduce many childhood unintentional injuries.</td>
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• Bring about a change in parent attitudes regarding child safety
• Promote the use of low budget safety devices in and around the home to create safer environments for infants and children
• Encourage adoption of safe behaviours to prevent injury

Evaluation
1. Pilot evaluation study including a survey of parents’ knowledge, attitudes, and behaviour, a survey of nurses’ knowledge and focus groups.

Data showed that most parents received child safety training as part of the pilot programme (81.4% of the participants). The proportion of parents able to report changes that they can make in the home surroundings to help prevent accidents at home increased from 81.6% to 91.8%. Most parents indicated that the training accompanied by the coloured kit with illustrative pictures and safety devices helped them understand the safety messages. 88.5% of the parents said they intend to adopt safety habits after exposure to the program.

Overall, 90.4% of nurses indicated that parents receive safety messages during most or all visits in Well-Baby Clinics. Training duration for parents regarding child safety was extended over time; prior to the inception of the program 29.9% of the nurses knew that installing a hot water heater thermostat and limiting the water temperature to no more than 52°C reduces the risk of a scald and only 33.6% knew that a hotdog is one of the most common foods causing choking, compared to 65.5% and 85.2%, respectively, after training.

2. As part of programme evaluation process, Maccabi Healthcare Services performed a survey in its Well-Baby Clinics. Results of the study indicated that nurses’ knowledge improved by more than 10% after the program started. In the first year of programme implementation the occurrence of safety training during parents’ visits to the clinics increased by 18.3% (p<0.00).

3. In 2005-2006 a parents’ knowledge, attitude, and behaviour survey took place in Well-Baby Clinics in several regions in Israel. The results indicate that 64.3% of the parents are exposed to the programme, and 58.5% of them received more than one safety training session (p<0.001). Parents who received the training scored higher in reported safety behaviours than parents who did not receive the training (p<0.001).

Key Steps
• Commitment of the Ministry of Health and Well-Baby Clinics’ nurses to the programme including an understanding that it is their responsibility to train parents in child safety as part of basic child development and health education.
• Programme development, including the professionals’ training programme and coloured kits with illustrative pictures and safety devices in both Hebrew and Arabic.
• Programme implementation as a pilot along with process evaluation in Tel-Aviv County. Results and recommendations based on the pilot programme, led to the revision of the professionals’ training programme and the coloured kit with illustrative pictures and its distribution at a national level, as well as the development of an Arabic language version.
• Implement revised programme broadly across country.

Lessons Learned

Barriers:
• A change in knowledge and safety habits is only an intermediate phase in the injury prevention process and the nurses often complain that they don’t see how their work influences the prevention of the injuries. This influences their motivation in carrying out the programme. This concern was addressed by adding an additional unit in to the training that deals specifically with barriers to change. The unit combines theoretical models and practical tools in order to give the nurses the ability
to deal with parents' barriers as well as their own difficulties.

• The programme requires the cooperation of Health Maintenance Organizations (HMO) to ensure wide adoption of the programme and supervision of its implementation at the Well-Babies Clinics.

• There is a need for a systematic method to insure inclusion of safety education during visits and to continue monitoring the programme, this takes resource and support from high levels of administration.

Facilitators:

• The pre-existence of a Ministry of Health regulation that mandates Well-Baby Clinics to conduct developmental follow-up of children on a regular basis until 5 years of age. The regulation also requires that the programme provide optimal accessibility to parents.

• Government cooperation was a key facilitator to success as their commitment resulted in financial resources as well as the obligation for the nurses to be trained and use the materials in educating parents.

Advice to Countries/ Transferability

1. The TIP TIPAT BETICHUT programme in Israel is based on The Injury Prevention Program (TIPP) of The American Academy of Pediatrics program, which has been proven to be a cost-effective programme in the US.

2. In adopting programmes from elsewhere it is important to take into account the cultural and language compatibility and modify programmes to suit the unique characteristics of the different communities.

3. Working in cooperation with the implementing body and associated professionals (in this case, Well-Baby Clinic nurses) from the very beginning of the process is key to their buy-in and compliance with the programme.

4. Success in implementation in the long-term is dependant on regularly bringing new aspects of the subject to the professionals implementing the programme to keep things fresh or by making it a compulsory standard by the Government Ministry.

References, Additional Information


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