



January 30, 2023

Rep. Jason Kropf, Chair
Committee on Judiciary
Oregon House of Representatives

Chair Kropf, and members of the Committee,

Doernbecher
Children's Hospital

School of Medicine
Division of General Pediatrics

Benjamin Hoffman MD, FAAP
CPST-I

Professor of Pediatrics
Vice Chair for Community Health
and Advocacy
Director, Oregon Center for
Children and Youth with
Special Health Needs
Medical Director, Tom Sargent
Safety Center

President-Elect, American
Academy of pediatrics

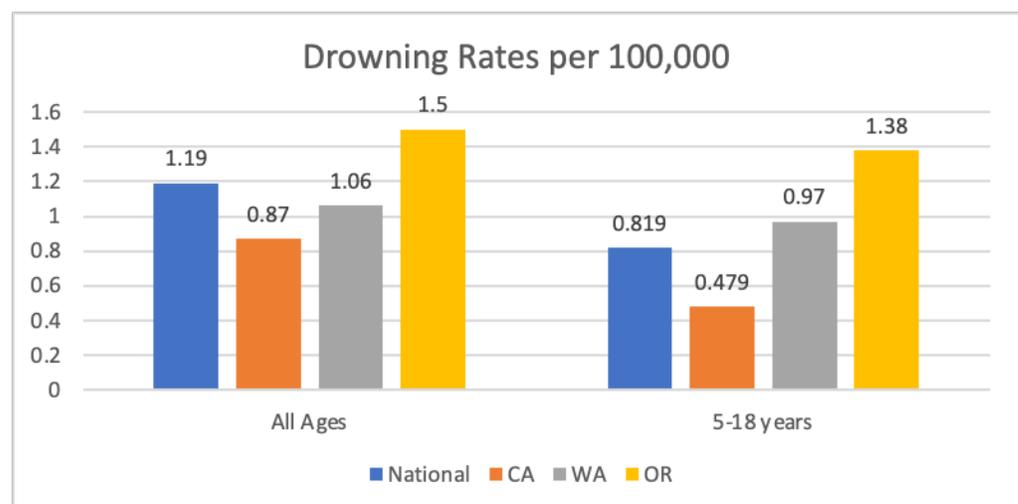
Mail code: CDRCP
707 SW Gaines Street
Portland, OR 97239-2998
hoffmanb@ohsu.edu
tel 503 494-6513
fax 503 494-1542
www.ohsu.edu

My name is Dr. Ben Hoffman. I am a pediatrician at OHSU Doernbecher Children's Hospital, a professor of Pediatrics at OHSU, and a nationally recognized expert in child injury prevention. I am the immediate past-chair of the American Academy of Pediatrics (AAP) Council on injury, Violence and Poison Prevention, and served as the senior author on our 2018 policy Statement "Prevention of Drowning."

I am writing to express my strongest possible support for HB 3006 on behalf of OHSU, and the Oregon Pediatric Society. This bill would save lives by increasing the age requirement for personal flotation device use, and expand the requirement for use beyond just watercraft to include innertubes, pool toys and other objects used to float on natural water on public lands.

Between 2006, and 2020, according to the Oregon Bureau of Vital Statistics and the US Centers for Disease Control, 192 Oregon children and adolescents drowned in our state. That makes drowning the 2nd leading cause of death for children 0-4 years, and the 4th single leading cause of death for those 5-18 years.

Sadly, the tragic impact of drowning in our state remains vastly under-recognized, and it is worse here than anywhere else on the West Coast. Overall, Oregon children drown at a 26% higher rate compared to the US overall rate, 72% greater than children in California, and 42% greater than Washington. Among older children aged 5-18 years, Oregon kids drown at a 68% higher rate than the national rate, 42% greater than the same aged youth in Washington, and almost 3 times more often than kids in California.



Sadly, as we see nationally, the burden of drowning mortality disproportionately impacts communities of color. In Oregon, Hispanic, Black, Asian and American Indian/Alaska Native children drown twice as often as non-Hispanic whites. While



Doernbecher
Children's Hospital

School of Medicine
Division of General Pediatrics

**Benjamin Hoffman MD, FAAP
CPST-I**

Professor of Pediatrics
Vice Chair for Community Health
and Advocacy
Director, Oregon Center for
Children and Youth with
Special Health Needs
Medical Director, Tom Sargent
Safety Center

President-Elect, American
Academy of pediatrics

Mail code: CDRCP
707 SW Gaines Street
Portland, OR 97239-2998
hoffmanb@ohsu.edu
tel 503 494-6513
fax 503 494-1542
www.ohsu.edu

we are focusing on drowning deaths, we know that for each fatal drowning, 2 children suffer a critical water submersion event, leaving many with lifelong disabilities and other impacts.

While the CDC and Oregon Health Authority have overall drowning numbers for Oregon, we lack the crucial demographic and epidemiologic data to allow us to understand the specific risks and impactors to help us address this epidemic. In order to help us better understand child drowning in Oregon, I worked with a brilliant Medical Student, Jasmine Curry, to employ a novel approach to understanding how and why Oregon children drown. We obtained data from the Oregon Bureau of Vital Statistics on all fatal drownings in Oregon for children less than 18 years of age from 2006 to 2020, identifying 192 total. Ms. Curry then scoured the internet for any publicly available information, including media reports, obituaries and the like, finding that 78% (134) had information that allowed us to characterize epidemiologic factors. What she found has shined a light on an underappreciated threat to the health and well-being of children and adolescents in our state, and informed the development of this bill.

As a nationally recognized expert in child drowning prevention, we know that the risks vary tremendously by geography, and how and where children get access to water. We also know that risks and potential protective interventions vary tremendously by age and gender. The highest risk age groups are 0-4 years and 15-19 years of age. Males are much more likely to drown than females, across all age groups. For young children, the primary risk involves children getting to water when they are not expected to be in or near water. Nationally, the overwhelming majority (69%) of these drowning events involve private swimming pools, and occur outside of swim time, when children are not expected to be in water. Close, constant and capable adult supervision can help prevent these, but such supervision cannot be perfect, as these young children are quick, impulsive and developmentally vulnerable to not heeding adult warnings. While we know that exposure to swimming lessons and water competence training is effective in preventing drowning for children over the age of 1, many children cannot access such training due to geography and poverty among other factors.

For older children and teens, drowning is often related to the absence of water competence skills, and engaging in fundamentally risky behaviors. As with younger children, children and teens from communities of color have much higher rates of drowning, dying twice as often as non-Hispanic white children and teens.

Ms. Curry's investigation has shown that drowning in Oregon is different than what is seen nationally, and in other states. As noted above, Oregon children and teens die from drowning at much higher rates. Due to a number of factors, including our climate, tradition of outdoor activity, and a relative paucity of swimming pools, almost 2/3 of all drownings occur in natural water on public lands.



Doernbecher
Children's Hospital

School of Medicine
Division of General Pediatrics

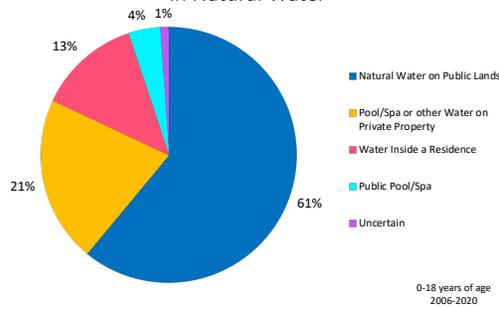
Benjamin Hoffman MD, FAAP
CPST-I

Professor of Pediatrics
Vice Chair for Community Health
and Advocacy
Director, Oregon Center for
Children and Youth with
Special Health Needs
Medical Director, Tom Sargent
Safety Center

President-Elect, American
Academy of pediatrics

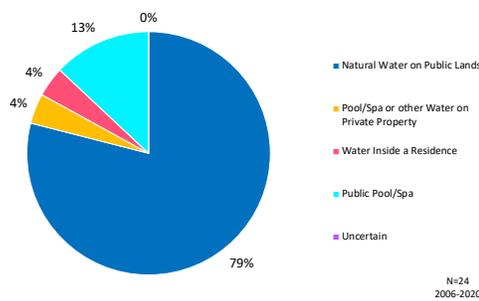
Mail code: CDRCP
707 SW Gaines Street
Portland, OR 97239-2998
hoffmanb@ohsu.edu
tel 503 494-6513
fax 503 494-1542
www.ohsu.edu

Most Child Drowning Deaths in Oregon Occur
in Natural Water

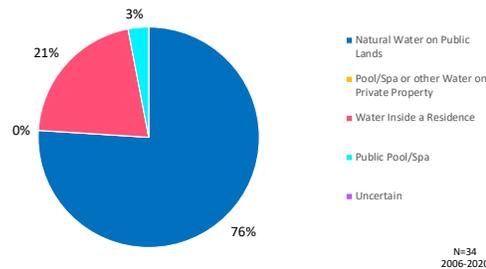


For older children, almost all drowning occurs in natural water on public lands.

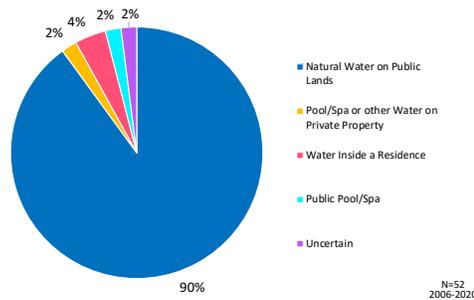
Oregon Children Aged 5-9 Years Old Drown
Most Often In Natural Water on Public Lands



Oregon Children Aged 10-14 Years Old Drown
Most Often In Natural Water on Public Lands



Oregon Children Aged 15-18 Years Old Drown
Most Often In Natural Water on Public Lands



We investigated the drowning events for which there was publicly available information to identify cases where a personal flotation device (PFD) was not used, and would have likely protected the child. We first looked at drowning events that



Doernbecher
Children's Hospital

School of Medicine
Division of General Pediatrics

Benjamin Hoffman MD, FAAP
CPST-I

Professor of Pediatrics
Vice Chair for Community Health
and Advocacy
Director, Oregon Center for
Children and Youth with
Special Health Needs
Medical Director, Tom Sargent
Safety Center

President-Elect, American
Academy of pediatrics

Mail code: CDRCP
707 SW Gaines Street
Portland, OR 97239-2998
hoffmanb@ohsu.edu
tel 503 494-6513
fax 503 494-1542
www.ohsu.edu

involved the deceased floating on a product that was not formally identified as a boat/watercraft, and this exempt from Oregon rules governing PFD use. These included inner-tubes, inflatable pool toys or buoyant foam products. We found that between 6-20% (7-22) of these fatal drowning events in Oregon could have been prevented if the child had been wearing a PFD. This fact remains the basis for the HB 3006 provision to include such products in PFD requirements.

Examining drowning events for older children and teens, we found that 68% (26/38) might have been prevented with PFD use. Most of these deaths were associated with youth swimming in risky conditions without a PFD. Overall, 56 Oregon children might be alive today had they been wearing a PFD if they had worn a PFD while recreating in natural water on public lands.

Since child drowning is a complex and multifactorial issue, we recognize that there will never be one simple solution. As the Senior Author in the AAP policy statement on Prevention of Drowning¹, we acknowledge that we must employ layers of protection if we are going to protect our children. These layers include:

- Close, competent, constant adult supervision
 - Lifeguards can be helpful, but remain insufficient independent of direct parent/caregiver supervision
- Development of water competence skills
 - Includes water safety knowledge, and basic swim skills
- Preventing unintended access to water
 - Pool fencing and other barriers to water access
- Use of PFDs
- CPR training and access to emergency care

HB 3006 will help protect Oregon's children and teens by requiring PFD use for older youth, and when children are floating on products that are currently exempted from Oregon regulation.

As shown in our data, drowning disproportionately impacts communities of color, and ensuring equity is essential. This bill is just one part of a broader initiative to address the burden of drowning in Oregon. We must find ways to ensure access to water competence/swim skills programs to ensure that all children develop the ability to protect themselves in the water. We need to expand lifeguard and lifejacket programs, especially at higher risk venues. We must continue to work with communities to meet their needs. As the Director of the OHSU Doernbecher Injury Prevention Program, I have been part of a statewide drowning prevention coalition, and will continue to help lead that endeavor. I will offer to work with leaders and public safety professionals to provide oversight of the enforcement of HB 3006, to ensure that it is enforced equitably, and not as a tool to target minoritized communities.

I, in addition to OHSU and the Oregon Pediatric Society, urge you to support HB 3006, to address the burden of morbidity and mortality of drowning for children and youth in Oregon.

Sincerely,



A handwritten signature in black ink, appearing to read 'Benjamin Hoffman', is written over a light blue grid background.

Benjamin Hoffman MD CPST-I FAAP

Doernbecher
Children's Hospital

School of Medicine
Division of General Pediatrics

**Benjamin Hoffman MD, FAAP
CPST-I**

Professor of Pediatrics
Vice Chair for Community Health
and Advocacy
Director, Oregon Center for
Children and Youth with
Special Health Needs
Medical Director, Tom Sargent
Safety Center

President-Elect, American
Academy of pediatrics

Mail code: CDRCP
707 SW Gaines Street
Portland, OR 97239-2998
hoffmanb@ohsu.edu
tel 503 494-6513
fax 503 494-1542
www.ohsu.edu

Reference:

Sarah A. Denny, Linda Quan, Julie Gilchrist, Tracy McCallin, Rohit Shenoj, Shabana Yusuf, Jeffrey Weiss Benjamin Hoffman; Prevention of Drowning. *Pediatrics* May 2019