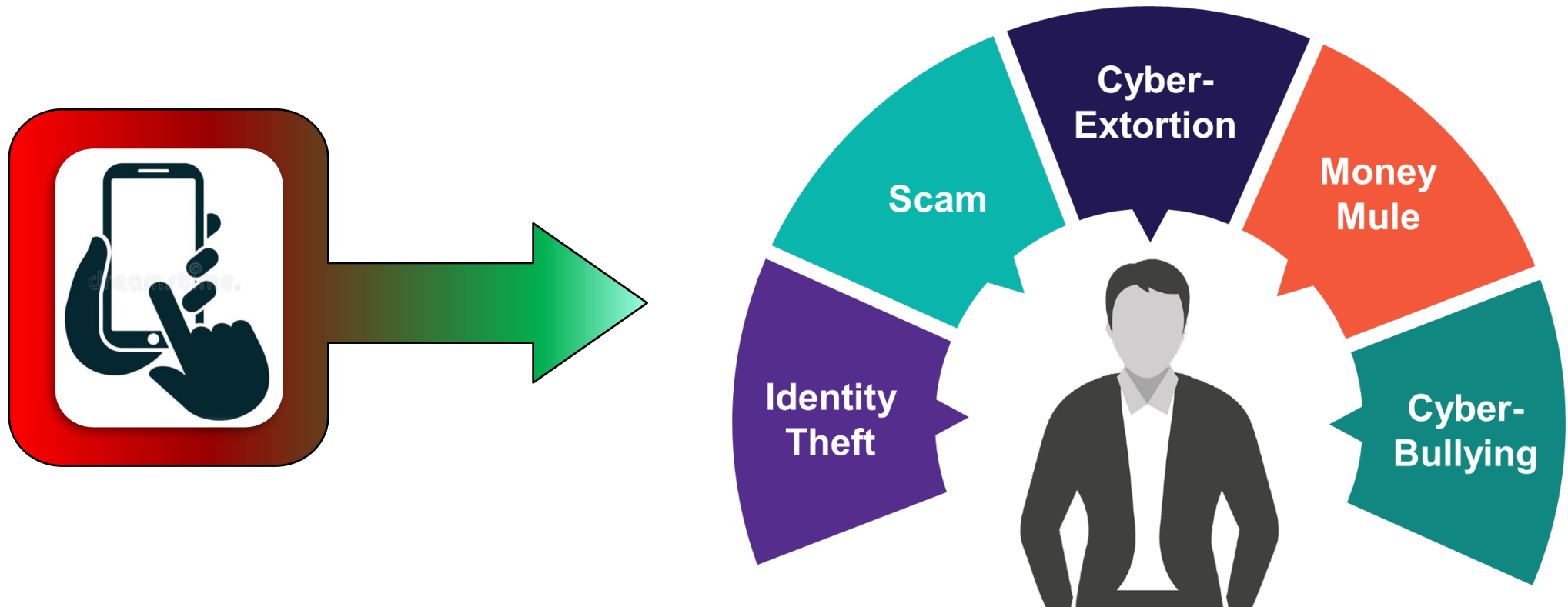


Online Harm to Children III: Smartphone Harm & Identity Theft



Welcome

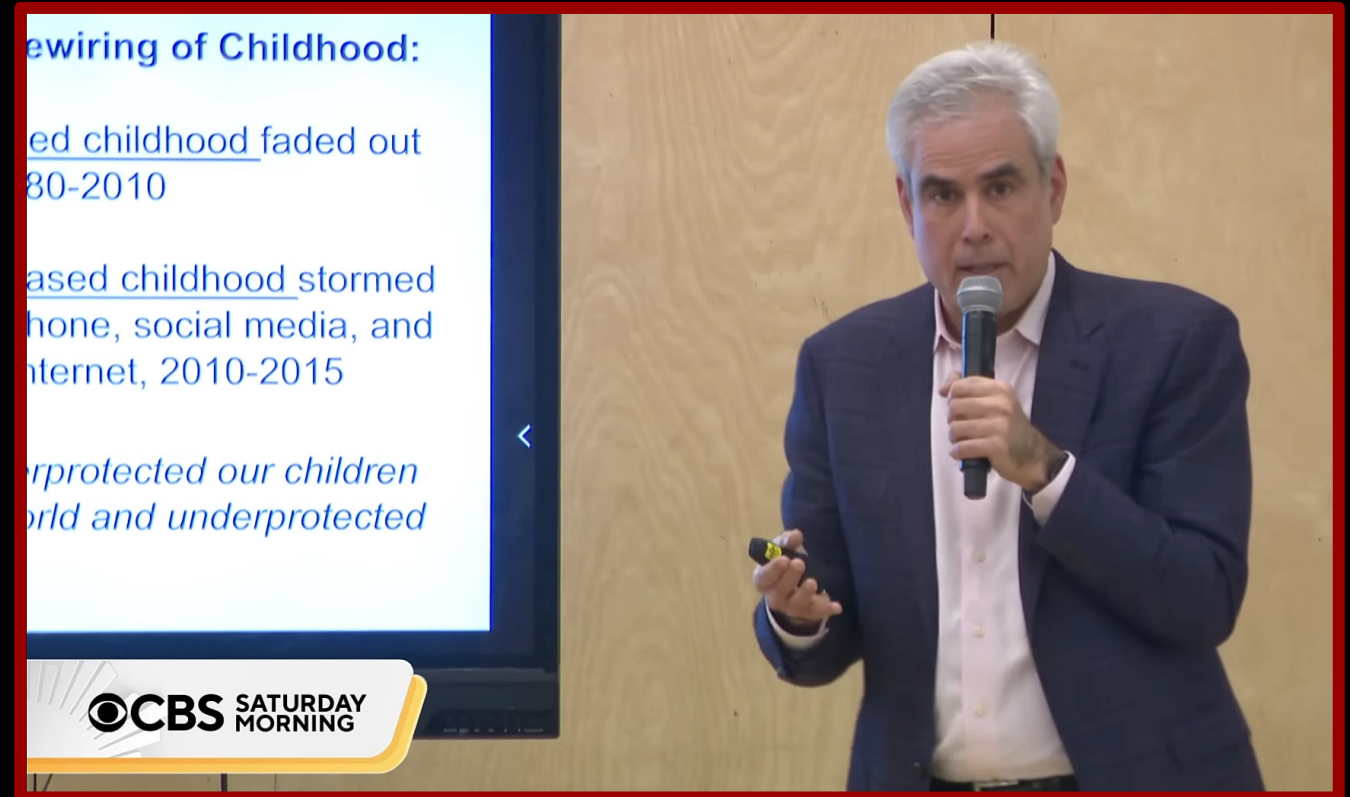
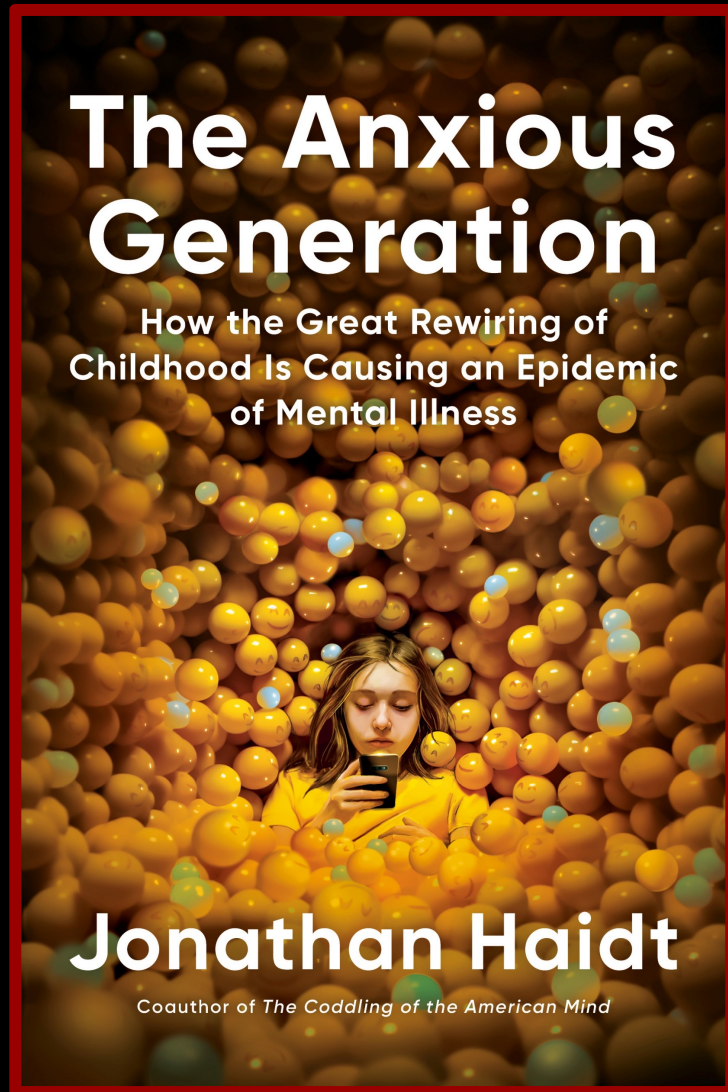


Charles Denham, MD

Chairman, TMIT Global

TMIT High Performer Webinar
April 18, 2024

Webinar 215



Online Harm to Children III: Smartphone Harm & Identity Theft



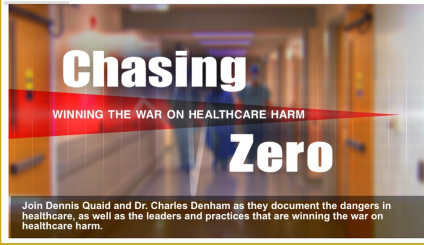
- ▶ **Awareness:** Learn about what is evidence based and expert opinion says about what is being observed related to Smartphones and our children.
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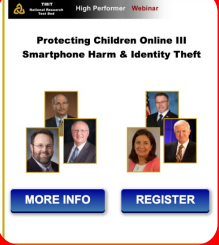
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Chasing Zero

WINNING THE WAR ON HEALTHCARE HARM

Join Dennis Quaid and Dr. Charles Denham as they document the dangers in healthcare, as well as the leaders and practices that are winning the war on healthcare harm.



Protecting Children Online III Smartphone Harm & Identity Theft

[MORE INFO](#) [REGISTER](#)



Surfing the Healthcare Tsunami Hospital Leaders Toolbox

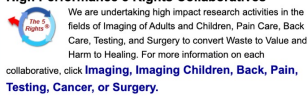
The **Surfing the Healthcare Tsunami Hospital Leaders Toolbox** has been released online! Go deeper into the subject matter of the documentary by exploring the 5 Rights of Imaging™, the Boardroom, Racing & Aviation, and much more. [Click here](#) for more details.

[Click here](#) to watch the entire 58-minute documentary online.



Med Tac Bystander Rescue Care Program

Join us at Med Tac Global to learn from our experts how the public can battle failure to rescue of friends and loved ones from the most common emergencies. [Click Here](#)



High Performance 5 Rights Collaboratives

We are undertaking high impact research activities in the fields of Imaging of Adults and Children, Pain Care, Back Care, Testing, and Surgery to convert Waste to Value and Harm to Healing. For more information on each collaborative, click [Imaging Children, Back, Pain, Testing, Cancer, or Surgery](#).

Trademarks and Tools

The **Information Power Grid™** is a repository and continuously updated decision support system that provides network partners and customers with the information they need to make good decisions. Information obtained through TMIT National Research Test Bed surveys, expert presentations, interviews, and data pertaining to specific topics allow HCC Global and its affiliates to continuously improve the data and evidence that its network partners and customers use for optimal decision-making. Such affiliates include TMIT Global and CareUniversity®. Such projects include the Med Tac Certificate advanced first aid program and communities of practice including a Threat Safety R&D Community. Information Power Grid™ is a registered trademark of HCC Global.

External Sources

AHRQ PL Safety Network (PSNet)
Assoc. for Prof. in Infection Control
American Hospital Association
AHRQ
Centers for Medicare & Medicaid Services
WHO Collaborating Centre for Patient Safety Solutions
Governance Institute
National Patient Safety Foundation
ECRI Institute
Institute for Safe Medication Practices
Veterans Admin. Patient Safety Center
Joint Commission Resources
World Health Organization
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TMIT Global Research Test Bed

High Performer Webinar

April 18, 2024

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Protecting Children Online III Smartphone Harm & Identity Theft

Session Overview

It is critical that we safeguard the safety of children and their families online and through their mobile phones. This program builds on our first session February 15, 2024 and our second session March.

Our youth and young adults are especially at risk for harm. We must act now. Children are a major target for medical identity theft and harm through their use. There is an opportunity for action by all stakeholders.

Healthcare and public health safety leaders must learn global, act local, and be vocal.

Join us to address:

- Awareness:** Learn about what is evidence based and expert opinion says about what is being observed related to Smartphones and our children.
- Accountability:** Learn about all the stakeholders who may need to be accountable for Smartphone safety.
- Ability:** Learn about what is being considered to make families and caregivers more able to prevent harm.
- Action:** Learn what actions may be taken to prevent harm to children now.

Join us to help lead online safety of children in your communities.

Join us to help lead online safety of children in your communities.

We offer these online webinars at no cost to our participants.

Webinar Video, and Downloads

The webinar video will be available within five (5) business days after the webinar.

Speaker Slide Set:

The slides will be posted here before the webinar begins.

Learning Objectives:

- Awareness:** Learn about what is evidence based and expert opinion says about what is being observed related to Smartphones and our children.
- Accountability:** Learn about all the stakeholders who may need to be accountable for Smartphone safety.
- Ability:** Learn about what is being considered to make families and caregivers more able to prevent harm.
- Action:** Learn what actions may be taken to prevent harm to children now.

CE Participation Documentation

TMIT Global, approved by the California Board of Registered Nursing, Provider Number 15996, will be issuing 1.5 contact hours for this webinar. TMIT Global is only responsible for content and not this time.

Session Speakers and Panelists



C. R. Denham, II, MD

[BIO](#)



John Nance

[BIO](#)



Gregory Botz, MD

[BIO](#)



Randy Styner

[BIO](#)



William Adcox, MBA

[BIO](#)



Jennifer Dingman

[BIO](#)

Emerging Threats Community of Practice Application

Name *

First Last

Email * Phone *

Organization * Position at the Organization *

Important Topics of Interest

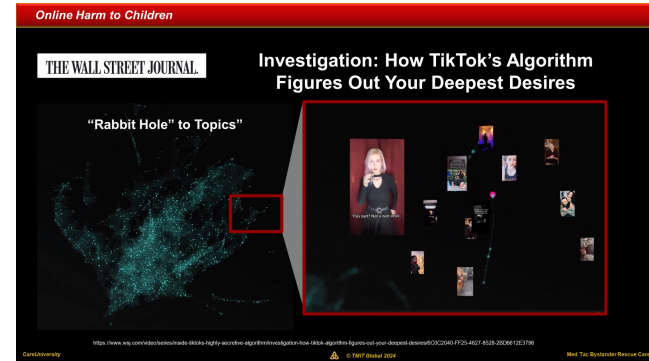
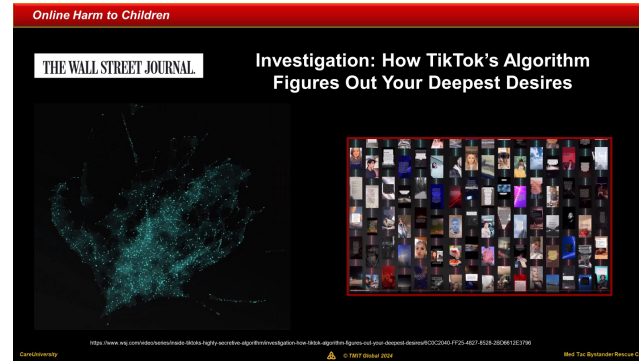
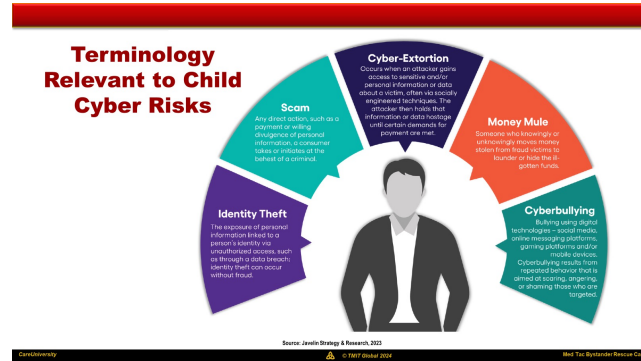
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February 2024 Webinar



March 2024 Webinar

TMIT Global
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High Performer Webinar

SafetyLeaders.org

Online Harm to Children: Threats, Opportunities, and the 4P's

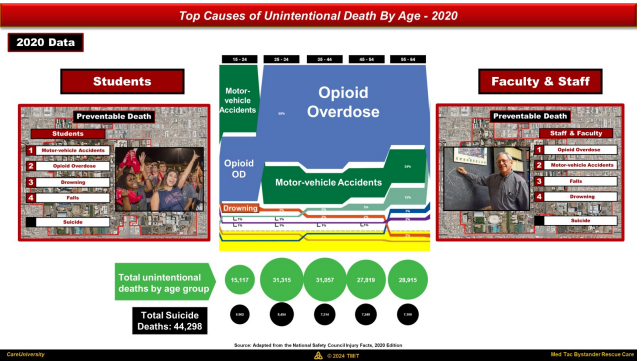
Prevention

Performance Improvement

Preparedness

Protection

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High Performer Webinar

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Safety of Rising Freshmen: Battling Failure to Rescue

High School

College

August 17, 2023
TMIT Global Webinar

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Insider Threat

Cardiac Arrest

Major Trauma

Choking & Drowning

Common Accidents

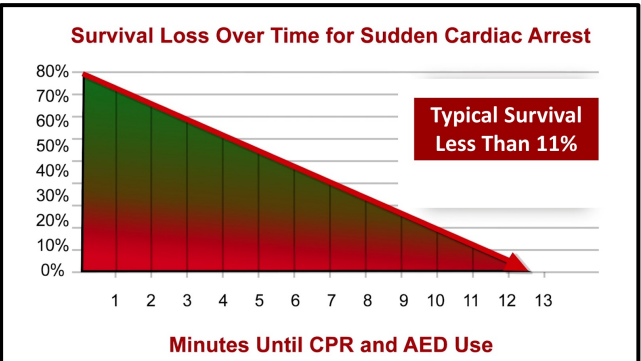
Opioid Overdose

Transportation Accidents

Anaphylaxis

Bullying

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The Problem: Failure to Rescue

Cardiac Arrest

Choking & Drowning

Opioid OD & Poisoning

Anaphylaxis

Major Trauma

Infection Care

Transportation

Bullying

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The Problem: FAILURE TO RESCUE

The Solution: Bystander Care

10 Minutes

3 Minutes

Longer than 3 Minutes - heart and brain begin to die

Average Professional First Responder Arrival Time 8-12 Minutes

© 2024 TMIT

Online Harm to Children

Social Media Platforms Deny Role: Response by Professor Jean Twenge

SMERCONISH

generations

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Trauma Chain of Survival

Bystander Care

3 Minutes from Gun Shot to Stop the Bleed

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Voice of Patient and Family



Jennifer Dingman

Founder, Persons United Limiting
Substandard and Errors in Healthcare
(PULSE), Colorado Division
Co-founder, PULSE American Division
TMIT Patient Advocate Team Member
Pueblo, CO

Speakers & Reactors for Online Harm Series



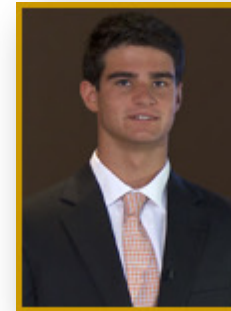
Jennifer Dingman



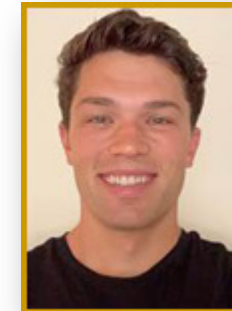
Randy Styner



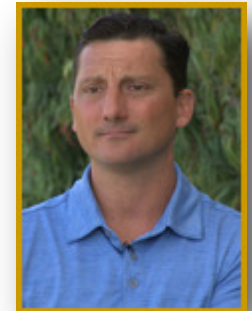
Paola Yépez González, MD



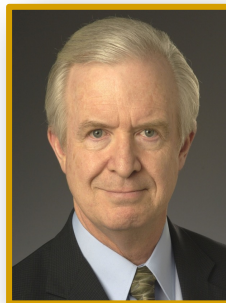
Perry Bechtle III



David Grinsfelder



David Beshk



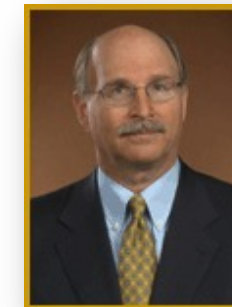
John Nance JD



Chief William Adcox



Gregory Botz MD



Charles Denham MD

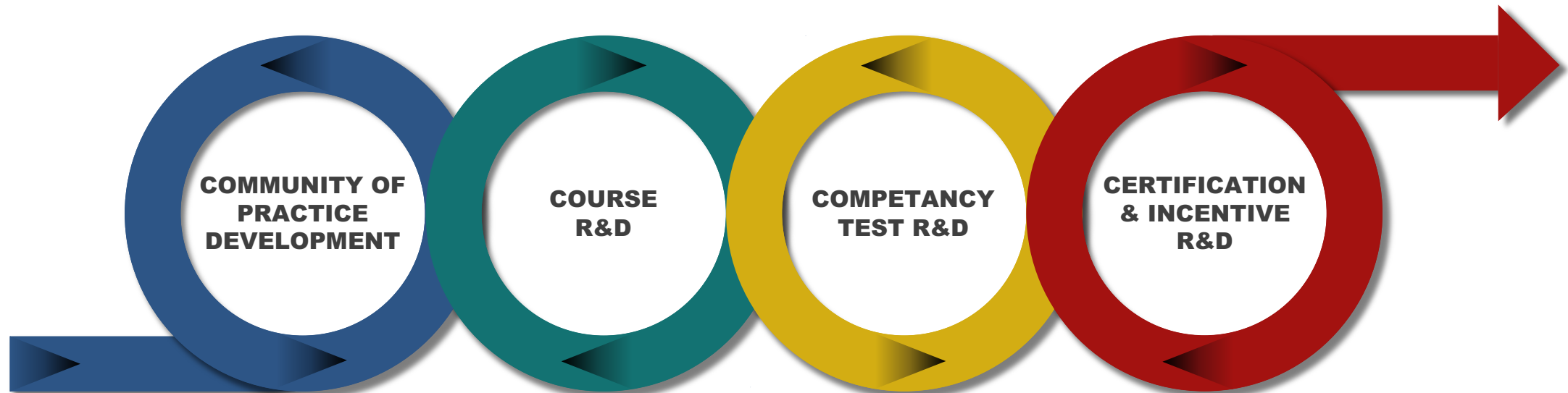


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CareUniversity®



SafetyLeaders®

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100+years

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*Inspiring Quality:
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American
Heart
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Heartsaver® First Aid CPR AED

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3,100 Hospitals in 3,000 Communities

500 Subject Matter Expert Pool Developed over 39 Years



Turn the Science into Safety™

High Impact Care Hazards to Patients, Students, Educators, Employees, and Visitors



Cardiac Arrest

Choking & Drowning

Opioid Overdose

Anaphylaxis

Major Trauma

Infections

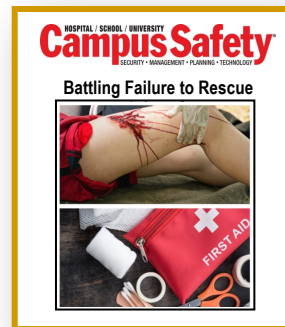
Transportation Accidents

Bullying

Active Shooter
Healthcare Article



Rapid Response
Teams Article



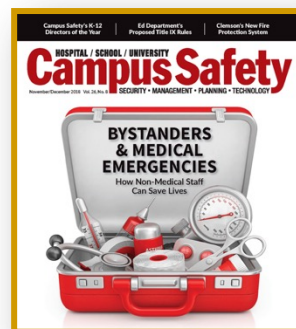
AED & Bleeding
Control Gear Article



Family Safety
Plan Article



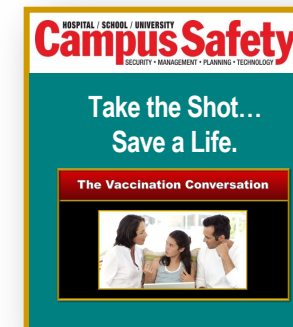
Med Tac
Story Article



A **Medical-Tactical Approach** undertaken by clinical and non-clinical people can have enormous impact on loss of life and harm from very common hazards:

- **High Impact Care Hazards** are frequent, severe, preventable, and measurable.
- **Lifeline Behaviors** undertaken by anyone can save lives.

Take the Shot...
Save a Life



Coronavirus Community of Practice

MED + TAC **Coronavirus Care Community of Practice** **Bystander Rescue Care CareUniversity Series**

John Nance JD, Dr. Gregory Bott, Chief William Adcox, Heather Foster, Dr. Charles Denham, Dr. Casey Clements, Beth Ulfen, Dr. McDowell, Dennis Guaid, Preston Head II, Fred Halse, Dr. Steve Swensen, Tyler Sant, Avanie Pettit, Dr. Mary Foley, Bob Chapman, Perry Bechtel II, Becky Martins, Betsy Denham, Charlie Denham II, Dr. C. Peabody, Dr. Chris Fox, Randy Snyder, Tom Renner, David Beahk, Ann Rhoades, Nancy Conrad, Dr. Chopra, John Little, Debbie Medina

MED + TAC **Coronavirus Care Community of Practice** **Bystander Rescue Care CareUniversity Series**

Matt Horace, John Tomlinson, Dan Ford, Arlene Salamandra, Jennifer Dingsen, Bill George, Penny George, Hilary Schmidt PhD, Paul Bhutta EMT, Dr. McDowell, Prof Christensen, Jim Collins, C Sullenberger, Charlotte Guglielmi, Dr. Don Berwick, Dr. Howard Koh, Dr. Jim Baglin, Dr. Harvey Fineberg

Contributions Through Segments of our Discovery Channel Documentaries

Chasing Zero **Surfing the Healthcare Tsunami** **2:53 3 Minutes & Counting Bystanders Care!**

Family Rescue R&D

The 5 R's of Safety

PRINCETON UNIVERSITY, HARVARD UNIVERSITY, NYU, Tufts UNIVERSITY, Yale, M UNIVERSITY OF MICHIGAN, Stanford University, UCI, UCLA, UF UNIVERSITY OF FLORIDA, UCSB UNIVERSITY OF CALIFORNIA SANTA BARBARA, UC San Diego, Berkeley, USC University of Southern California, CHAPMAN UNIVERSITY

Coronavirus Care Results

- Established National Community of Practice
- Launched Multi-center 1,000 Family Household R&D Study
- 60 Ninety Minute Broadcasts and Online Programs
- 30 *Survive & Thrive Family Training* Programs
- Produced a National Campus Safety Summit
- Published Multiple Articles Providing Guidance
- Established Student Led College & Alumni Programs
- Delivered Free Continuing Education for Caregivers
- Short Videos for Mobile Viewing
- Rapid Response to Family Gatherings
- National Vaccine Hesitancy Student Outreach
- Smart Phone Mobile Applications

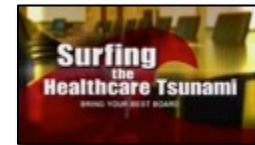
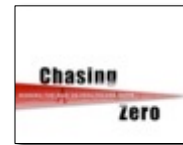
Survive & Thrive Guide™ Program Road Map

Survive & Thrive Guide™ Program Road Map

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or use **#safetyleaders** hashtag



Also, go to:
www.facebook.com/SafetyLeaders
and related sites





Our Purpose, Mission, and Values



Our Purpose:

We will measure our success by how we protect and enrich **the lives of families...patients AND caregivers.**

EMERGING THREATS
COMMUNITY OF PRACTICE

Our Mission:

To accelerate performance solutions that **save lives, save money, and create value** in the communities we serve and ventures we undertake.

CAREUNIVERSITY®

Our ICARE Values:

Integrity, **C**ompassion, **A**ccountability, **R**eliability, and **E**ntrepreneurship.

Disclosure Statement

The following panelists certify that unless otherwise noted below, each presenter provided full disclosure information; does not intend to discuss an unapproved/investigative use of a commercial product/device; and has no significant financial relationship(s) to disclose. If unapproved uses of products are discussed, presenters are expected to disclose this to participants. None of the participants have any relationship medication or device companies discussed in their presentations.

Randy Styner has nothing to disclose

John Nance has nothing to disclose

David Grinsfelder has nothing to disclose

Chief William Adcox has nothing to disclose

Dr. Botz has nothing to disclose

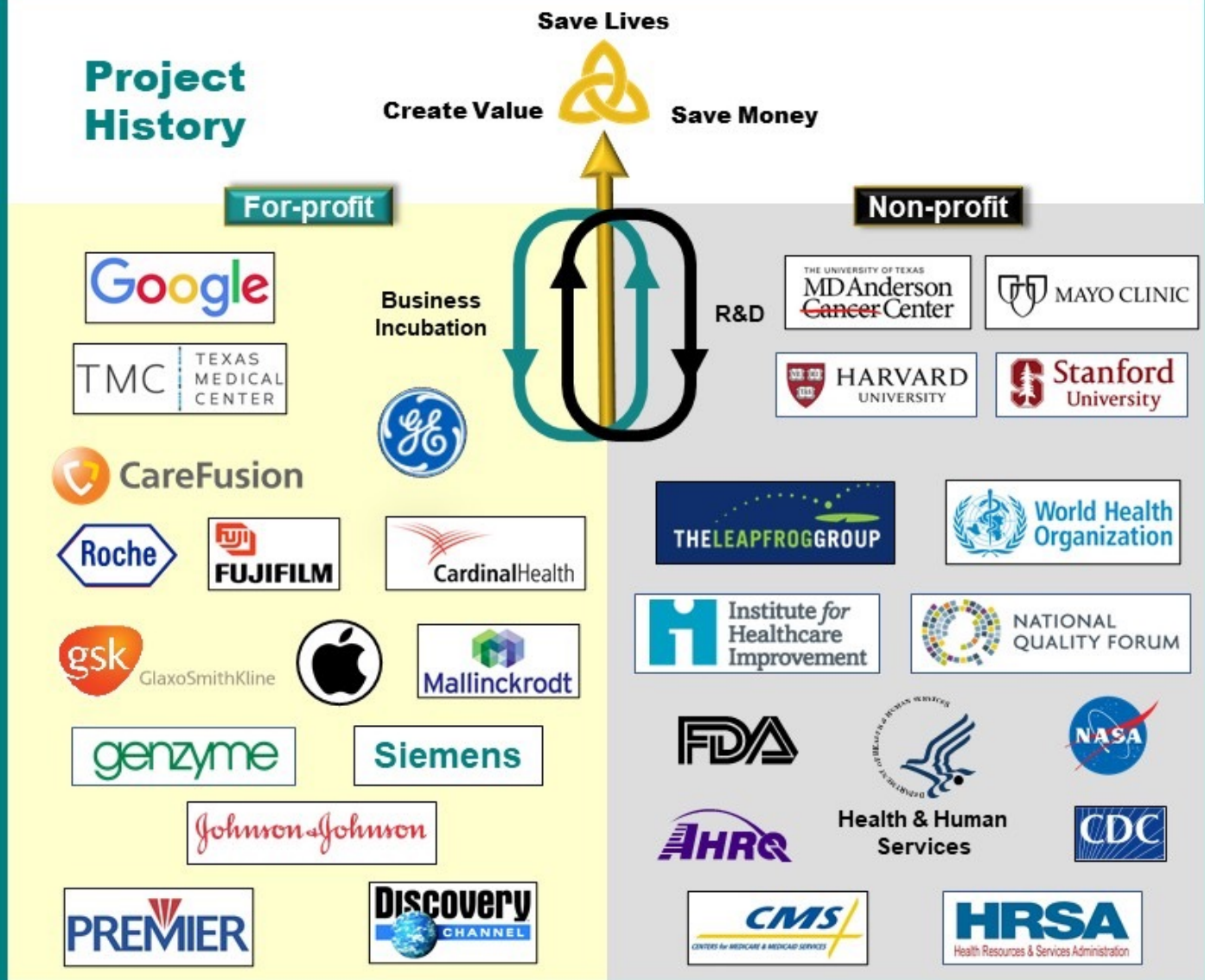
Perry Bechtle has nothing to disclose

Jeni Dingman has nothing to disclose

Dr Gonzales has nothing to disclose

Charles Denham, MD, is the Chairman of TMIT; a former TMIT education grantee of CareFusion and AORN with co-production by Discovery Channel for *Chasing Zero* documentary and Toolbox including models; and an education grantee of GE with co-production by Discovery Channel for *Surfing the Healthcare Tsunami* documentary and Toolbox, including models. HCC is a former contractor for GE and CareFusion, and a former contractor with Siemens and Nanosonics, which produces a sterilization device, Trophon. HCC is a former contractor with Senior Care Centers. HCC is a former contractor for ByoPlanet, a producer of sanitation devices for multiple industries. He does not currently work with any pharmaceutical or device company and has not done so for more than 5 years. His current area of research is in threat management to institutions including conflict of interest, healthcare fraud, and continuing professional education and consumer education including bystander care. Dr. Denham has been a collaborator with the late Professor Christensen at Harvard Business School.

Project History



Emerging Threats

Community of Practice



0:00:02



0:09:08



Global Patient Safety Forum

Global Patient Safety Forum

The GPSF is a convening alliance with a mission to save lives, save money, and build value in the community it serves. The Forum was expressly founded to make available important content that the collaborators want to share more broadly. This website is not intended to compete with any other initiative and will meet its objectives if collaborators and those interested in the topics share the information with their communities. There are no financial requirements of users of the site. Certain communities are private in order to protect those we serve and those who serve. Those we serve are patients and their families. Those who serve are the caregivers, administrators, researchers, educators, and staff in the healthcare industry.

Global Innovators Network

We are a global network of leaders from academia, industry, NGOs, philanthropy, and faith-based organizations who are best practices in leadership of innovation. Spawned from a network of innovators in healthcare and patient safety, our work has multiple sectors with a focus on mentorship and development. There is no specific commercial purpose of this website. There is no financial support of any type from the healthcare industry or communities of practice served here. The website is entirely free.

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Med Tac Bystander
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Emerging Threats
Community Of Practice

CareUniversity &
Continuing Education



Thomas Zeltner, MD
Expert leader in Public Health
Former Special Envoy of the WHO
Former Secretary of State for Health
Swiss Federal Office of Public Health, Bern, Switzerland

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The private community of practice addresses a number of sensitive topics and subject matter that should not be made public for security reasons.

- **Brand Damage** from Outside, Inside, and or Mixed Outside-Inside Threats including cyberterrorism.
- **Workplace Violence** including physical, verbal, sexual, or emotional harassment, bullying or harm to caregivers, staff, students, or patients.
- **Active Shooter, Violent Intruder, and Deadly Force Incidents** including events causing physical harm to staff, caregivers, students, or patients.
- **Domestic Terrorism** such as organized attacks using chemical, biologic, radiologic, nuclear, and explosive weapons as well as weaponization of transportation & vehicles (CBRNET)
- **Violent Acts Against Leadership** where administrative, clinical, or governance leaders are specifically targeted by insiders or outsiders.
- **Intentional Harm of Patients** by caregivers who commit harmful acts against patients with or without enablers who do not report such harm.
- **Unintentional Patient Harm** through errors of omission from systems failures such as those identified by mortality reviews including diagnostic errors or NQF Never Events.
- **Failure to Rescue** in pre-hospital, hospital, and post-hospital continuity of care.
- **Preventable Death or Severe Injury** of staff or students on or off campus or site.
- **Financial Harm** to patient families by aggressive payment policies and actions.
- **Hospital Optimization & Flow** with overcrowding & boarding/transfer issues.
- **Readiness for Epidemics** including preparedness for volume care need surges.
- **Sexual Misconduct** including sexual harassment, abuse of power, and or harm to caregivers, staff, students, or patients.
- **Racial and or Sexual Discrimination** against those we serve including patients and their families and or those who serve in the organization.

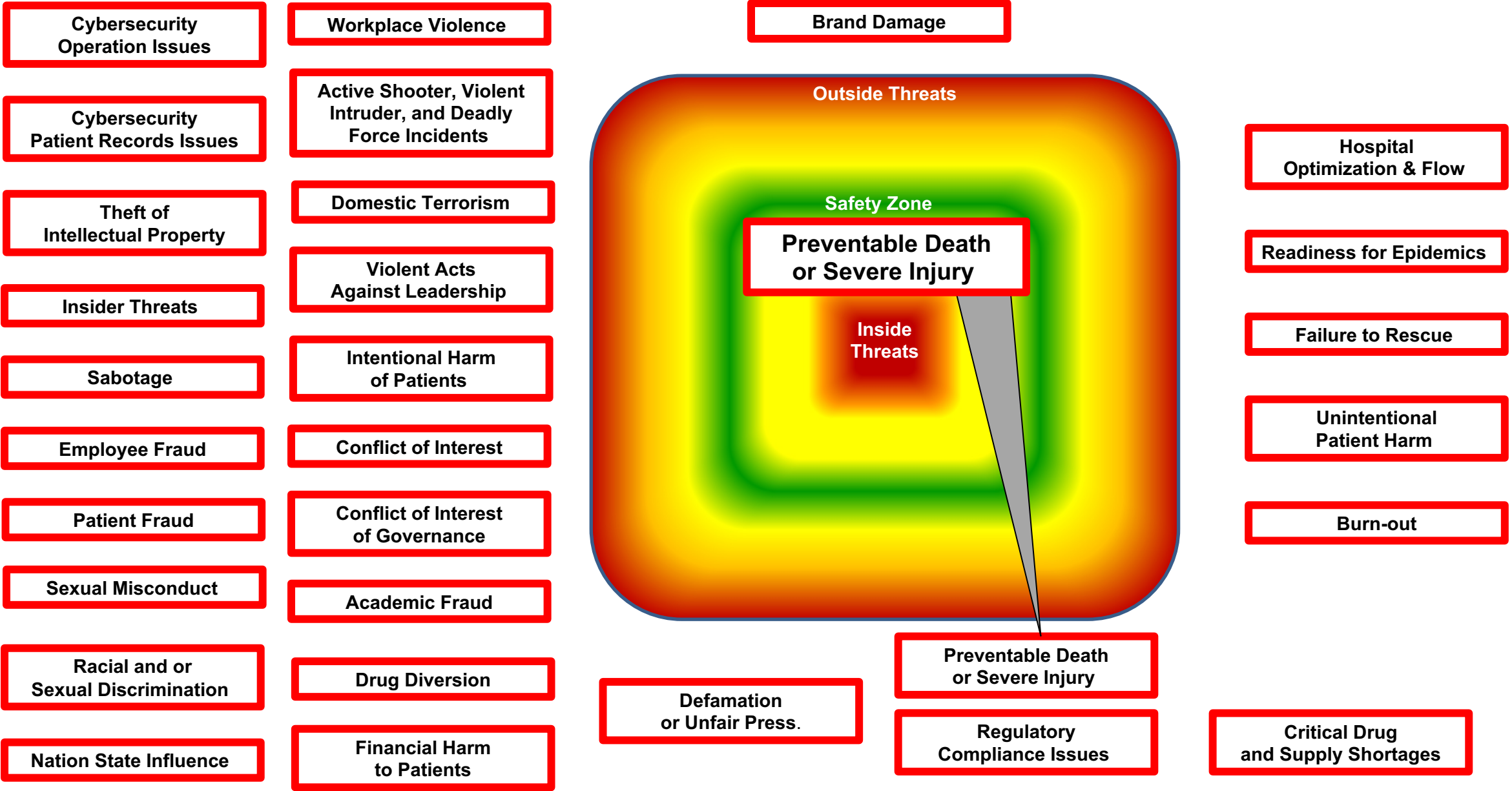
- **Cybersecurity Patient Records Issues** including breach, theft, and contamination of medical records leading to patient and caregiver harm.
- **Cybersecurity Operation Issues** including breach, theft, and contamination of operational records, invasion of data systems, and ransom crimes.
- **Insider Threats** of intentional clinical, operational, or financial harm.
- **Theft of Intellectual Property** by insiders, outsiders, or nation-states.
- **Sabotage** of service, information systems, clinical care, and property.
- **Employee Fraud** including false identity/credentials, testing/vaccinations, attestations of truth, or false witness against patients or staff.
- **Patient Fraud** including false identity, testing/vaccinations, attestations of truth, or false witness against other patients or staff.
- **Nation State Influence** through academic espionage, financial conflicts of interest, or other means.
- **Drug Diversion** by staff including caregivers and pharmacists who divert medications for themselves or others.
- **Conflict of Interest** of staff including physicians, researchers, staff, or administrators including undisclosed as well as disclosed financial relationships.
- **Conflict of Interest of Governance** including undisclosed financial as well as disclosed financial relationships.
- **Academic Fraud** including fabrication, falsification, or plagiarism in publications or dishonest grant documentation including applications or reports.
- **Defamation or Unfair Press** by investigative reporting, false whistleblowers, or harm due to misinformation, disinformation, or mal-information publicized.
- **Burn-out** of caregivers, leadership, and staff.
- **Critical Drug and Supply Shortages** such as I.V. fluids, medications, and key supplies.
- **Regulatory Compliance Issues** including evolving risks of non-compliance.



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- **Cybersecurity Operation Issues** including breach, theft, and contamination of operational records, invasion of data systems, and ransom crimes.
- **Theft of Intellectual Property** by insiders, outsiders, or nation-states.
- **Sabotage** of service, information systems, clinical care, and property.
- **Employee Fraud** including misrepresentation of identity or qualifications, safety related issues such as vaccination and testing status, and attestations of truth.
- **Patient Fraud** including misrepresentation of identity, safety related issues such as vaccination and testing status, and attestations of truth.
- **Nation State Influence** through academic espionage, financial conflicts of interest, or other means.
- **Drug Diversion** by staff including caregivers and pharmacists who divert medications for themselves or others.
- **Conflict of Interest** of staff including physicians, researchers, and administrators including disclosed and undisclosed financial relationships.
- **Conflict of Interest of Governance** including undisclosed financial relationships and disclosed financial relationships.
- **Academic Fraud** including fabrication, falsification, plagiarism, or dishonest grant documentation including applications and reports.
- **Defamation or Unfair Press** by investigative reporting or false whistleblowers.
- **Burn-out** of caregivers, leadership, and staff.
- **Critical Drug and Supply Shortages** such as I.V. fluids, medications, and key supplies.
- **Regulatory Compliance Issues** including new risk for non-compliance.

Inside & Outside Threats and Resilience Building



1,000 Worker Study

The 5 R's of Safety



HEAD



HEART



HANDS



VOICE

The 5 R's of Safety



Online Harm to Children III: Smartphone Harm & Identity Theft



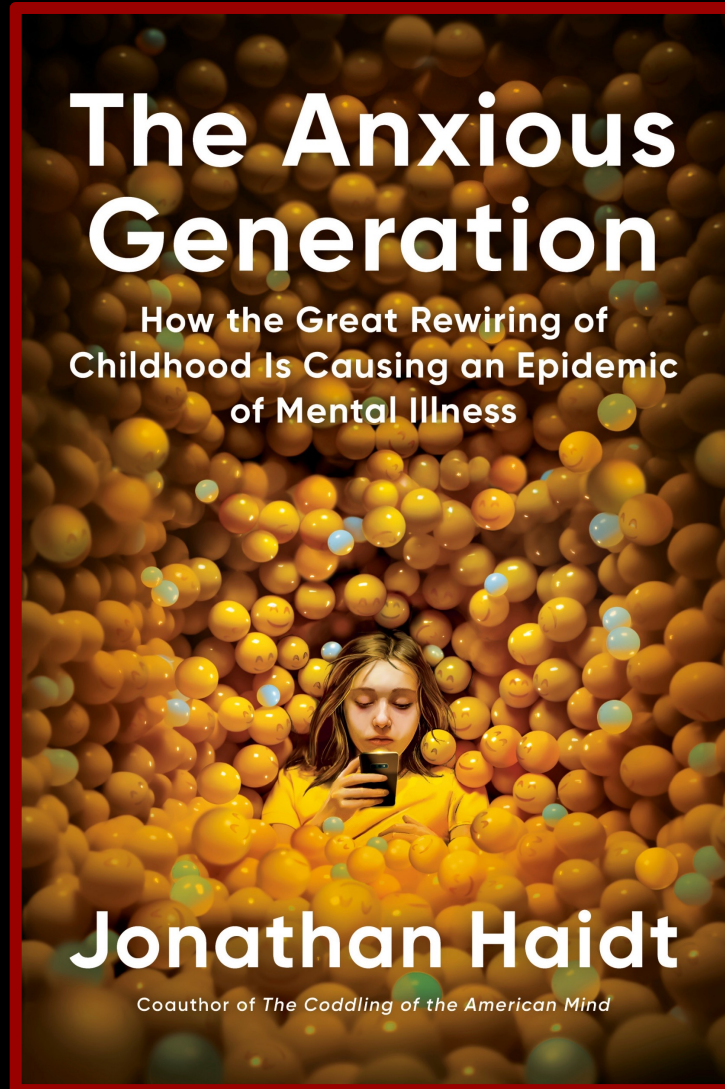
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ALL Stakeholders Need to Collaborate



No Consensus on “The Science”





The Great Rewiring of Childhood is Causing an Epidemic of Mental Illness

Introduction

Growing Up on Mars













Self-Harm Episodes, U.K. Teens

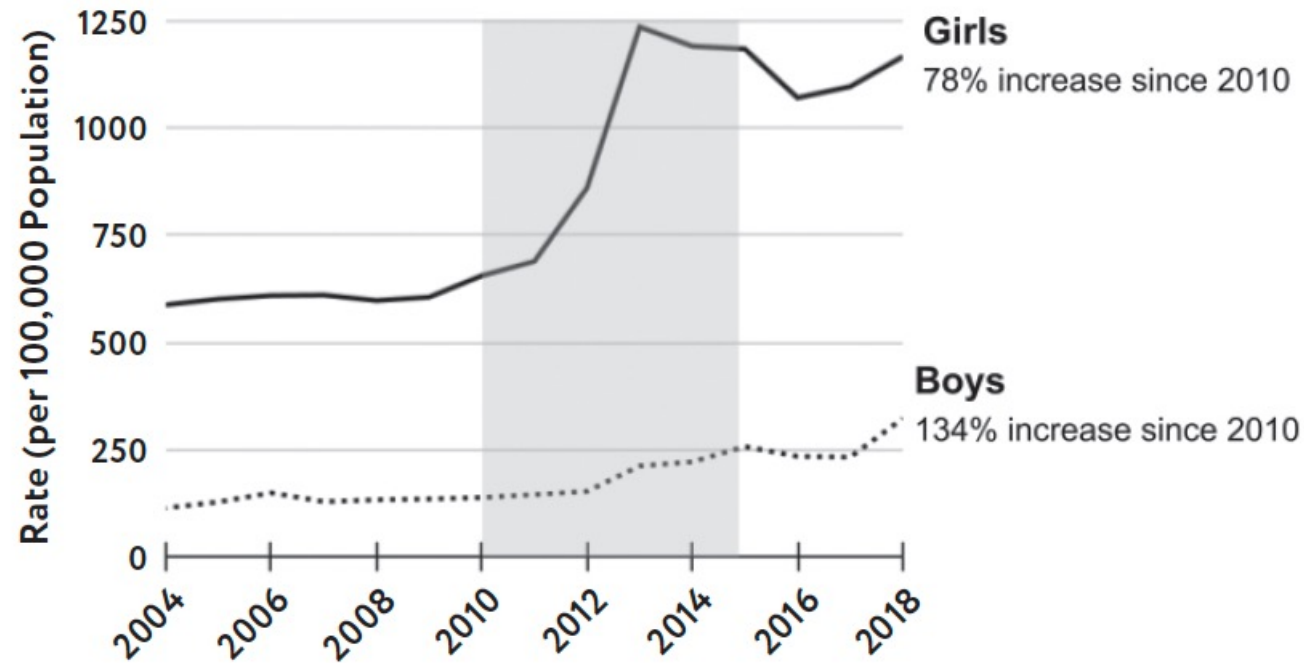


Figure 1.9. U.K. teens' (ages 13–16) self-harm episodes. (Source: Cybulski et al., 2021, drawing from two databases of anonymized British medical records.)⁵¹

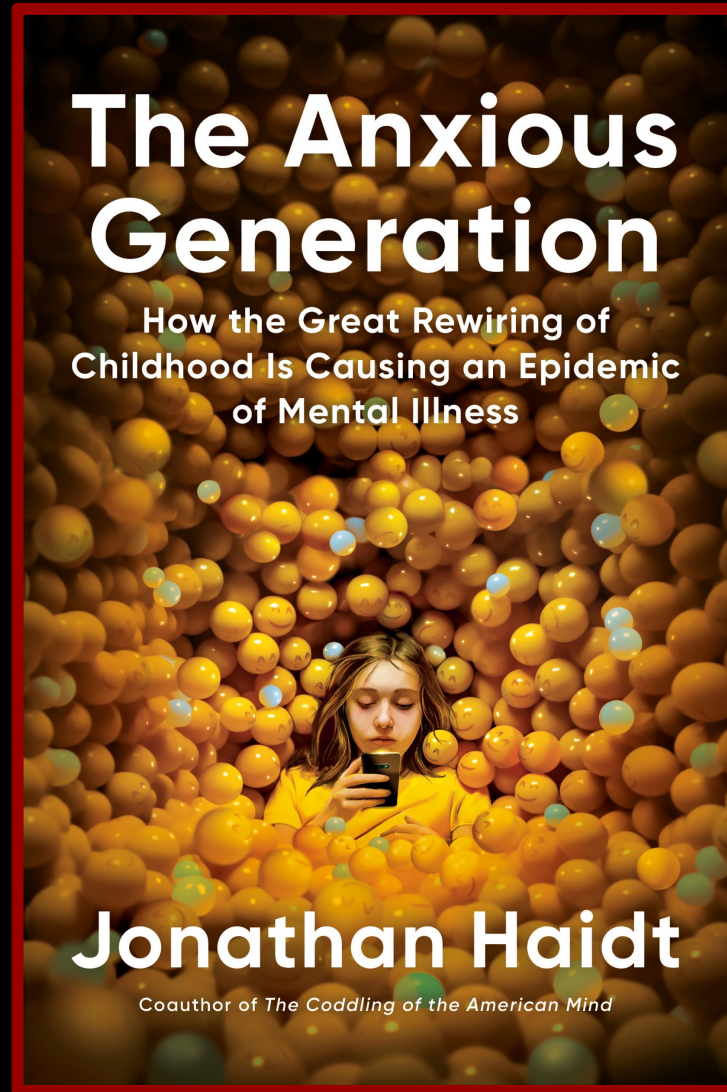
Children's Online Privacy Protection Act 1998 (COPPA)



- ☐ No Age Verification
- ☐ Just Check the Box
- ☐ No Updates







Central Claim of Anxious Generation – Two Trends:

Overprotection in the real world and...

Central Claim of Anxious Generation – Two Trends:

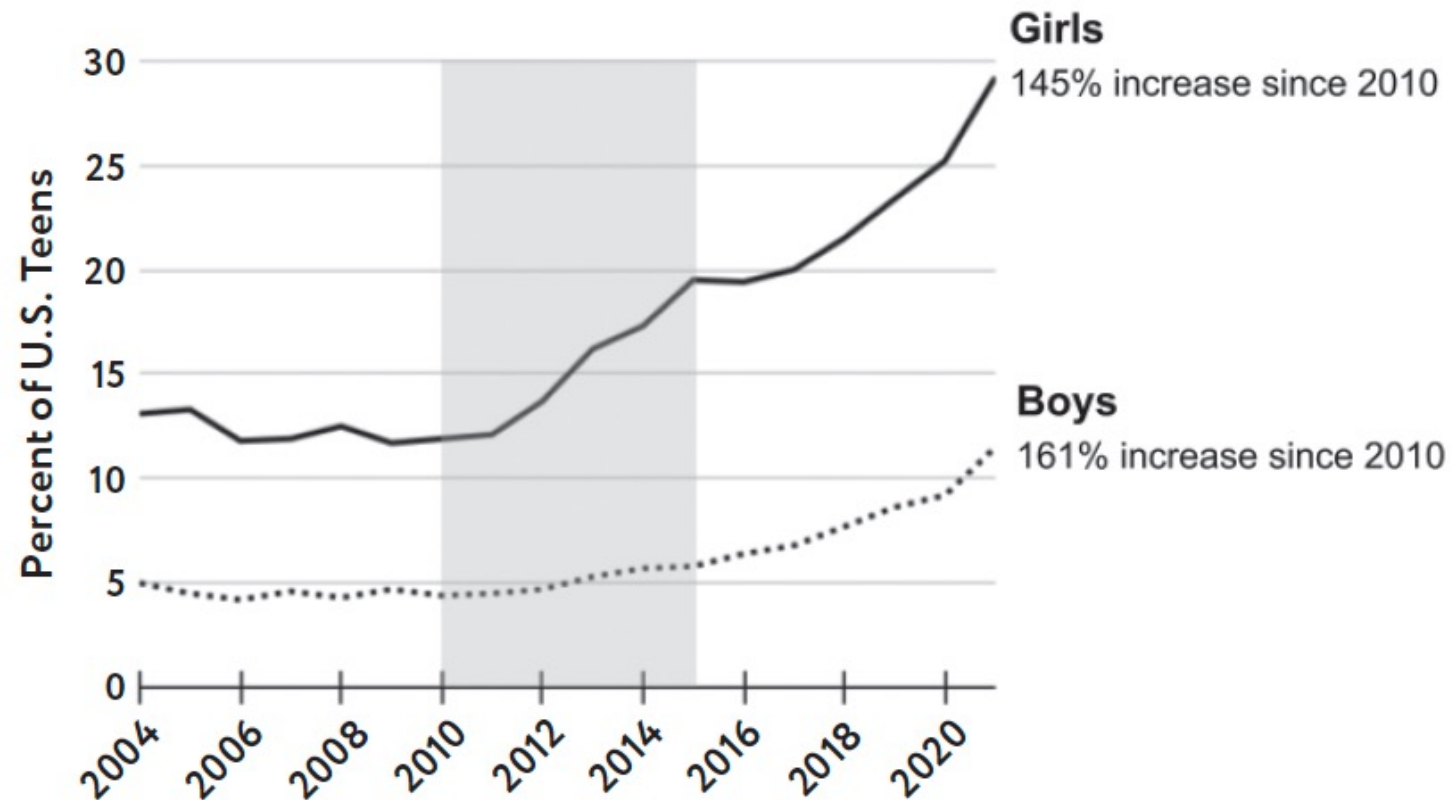
Overprotection in the real world and...

Underprotection in the virtual world...

Four Foundational Reforms:

- No smartphones before high school.
- No social media before 16.
- Phone-free schools.
- Far more unsupervised play and childhood independence.

Major Depression Among Teens



Source: The Anxious Generation Book

Central Claim of Anxious Generation – Two Trends:

Overprotection in the real world and...

Underprotection in the virtual world...

are the major reasons why children born after 1995 became the “anxious generation”.

The Real World:

1. They **are embodied**, meaning that we use our bodies to communicate, we are conscious of the bodies of others, and we respond to the bodies of others both consciously and unconsciously.
2. They **are synchronous**, which means they are happening at the same time, with subtle cues about timing and turn taking.
3. They **involve primarily one-to-one** or one-to-several communication, with only one interaction happening at a given moment.
4. They **take place within communities that have a high bar for entry and exit**, so people are strongly to invest in relationships and repair rifts when they happen.

The Virtual World:

1. They are **disembodied**, meaning that no body is needed, just language. Partners could be (and already are) artificial intelligences (AIs).
2. They are **heavily asynchronous**, happening via text-based posts and comments. (A video call is different; it is synchronous.)
3. They involve a **substantial number of one-to-many communications**, broadcasting to a potentially vast audience. Multiple interactions can be happening in parallel.
4. They take place **within communities that have a low bar for entry and exit**, so people can block others or just quit when they are not pleased. Communities tend to be short-lived, and relationships are often disposable.

Four Foundational Reforms:

1. **No smartphones before high school.** Parents should delay children's entry into round-the-clock internet access by giving only basic phones (phones with limited apps and no internet browser) before ninth grade (roughly age 14).
2. **No social media before 16.** Let kids get through the most vulnerable period of brain development before connecting them to a firehose of social comparison and algorithmically chosen influencers.
3. **Phone-free schools.** In all schools from elementary through high school, students should store their phones, smartwatches, and any other personal devices that can send or receive texts in phone lockers or locked pouches during the school day. That is the only way to free up their attention for each other and for their teachers.
4. **Far more unsupervised play and childhood independence.** That's the way children naturally develop social skills, overcome anxiety, and become self-governing young adults.



The Anxious Generation







No person
under the age
of 21 may be
sold tobacco
products.





 **Under 21 is underage.** 800-QUIT-NOW
1-800-368-6868
www.quitnow.org

21
or none

**No person
under the age
of 21 may be
sold tobacco
products.**



Major Depression Among Teens

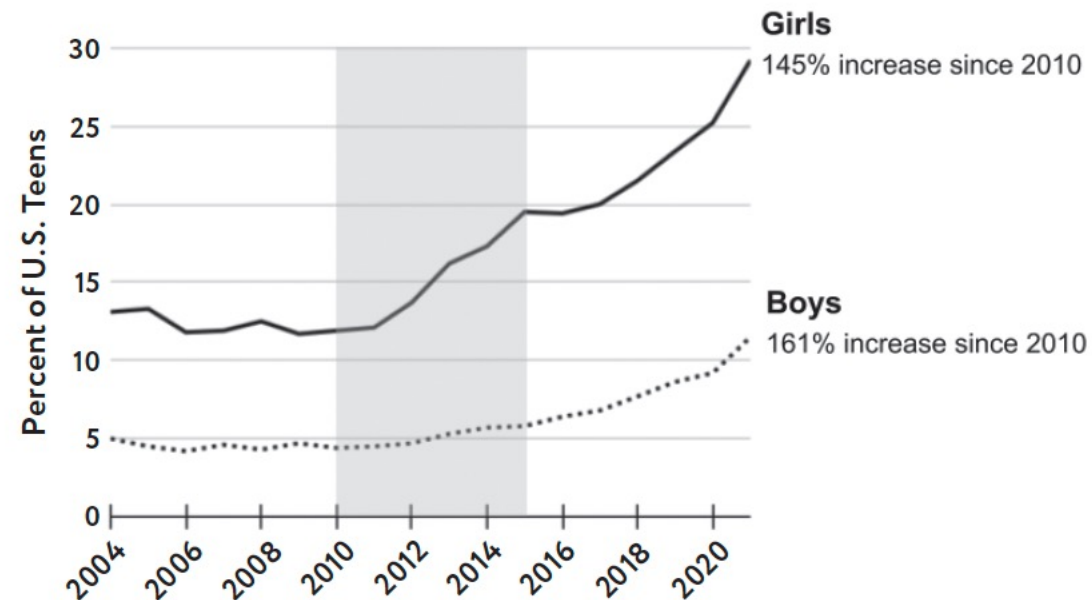


Figure 1.1. Percent of U.S. teens (ages 12–17) who had at least one major depressive episode in the past year, by self-report based on a symptom checklist. This was figure 7.1 in *The Coddling of the American Mind*, now updated with data beyond 2016. (Source: U.S. National Survey on Drug Use and Health.)³

Mental Illness Among College Students

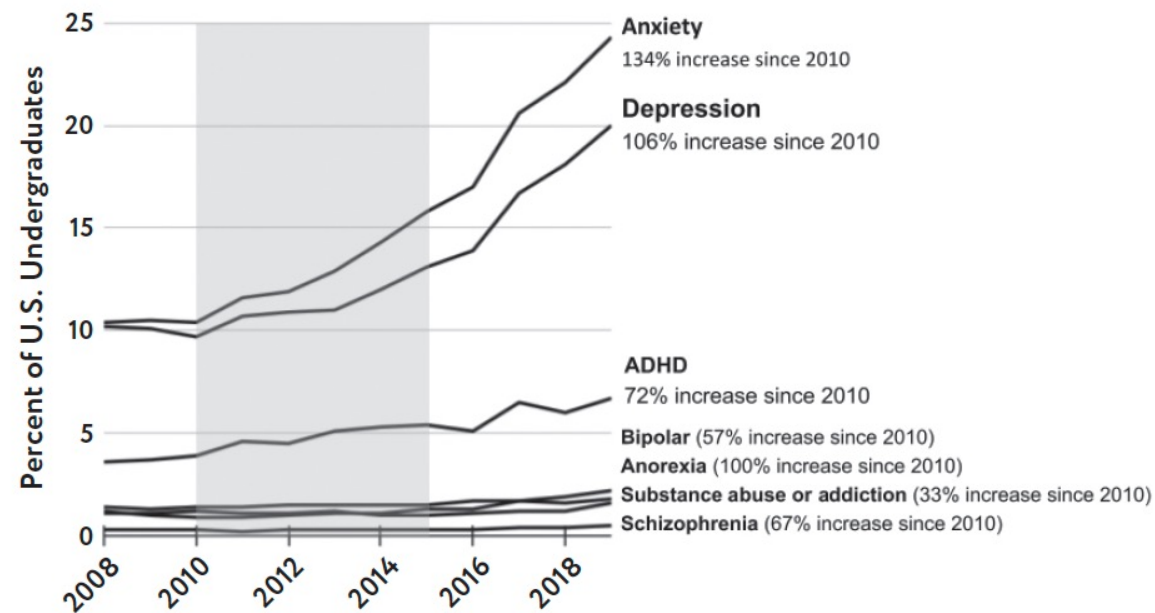


Figure 1.2. Percent of U.S. undergraduates with each of several mental illnesses. Rates of diagnosis of various mental illnesses increased in the 2010s among college students, especially for anxiety and depression. (Source: American College Health Association.)⁹

Anxiety Prevalence by Age

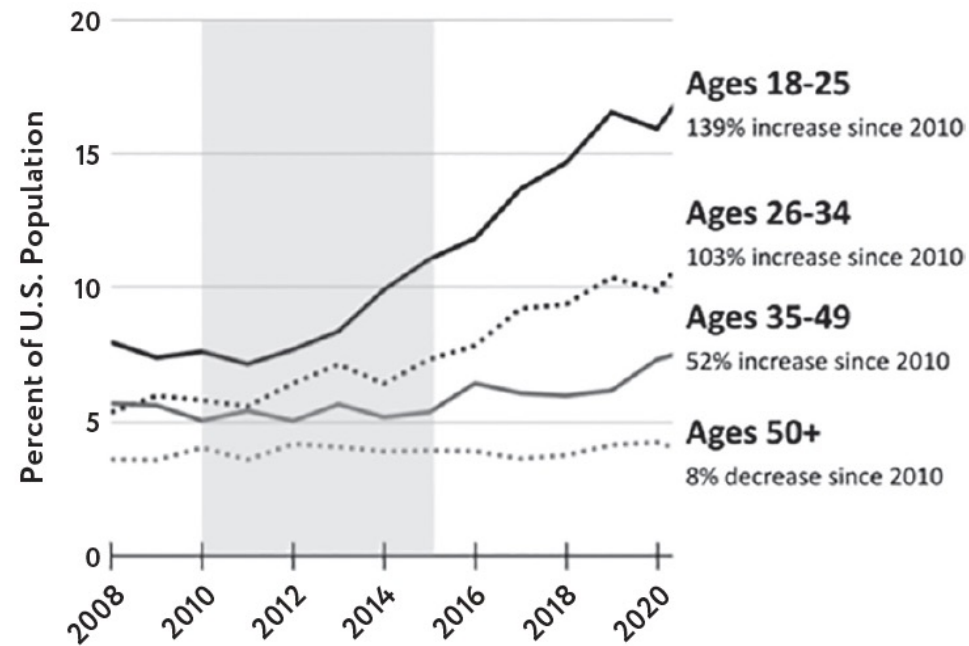


Figure 1.3. Percent of U.S. adults reporting high levels of anxiety by age group.
(Source: U.S. National Survey on Drug Use and Health.)¹¹

Emergency Room Visits for Self-Harm

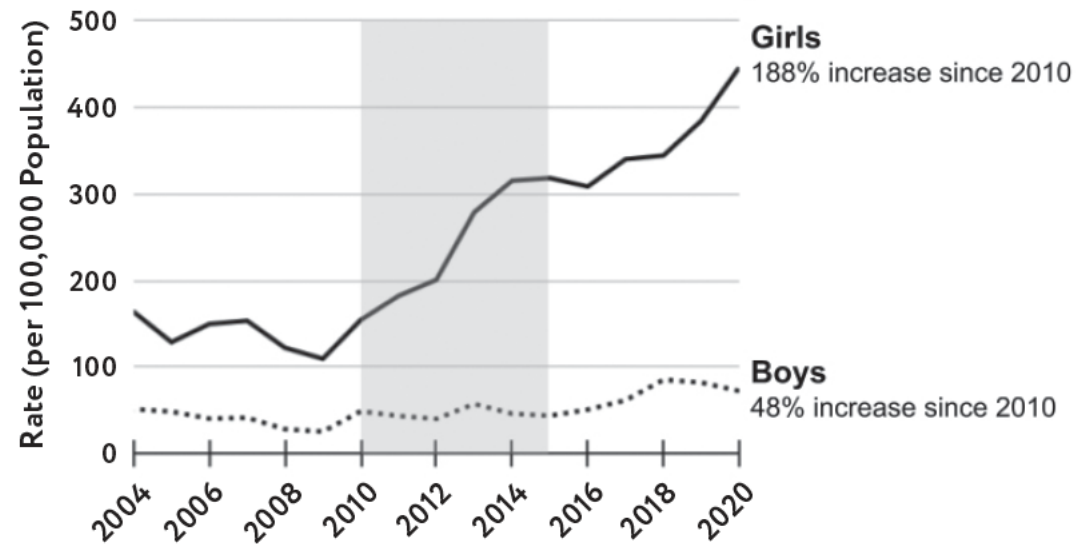


Figure 1.4. The rate per 100,000 in the U.S. population at which adolescents (ages 10–14) are treated in hospital emergency rooms for nonfatal self-injury. (Source: U.S. Centers for Disease Control, National Center for Injury Prevention and Control.)²⁰

Suicide Rates for Younger Adolescents

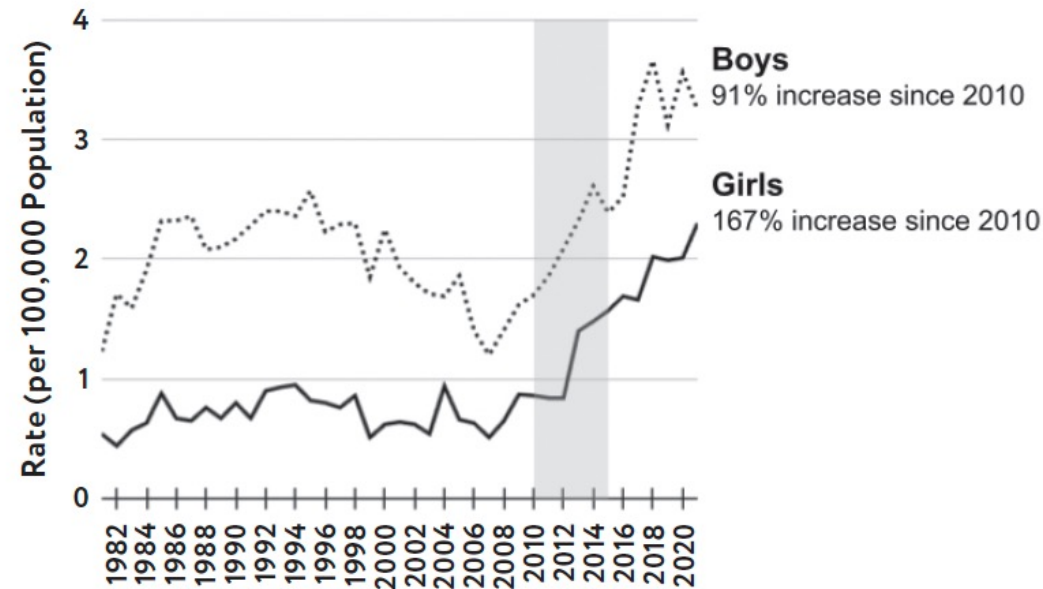


Figure 1.5. Suicide rates for U.S. adolescents, ages 10–14. (Source: U.S. Centers for Disease Control, National Center for Injury Prevention and Control.)²²

Communication Technology Adoption

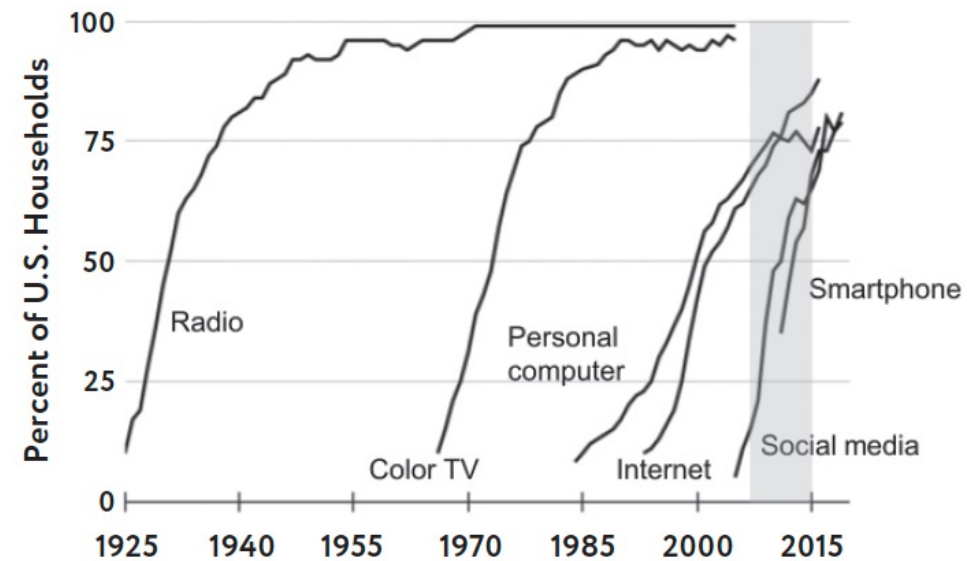


Figure 1.6. The share of U.S. households using specific technologies. The smartphone was adopted faster than any other communication technology in history. (Source: Our World in Data.)²⁵

Teenage Depression vs. Adult Unemployment

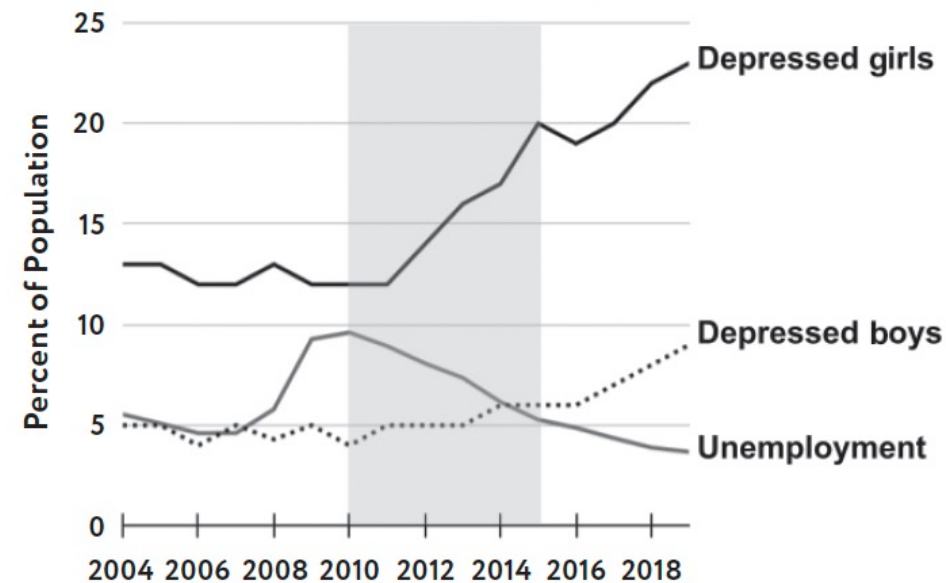


Figure 1.7. The U.S. unemployment rate (percent of adults in the labor market who are unemployed) fell continuously as the adolescent mental health crisis got worse. (Sources: U.S. Bureau of Labor Statistics and the U.S. National Survey Drug Use and Health.)⁴⁰

Excellent or Very Good Mental Health, Canadian Women

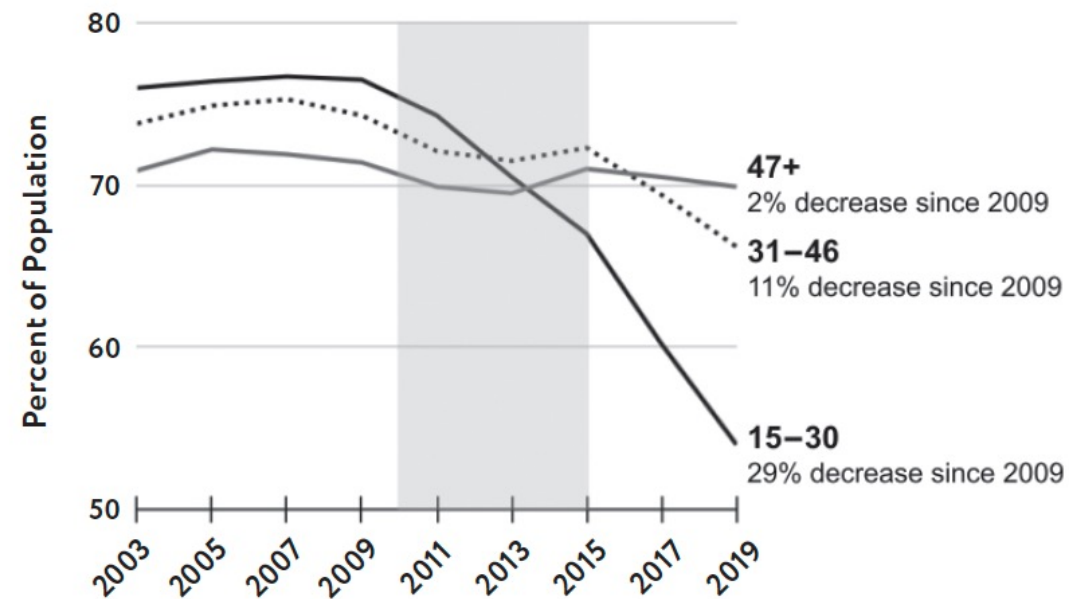


Figure 1.8. Percent of girls and women in Ontario, Canada, who reported that their mental health was either “excellent” or “very good.” (Source: D. Garriguet [2021], Portrait of youth in Canada: Data report.)⁴⁷

Self-Harm Episodes, U.K. Teens

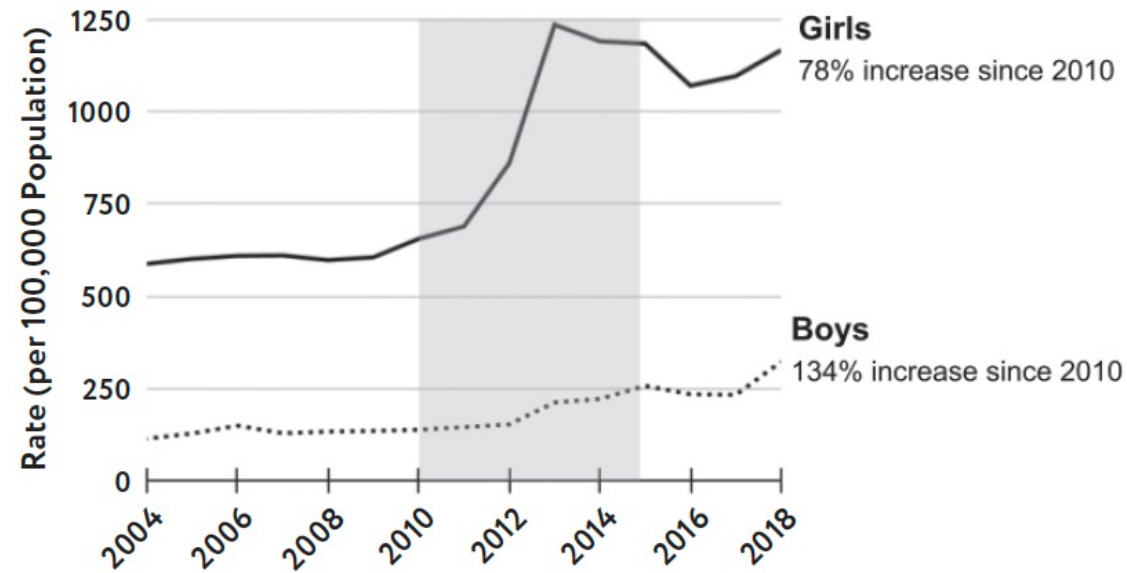


Figure 1.9. U.K. teens' (ages 13–16) self-harm episodes. (Source: Cybulski et al., 2021, drawing from two databases of anonymized British medical records.)⁵¹

Mental Health Hospitalizations, Australia

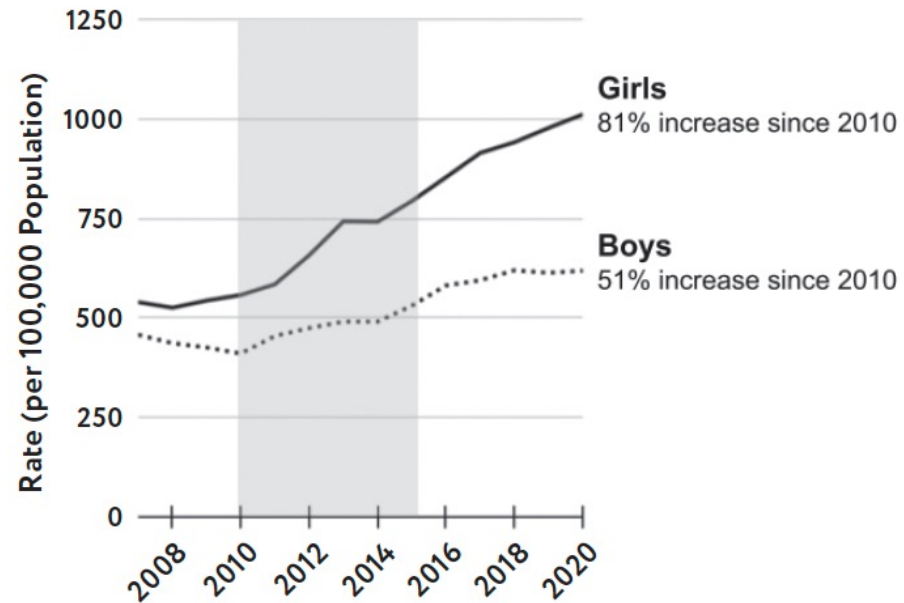


Figure 1.10. Rate at which Australian teens (ages 12–24) were kept in hospitals overnight for mental health reasons. (Source: Australia’s Health 2022 Data Insights.)⁵³

High Psychological Distress, Nordic Nations

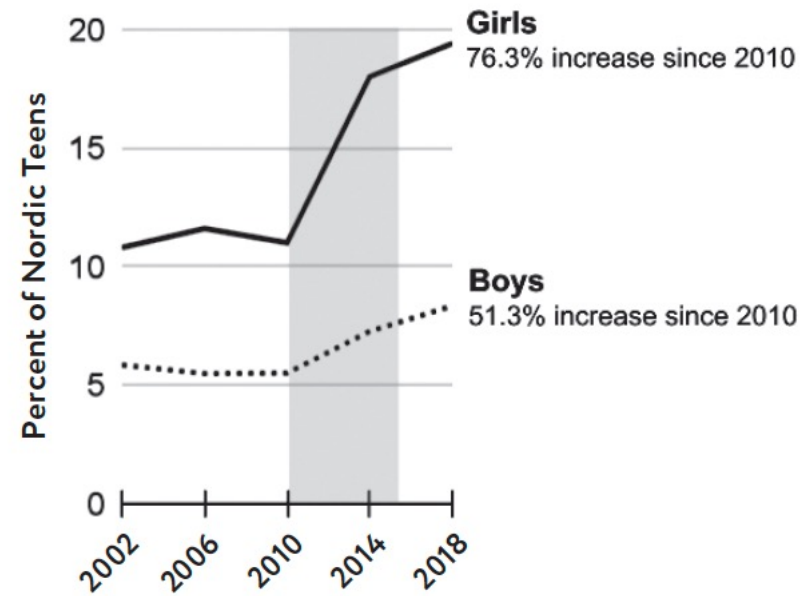


Figure 1.11. Percent of Nordic teens with high psychological distress (ages 11–15).
(Source: Data from the Health Behavior in School Age Children Survey.)⁵⁶

Alienation in School, Worldwide

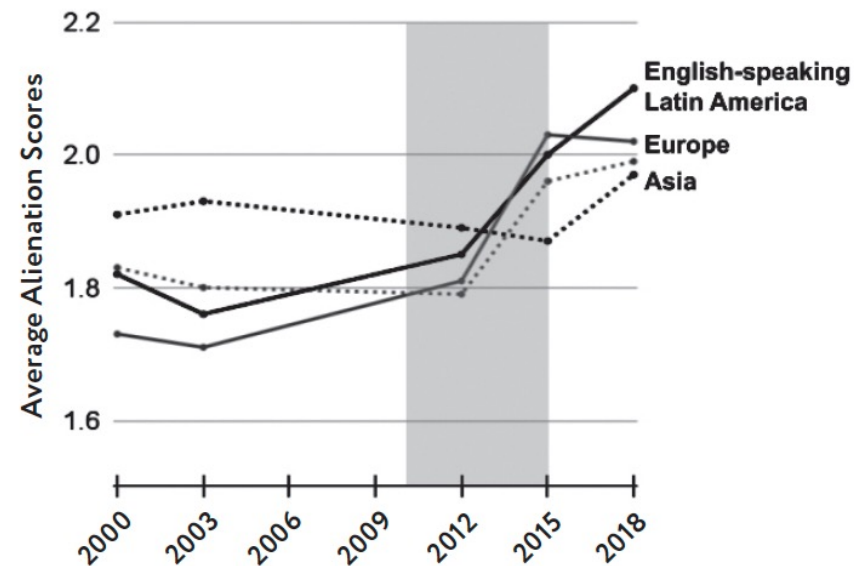
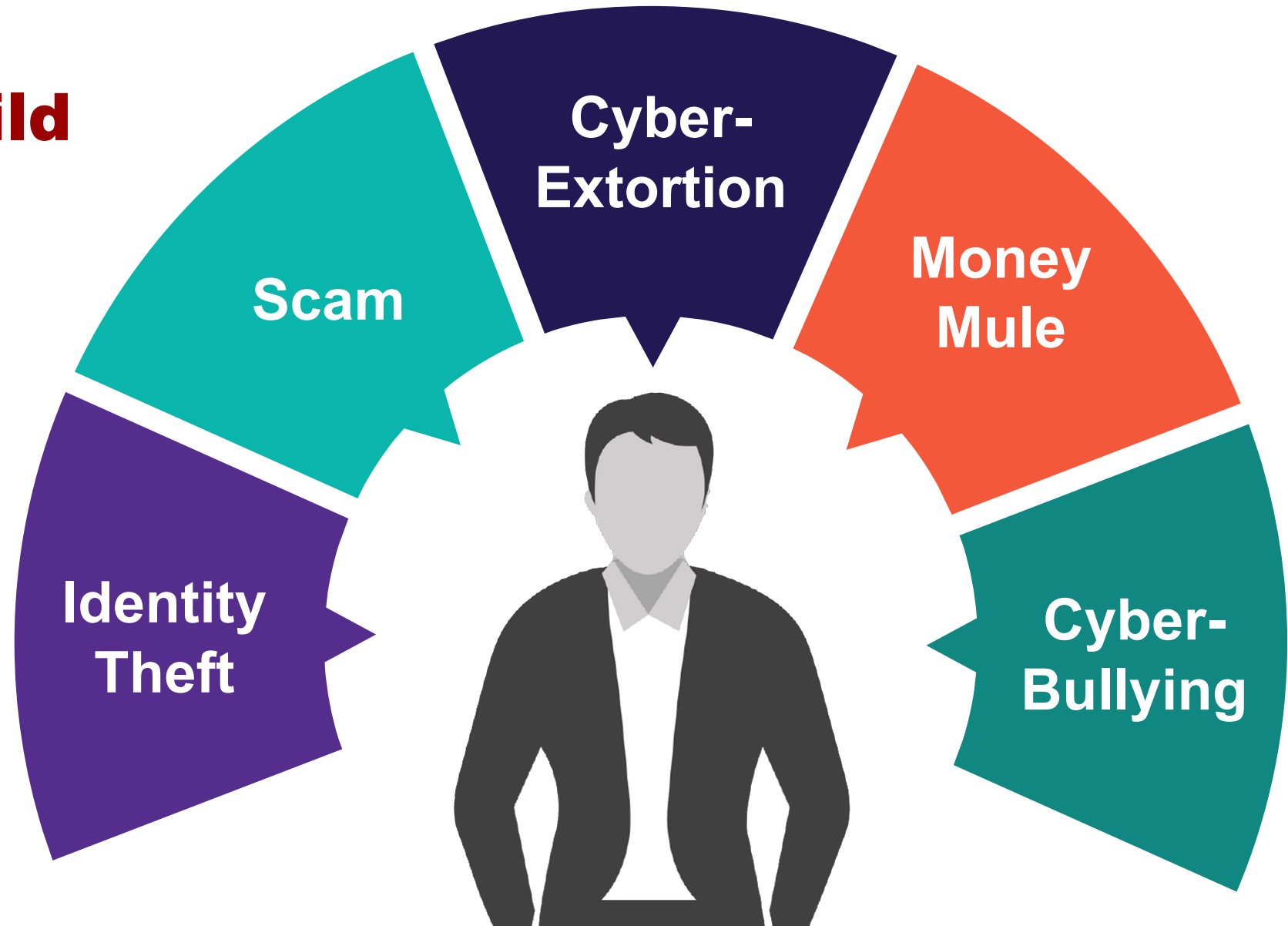


Figure 1.12. Worldwide school alienation scores over time (age 15). Note that the increase in school loneliness occurs in all regions other than Asia, mostly between 2012 and 2015. (These questions were not asked in the 2006 and 2009 surveys.) Scores range from 1 (low alienation) to 4 (high alienation). (Source: Twenge, Haidt et al. [2021]. Data from PISA.)⁵⁹

Terminology Relevant to Child Cyber Risks



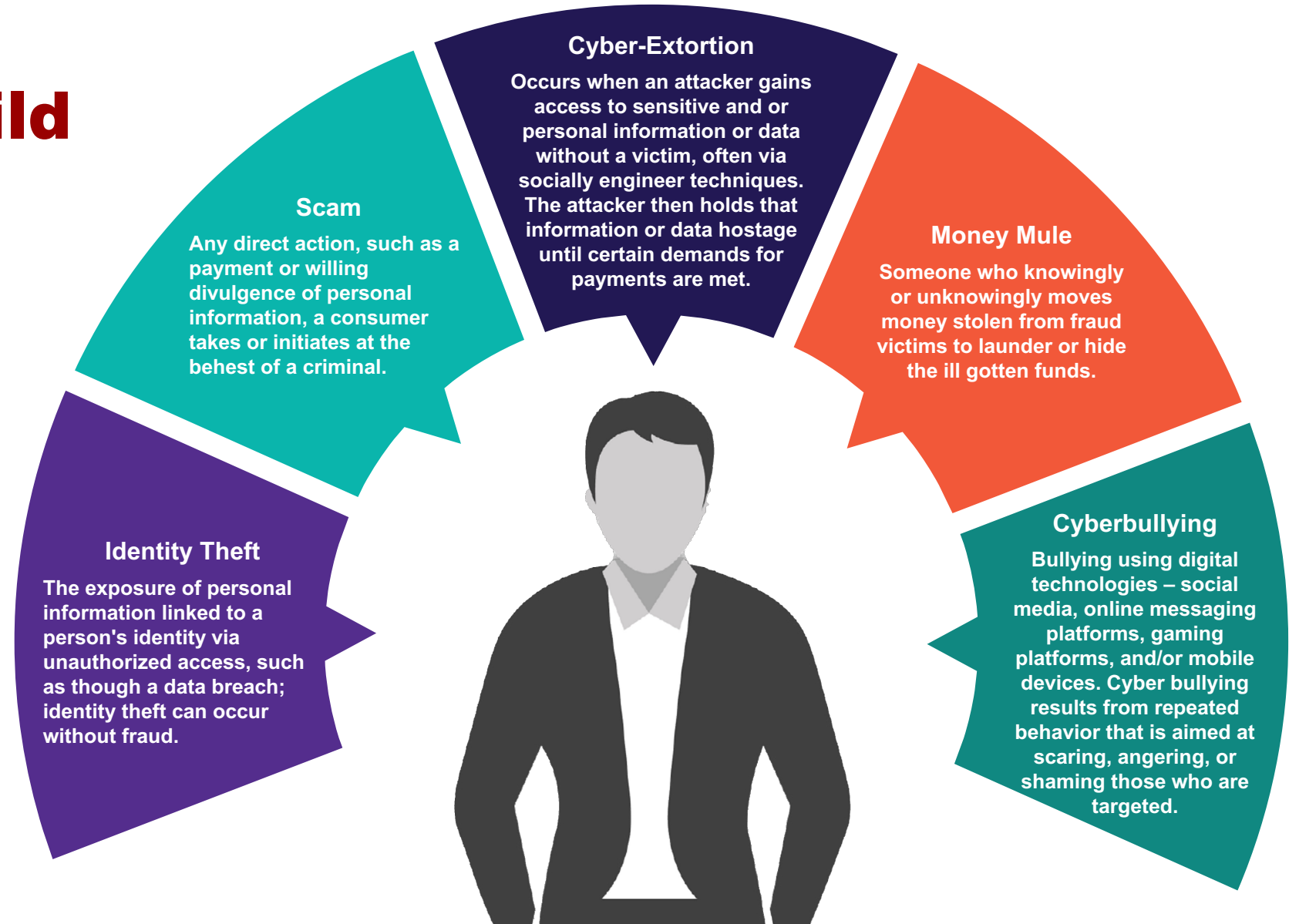
Source: Jupiter



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Terminology Relevant to Child Cyber Risks



Source: Jupiter

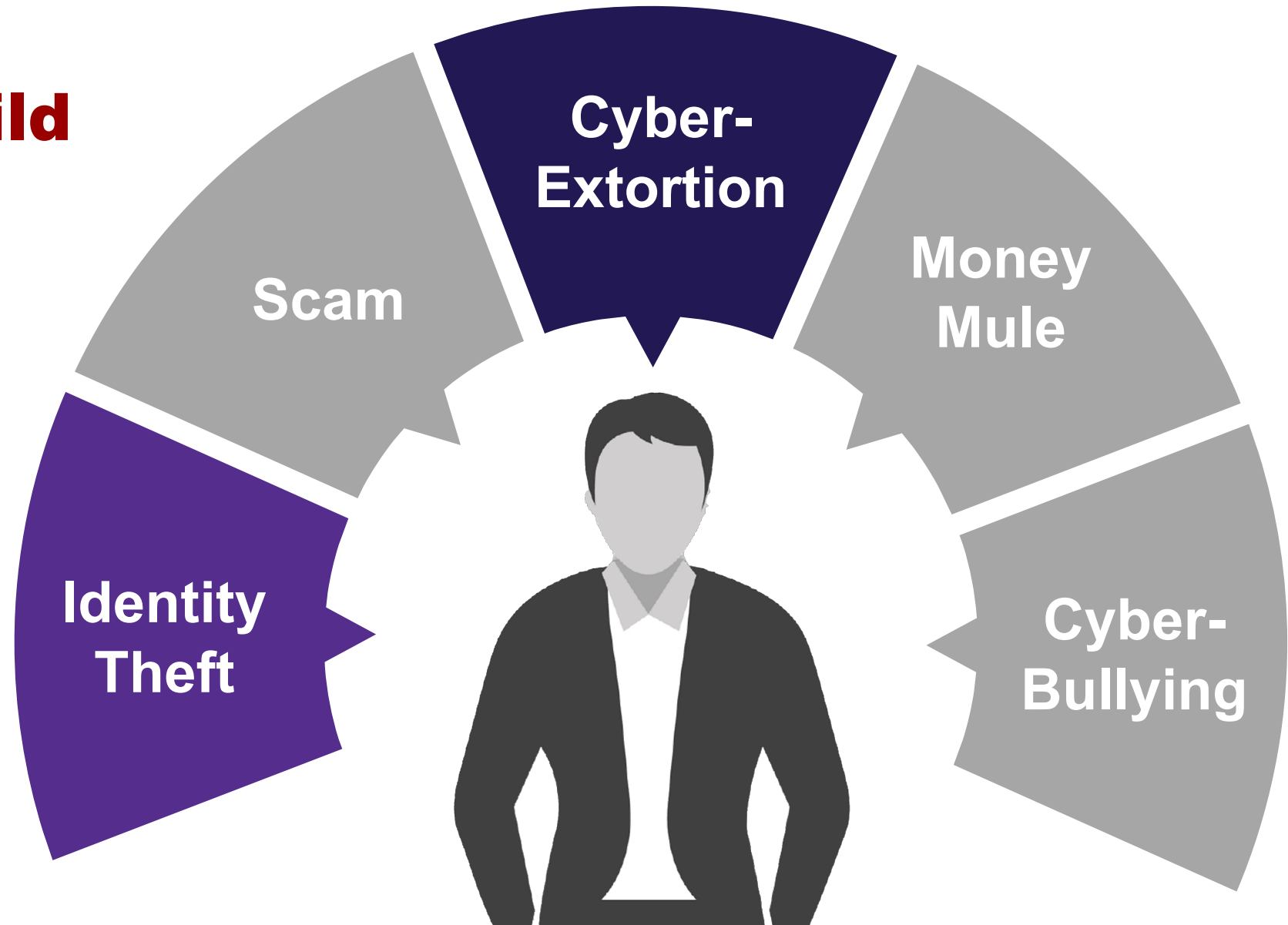


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Terminology Relevant to Child Cyber Risks

**In the NEWS
This Week**



Source: Jupiter



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April 15, 2024

Change Healthcare stolen patient data leaked by ransomware gang

Zack Whittaker @zackwhittaker / 12:38 PM PDT • April 15, 2024

Comment



An extortion group has published a portion of what it says are the **private and sensitive patient records on millions of Americans** stolen during the ransomware attack on Change Healthcare in February.

On Monday, a new ransomware and extortion gang that calls itself RansomHub published several files on its dark web leak site containing personal information about patients across different documents, including billing files, insurance records and medical information.

RansomHub threatened to sell the data to the highest bidder unless Change Healthcare pays a ransom.

Bloomberg

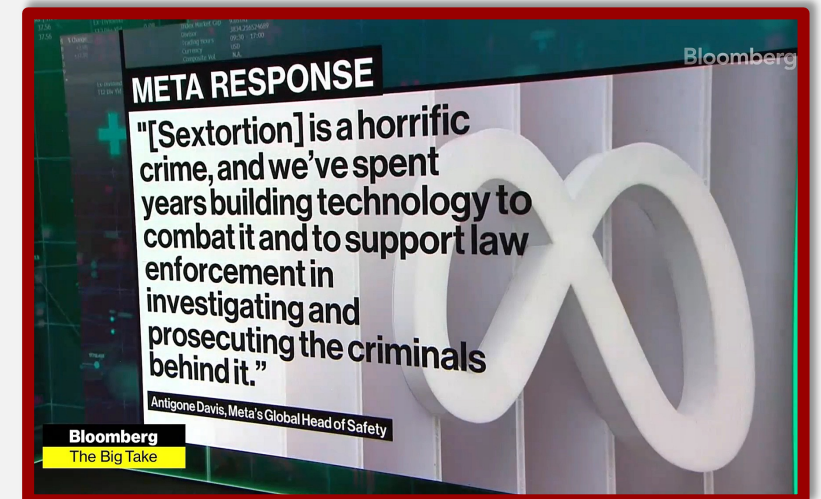
April 16, 2024

The Big Take: Sextortion Cases in US Are on the Rise

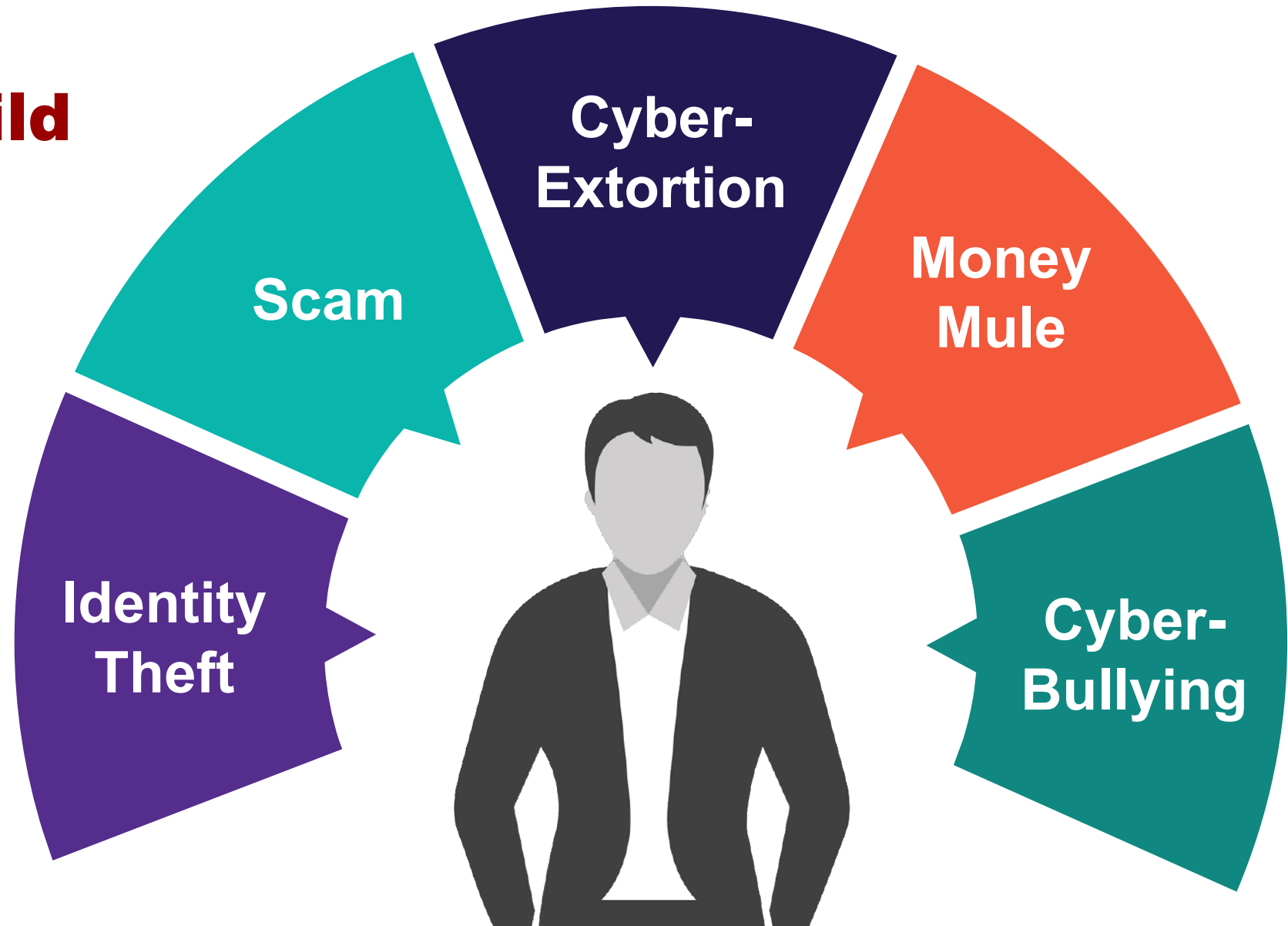
Bloomberg Technology - TV Shows

April 16th, 2024, 9:24 AM PDT

Cases of online scammers targeting teenage boys on social media are growing in the US. The FBI calls this "sexortion." Bloomberg's Oliva Carville reports on The Big Take on "Bloomberg Technology."
(Source: Bloomberg)



Terminology Relevant to Child Cyber Risks



Source: Jupiter



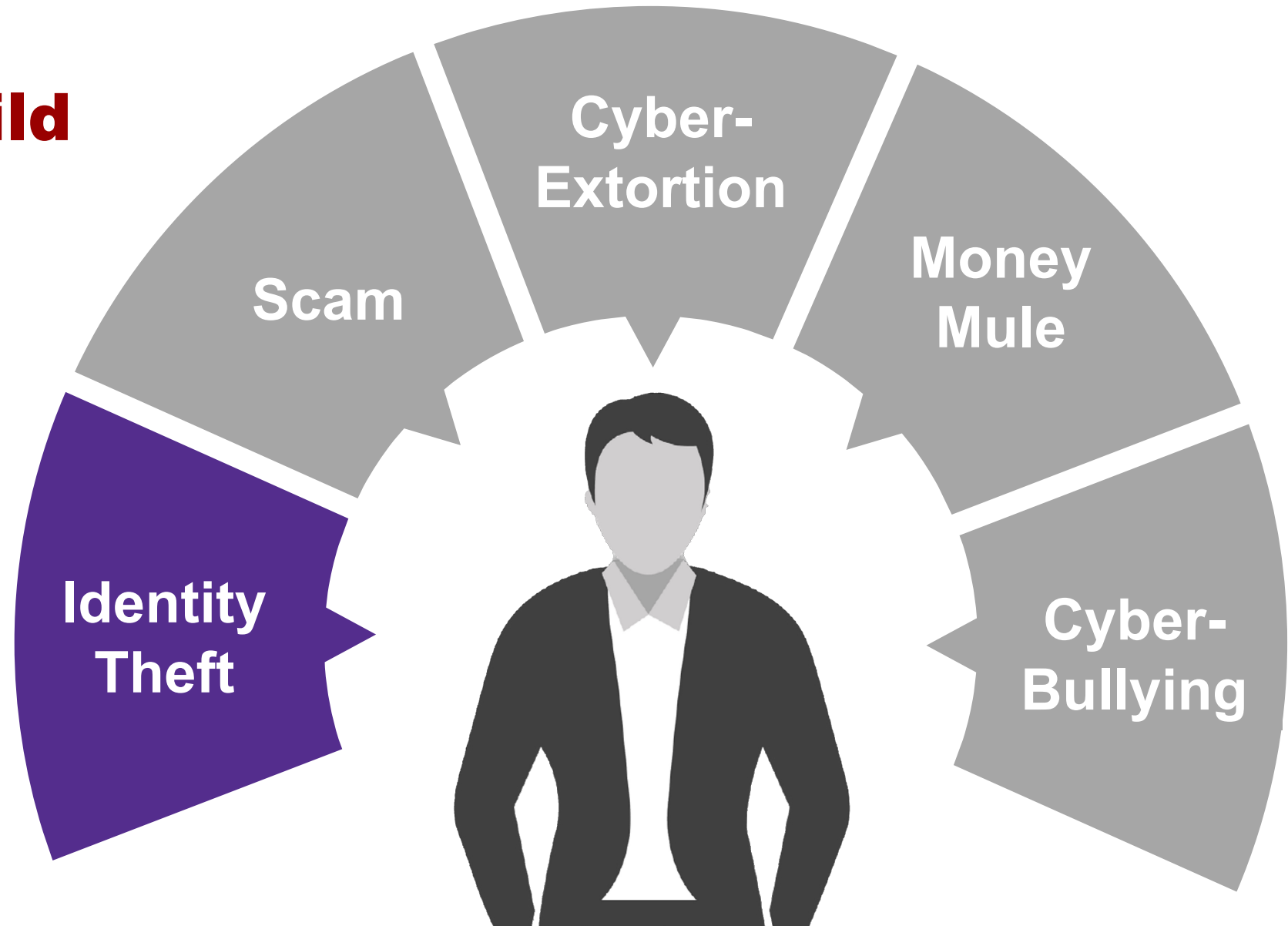
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Terminology Relevant to Child Cyber Risks

Identity Theft

The exposure of personal information linked to a person's identity via unauthorized access, such as through a data breach; identity theft can occur without fraud.



Source: Jupiter

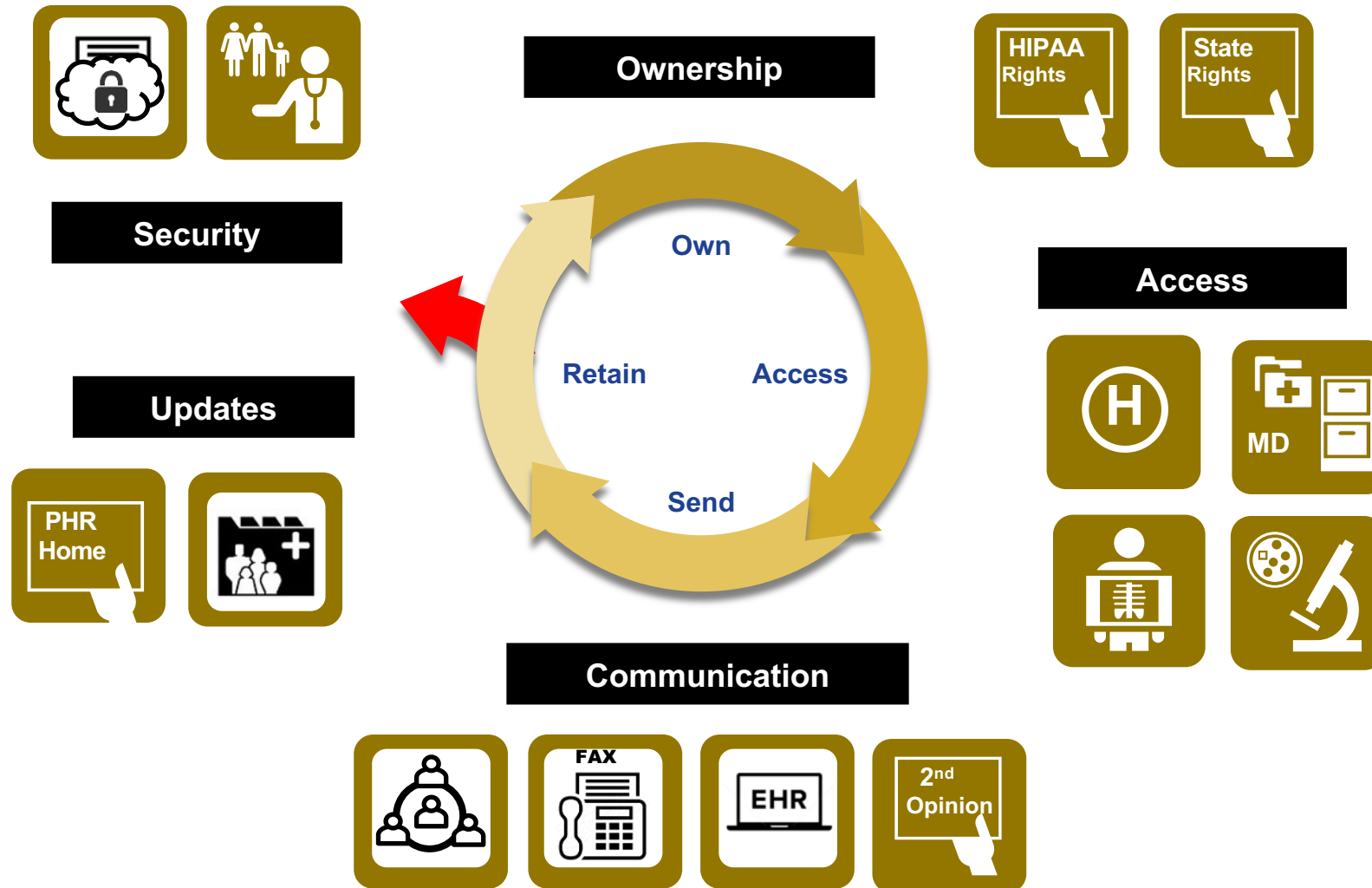


Fraud Definition

In law, fraud is intentional deception to secure unfair or unlawful gain, or to deprive a victim of a legal right. Fraud can violate civil law (e.g., a fraud victim may sue the fraud perpetrator to avoid the fraud or recover monetary compensation) or criminal law (e.g., a fraud perpetrator may be prosecuted and imprisoned by governmental authorities), or it may cause no loss of money, property, or legal right but still be an element of another civil or criminal wrong.

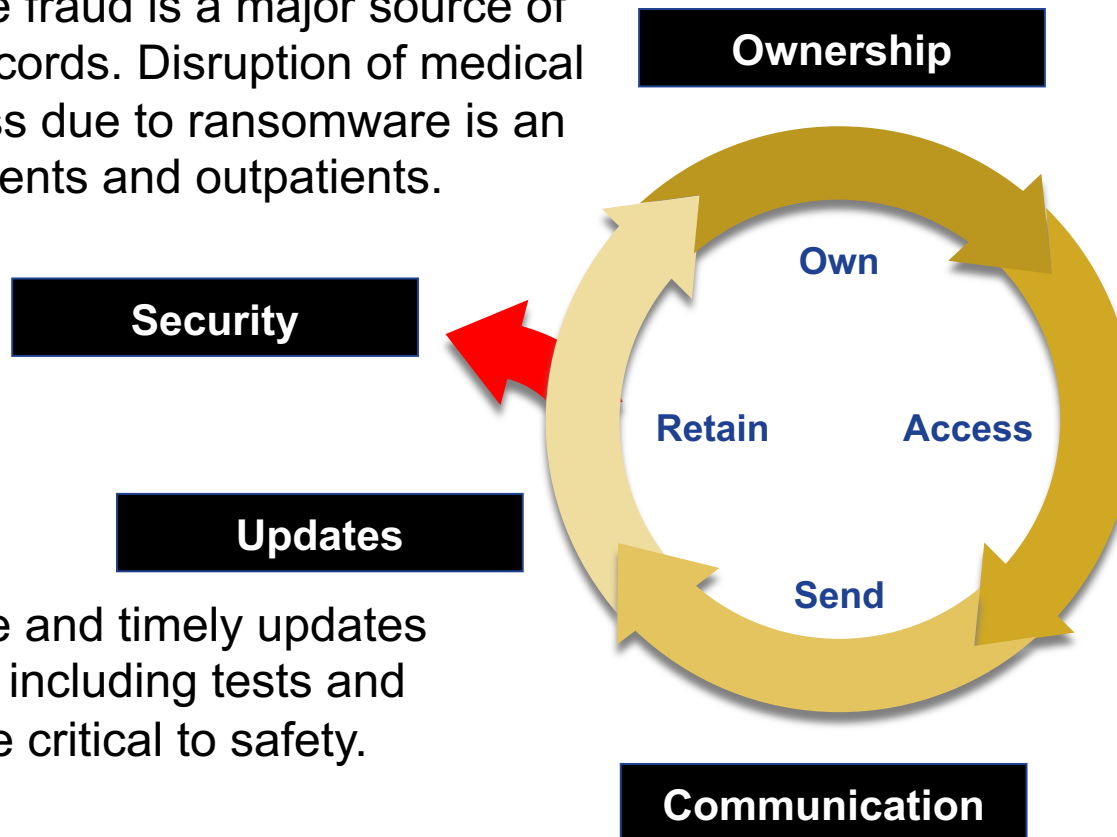
Source: <https://en.wikipedia.org/wiki/Fraud>

The 5 Rights of Medical Records™



The 5 Rights of Medical Records™

Security: Insurance fraud is a major source of errors in medical records. Disruption of medical facility record access due to ransomware is an issue for both inpatients and outpatients.



Updates: Accurate and timely updates to medical records including tests and medication lists are critical to safety.

Ownership: Patients are entitled to the ownership of a copy of their medical records. Providers often presume since they are the owners of the records that they do not need to provide them to patients and families.

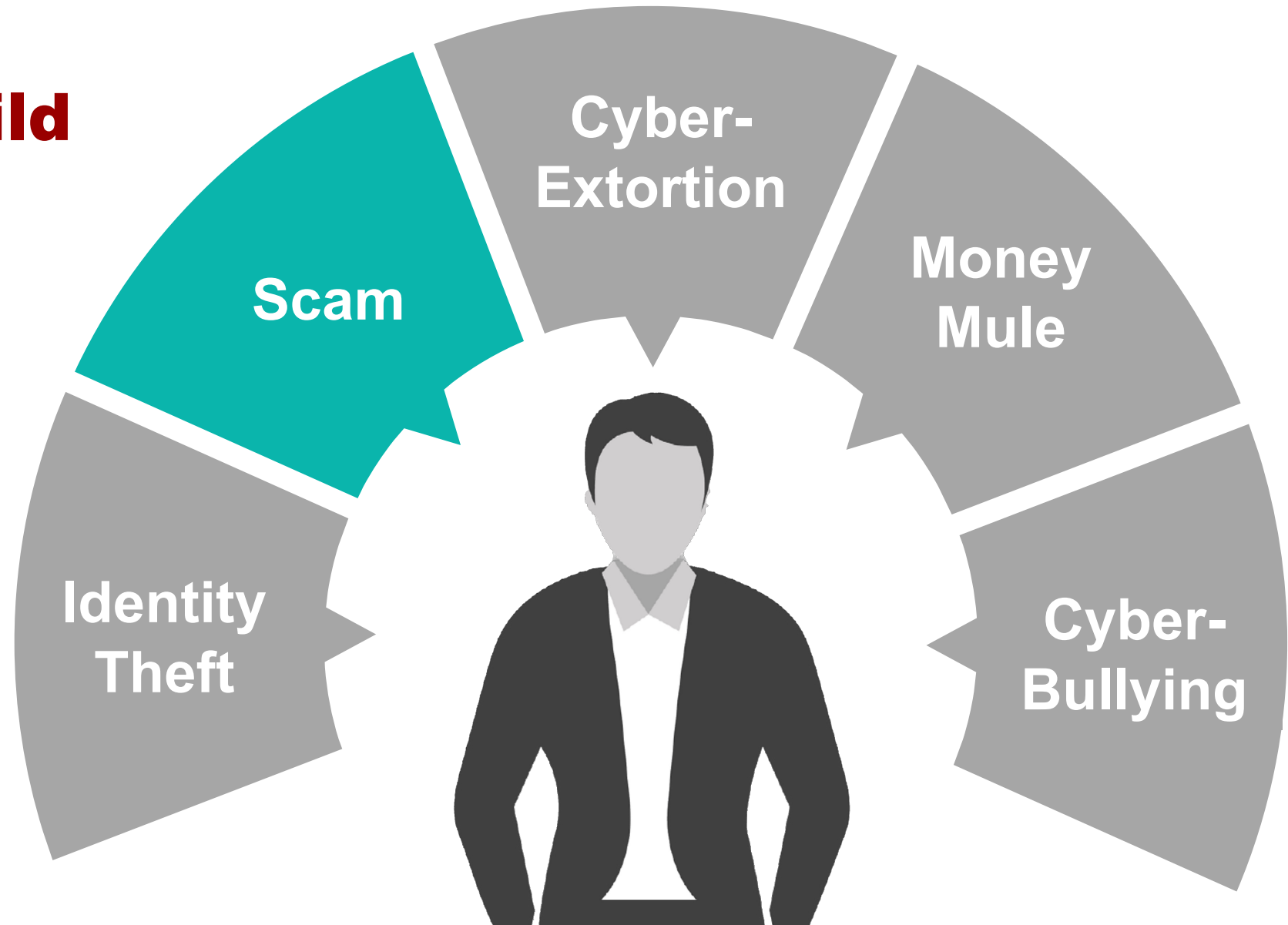
Access: The safety and quality of care is directly related to the access of all medical records to the patient and to all care providers. Ideally there should be minimal lag in availability.

Communication: Breakdown in the transmission of medical records is a major source of adverse events causing preventable harm and expense. Patients must ensure transmission.

Terminology Relevant to Child Cyber Risks

Scam

Any direct action, such as a payment or willing divulgence of personal information, a consumer takes or initiates at the behest of a criminal.



Source: Jupiter



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**ONE
PILL CAN
KILL**

A red diagonal line strikes through the text 'ONE PILL CAN KILL'. The line starts from the bottom left, passing through the 'P' and 'I' of 'PILL', and extends towards the top right, passing through the 'E' of 'ONE' and the 'A' of 'CAN'. The word 'KILL' is positioned below 'CAN' and is not directly intersected by the line.

Preventable Death

Students

1 Motor-vehicle Accidents

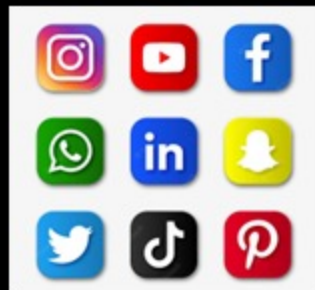
2 Opioid Overdose

3 Drowning

4 Falls

Suicide





ONE PILL CAN KILL
Department of Justice Drug Enforcement Administration
FAKE PILLS FACT SHEET

Fake pills are widely available across every state in the Country.

- DEA and its law enforcement partners are seizing deadly fake pills at record rates.
- Fake pills have been seized in all 50 states and the District of Columbia.
- Drug trafficking is also inextricably linked with violence.

In 2022, DEA seized more than 50.6 million
50,600,000
fake pills often laced with fentanyl
-more than double the amount of fentanyl pills seized in 2021-



The only safe medications are ones that come from licensed and accredited medical professionals.

DEA warns that pills purchased outside of a licensed pharmacy are illegal, dangerous, and potentially lethal.



For more information about fake pills, go to [DEA.gov/OnePill](https://www.dea.gov/OnePill)

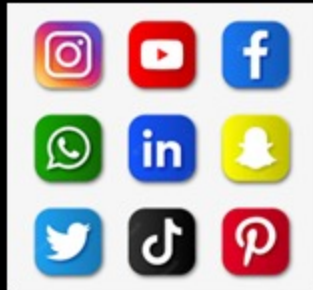
Data as of December 2022

The Drug Enforcement Administration ensures the safety and health of the American public by fighting against violent criminal drug networks and foreign cartels trafficking in illicit drugs. To accomplish that mission, the Drug Enforcement Administration employs approximately 10,000 men and women throughout the world – Special Agents, division investigators, intelligence analysts, and chemists – across more than 250 domestic offices in 22 U.S. divisions and more than 60 foreign offices in nearly 70 countries.

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50,600,000

fake pills often laced with fentanyl
-more than double the amount of fentanyl pills seized in 2021-



ONE PILL CAN KILL
Department of Justice Drug Enforcement Administration
COUNTERFEIT PILLS FACT SHEET
FAKE PRESCRIPTION PILLS • WIDELY AVAILABLE • INCREASINGLY LETHAL

DEA LAB TESTING REVEALS THAT
4 OUT OF EVERY 10 PILLS
WITH FENTANYL CONTAIN A POTENTIALLY
LETHAL DOSE

Counterfeit pills often contain fentanyl and are more lethal than ever before.

DEA officials report a dramatic rise in the number of counterfeit pills containing at least 2 mg of fentanyl, which is considered a deadly dose.

Drug traffickers are using fake pills to exploit the opioid crisis and prescription drug misuse. The Centers for Disease Control and Prevention reports more than 100,000 drug overdose deaths in the United States in the most recent 12-month reporting period, the most ever recorded.

Fentanyl, the synthetic opioid most commonly found in counterfeit pills, is the primary driver in this alarming increase in overdose deaths.

Criminal drug networks are flooding the U.S. with deadly fake pills.

- Criminal drug networks are mass-producing fake pills and falsely marketing them as legitimate prescription pills to deceive the American public.
- Counterfeit pills are easy to purchase, widely available, often contain fentanyl or methamphetamine, and can be deadly.
- Fake prescription pills are easily accessible and often sold on social media and e-commerce platforms, making them available to anyone with a smartphone, including minors.
- Many counterfeit pills are made to look like prescription opioids such as oxycodone (Oxycontin®, Percocet®), hydrocodone (Vicodin®), and alprazolam (Xanax®); or stimulants like amphetamines (Adderall®).

For more information about counterfeit pills, go to [DEA.gov/OnePill](https://www.dea.gov/OnePill)

Data as of December 2021



*Photos of counterfeit pills do not represent all available fake pills.



AUTHENTIC
oxycodone
M30 tablets

***FAKE**
oxycodone M30 tablets
containing fentanyl

DEA LAB TESTING REVEALS THAT **4 OUT OF EVERY 10 PILLS** WITH FENTANYL CONTAIN A POTENTIALLY **LETHAL DOSE**

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ONE PILL CAN KILL Department of Justice Drug Enforcement Administration
FAKE PILLS FACT SHEET

FAKE PRESCRIPTION PILLS • WIDELY AVAILABLE • INCREASINGLY LETHAL

DEA LAB TESTING REVEALS THAT
6 OUT OF EVERY 10 PILLS
WITH FENTANYL CONTAIN A POTENTIALLY
LETHAL DOSE

Fake pills often contain fentanyl and are more lethal than ever before.

DEA officials report a dramatic rise in the number of fake pills containing at least 2 mg of fentanyl, which is considered a potentially lethal dose.

Drug traffickers are using fake pills to exploit the opioid crisis and prescription drug misuse. In 2021, 107,622 people died by drug poisoning in the United States.

Fentanyl, the synthetic opioid most commonly found in fake pills, is the primary driver in this alarming increase in poisoning deaths.

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For more information about fake pills, go to [DEA.gov/OnePill](https://www.dea.gov/OnePill)

Date as of December 2022

*Picture of fake pills do not represent all available fake pills.



DEA LAB TESTING REVEALS THAT
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AUTHENTIC
oxycodone
M30 tablets

***FAKE**
oxycodone M30 tablets
containing fentanyl





ONE PILL CAN KILL

Department of Justice | Drug Enforcement Administration

FAKE PILLS FACT SHEET

FAKE PRESCRIPTION PILLS • WIDELY AVAILABLE • INCREASINGLY LETHAL

DEA LAB TESTING REVEALS THAT

7 OUT OF EVERY 10 PILLS

WITH FENTANYL CONTAIN A POTENTIALLY

LETHAL DOSE

**Fake pills often contain fentanyl
and are more lethal than ever before.**

DEA officials report a dramatic rise in the number of fake pills containing at least 2 mg of fentanyl, which is considered a potentially lethal dose.

Drug traffickers are using fake pills to exploit the opioid crisis and prescription drug misuse. In 2022, an estimated 110,757 people died by drug poisoning in the United States.

Fentanyl, the synthetic opioid most commonly found in fake pills, is the primary driver in this alarming increase in poisoning deaths.



Fentanyl, the synthetic opioid most commonly found in fake pills, is the primary driver in this alarming increase in poisoning deaths.

Authentic
oxycodone
tablets



***FAKE**
oxycodone M30 tablets
containing fentanyl

Fake Pills Laced with Fentanyl



United States Drug Enforcement Administration

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DEA Fentanyl Seizures in 2024

In 2023, DEA seized more than 79.5 million fentanyl-laced fake pills and nearly 12,000 pounds of fentanyl powder. The 2023 seizures are equivalent to more than 376.7 million lethal doses of fentanyl.

The 2024 fentanyl seizures represent over 82.6 million deadly doses. *

15,700,000+

Millions of Fentanyl Pills Seized

1,601+ lbs.

Pounds of Fentanyl Powder Seized

* 2 mg of fentanyl equates to a potentially deadly dose

In 2022, DEA seized more than 50.6 million

50,600,000

fake pills often laced with fentanyl
-more than double the amount of fentanyl pills seized in 2021-

The infographic features a dark blue background with a red border. At the top, it shows the DEA logo and navigation links. The main title is 'DEA Fentanyl Seizures in 2024'. Below the title, three statistics are listed: 'In 2023, DEA seized more than 79.5 million fentanyl-laced fake pills.', 'The 2023 seizures are equivalent to more than 376.7 million lethal doses.', and 'Enough to kill everyone man, woman, and child in America.' At the bottom, there are two columns: 'Pills Seized' and 'Powder Seized'. The 'Pills Seized' column shows 'In 2023, DEA seized more than 79.5 million fentanyl-laced fake pills.' and 'The 2023 seizures are equivalent to more than 376.7 million lethal doses of fentanyl.' The 'Powder Seized' column shows 'In 2023, DEA seized more than 376.7 million lethal doses of fentanyl.' and 'The 2023 seizures are equivalent to more than 376.7 million lethal doses of fentanyl.' A note at the bottom right states '* 2 mg of fentanyl equates to a potentially deadly dose.'

DEA United States Drug Enforcement Administration

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DEA Fentanyl Seizures in 2024

In 2023, DEA seized more than 79.5 million fentanyl-laced fake pills.

The 2023 seizures are equivalent to more than 376.7 million lethal doses.

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In 2023, DEA seized more than 79.5 million fentanyl-laced fake pills. The 2023 seizures are equivalent to more than 376.7 million lethal doses of fentanyl.

Pills Seized

Powder Seized

* 2 mg of fentanyl equates to a potentially deadly dose.

The 2024 fentanyl seizures represent over 82.6 million deadly doses. *

LETHAL DOSES OF FENTANYL FOUND IN FAKE PILLS

DEA reports a dramatic rise in the number of fake pills containing at least 2mg of fentanyl – what is considered a lethal dose

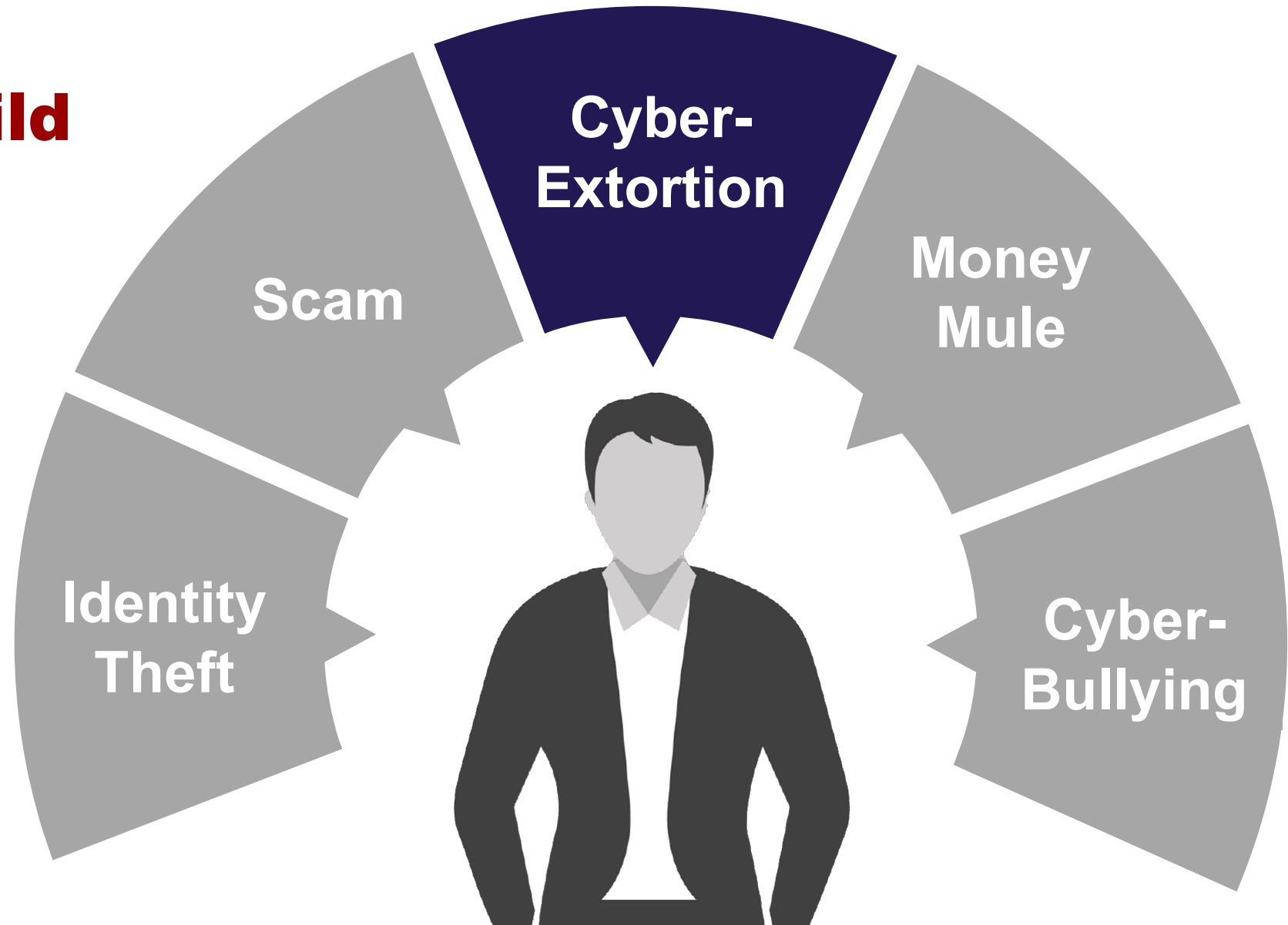


Today **7 out of 10 DEA-tested pills** with fentanyl contain a potentially lethal dose.

Terminology Relevant to Child Cyber Risks

Cyber-Extortion

Occurs when an attacker gains access to sensitive and or personal information or data without a victim, often via socially engineer techniques. The attacker then holds that information or data hostage until certain demands for payments are met.



Source: Jupiter



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Med Tac Bystander Rescue Care

Youth Suicide: Social Media Predators



Bloomberg

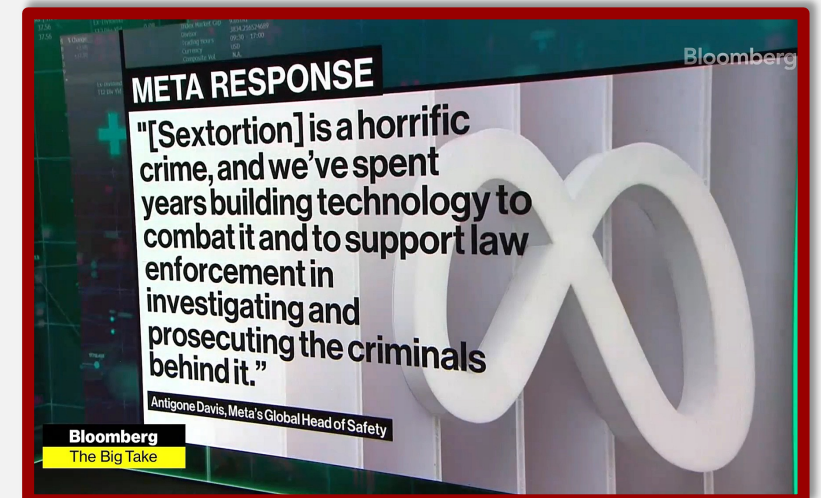
April 16, 2024

The Big Take: Sextortion Cases in US Are on the Rise

Bloomberg Technology - TV Shows

April 16th, 2024, 9:24 AM PDT

Cases of online scammers targeting teenage boys on social media are growing in the US. The FBI calls this "sexortion." Bloomberg's Oliva Carville reports on The Big Take on "Bloomberg Technology."
(Source: Bloomberg)



Youth Suicides: Social Media Predators

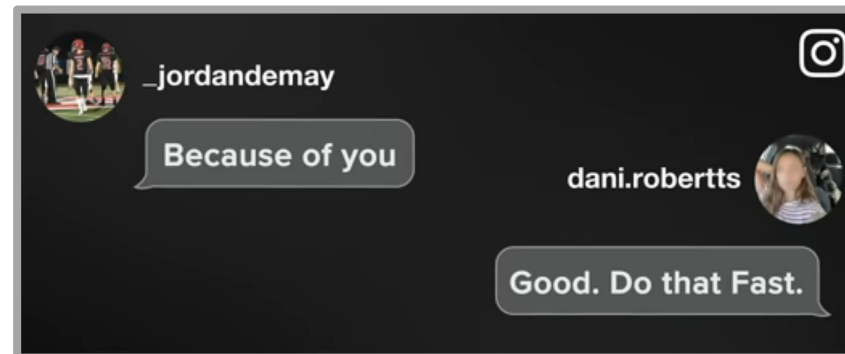
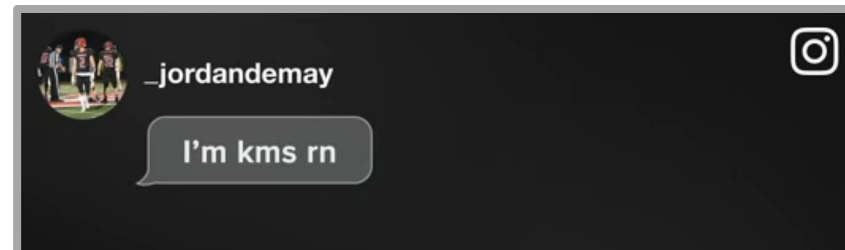




**“200 Messages 19 Hours
Saying You Are Nothing”**

**“I’m killing
myself right now”**

“Good. Do that Fast”



Sources: ABC News Nightline

Youth Suicide: “Lived the Best Montana Life”

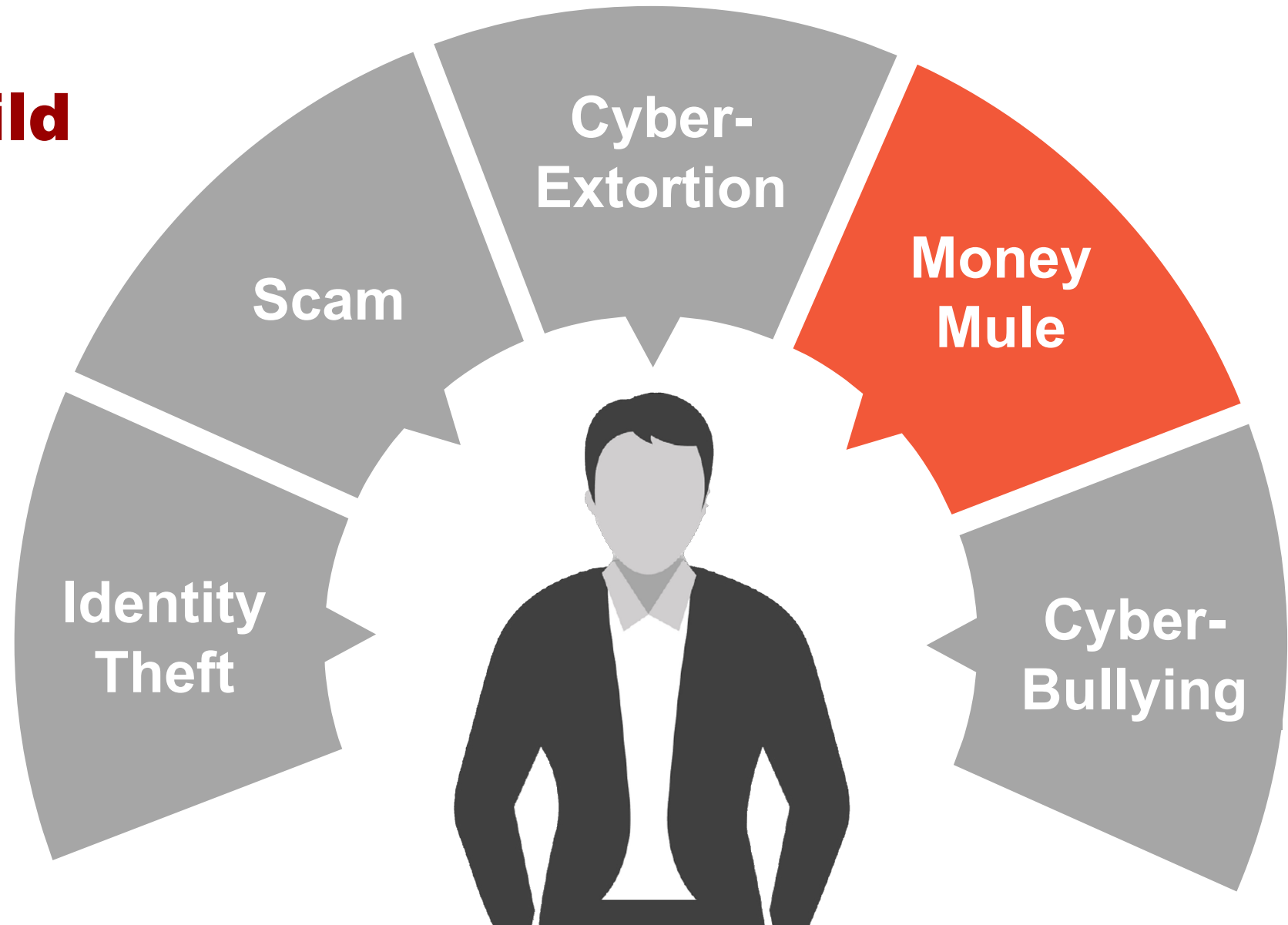


Sextortion Scheme: How They Target Boys



Source: Fox News 32 Chicago

Terminology Relevant to Child Cyber Risks



Money Mule

Someone who knowingly or unknowingly moves money stolen from fraud victims to launder or hide the ill-gotten funds.

Source: Jupiter



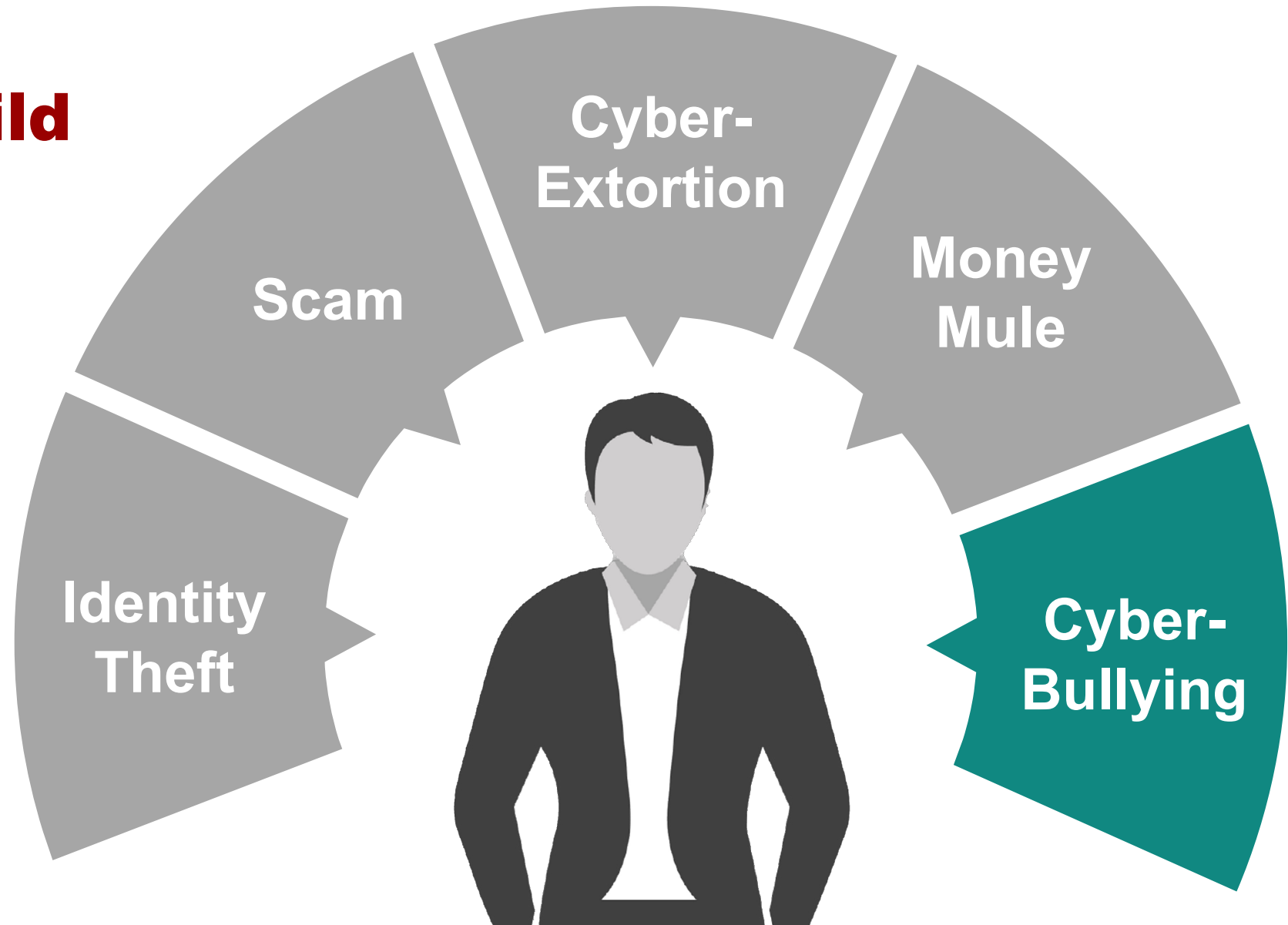
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Med Tac Bystander Rescue Care

Terminology Relevant to Child Cyber Risks

Cyberbullying

Bullying using digital technologies – social media, online messaging platforms, gaming platforms, and/or mobile devices. Cyber bullying results from repeated behavior that is aimed at scaring, angering, or shaming those who are targeted.



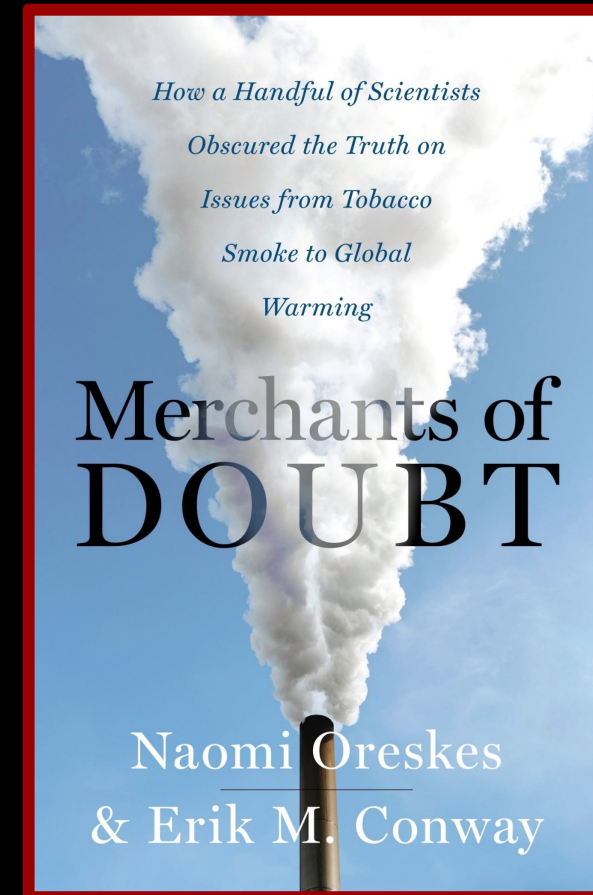
Source: Jupiter



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Med Tac Bystander Rescue Care

The Big Tobacco Game Plan: Deny, Delay, and Distract Defense





Preventable Online Harm to Children:

A Parent's Perspective



Randy Styner

**Director Emergency Preparedness
University of California Irvine
Best Selling Author
Med Tac Community Leader**



Preventable Online Harm to Children: **A Physician's Perspective**



Paola Yépez González, MD

**Sr. Research Assistant
MD Anderson Cancer Center.
Anesthesiology, Critical Care and
Pain Medicine Department**

NUMBER OF CYBERATTACKS DURING PREVIOUS OLYMPIC GAMES

- 2016 – Rio de Janeiro – 50 million cyber attacks
- 2012 – Londres – 212 million cyber attacks
- 2020 – Tokyo – 450 million cyber attacks
- 2024 – Paris – 3,5 billion cyber attacks ?

Julia SIEGER, France 24 Science Editor

2024 Olympics: A Colossal Challenge for Cybersecurity
EVENT TO DRAW MILLIONS OF SPECTATORS

SCIENCE

Family Health Safety Plans

Readiness: Preparation, regular review, and updating of a plan based on the latest science. Regular deliberate practice of roles and skills each family member undertake.

Readiness

Resilience

Resilience: Fortify response, rescue, and recovery actions in plan. In law enforcement and healthcare, we call this “target hardening”.

Response

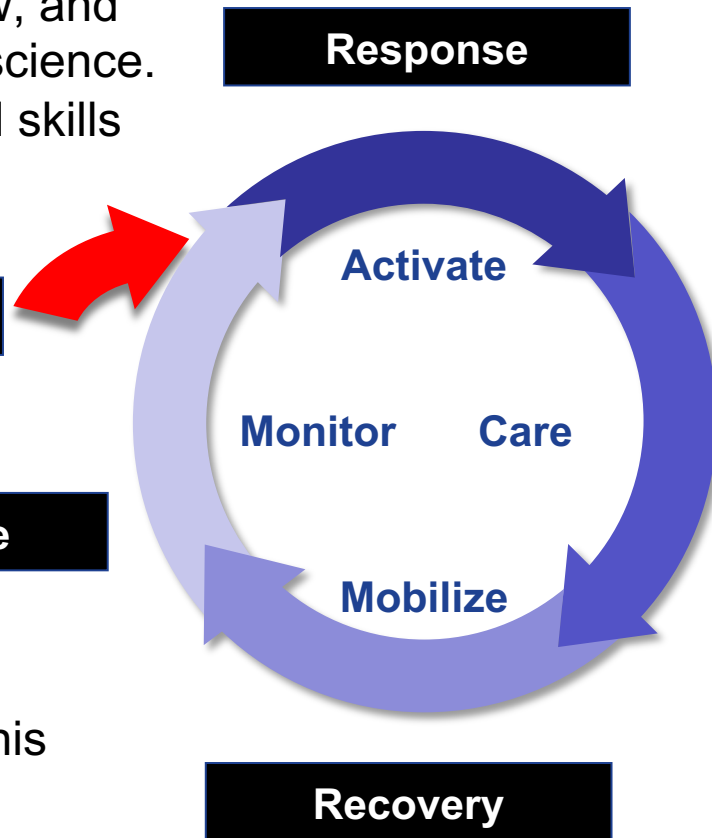
Response: Family moves to action to respond to an emergency. Safeguards are put in place. The family may respond to a member being impacted by threats.

Rescue

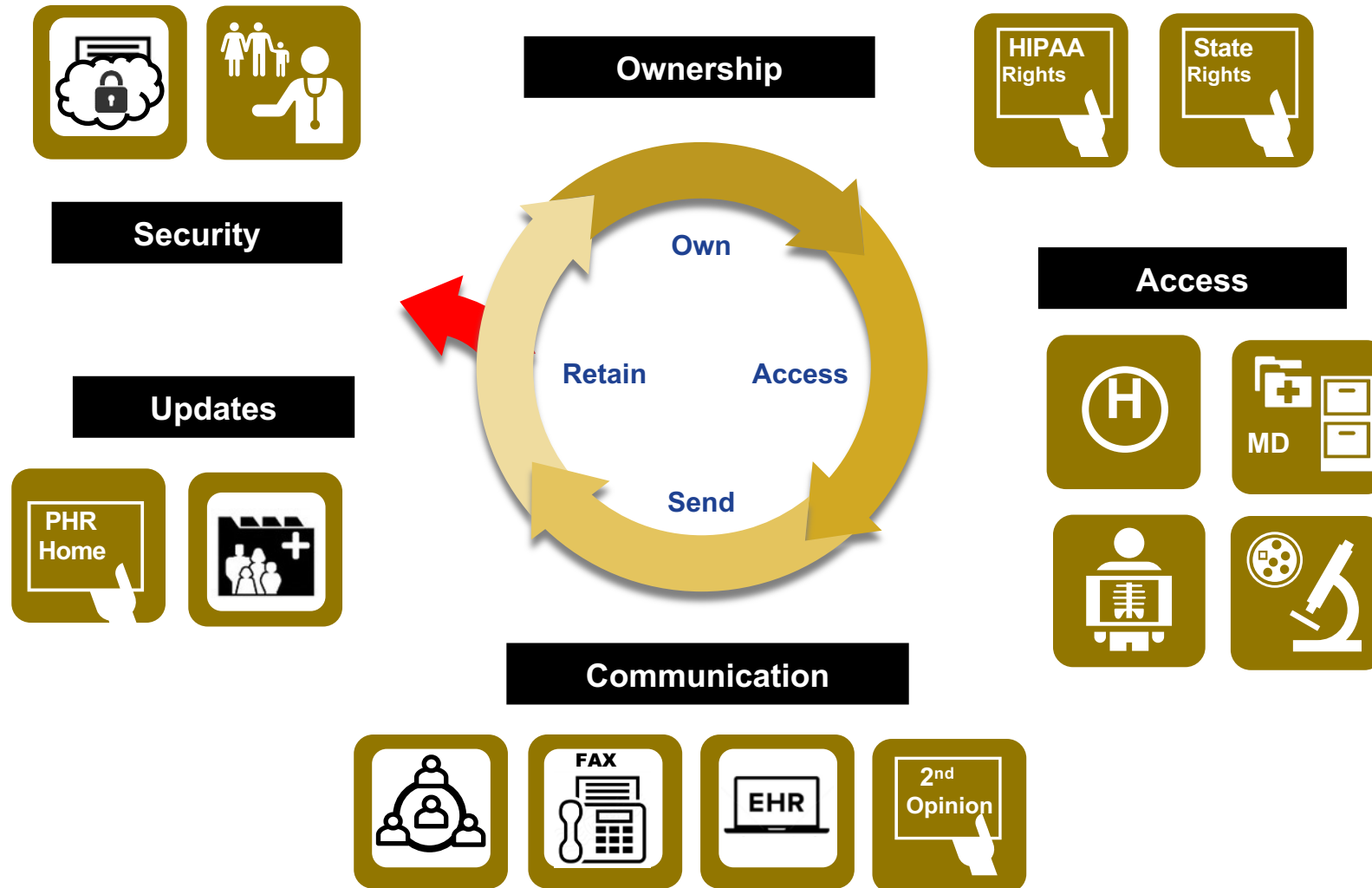
Rescue: Regular deliberate practice of roles and skills that can impact failure to rescue.

Recovery

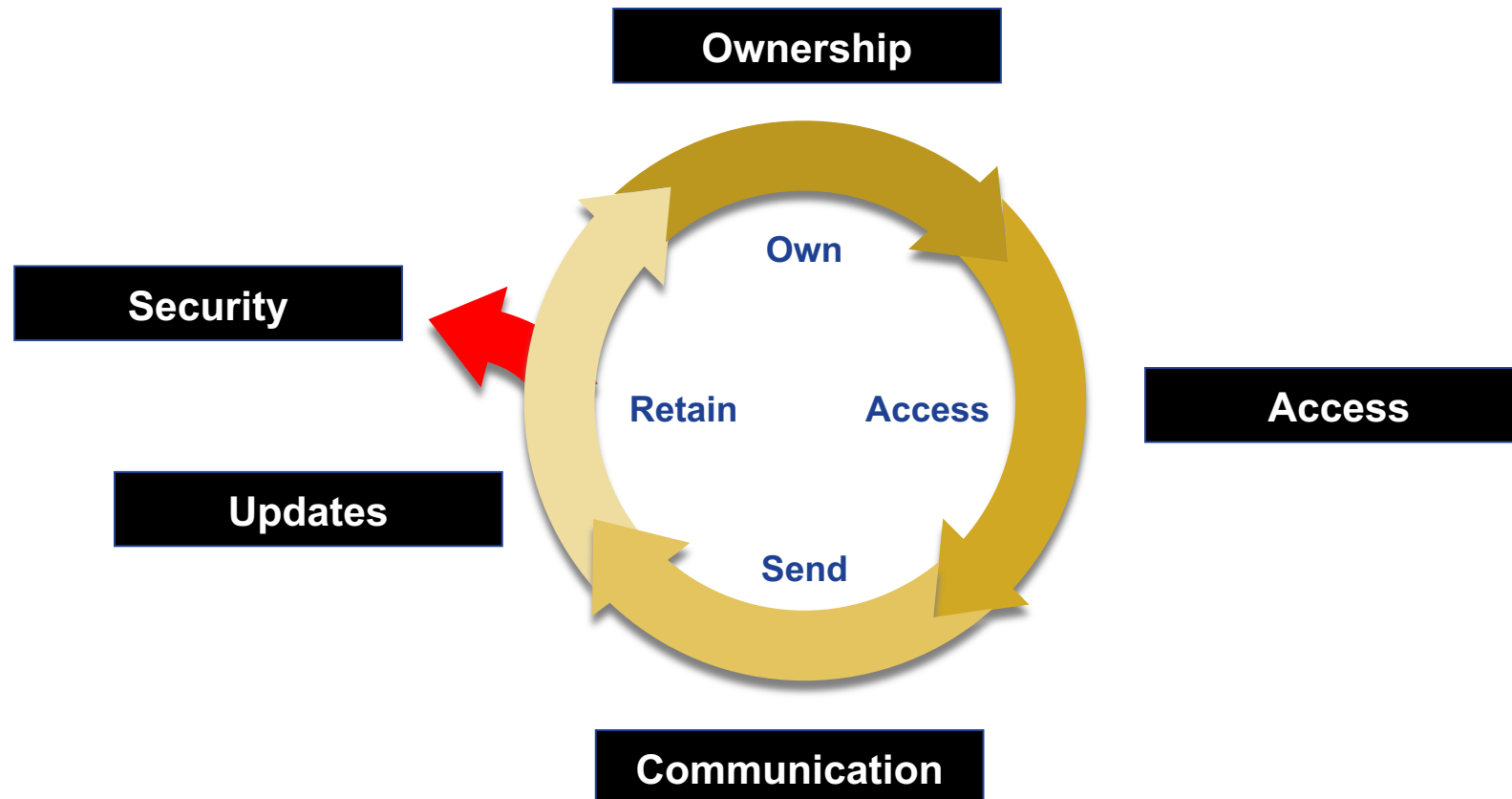
Recovery: Follow up care of the family member after an event. Returning to normal family activities after a family member has received care for high impact emergencies.



The 5 Rights of Medical Records™

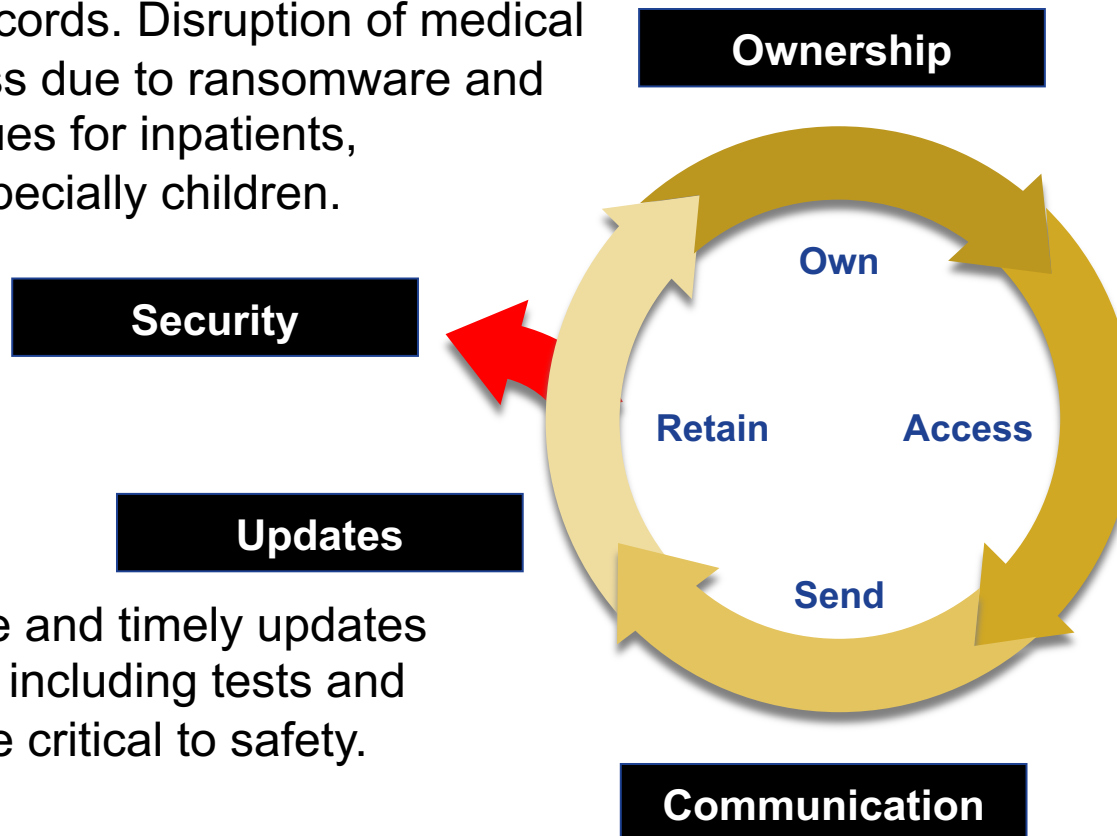


The 5 Rights of Medical Records™



The 5 Rights of Medical Records™

Security: Insurance fraud is a major source of errors in medical records. Disruption of medical facility record access due to ransomware and theft are critical issues for inpatients, outpatients, and especially children.



Security

Updates

Updates: Accurate and timely updates to medical records including tests and medication lists are critical to safety.

Ownership

Ownership: Patients are entitled to the ownership of a copy of their medical records. Providers often presume since they are the owners of the records that they do not need to provide them to patients and families.

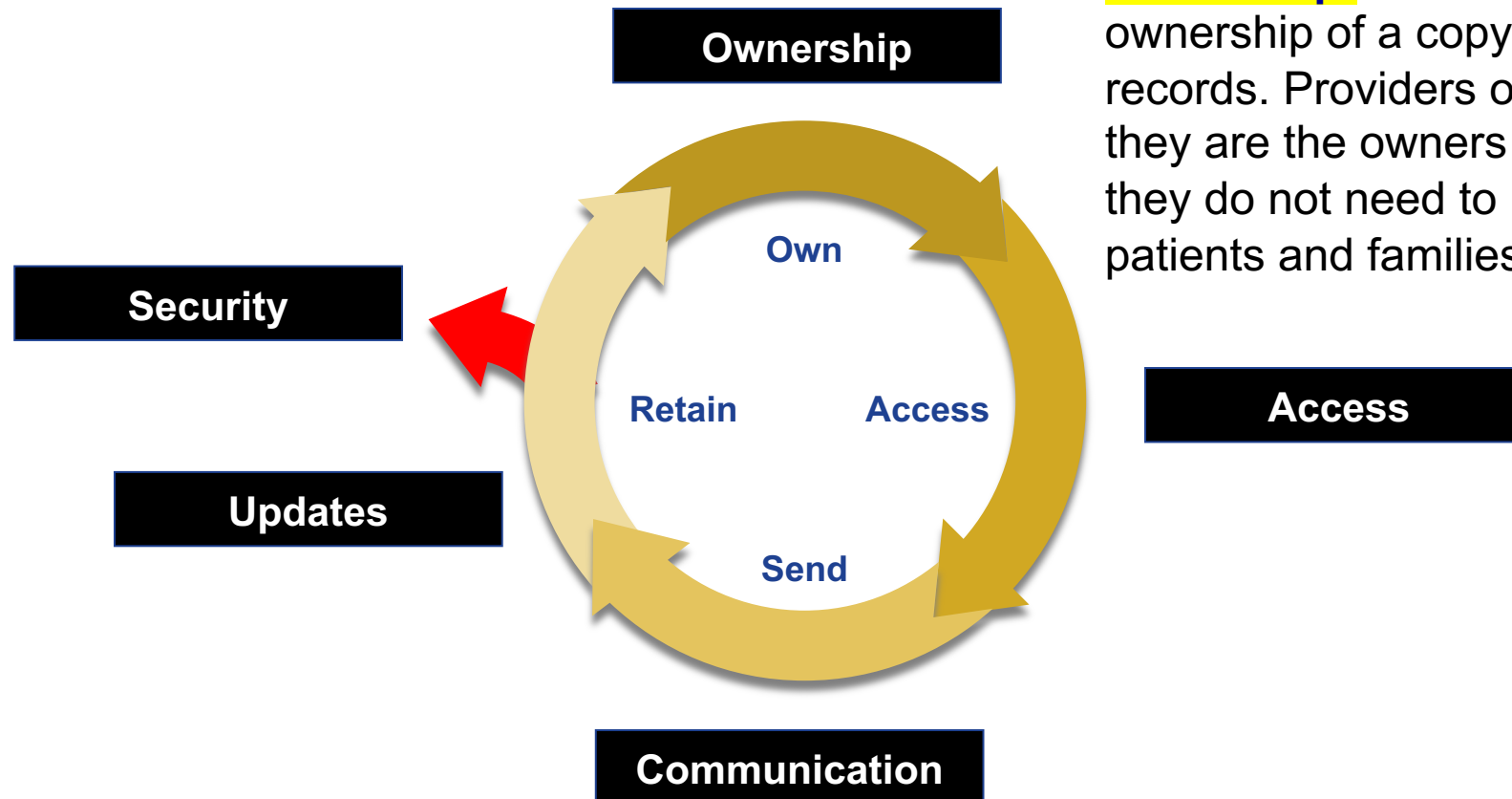
Access

Access: The safety and quality of care is directly related to the access of all medical records to the patient and to all care providers. Ideally there should be minimal lag in availability.

Communication

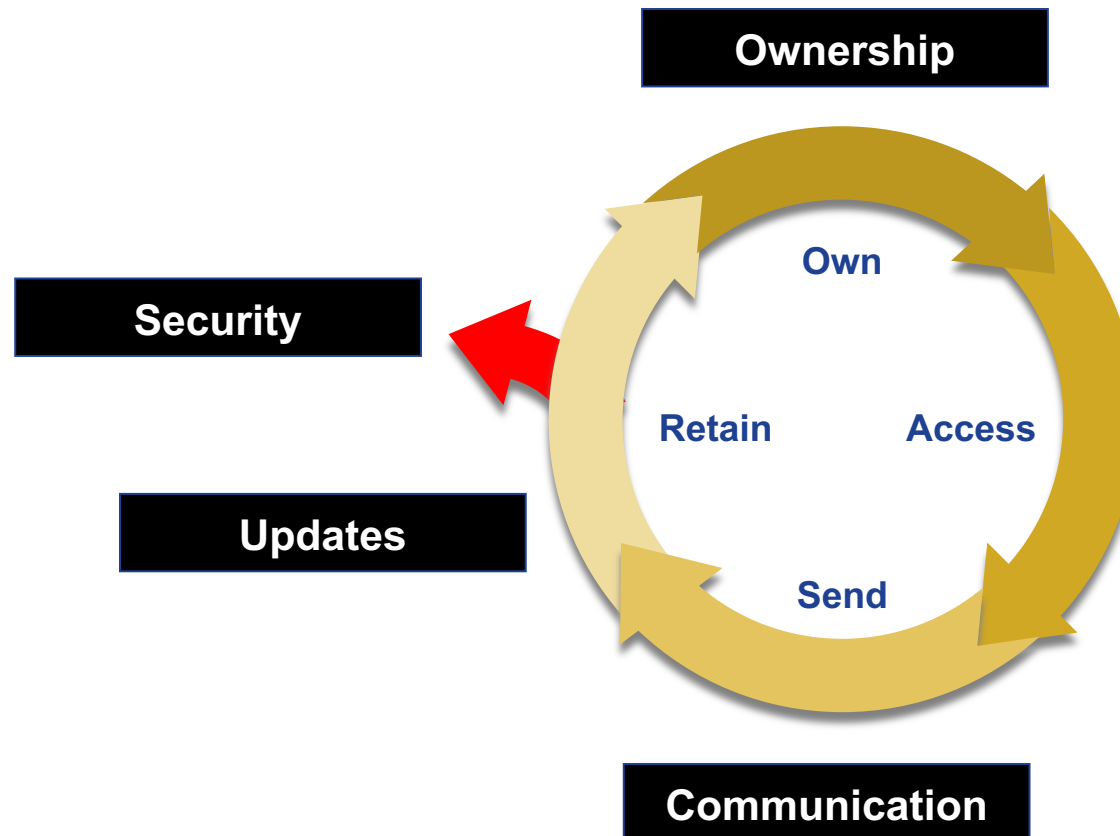
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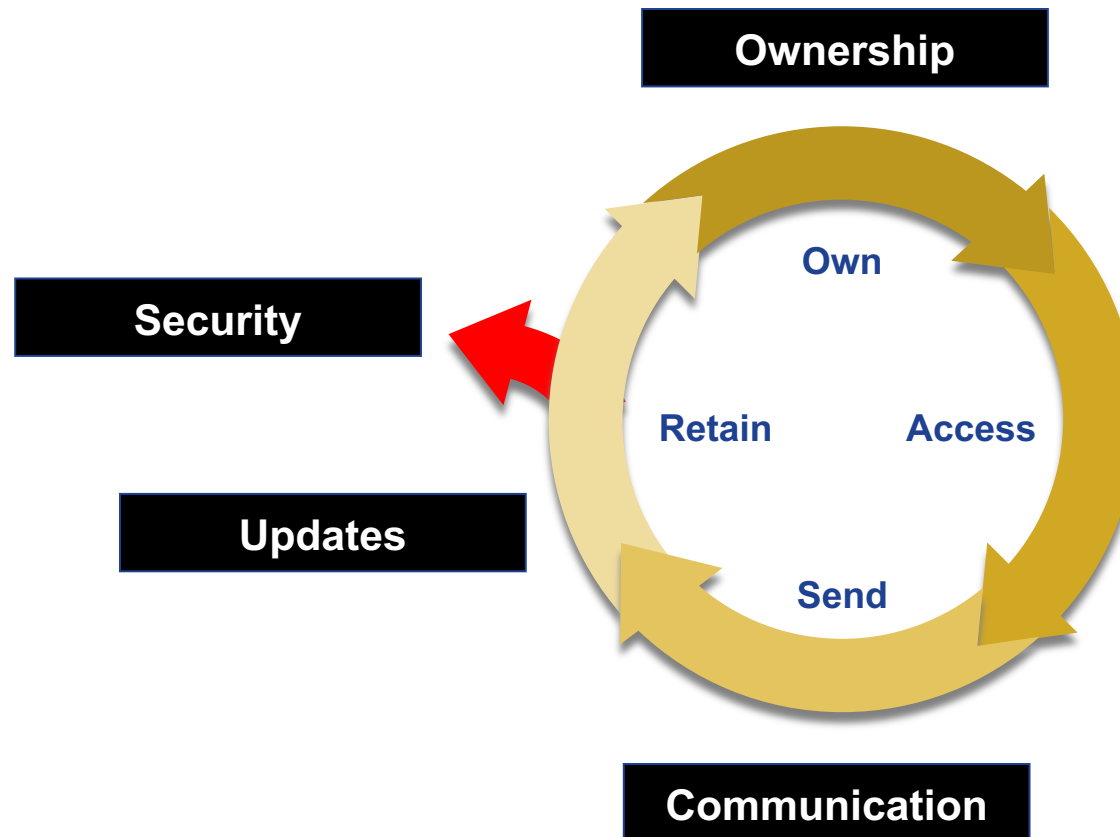
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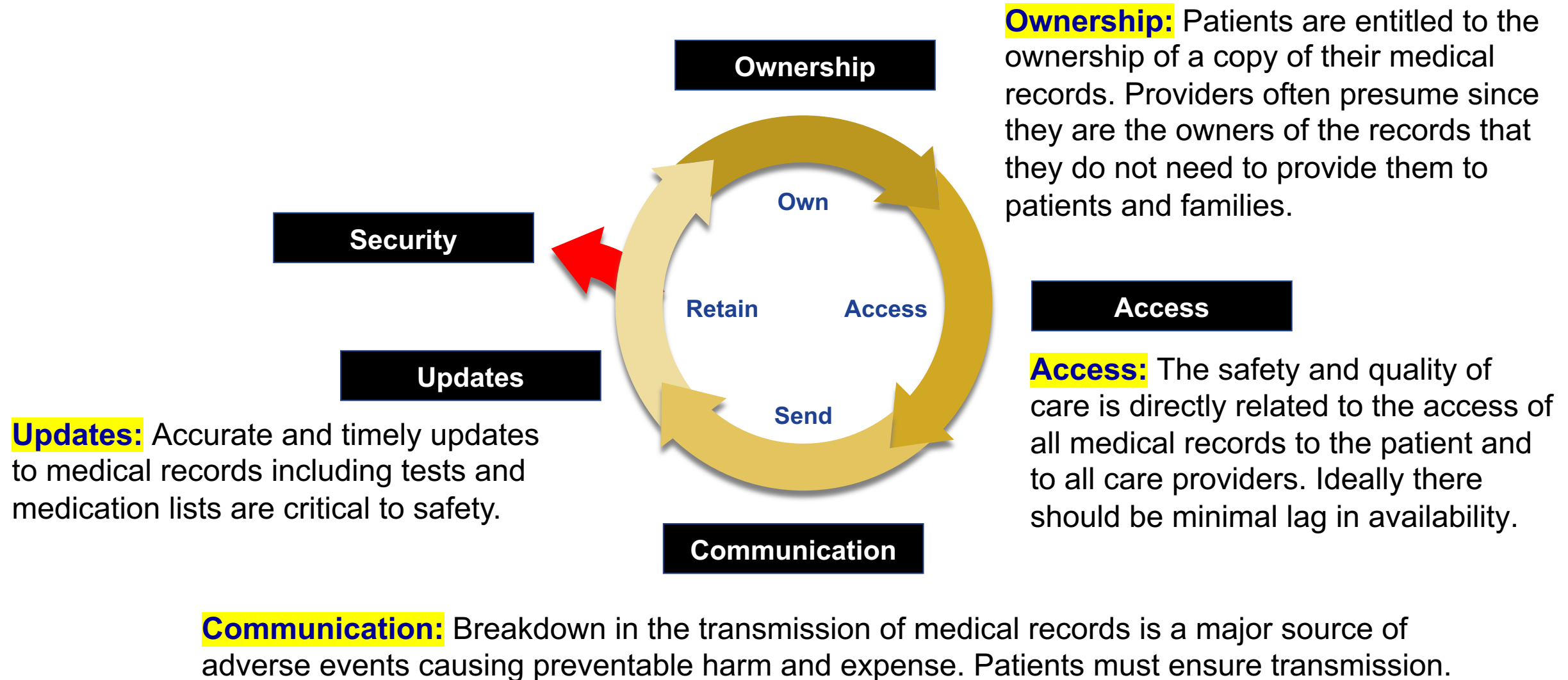
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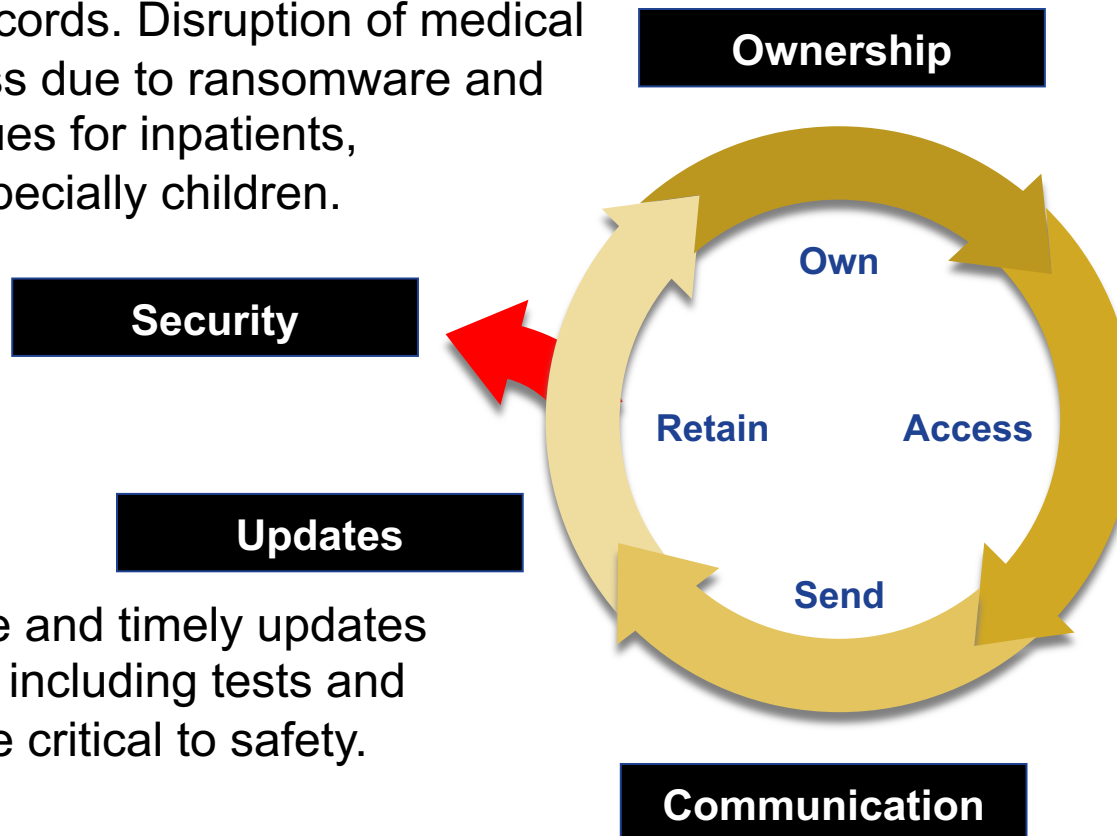
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Speakers & Reactors for Online Harm Series



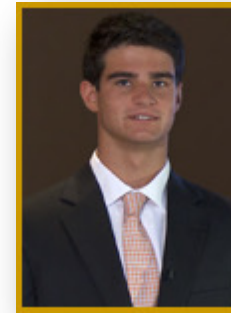
Jennifer Dingman



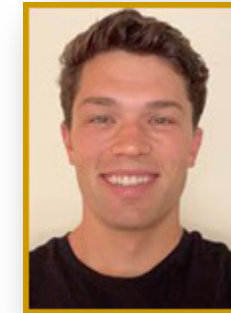
Randy Styner



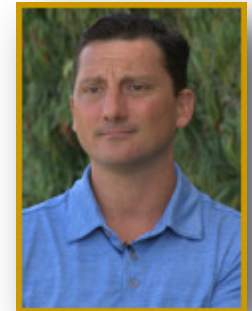
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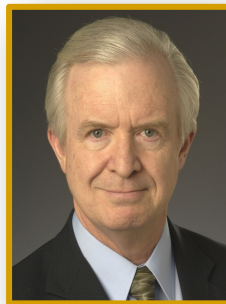
Perry Bechtle III



David Grinsfelder



David Beshk



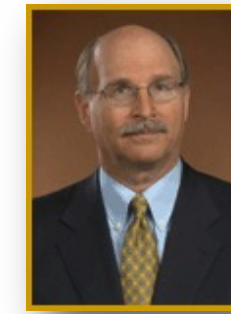
John Nance JD



Chief William Adcox



Gregory Botz MD



Charles Denham MD

Voice of Patient and Family



Jennifer Dingman

Founder, Persons United Limiting
Substandard and Errors in Healthcare
(PULSE), Colorado Division
Co-founder, PULSE American Division
TMIT Patient Advocate Team Member
Pueblo, CO

Fight the Good Fight...

Finish the Race...

Keep the Faith...

Everyone is a Patient

and

Everyone CAN BE a Caregiver

Additional Resources



Nanette & Corey Hausman

THE COREY Safety Act

College Operational Reporting
of Emergencies Involving
Teens & Young Adults

S. 2461/H.R. 4903

Facts:

- Unintentional injuries are estimated to be the leading cause of student death at college.
- According to a study by the ACHA on student mortality published by NIH in 2013, crimes account for .53% of student deaths, whereas accidents account for 10.8%. By applying this data, it follows that students are at least **20 times more likely to die from an accidental injury than a crime.**
- Federal law mandates that colleges publicly report crime, fire-related events, and missing persons. However the reporting of accidents resulting in serious injury and student death are not required when, in reality, an unintentional accidental injury is much much more likely to occur.
- A substantial and critical void exists in the data collected, and metrics used, to identify, manage and minimize serious injury and death in college communities.

How the COREY Safety Act Will Make Campuses Safer:

- Amends the Jeanne **Clery Act** to expand statistical reporting to include unintentional injuries on college and university campuses that result in serious physical injury* or death.
- Creates new metrics and data empowering students and their families, institutions, and the injury prevention community to improve campus safety from multiple perspectives.
- Provides that information about local Level I and II trauma centers be posted on campus, and on institutional websites so that campus community members can quickly locate them during medical emergencies.
- Would require that annual Clery "campus safety" reports be written in a manner that will be easily understood by students and their families rather than in technical language.

**Serious physical injury would be defined as a "physical injury that creates a substantial risk of death, or that causes serious disfigurement, serious impairment of health or serious loss, or impairment of the function of any bodily organ."*

Bipartisan Congressional Support:

Senate Sponsor: Sen. Richard Blumenthal, (D-CT)

Original Co-Sponsors: Rep. Jim Himes (D-CT)

House Sponsor: Rep. Joe Courtney, (D-CT)

Rep. Nancy Mace (R-SC)

Rep. Brian K. Fitzpatrick (R-PA)

This bill has drawn nationwide support from organizations advocating for more transparency in student injury and mortality data, including the Injury Prevention Research Center at Emory University (IPRCE), the Society for Advancement of Violence and Injury Research (SAVIR), Shepherd Center (Atlanta, GA), Safe/Sound Schools (Newtown, CT), SAFE Campuses, LLC, University of Virginia-Gordie Center, MedTacGlobal, Positive Youth Development (Westport, CT), the Connecticut Children's Hospital, and the College Safety Coalition (Rail Against the Danger, Inc., Rachael's First Week, Minger Foundation, Gordie Center, Peace Outside Campus, Protect Students Abroad, and College911.net™).

The COREY Safety Act honors Corey Hausman who died from what began as a preventable accident on September 11, 2018, just 15 days into his freshman year. His was the third student death at his college in those first 15 days. Passage of this bill was his mom, Nanette's final wish before passing away in April 2023, almost five years after Corey's accident.

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