

From Accident to Action: Provoking Change as a Citizen Advocate

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Abstract

Products with unseen risks that hold a misconception of safety are dangerous. Gas fireplace dangers are one of the most misunderstood risks in the home, especially to young children. Contact with the glass of gas fireplaces can cause extensive burns immediately, and pediatric burns are continuing. Children are most at risk due to their curiosity and physically unsteady nature, and injuries are more extensive because of their underdeveloped reflexes. The purpose for this action research project is to promote safety practices for gas fireplaces to reduce child burn injuries. Literature shows that legislation and mandates are the most effective at changing behaviors, and laws are impactful as primary interventions to address an issue. The objective of this project is to develop a mandate for gas fireplace safety practices for a safer community. To meet this goal, I reviewed the literature, developed an action plan, and conducted semi-structured interviews to learn about key strategies, processes, and content intended to propel such a mandate. As a result of this action research, a draft bill to mandate this change in Minnesota has been developed. I did a follow up survey with key participants to evaluate for validity and effectiveness. While in the early stage, my hope is that this research and the bill that resulted, offers the community a first step in encouraging safer gas fireplace practices to reduce burn injuries in children.

There is an opportunity to eliminate an unrecognized danger to children in many homes. The danger is being burned by glass of gas fireplaces, a hazard the public is generally not aware of. However, there were 1,754 injuries reported in the US from 1999 to 2009 by the Consumer Protection Safety Commission (CPSC) (Pollack-Nelson, 2012), and 3,703 pediatric burns caused by gas fireplaces in the UK from 1994 to 2001 (Naqui, Enoch, & Shah, 2004). Several lawsuits against gas fireplace manufacturers were filed around the same time frame, as well as a petition for the CPSC to regulate the industry in 2012. Awareness of the issue appears evident by a revision to the industry's voluntary safety standards, that requires safety screens be attached for all new units manufactured after January 1, 2015.

I personally became aware of this issue in September 2015, when my daughter Hattie severely burned both her hands on our gas fireplace when she was eleven months old. Her injuries involved 3rd degree burns and required multiple surgeries, including artificial tissue to replace the damaged tissue and a skin graft. Regions Hospital Burn Center defines 2nd degree burns as partial thickness burns where the top two layers of skin are involved and 3rd degree burns as full-thickness burns where the two layers of skin are destroyed and the dead tissue needs to be removed (Types of Burns, n.d.).

Hattie's surgeries were followed by a year of intensive therapy performed by me, and future surgeries will be needed as she grows. This accident has strained my family physically, mentally, financially, and emotionally and we all continue to heal today. After the accident I started to ask "Why didn't I know that? Why didn't I understand the danger?" Through the process of this project I learned of the need, the opportunity to take action to remedy the situation, and learned the steps to take to advocate this issue and propose a solution for change.

Background and Purpose

Accidents in the home produce serious injuries because of unforeseen risks and misconceptions of safety by the public. Young children were the highest group for fire-related injuries due to their natural curiosity, stage of physical development, and their mental capacity to understand and avoid the danger (Runyan, Casteel et al, 2005). The ability of children to come into contact with a danger that can cause serious burn injuries is not anticipated (Drago, 2005). If the danger is not recognized, then safety strategies or preventions are not used.

There are two different methods available to prevent burn injuries in children. First, passive strategies involve action taken for a person, including legislation, mandates, and requirements for standards. Second, active strategies require human action or behavioral change by a person (Simpson & Nicholls, 2012). Simpson and Nicholls (2012) found that passive strategies are most effective at changing behavior and increasing safety prevention measures.

Gas fireplace dangers are one of the most misunderstood risks in the home, especially to young children. The lack of warning labels and a physical barrier on the glass leads to a misconception of low risk (Polack-Nelson, 2012). Glass front gas fireplaces have become popular as both a decorative item and a convenient and efficient heating source (Pollack-Nelson, 2012). Foundational research by Becker and Cartotto (1999) found the glass of gas fireplaces becomes hot enough to cause deep tissue burns in seconds while fireplaces are in use, and up to a half hour after being turned off. Contact with the glass of gas fireplaces can result in extensive burns immediately (Pollack-Nelson, 2012).

The Hennepin County Burn Center found an alarming increase in pediatric palm burns with gas fireplaces from 1996 to 2002 in patients under five years old (Dunst et al, 2004). They

discovered a 1,500 percent increase in palm burn incidents during this time frame, corresponding to an increase in gas fireplace sales over the same period. Injuries included second degree and third degree burns requiring physical therapy, narcotic pain management, skin grafting, and contraction release surgeries (Dunst et al., 2004). These injuries are painful, life changing, and continuing.

The Hearth, Patio, & Barbeque Association (HPBA, 2015) establish safety standards for the fireplace industry but have no enforcement department. The voluntary safety standard implemented in January 2015 requires all new gas fireplaces include a safety screen to be installed with the fireplace. Consumer Reports (2016) reported that fireplaces manufactured before January 2015 can be sold without a screen and the new rule is not retroactive to more than ten million glass front gas fireplaces installed in America. Retailers may not know about the revised standards, so the burden is on the consumer to purchase a screen costing from \$100 to \$900 if it is not included with the unit (Consumer Reports, 2016).

Hattie's incident put me on a path to discover why this happened and what I could do to prevent it from happening to another child and their family. The purpose of this action research project is to implement safety practice standards for gas fireplaces to reduce burn injuries to young children. Specifically, I aim to provoke change by advocating in the political arena for mandating safety practices of gas fireplaces in Minnesota, which resulted in a state bill. I sought to give a reason for Hattie to be proud of her scars knowing they saved other little hands.

Literature Review

This literature review explores the fields of product safety, gas fireplaces, safety strategies, and safety standards in other industries. The review also encompassed local

ordinances and legislation, and change making to determine the best approach to mandate gas fireplace safety practices to reduce child burn injuries.

First I needed to understand the severity of accidental home injuries and consumer's perception of risks, attitudes towards products with unseen dangers, and misconceptions of safety. I then narrowed my focus to gas fireplaces and the dangers for young children. After learning about the risks, I examined safety prevention strategies and their effectiveness in reducing injuries in the home.

My goal was to comprehend how other industries handled safety strategies as well. I explored local ordinances and legislation, and their impact on a community as an effective strategy. Lastly, I learned about how to make change for an effective action plan. In this paper I will touch on them all to inform my recommendation for a safety strategy to prevent gas fireplace burn injuries in children.

Accidental Home Injuries

Accidents in the home produce serious injuries because of unforeseen risks and misconceptions of safety by the public. Between 1992 and 1999 the leading cause of death for all people in the United States was accidental home injuries; which included falls, poisoning, and fire or burn related injuries (Runyan, Casteel et al, 2005). Young children were the highest group for fire-related deaths due to their natural curiosity, physical development, and their mental capacity to understand and avoid the danger (Runyan, Casteel et al, 2005).

One of the most dangerous areas of the home for children is the kitchen. It is full of unforeseen dangers, and it is especially risky for children due to parents not recognizing the level of risk of burn hazards for young children (Drago, 2005). Parents often times fail to anticipate

the ability of their children to come into contact with a danger or the seriousness of burn injuries that can result (Drago, 2005). Safety strategies that require physical activity or behavior changes are generally ineffective at changing parental behavior (Drago, 2005). If the danger is not recognized, then parents are unaware of safety strategies or preventions.

New products, or products redesigned for a new purpose can also have unforeseen risks. The lack of warnings on products produces a misconception of safety. An example of this is found in the foot-propelled scooter industry. Risks of in-line skates, skateboards, and bicycles are well known and helmet laws were created to reduce injuries caused by these products (Chapman, Webber, & O'Meara, 2001). Scooters are a similar product but not viewed to have the same risks. Safety equipment is rarely worn when children are riding scooters, and as they become more popular, scooter related injuries are quickly increasing (Chapman, Webber, & O'Meara, 2001).

The authors suggest that these injuries could be reduced by simply adding them to the current helmet legislation. The misconception of scooter safety is mainly due to lack of warnings from manufacturers and retailers, so it is assumed there is a low risk of injury (Chapman, Webber, & O'Meara, 2001). A child that uses safety gear when riding their bike or skateboard probably won't wear safety gear when riding their scooter, even though the injuries are similar to the regulated products (Chapman, Webber, & O'Meara, 2001). The study concluded that children need to be told to use safety equipment from parents, manufacturers, retailers, and safety organizations.

Consumer Perceptions

Industries are reluctant to provide warnings on products for the sake of labeling their product dangerous, and damage the image of the company. However, studies have found that proper safety warnings bolster image by producing a perception of ethics and integrity (Snell, 2004). Kenneth Ross describes business ethics as ethical standards and guidelines for businesses that go beyond legal requirements or compliance standards, to do what is right (Snell, 2004).

Warning labels inform the consumer of risks related to products, and when they are absent it creates an assumption of safety. Laughery, Laughery, Lovvell, McQuilkin, and Wogalter (1998) examined the effects of warning labels on products and the connection to assigning liability in product safety cases. They found that consumers felt manufacturers who did not warn or used inadequate warnings placed the responsibility on the manufacturer, but when appropriate warnings were present the responsibility landed on the consumer. In cases with severe injuries, manufacturers carried the responsibility and were expected to go beyond just warnings, to create a safer design (Laughery et al, 1998). When proper warnings were attached to the product and an injury occurred, the product was still seen as safe, assuming consumer error (Laughery et al., 1998).

Curlo (1999) took this concept further by stating that being proactive about safety is best for both consumer and the company. When the consumer has access to safety information, their concerns increased and their preference went to the product with higher safety and quality, regardless of price (Curlo, 1999). Manufacturers that implement higher safety standards set the bar higher for the industry, and other companies are expected to achieve those standards (Curlo, 1999).

Misconception of Gas Fireplace Safety

Gas fireplace dangers are one of the most misunderstood risks in the home, especially to young children. The lack of warning labels and a physical barrier on the glass leads to a misconception of low risk (Pollack-Nelson, 2012). Glass front gas fireplaces have become more popular after upgrades increased their power, changing the purpose from a decorative item to a convenient and efficient heating source (Pollack-Nelson, 2012). The glass design is porous to allow heat to pass through for heating purposes, making it super-heated in excess of 1000 degrees Fahrenheit (Pollack-Nelson, 2012).

Foundational research by Becker and Cartotto (1999) on the dangers of heat from glass-fronted gas fireplaces is the first study of burn injuries resulting from contact with the glass. They found the glass of gas fireplaces became hot enough to cause deep tissue burns in seconds while fireplaces are in use, and up to a half hour after being turned off. They tested three gas fireplace models by attempting to take the surface temperature at different time intervals. However after 14 minutes the metal adhesive strip on the probe melted, limiting their ability for accurate measurements (Becker & Cartotto, 1999). The study concluded that minimum contact with gas fireplace glass can produce burn injuries and the severity increases with the temperature (Becker & Cartotto, 1999).

Injuries to Children

Carol Pollack-Nelson (2012) researched these dangers and found that children under the age of three are most at risk due to their underdeveloped reflexes and exploratory nature. Furthering the risks, fireplaces are installed at a height children can reach, and blend into the wall making it hard for toddlers to tell the difference (Pollack-Nelson, 2012). She noted that toddlers are physically unsteady and use any surface to steady themselves, making easy access to the

danger. Contact with the glass of gas fireplaces can result in extensive burns immediately (Pollack-Nelson, 2012).

The Hennipen County Burn Center found an alarming increase in pediatric palm burns with gas fireplaces from 1996 to 2002 in patients under five years old (Dunst et al, 2004). They discovered a 1,500% increase in palm burn incidents during this time frame corresponded to an increase in gas fireplace sales over the same period. Injuries involved 2nd degree and 3rd degree burns with 21% of patients developing significant wound complications requiring additional therapies and surgeries (Dunst et al., 2004). Treatments included physical therapy, extension splints, narcotic pain management, skin grafting, and contracture release surgeries; and between 10 to 15% of patients needed surgery to regain adequate function of their hands (Dunst et al, 2004).

Gas Fireplace Safety Standards

The Hearth, Patio, & Barbeque Association (HPBA) establishes safety standards for the fireplace industry. The surface temperature of fireplace glass is not limited by industry safety standards (Becker & Cartotto, 1999). The HPBA did revise their safety standards after a petition was brought to the CPSC to request regulation of gas fireplaces to reduce injuries (Pollack-Nelson, 2012). The safety standard implemented after January 2015 is for all new gas fireplaces include a safety screen to be installed with the fireplace. The installer is also responsible to educate the homeowner of the safety prevention for children.

These mandatory safety standards were approved by the CPSC (HPBA, 2015). Consumer Reports (2016) reported that fireplaces manufactured before January 2015 can be sold without a screen, and the new rule is not retroactive to more than ten million glass front gas fireplaces

installed in America. Retailers may not know about the revised standards, so the burden is on the consumer to purchase a screen costing from \$100 to \$900 if it is not included with the unit (Consumer Reports, 2016).

Safety Prevention Strategies

Safety prevention strategies can reduce injuries in the home. When parents are aware of dangers they will use preventative measures to reduce risks (Bass, 1995). An evaluation of The Injury Prevention Program (TIPP) focused on pediatrician directed counseling of parents for child injury prevention strategies. It found that parents adopt strategies that fit their idea of good parenting (Bass, 1995). Through this program, materials are distributed to parents at regular well check visits; and after ten years the program found that most parents need education on safety strategies to reduce injuries (Bass, 1995).

Simpson and Nicholls (2012) focused on conditions of accidental home injuries in children under five years old. There are two kinds of interventions; passive, including legislation, adopting standards and structural requirements; and active requiring human activity or behavior in physical and social environments (Simpson & Nicholls, 2012). Active interventions are learned through relationships with others. Legislation is a proven strategy in reducing household injuries, but can fail if implemented poorly or not enforced (Simpson & Nicholls, 2012). They determined the best way to reduce child injuries is a combination of both passive and active interventions, where safe behavior is encouraged through mandates.

Safety in Other Industries

Mandatory safety standards are effective in reducing injuries in other industries such as, window blinds, lawnmowers, and foot-propelled scooters. A study examined the industry's

approach to increasing safety standards for window blinds. The CPSC reported an estimated 16,827 injuries to children under six from window blinds between 1990 and 2015; some were fatal (Onders, Eun Hye, Chounthirath, Hodges, & Smith, 2018). The CPSC revised the voluntary safety standards six times, including a retro fit kit to convert looped cords to a safer system and cord free models, but accidents keep happening (Onders et al., 2018). The authors suggest mandatory safety standards are needed requiring all blind cords be inaccessible to children.

Dudley and Phelps (1987) showed a positive correlation between safety standards and consumer benefit in the walk behind lawnmower industry. The industry was reluctant to redesign the lawnmowers because of cost increases and assuming the safety features would be inconvenient to the consumer, fearing a reduction in sales (Dudley & Phelps, 1987). The CPSC, consumer advocates, and manufacturers worked together to create new mandatory safety standards for the industry resulting in a slight cost increase for parts, and increased sales from happy consumers (Dudley & Phelps, 1987). They found that outside intervention was needed in effective product safety prevention. Manufacturers generally think safety features are costly and consumers do not care (Dudley & Phelps, 1987). However, once they understand the risks and benefits, the added features become expected.

Another popular product with a misconception of safety is foot-propelled scooters. The CPSC reported 40,500 scooter related injuries from January 2000 through February 2001, and 60% of the injuries are preventable or reduced by wearing a helmet (Vessey & Haze, 2001). The CPSC recommends wearing safety equipment when using scooters but it has not been mandated, however communities are calling for the bicycle helmet law to be revised to include scooters (Vessey & Haze, 2001). A commentary also suggested that the bicycle helmet law include a

requirement that all children's bike sales include a helmet to encourage compliance and increase effectiveness of the law (Dannenberg & Vernick, 1993).

Local Ordinances

Local ordinances are effective at reducing risks and injuries. A city ordinance is a local law that is enacted by majority vote of city council and signed by the mayor (Minn. Stat. § 412.191, 2018). Local ordinances reflect the opinions and personality of a community, as seen with Minneapolis' Single-Use Plastic and Recyclable Paper Carryout Bag ordinance. It was enacted to incentivize the citizens of Minneapolis to use re-useable bags to reduce pollution and create a healthier environment (MINNEAPOLIS, MINN., CODE §§ 225.900-960, 2018).

The City of Roseville was the first city in Minnesota to pass an ordinance prohibiting the sale of dogs and cats in stores. They took a stand against puppy mills and encouraged stores to aid adoption of rescue animals instead (Peterson, 2017). The Star Tribune wrote that the community and local government came together and made a decision based on compassion, consumer rights, and animal rights (Peterson, 2017).

Korfmacher and Hanley (2013) found that local ordinances reduced hazards for lead base exposure to children, focused on primary prevention, and enacted prevention measures in the home. It created practical and specific approaches for the community. Eight innovative lead laws were passed by local municipalities to combat the continuing effects of lead poisoning in their communities (Korfmacher & Hanley, 2013). Local laws have an opportunity to reduce hazards for children in the home environment, whereas state government focuses on secondary prevention (finding and removing the lead) but once a child is poisoned the damage is done (Korfmacher & Hanley, 2013).

City ordinances focus on primary prevention measures, to identify a risk before the damage is done and enact preventative measure in private homes. Federal and state authorities generally focus on risks after the damage is done (Korfmacher & Hanley, 2013). Local laws can create effective, practical, and specific approaches that are appropriate to their community.

Impacts of Legislation

Mandatory strategies of laws and regulation have been shown to be some of the most effective strategies to encourage large groups of people to adopt safety practices, and have improved children's safety substantially in the United States (Schieber, Gilchrist, & Sleet, 2000). Laws and regulations at the federal level generally apply to issues of dangers from unsafe products or product designs. The state level focuses on encouraging safety behavior and practices, and regulation on uses of products (Schieber, Gilchrist, & Sleet, 2000).

Schieber, Gilchrist, and Sleet's (2000) study looked at six legislative efforts that promoted safety and injury prevention; including mandatory child resistant packaging for hazardous chemicals, regulation on tap water temperature, mandatory bicycle helmet use, child sleepwear standards, and child safety car seat use. Strategies were used to change consumer behaviors, change the way a product is manufactured, or change how it is packaged. Legislation on mandating personal behaviors is usually controversial; however laws on child safety have been viewed as valuable historically, due to children's inability to protect themselves (Schieber, Gilchrist, & Sleet, 2000).

They also found that legislation at the federal and state level is a powerful strategy to encourage change in individual and group behaviors (Schieber, Gilchrist, & Sleet, 2000). Laws must be accepted and supported by the public, as well as adequately enforced at the community

level for greatest impact. The authors suggest a push toward a culture of safety as a social norm for providing the safest environment for children (Schieber, Gilchrist, & Sleet, 2000).

An article about community action stated a citizen may be involved in the legislative process if they want to address a social or political issue (Alternatives Journal, 2012). When a citizen takes on the responsibility for an issue they are an activist, and that does not mean they are anti-government or anti-corporation. According to Alternatives Journal (2012), strategies are imperative when taking action on a cause. Specific strategies are recommended when addressing certain actions, here are some examples:

- Lobbying for change
 - Rely on critical statements, not emotional ones.
 - List ideas on priority of importance.
 - Avoid “us vs. them” mentality, focus on them.
 - Focus on the mission and message.
- Communicate to the masses
 - Understand the audience’s perceptions of barriers.
 - Focus on changing behaviors instead of awareness.
 - Show desired behavior as attractive and easy to comply.
- Contact elected officials
 - Explain why issue is important to other constituents.
 - Ask specifically to be updated on progress of action.

Creating Change

How is change made and who makes it? In the article *How to Make 'Change' A Not-so-Dirty Word*, Gailmard (1999) suggests a formula for change: understanding, communication, motivation, timing, resistance, encouragement, and culture. Understanding why people resist a change can impact whether the initiative is successful or not. Fear of the unknown, loss of position or security, not understanding the change or reason for it, are all reasons people resist a change effort (Gailmard, 1999). This can be met head on by listening to concerns and addressing them.

Communicating the plan effectively and how it will impact people involved in the organization is the next step in the process. It is important to explain the problem, solution, and benefits of the change, face to face if possible (Gailmard, 1999). A calm and positive manner will help others get on board with the change, and providing resources and assistance reassures them further. Forced-coercion, rational persuasion, and shared power are all strategies to motivate the process (Gailmard, 1999). Shared power involving collaboration of planning and decision making has been found to produce the most adapted long lasting change, according to Gailmard.

The author explained that resistance is feedback on the change initiative, and what needs to be addressed to achieve success. It can involve the change itself, the strategy of the change, or the change maker (Gailmard, 1999). Resisters can be encouraged through education, communication, and involvement in the change, and offered resources and emotional support. Gailmard (1999) also recommended if resistance continues, special incentives can be offered, or they can be left behind. This basic formula offers strategies to handle change and how to make change efforts successful.

Resistors and non-supporters are both barriers to the change process. In *Organizational Development: The Process of Leading Organizational Change*, Anderson (2015) states resistors are the primary reason change attempts fail. He offers further reasons people resist; experiencing too much change, skeptical change is possible, and the desire to keep the status quo (Anderson, 2015). Relationships are important at every step in the change process, especially when dealing with resistance.

Overcoming resistance is critical to gain enough support for success in the change process. An effective way to achieve this is to rethink resistance (Anderson, 2015). Viewed as an opportunity, deepened relationships can occur by asking questions and opinions to understand the reason for the resistance. Leveraging supporter's relationships is also a successful tactic (Anderson, 2015). He suggests this can give you an opportunity to clarify your purpose, increase the quality of the change, and build supporters. Resistors are not against you, they are a natural part of the process of checks and balances.

Change from the bottom-up. In a study about low-power actors as organizational change agents, Hyde (2018) found that change can come from actors other than top management. Traditionally, leaders of organizational change have been high-power actors. However, because of their position, low-powered actors tend to have a better understanding of the impacts of the change, and offer insights important for success. Typically, however they lack wide range decision-making power and access to key actors, or networks and resources (Hyde, 2018).

Hyde's (2018) study found that low-power actors saw themselves as facilitators to the change process. When a low-power actor is in a collaborative environment, their impact on change is more pronounced and larger scale. In a larger more bureaucratic setting they

accomplished limited and horizontal change efforts. Leveraging networks and support units of low-power actors are more impactful, and can protect them from retaliation (Hyde, 2018). The low-power actors saw themselves as facilitators for change, and utilized their networks to launch their efforts (Hyde, 2018). Change agents from the bottom of the organization can be effective at provoking change when they are allowed to.

Summary of Literature

This literature review focused on accidental home injuries and consumer perceptions of gas fireplaces and the dangers associated with them, safety prevention strategies, safety standards in other industries, impacts of local ordinances and legislation, and how to provoke change. The goal is to reduce child burn injuries from gas fireplaces. The studies specific to gas fireplace burn risks were limited, and most are over ten years old indicating a lack of attention to the issue. I learned that gas fireplaces are dangerous for children, resulting injuries are common and preventable, and misconceptions of risks are damaging.

The literature revealed that consumer education, parental safety counseling, and other active interventions are effective in reducing injuries. Additionally, passive interventions like mandates, legislation, and regulations are more impactful at encouraging safer behaviors and best safety practices. The process of changing behaviors includes education, communication, and strategies for implementation.

The review found that shared power can be an effective change strategy to get people on board with the process. Communication of the plan and understanding where people are in the process are important; however how resistance is handled can be the reason a change project is a

success or a failure. Discovering that change can be impactful from below is important to understanding that change can be enacted at all levels.

When active interventions work in conjunction with passive interventions, they produce the most change. Industry voluntary safety standards can reduce accidents and injuries, but mandates are more effective at making a large impact (Jones & Benrubi, 2013). I was encouraged by the literature to bring attention to the issue of gas fireplace risks, and change consumer's perceptions of a danger in the home. The literature review informed my action research project of advocating for mandating gas fireplace safety standards to reduce child burn injuries.

Method

The purpose of this action research project is to promote safety practices for gas fireplaces to reduce burn injuries to young children. I intended to write and pass a city ordinance for safety laws for residential and public gas fireplaces at the local level in a Twin Cities suburb. This action research project is a basic qualitative methods approach with interviews to support the action and surveys for evaluation.

Research Participants and Recruitment

I planned to recruit city council members, a city manager, an ordinance officer, authors of ordinances, burn surgeons, a fire chief, and a gas fireplace retailer. A maximum of eleven interview participants between the ages of 18 to 75 were chosen fitting the job descriptions. I disclosed my position as a city commissioner during initial contact; including a brief description of the study, and confidentiality of participants. Participants were referenced in the study by job title, not name. All participants signed a consent form and agreed to a recorded 30 to 45 minute

face to face semi-structured interview, at a location of their preference. Furthermore, participants were advised they may be chosen to receive a feedback survey to evaluate accuracy of data and effectiveness of the action.

Data Collection Plan

I planned to conduct a maximum of eleven interviews to collect data. The data would shape content of an ordinance, and to ensure passage, I would enlist a sponsor. I would then present the proposed ordinance to city council. The effectiveness of my actions would be evaluated through follow up surveys with the interview participants that were present for the presentation to city council, or watched it on a local television network. The survey would evaluate accuracy of the data, persuasiveness of the presentation, and effectiveness. My personal experience as a citizen advocate was chronicled in an auto-anthology journal for data collection as well.

Changes to plan based on data collection. I conducted interviews with the ordinance officer, city manager, the assistant fire chief, and a city councilmember. Based on the data collected, it became apparent that a change of setting for the intended action was warranted. The issue did not fit into the intent of a city ordinance and enforcement would not be possible in a manner that was impactful. The participants suggested a better fit for the action was at the state level of government. Adjustments were made to the central research question. The new question became: What steps and approaches are needed to create and sponsor a state bill in Minnesota intended to mandate safety practices of gas fireplaces to prevent burn injuries to children? Specifically, my revised aim is to provoke change by advocating in the political arena for mandating safety practices of gas fireplaces in Minnesota, resulting in a state bill.

Additional participants were identified. They included a state representative, a senator, and lobbyists to advise on the legislative process, shape content, and learn more about how to ensure the proposed bill passes. Ordinance authors and additional city council members were removed as participants from the study. After several failed attempts to recruit a gas fireplace retailer, I removed the perspective interview participant and concluded with ten interviews. I enlisted a sponsor for the bill and future approval by the house and senate. Some of the participants received a copy of the bill draft for review and an email feedback survey to validate effectiveness of the bill and accuracy of data representation.

Data Analysis and Validity

The data sources collected during the project were ten interview transcripts, an auto-anthological journal, and evaluation surveys. Interviews were recorded and transcribed. Beginning the analysis, I reviewed all the transcripts for high level themes. A second review of a basic qualitative analysis was performed identifying key data codes and themes. An open coding strategy was used to categorize the data. I also coded my personal journal using the same open coding strategy to identify additional themes. A mind map was created to link similar themes together into different categories. Themes were cross-checked and analyzed from multiple transcripts to provide validity through triangulation.

Surveys were sent out to seven key interview participants to validate their data was represented accurately, as well effectiveness of the bill draft. Six surveys were returned, all agreed information was represented accurately and endorsed the bill. Additionally, all survey participants provided valuable comments on ways to improve the bill for future review. Based on my experience with the issue, I was aware of my biases during analysis to ensure they did not

compromise the data or findings. However, those biases inevitably influenced how I interpreted the information.

Findings

My action research project of mandating gas fireplace safety practices to reduce burn injuries produced some surprising discoveries. During the process of data collection, I needed to be open to where the data took me, to be flexible, and make revisions where appropriate. I needed to relinquish control of the outcome to the process to be effective. I used this approach while analyzing the data, and after several passes to dig deeper into the data, I concluded there are three main findings: (1) the knowledge deficit about the issue and legislative process, (2) the need for citizen change makers, and (3) the impacts to the researcher as a citizen change maker.

Knowledge Deficit Finding

The one constant that every participant said in their interview was ‘I didn’t know that’. Most of the participants did not know about the level of dangers from gas fireplaces, and the severity of the resulting injuries. Some of the participants knew parts of the legislative process, but not the dangers of gas fireplaces or the injuries produced by them. One of the participants knew of the injuries to children, but not the level of danger or the process of stopping future injuries through local government. A few of the surprises were:

- The fire chief understood the severity of burns from contact with hot objects, but was unaware of how dangerous or hot the glass of gas fireplaces get.
- The burn surgeon knew about injuries and risks to children, but did not fully understand the dangers of gas fireplaces or current industry safety standards.

- The city council member, city manager, and ordinance officer knew the state level of government was more appropriate for the issue, but did not know specifically how to provoke change at that level.

Addressing a knowledge deficit. The senator advised that before you can address an issue, you must first define the problem. Defining the problem takes due diligence. The senator suggested understanding the economic and social impact of the issue as well as the impact of the change. Who are affected? How are they affected? What are the solutions? What happened in the past? What is the industry doing? Is it adequate? The lobbyists recommended researching thoroughly the possible unintended consequences and future problems. Double check everything with multiple sources. They stressed the need to fully understand the issue, and become an expert when asking for change.

Knowledge deficit of severity of burn injuries from gas fireplaces. The burn surgeon understood the issue completely and the fire chief knew the dangers of burn risks from contact with gas fireplaces. However, like the other participants, the fire chief did not understand the level of risk or the severity of injuries caused by gas fireplaces. The burn surgeon explained burns are challenging injuries; they change the life of a patient and their family. Burn patients are like family to the people who work in burn centers because burns never heal, it is always a burn. The burn surgeon said the typical patient burned from contact with gas fireplaces are young children aging from ten months to two years. That's when they start moving around and exploring the world. He said the injuries are generally on both palms and fingers, and the damage is more extensive due to the child putting pressure of their weight on their hands for support.

The surgeon explained that temperature, duration of contact, and pressure are all contributors to the depth of the burn. There have been cases where the child gets stuck on the glass and a parent had to pull them off, prolonging exposure and deepening the injury. In some cases the injuries heal without intervention, but in many cases surgeries are needed to facilitate healing. The surgeon said burns to the palms are especially difficult due to scar tissue resulting from the burn or surgery can translate into lack of motion, which can be devastating. Scar tissue also doesn't grow like skin, so as the child grows, more surgeries to release contraction may be needed. These are debilitating injuries to a vulnerable population, he remarked.

The knowledge deficit is connected to the level of risk. The burn surgeon found that most parents know fireplaces get hot; what they do not know is how hot the glass actually gets. There is also a lack of knowledge about how hot the glass stays after the fireplace is turned off. He has seen cases where a child has received severe burns thirty minutes after the gas fireplace was turned off. The surgeon remarked another knowledge deficit is that parents do not always understand pediatric development and how fast children can move, putting them in danger.

The burn surgeon expressed concern with the lack of mandates for gas fireplaces. He asked why a person needs to sign a disclosure when putting in a pool, regarding drowning hazards, fences, and drains; but there is nothing to notify the consumer of the level of danger from gas fireplaces. One of the reasons for the knowledge deficit is the lack of studies on the issue. He mentioned ten years ago there was interest in the issue and a few studies and papers were written, but it is not popular now. However he is still treating patients with this injury today.

Knowledge deficit of the legislative process. How do you know when an issue should become a law? The participants that answered were the senator, state representative, and lobbyist; the other participants did not. The senator indicated that first the issue needs to be defined, there is evidence the issue is continuing, and the industry is not adequately addressing the problem. The state representative added that researching literature on the issue presents validation, or highlights lack of attention. It is important to find out if there are similar laws to set a precedent or to use as an example.

The representative explained in the state of Minnesota bills are introduced in the House and the Senate at the same time, it is a complex process that works simultaneously, connected but separate, influencing each other. The House Research Department researches the issue, reviews related or similar bills from other states, and writes the bill. They are the experts on the language and what is appropriate, and the representative remarked they are the smartest people in the building. The legislator, researcher, and citizen advocate (if applicable) works in a partnership to advice on what the bill will accomplish.

The lobbyists explained when a bill is announced, expert witnesses, people with impactful stories, and supporters of the bill testify why they support the bill, they define the problem, and address the impact the bill may have. The lobbyists suggested to be prepared to rebut arguments and have multiple sources of evidence as support. Having props to grab attention, like a fireplace screen, can be very effective.

The senator suggested that relationships between legislators, parties, committees, lobbyists, advocacy groups, and citizens can all impact a bill and the process. The knowledge deficit is in understanding this process and how a citizen fits into it. I have found this to be true

in my own experience in advocacy; people are often surprised at my intentions of creating a bill to mandate gas fireplace safety practices to reduce child burn injuries.

Both the elected officials and lobbyist participants described resisters as the biggest challenge to the process, but also one of the most important. Resisters are often not educated on the issue. This knowledge deficit creates fear of the unknown or impact of the change. They indicated resisters tend to be skeptical and suspicious. Therefore the best way to establish a relationship is to find a common point of trust, and then give them an opportunity to benefit upfront, and not wait until you get what you want. Understand that “no” is just the first step to building a relationship and hopefully transforming the resistor into a supporter.

The lobbyists advised that a non-supporter can be hard to track down, and it may be better to write them off and move on to the next opportunity. The best thing to do is to be persistent and polite, it is not personal. A non-supporter might say they support you but then tell you why your idea will not work, or they will not support you on the record. Some may change their mind or only want to appear interested, but in reality are not or have a conflict.

In my experience as a citizen advocate I met with some resistance. Several city council members did not return my calls or emails, the mayor never followed up to schedule an interview, and a few were reluctant to be interviewed citing they thought the issue warranted state attention. I listened to their resistance as information on the process, and my project has a larger impact as a result. The fireplace retailer I had initially planned to interview was nervous about participating and felt due to their business alliances, declined to be a part of the study. This resistance was expected, but it was still difficult to hear “no”.

Need for Citizen Change Makers Finding

How does a citizen get involved in addressing an issue? The elected officials and lobbyist participants all echoed the same sentiment; reach out to your local, state, or federal representatives. They said becoming a citizen advocate/lobbyist is the purest form of democracy; laws are for the people. The first step is building a relationship with your state representative and state senator. They are your facilitators through the legislative process.

The state representative stated that a citizen becomes an advocate when they reach out to their representative for help. The first step is a conversation, tell your story, state the facts, and offer a solution. She recommended arriving prepared, and asking the representative directly to author the bill. Understand what you are asking; what you want the bill to accomplish, and possible consequences. This step is surprisingly simple; talk to people and build relationships. The senator reiterated this by stating the process is the purest intent of democracy; it is citizen lead “by the people, for the people”.

The lobbyists explained the next step is to become a citizen lobbyist. Set up meetings with as many legislators as possible to inform of the bill. They suggested a *reverse pyramid* strategy of starting small and building up and out. Build a coalition for support, expert advice, and testimony. They recommended a coalition can assist in lobbying through leveraging relationships and resources, physical lobbying, or letters of support. This brings an authenticity to the issue and attention to the bill. Ask the representatives directly for their support of the bill, and for their vote.

All the participants implied that lobbying is not only targeted to elected officials when the suggested contacting other support groups, non-profits and organizations. They can be influential in building support for the cause. The study participants recommended that I contact the

Attorney General, MN Fire Marshall, MN Public Safety, advocacy groups, and victim groups to gain support and leverage their relationships for a wider impact. They said politics is about building and maintaining relationships, and can make the difference for passage of a bill into law.

The lobbyists revealed it is imperative to know all the answers by anticipating the questions and having rebuttals ready when lobbying. Being prepared by knowing the statistics to manage opposition can change a resistor into a supporter. They added that this can be challenging and the complexity of the process can be daunting. It is critical to remain nimble and adaptable, to follow the information and invite change, and celebrate the smaller incremental successes. The senator advised that relationships are important for influence, but even more important to keep motivated on the journey. Understanding the connection between the citizen, senate, house, lobbyists, supporters, and even non-supporters will make the process less detached.

The representative and lobbyists explained the lobbying process continues until the bill is passed. A citizen advocate/lobbyist needs to have patience, persistence, and wear many hats. The process to make a law is complex with many solutions, therefore being agile and flexible is important to success. They advised that the process starts with a relationship between the citizen advocate and the legislator, and grows into a network of relationships all impacting the track of the bill and the issue.

Own the action. I found in my experience as a citizen advocate that the legislator may be the face of the issue to the public, but the citizen advocate is the actual change maker. They bring attention to the issue that starts the process. The senator and state representative are the

facilitators, but it is up to the citizen advocate to ensure the message and outcome meet expectations.

During the drafting of the bill for mandatory gas fireplace safety practices to reduce child burn injuries, I was invited to participate in the research process by providing the house and senate research department with my research and 'asks' of what I wanted the bill to address. I asked for all new transactions requiring an inspection (permits, new construction, appraisals, truth in housing, renter's inspections, public/community fire inspections, etc.) where there is a gas fireplace present, call for it to meet safety standards and include a safety barrier/screen enforcing industry and ANSI safety standard/recommendations. I am also involved in editing the bill language for purpose and intent.

I have been involved in many aspects of the process, but have had to remain diligent on being a part of the process. I was not aware the bill was drafted until a week later, after I called for status. To be a citizen advocate, you need to remain persistent. It was important for me to get out of my comfort zone and assert myself.

Impacts to the Research as a Citizen Change Maker Finding

A citizen that is walking into the ring with professional legislators and lobbyists needs to possess a few vital characteristics. The first is commitment to the issue and the persistence to follow it through. I found that being able to pace myself and have patience for the process is needed to avoid burnout. Confidence in the message, relationships, and the process is important to make sure the solution does what you want it to do. All of the participants that were attached to government positions described this political environment, almost exactly.

The legislative process is very complex and being comfortable in that kind of environment is useful when you need to wear many different hats. A citizen advocate must remain open to change, be nimble and adaptable to bend, make compromises or follow a new path, all while maintaining the integrity of their message. My experience mirrored this when I had to restructure the project plan to effect change at the state level instead of the local level. My purpose remained the same and the research question only changed in setting. I had to let go of the original plan, trust the data, and it broadened the impact. I had to be flexible and adaptable as a citizen advocate and a researcher, and it has made all the difference.

Relationship building is at the core of the legislative process, therefore skills in this area are essential. My ability to reach out to people and ask for help is how I began the process, and continues to be required during the lobbying process as well. Most citizen advocates have a catalyst that brought them into the arena, a personal experience that propelled them to do something. My daughter's accident was my catalyst. Telling her story affectively and with impact will validate a reason for the bill. Once the citizen advocate is in the process, showing up prepared and doing your due diligence gives your issue credibility.

I discovered being open to new ideas and following where the data took me, made sure my issue found the right place, but relinquishing control to follow the process is not easy. Resolving conflict in a clear and respectful way will build trust and deepen relationships needed for success. I learned talking with the representatives and lobbyists that the bill requires communication with resisters, non-supporters, and oppositional lobbyists to become a law. Empathy and understanding how people are feeling is more effective in this environment than anything else. Knowing the impact of the change will connect you to both sides of the fence.

In my process, I was surprised when people immediately supported me and the mission to reduce child burn injuries. When I met with resistance, doubts about my message or purpose resurfaced. There will be doubt, but this process has taught me to commit to the message, trust in the process, trust in others, and most of all trust in myself. The idea of testifying at the house and senate is scary, but I feel empowered by the process and doubts are slowly fading. I am remaining open to the data and trust in people's support of the project.

I originally thought this project was a linear and concrete process, but found it to be circular, inner-connected, and reflective. It is not a "how to" instructional book on how to make a product safer for children, but more a best practices, review of the system as a whole, and what my part is in it. Going deeper into the data is a balancing act between the action or purpose of the action (gas fireplace safety practices) and my findings, which are larger in scale and more focused on the how than on the what.

This project started as how to mandate safety practices, and has become how a citizen can provoke change in their community. The issue has come secondary to the learning of the process, the need for the process, and the impact of the process. A citizen advocate makes change, I am making change, and lawmaking is change making. Many of the skills and tasks needed in a change management project are present in law making. Legislators are change agents (not just rule makers). I learned we must work together to make a difference.

We need to reach beyond ourselves and become citizen change makers to make a better world for our children. This research project was accomplished in conjunction with St. Catherine University's Masters of Arts in Organizational Leadership program, and its objective

of leading responsibly has ignited my mission. I achieved this objective by accepting the responsibility to make a difference.

Discussion

This action research project explored what strategies are needed to mandate gas fireplace safety practices to reduce child burn injuries. I discovered that a knowledge deficit was a barrier for practicing safety behaviors, as well as how to go about impacting change. Through the process of advocating for my mission, I found that citizens are needed and integral to the legislative process. I will discuss how my findings correlate to the literature review, and the gaps I found in the current literature about this particular issue.

Before my daughter Hattie's accident I did not know the level of dangers from gas fireplaces or how to make an impact through the legislative process. I had the same knowledge deficit as my participants; however knowledge deficits have the most significant opportunity for transformative change. Once you know better, you do better. Both Bass's study and Drago's (1995 & 2005) study about safety prevention strategies found that when people are aware of dangers, they will use preventative measures; changing their behaviors. Another study discovered that safety prevention was not used with similar products, like scooters even when the same child used a helmet when riding a bike or skateboard (Chapman, Webber, & O'Meara, 2001).

The knowledge deficit of a product can lead to a misconception of safety, and those perceptions can lead to injuries. It is imperative that the knowledge deficit is met with disclosure and education. The most effective way to change perceptions and behaviors is through passive interventions like mandates and legislation (Simpson & Nichols, 2012). Carol Pollack-Nelson

(2012) researched the dangers of gas fireplaces and the severity of the injuries toward a vulnerable population. The burn surgeon echoed the impact of the injuries to children and the long healing process.

Both expressed concerns of the lack of knowledge by parents of the dangers of gas fireplaces and the developmental process in children; both increasing the risk. Pollack-Nelson (2012) wrote a petition to the CPSC to regulate the industry and the burn surgeon suggested a form of disclosure to educate parents of the risks, indicating both believe further action needs to be taken to reduce these injuries. Most of the peer-reviewed literature of studies on this issue is approximately ten years old, as indicated by the burn surgeon. It is not a popular topic today, however the risks continue.

Legislation has been shown to be the most effective strategy in changing behaviors toward safety practices (Schieber, Gilchrist, & Sleet, 2000). The legislative process is also an effective strategy to educate about an issue. It defines the problem, solution, and benefits through a bill, and motivates the process through persuasion by lobbying and testimony. Finally, the process is always managing resisters and non-supporters, to create more supporters by leveraging relationships and lobbying, just as in a change project. Anderson (2015) states that resisters are the main reason change projects fail; the same is true in legislation.

The average citizen, however, does not know how they can impact this process. A citizen advocate must accomplish the same things as a change agent to succeed. Understanding why people resist is important to address concerns and transforming them into supporters, as described by Gailmard in *How to make 'change' a not-so-dirty word* (1999). Defining the problem and communicating the plan effectively, along with strategies like rational persuasion

and shared power are both present in change and legislation (Gailmard, 1999). Understanding the process is the first step in becoming a citizen change maker.

The study in *Leading from Below: Low-power actors as organizational change agents* found that low-power agents often see themselves as facilitators, and leverage their networks and relationships for their power and influence to fuel their change (Hyde, 2018). This is commonplace on the legislative floor and imperative for the citizen involved in the process. By leveraging my power as a constituent, I was able to facilitate action from my elected officials to accomplish a goal, by leveraging their power.

I learned through my own advocacy efforts, that lobbying for change relies on relationships and asking for help from elected officials. An article in *Alternatives Journal* (2012) provided additional tips for getting the message out, focuses on how to communicate your message. Prioritizing ideas, making the message relevant, staying focused, and personalizing the message are all strategies that the study participants indicated will aid in the success of the bill.

Participant's indicated vital characteristics were needed in impacting legislative change: commitment, persistence, patience, confidence, effective communication, and being prepared. Many of these characteristics were found in literature regarding the change process as well (Gailmard, 1999). I have had to exemplify each of these during my process.

The largest impact this action research project has had on me as a researcher and citizen advocate is the need to be adaptable in a complex environment. I have had to relinquish control in order to follow where the data lead and not inject my own biases. Listening to resistance as a tool, and not as criticism as suggested by Anderson (2015), has made the biggest difference of all. One of the things I discovered was the need for trust. Trust of others, and trust in myself. To

be a citizen advocate, all you need to do is accept the responsibility to make a difference. I am making a difference.

Summary and Recommendations

Hattie's accident put me on a path to discover why this happened and what I could do to prevent this from happening to another family. The purpose of this action research project is to encourage safety practices for gas fireplaces to reduce burn injuries to young children. Specifically, I aim to provoke change by advocating in the political arena for mandating safety practices of gas fireplaces in Minnesota that resulted in a state bill. My mission is to give Hattie a reason to be proud of her scars, knowing they saved other little hands. I will build a coalition of supporters and continue to lobby for the bill, until it becomes a law. I have confidence that her injury, pain, and lifelong scars will serve a larger purpose for her, our family, and the community.

My action research project of mandating gas fireplace safety practices to reduce child burn injuries is significant to the current literature because of the lack of studies on this issue in the field of child safety and injury prevention through legislation. My hope for this research is that it encourages more studies resulting in increased safety standards for gas fireplaces everywhere. When people change how they use gas fireplaces by adopting safety strategies, and share information of the dangers and prevention measures with others, then public and private spaces will be safer for children.

This study exposes a gap in research regarding gas fireplace dangers and child burn risks and recommends further research on the issue. Research on citizen advocates/lawmakers/change makers is also recommended to discover what makes them different than others? What makes

them take on the responsibility for provoking change in their communities? Why do some people sue or blame, while others seek to make a difference? How can citizen advocacy be encouraged in the future?

Conclusions

Hattie has had more surgeries this year on her hands that did not go as smoothly as planned. I was holding her down on the operating table while the nurses put a gas mask on her face, and watched the fear and panic fill her eyes. It reminded me why I took this mission on, and it validates the need for this bill. I learned through my experience as a citizen advocate and a researcher that the process of understanding an issue, learning about the legislative process, and how I can impact change personally has left me to asking more questions. “Why aren’t more citizens involved in the legislative process? Why, as citizens do we not think it is our right, or responsibility to do something when tragedy strikes? How can we bring the citizen back into politics?”

Our political system was built around the idea citizens and elected officials work together. To be a citizen change maker, you just need to accept the responsibility to make a difference. Legislators are our chosen leaders and our facilitators to the legislative process. Kouze and Posner (2012) believe a leader inspires a shared vision, challenges the process, and enables others to act; they inspire people to do things differently and work to solve current problems. This is exactly what a citizen change maker does as well.

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Appendix A

02/26/19 REVISOR RSI/BM 19-4082 as introduced

SENATE
STATE OF MINNESOTA
NINETY-FIRST SESSION

S.F. No. 2077

(SENATE AUTHORS: ISAACSON)

DATE	D-PG	OFFICIAL STATUS
03/07/2019	689	Introduction and first reading Referred to Commerce and Consumer Protection Finance and Policy

- 1.1 A bill for an act
- 1.2 relating to consumer protection; requiring disclosures regarding gas fireplaces;
- 1.3 proposing coding for new law in Minnesota Statutes, chapter 325F.
- 1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.5 Section 1. [325F.241] GAS FIREPLACES; DISCLOSURES.
- 1.6 Subdivision 1. Definitions. (a) For the purposes of this section, the terms in this
- 1.7 subdivision have the meanings given them.
- 1.8 (b) "Commissioner" means the commissioner of labor and industry.
- 1.9 (c) "Gas fireplace" means a vented fireplace that uses natural gas or liquefied petroleum
- 1.10 gas to operate.
- 1.11 (d) "Homeowner" means a person who owns legal or equitable interest in residential
- 1.12 real estate.

02/26/19

REVISOR

RSI/BM

19-4082

as introduced

- 1.13 (e) "Prospective buyer" has the meaning given in section 513.52, subdivision 2.
- 1.14 (f) "Residential real estate" has the meaning given in section 326B.802, subdivision 13.
- 1.15 (g) "Residential remodeler" has the meaning given in section 326B.802, subdivision 12.
- 1.16 (h) "Seller" means a person who owns legal or equitable title to residential real estate
1.17 and intends to transfer the legal or equitable title via sale.
- 1.18 Subd. 2. Disclosure. A disclosure, in form and substance acceptable to the commissioner,
1.19 regarding the dangers and appropriate safety precautions for a gas fireplace must be provided
1.20 by:
- 2.1 (1) a residential remodeler to a homeowner at least three days before a gas fireplace is
2.2 installed; and
- 2.3 (2) a seller to a prospective buyer as part of the seller disclosures under section 513.55,
2.4 subdivision 1, when a gas fireplace is part of the residential real estate.
- 2.5 **EFFECTIVE DATE.** This section is effective August 1, 2019.

Appendix B

Survey Protocol: Mandating Gas Fireplace Safety Practices to Reduce Child Burn Injuries.

This survey is to gain feedback on the bill draft to determine accuracy of the data and effectiveness of the action and how it can be improved. Feedback will be reviewed for next steps to take the bill upward in the political environment.

Date: March 19, 2019

Interviewer: Monica Bolinger

Interviewee: Study interview participants

Recording/Storing Information about survey: Surveys will be stored in a locked file folder.

1. Did the bill draft for mandating gas fireplace safety to reduce child burn injuries represent the information you provided accurately?

Strongly Agree	Agree	Somewhat Agree	Undecided	Somewhat Disagree	Disagree	Strongly Disagree
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2. Do you agree with the bill draft?

Strongly Agree	Agree	Somewhat Agree	Undecided	Somewhat Disagree	Disagree	Strongly Disagree
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3. Has your opinion on safety of gas fireplaces changed after reading the bill draft?

Strongly Agree	Agree	Somewhat Agree	Undecided	Somewhat Disagree	Disagree	Strongly Disagree
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4. In your opinion, what needs to be improved in order for the bill to be passed at the state level? Federal level? What would you do to strengthen the bill?