

Weaving a Safety Net:

Injury and Violence Prevention in Maternal
and Child Health Programs

MCH Program Self-Assessment Findings

Children's Safety Network (CSN)
National Resource Center for Injury and
Violence Prevention

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INTRODUCTION

The Children's Safety Network (CSN) National Resource Center for Injury and Violence Prevention works with state, territorial, and community Maternal and Child Health and Injury and Violence Prevention programs to create an environment in which all children and youth are safe and healthy. A key CSN focus is working with state Maternal and Child Health (MCH) agencies and other offices in health departments to assist them in strengthening their capacity to reduce injuries and violence among children and adolescents.

CSN, in partnership with both the Association of Maternal and Child Health Programs (AMCHP) and the State and Territorial Injury Prevention Directors Association (STIPDA), created the *Weaving a safety net: Integrating injury and violence prevention into Maternal and Child Health programs* publication. In fall 2008, CSN offered a new web-based *Self-assessment tool for integrating injury and violence prevention activities into MCH programs*. The purpose of the self-assessment tool is to further understand and assess the extent to which MCH state programs integrate injury and violence prevention into MCH services.

For this report, the following definitions are used for MCH state programs and MCH selected services.

MCH state program: State government entity that is responsible for administering the federal Title V Maternal and Child Health Services Block Grant.

MCH selected services: Services that states typically administer to improve the health and safety of mothers and children. The MCH services selected were:

- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC);
- Home visiting services
- Child care or day care services
- School-related/based services
- Teen parenting services

The purpose of this report is to describe the extent to which MCH programs are integrating injury and violence prevention into these 5 MCH services, based on findings from the *Self-assessment tool for integrating injury and violence prevention activities into MCH programs*.



METHODS

In fall 2008, CSN requested all 50 state and the District of Columbia Title V MCH directors to complete the brief, web-based *Self-assessment tool for integrating injury and violence prevention activities into MCH programs* on behalf of their state MCH programs. Of the 51 MCH directors, 41 completed the self-assessment tool, resulting in an 80% response rate. The MCH director could delegate another staff person to complete the self-assessment tool. Of the 41 respondents, 68% (n=28) were completed by MCH directors.

The self-assessment queried whether MCH state programs were responsible for the 5 selected **MCH services**:

- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC);
- Home visiting services
- Child care or day care services
- School-related/based services
- Teen parenting services

MCH directors were queried about whether their MCH programs integrated 7 types of **injury and violence prevention topics** into each of the 5 selected MCH services in the past year. Injury topics included:

- Child maltreatment (including Shaken Baby Syndrome)
- Motor vehicle safety for children and adolescents (e.g., car seats)
- Home-related safety (e.g., fires, burns, falls, poisoning)
- School or playground safety
- Bullying or youth violence prevention
- Domestic/family violence prevention
- Suicide prevention

Additionally, MCH directors were queried whether 5 types of **injury and violence prevention activities** were implemented for each of the 7 injury topics in the past year. Injury prevention activities included:

- Distributed educational materials
- Offered client counseling or workshops
- Offered professional development opportunities
- Distributed safety equipment to clients (e.g., smoke alarms)
- Developed or required compliance with guidelines or standards

If an MCH director reported his/her MCH state program was not responsible for an MCH service, then they were not queried about whether injury prevention topics or injury prevention activities were integrated for that MCH service.

Lastly, MCH directors were queried about the **priority** their MCH program places on integrating injury and violence prevention activities into MCH services.

The responses in this report are based upon the 41 responses received through the Self-Assessment Tool. States may have interpreted responsibility for a program differently as no definition of responsible was provided.

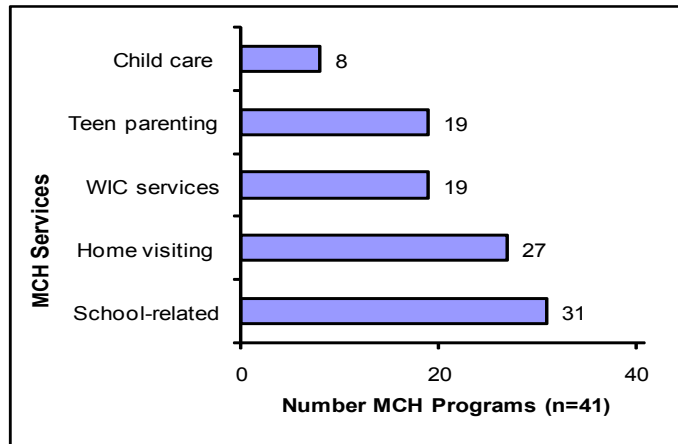


KEY FINDINGS

» HOW MANY MCH STATE PROGRAMS ARE RESPONSIBLE FOR THE 5 SELECTED MCH SERVICES?

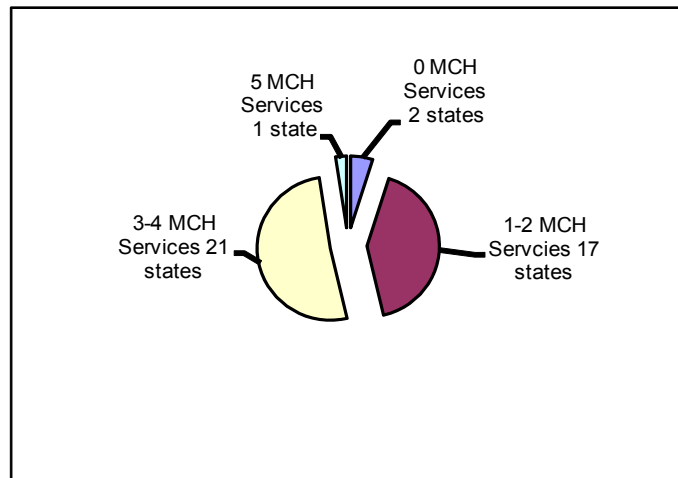
MCH state programs varied in whether they reported being responsible for the 5 selected MCH services queried in the self-assessment tool. Over three-fourths (n=31) of MCH state programs reported being responsible for **school-related services**, whereas only 20% (n=8) reported being responsible for **child care services** (Figure 1).

Figure 1: Number of MCH state programs (n=41) report being responsible for 5 selected MCH services in past year



Of the 41 MCH programs who responded, 54% reported being responsible for 3 or more MCH services (n=22) with one responsible for all 5 services. Forty-one percent (n=17) reported being responsible for 1 to 2 MCH services. Two reported not being responsible for any of the 5 MCH services (Figure 2).

Figure 2: Number of MCH state programs (n=41) report being responsible for 0 to 5 MCH services in past year





» WHAT MCH SERVICES COMMONLY INTEGRATE WHICH TYPES OF INJURY PREVENTION TOPICS?

Overall

The number and types of injury topics integrated within MCH services varied. **School-based, home visiting, teen parenting, and child care services** tended to integrate a variety of injury prevention topics. For example, approximately 5 different types of injury prevention topics, on average, were integrated within each of these 4 MCH services.

In contrast, fewer injury topics were integrated within **WIC services**. For example, approximately 3 different types of injury topics were integrated, on average, within MCH state programs that reported being responsible for WIC services. It does appear that MCH programs are integrating within specific services topics which are appropriate for the primary populations served by that specific service. For example, WIC and home visiting programs, which primarily serve children 5 and under, are including home safety but are less likely to include bullying/youth violence prevention.

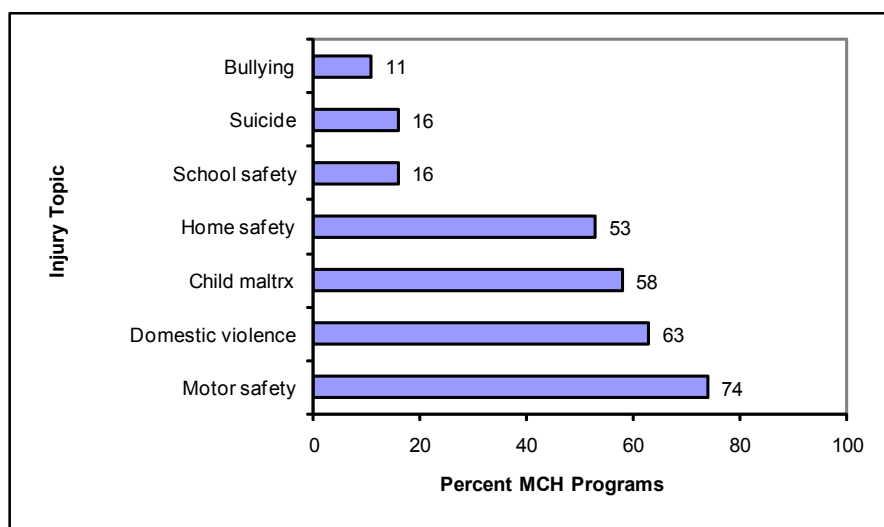
We found that the pattern of survey responses between MCH service, injury topic, and injury prevention activity corresponded as expected. For instance, programs are not handing out equipment in suicide prevention initiatives but may be utilizing this activity in home visiting programs.

WIC Services

More common injury topics: Approximately three-fourths of MCH state programs that reported being responsible for WIC services integrated motor vehicle safety, and over half integrated domestic violence prevention, child maltreatment prevention and home safety into WIC services (Figure 3).

Less common injury topics: In contrast, less than one-fifth of MCH state programs integrated school safety, suicide prevention, or bullying/youth violence prevention into their WIC programs (Figure 3).

Figure 3: Percent of MCH state programs (n=19) that integrated 7 injury topics within WIC SERVICES in the past year



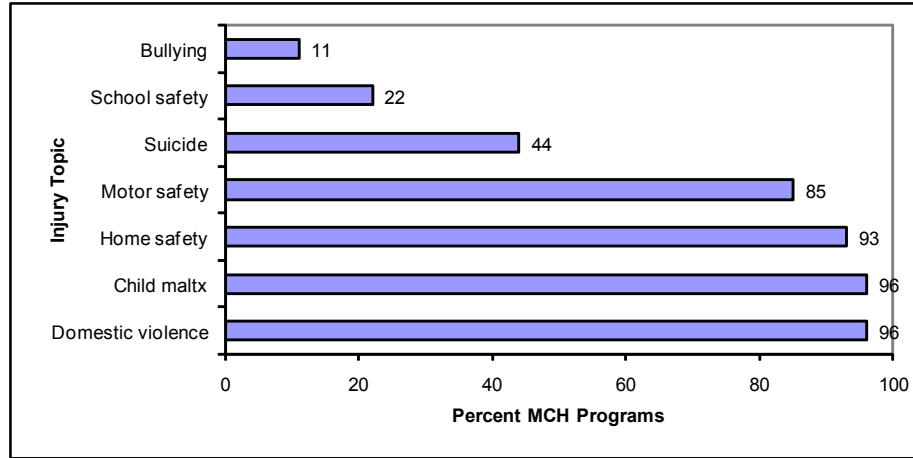


Home Visiting Services

More common injury topics: Almost all MCH state programs that reported being responsible for home visiting services integrated domestic violence prevention, child maltreatment prevention, home safety, or motor vehicle safety (Figure 4).

Less common injury topics: In contrast, less than one-fifth of MCH state programs integrated school safety or bullying/youth violence prevention into home visiting services (Figure 4).

Figure 4: Percent of MCH state programs (n=27) that integrated 7 injury topics within HOME VISITING SERVICES in the past year

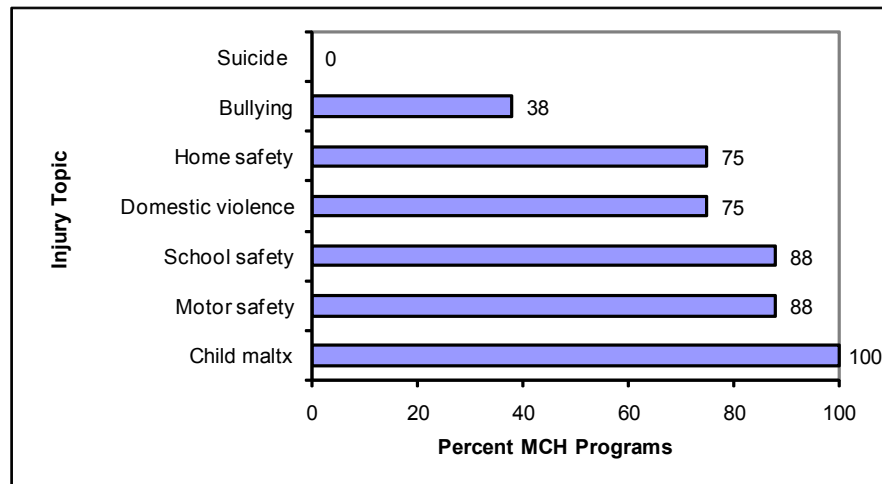


Child Care or Day Care Services

More common injury topics: All MCH state programs that reported being responsible for child care services integrated child maltreatment prevention. Over three-fourths of MCH state programs also integrated motor vehicle safety, school safety, domestic violence prevention, and home safety into child care services (Figure 5).

Less common injury topics: In contrast, only a third of MCH state programs integrated bullying/youth violence prevention into child care services, and none integrated suicide prevention (Figure 5).

Figure 5: Percent of MCH state programs (n=8) that integrated 7 injury topics within CHILD CARE OR DAY CARE SERVICES in the past year



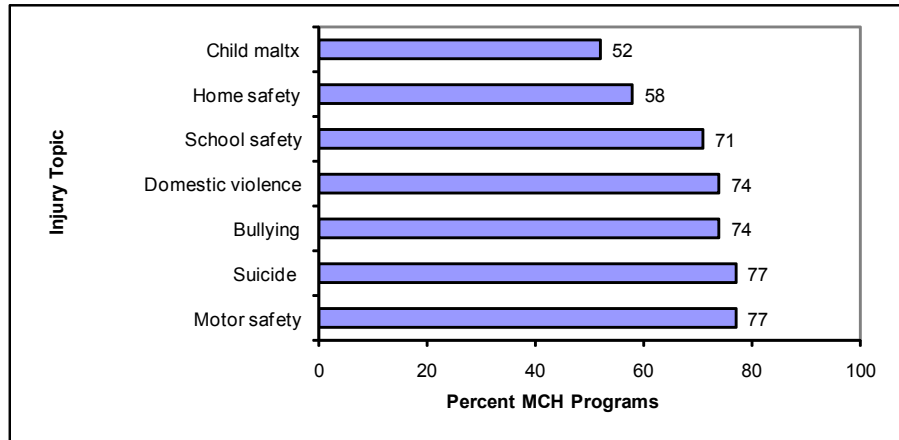


School-related or School-based Services

More common injury topics: Over three-fourths of MCH state programs that reported being responsible for school-related services integrated motor vehicle safety, suicide prevention, bullying/youth violence prevention, domestic violence prevention, and school safety (Figure 6).

Less common injury topics: In contrast, about half of MCH state programs integrated home safety and child maltreatment prevention into school-related services (Figure 6).

Figure 6: Percent of MCH state programs (n=31) that integrated 7 injury topics within SCHOOL-RELATED OR SCHOOL-BASED SERVICES in the past year

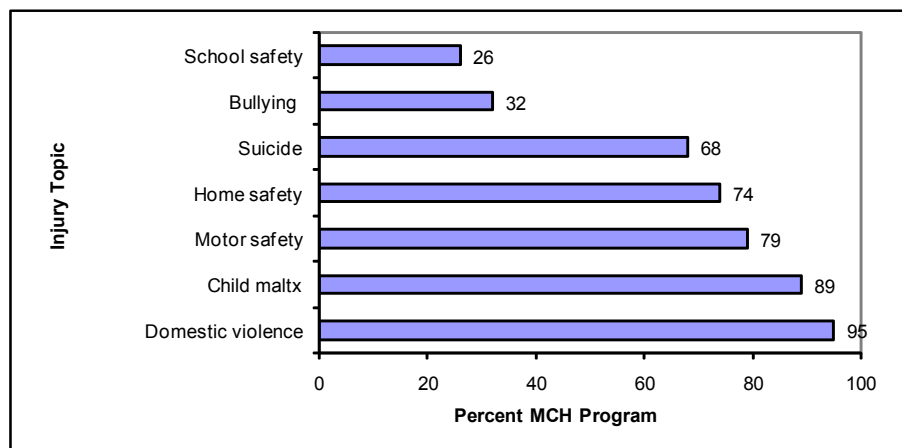


Teen Parenting Services

More common injury topics: Almost all MCH state programs that reported being responsible for teen parenting services integrated domestic violence prevention. Approximately, three-fourths integrated child maltreatment prevention, motor vehicle safety, home safety, and suicide prevention into teen parenting services (Figure 7).

Less common injury topics: In contrast, less than one third of MCH state programs integrated bullying/youth violence prevention or school safety into teen parenting services (Figure 7).

Figure 7: Percent MCH state programs (n=19) that integrated 7 injury topics within TEEN PARENTING SERVICES in the past year





» WHAT INJURY AND VIOLENCE PREVENTION TOPICS ARE COMMONLY INTEGRATED ACROSS MCH SERVICES?

Overall

The most commonly integrated injury prevention topics across the 5 selected MCH services were:

- motor vehicle safety;
- domestic/family violence prevention;
- child maltreatment prevention; and
- home-related safety.

The less commonly integrated injury prevention topics across the 5 selected MCH services were:

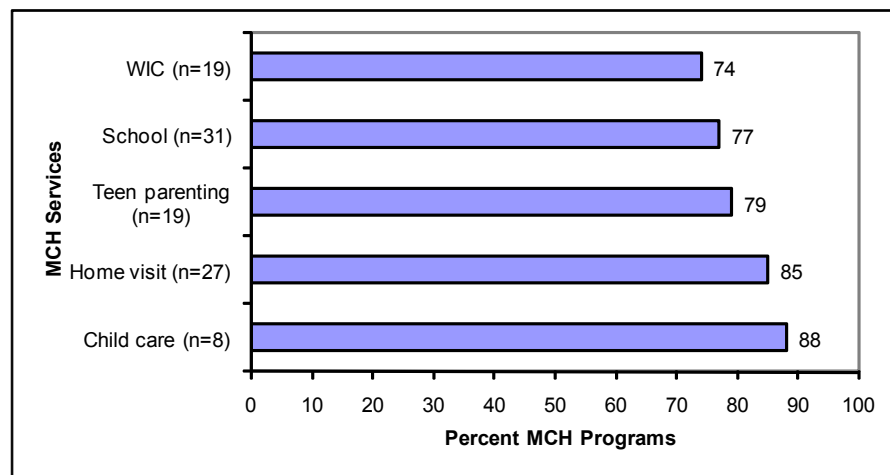
- suicide prevention;
- school or playground safety;
- bullying/youth violence prevention.

MCH programs varied in the types of activities implemented to prevent injuries. Overall, MCH programs most commonly reported distributing educational materials, whereas distributing safety equipment and developing or requiring compliance with guidelines or standards were less common.

Motor Vehicle Safety

Three-quarters of MCH state programs responsible for child care, home visiting, teen parenting, school-based, and WIC services reported integrating motor vehicle safety into these services. Figure 8 shows the percent by service area.

Figure 8: Percent of MCH state programs that integrated MOTOR VEHICLE SAFETY FOR CHILDREN OR ADOLESCENTS across 5 selected MCH services in past year





A majority of MCH state programs distributed educational materials to prevent motor vehicle injuries across the 5 MCH services, whereas less than a quarter distributed safety equipment or developed or required compliance with guidelines or standards (Table 1).

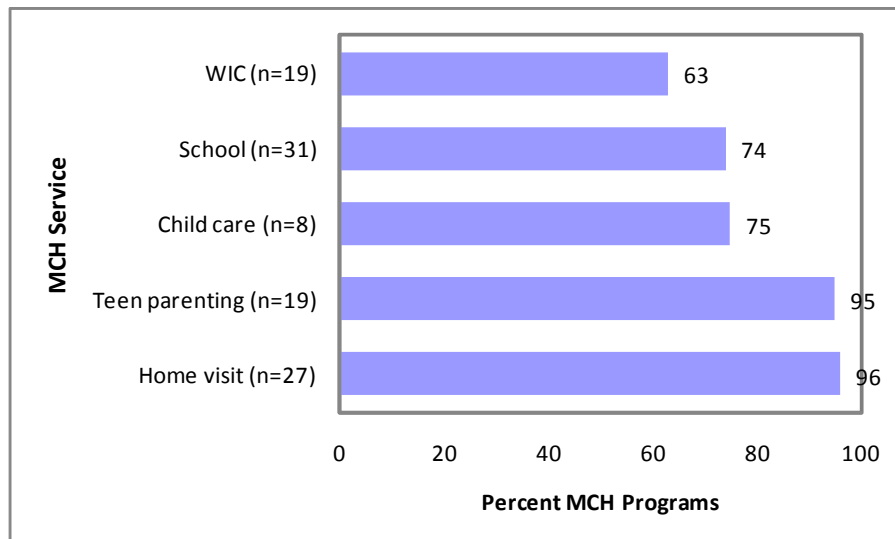
Table 1: Percent MCH state programs that implemented activities to prevent MOTOR VEHICLE INJURIES by 5 selected MCH services in past year

Prevention Activity	WIC(n=19)	Home visit(n=27)	Child care(n=8)	School(n=31)	Teen parenting(n=19)
Educational materials	67	65	88	69	82
Counseling	17	50	50	28	47
Professional development	6	19	38	38	41
Safety equipment	22	27	25	10	24
Standards/guidelines	6	27	25	17	6

Domestic/Family Violence Prevention

Almost all MCH state programs responsible for teen parenting and home visiting services reported integrating domestic/family violence prevention into these services. Similarly, three-quarters of MCH state programs integrated domestic/family violence prevention into child care and school services. Over half integrated domestic/family violence prevention into WIC services. Figure 9 shows the percent by service area.

Figure 9: Percent of MCH state programs that integrated DOMESTIC/FAMILY VIOLENCE prevention across 5 selected MCH services in past year





A majority of MCH state programs distributed educational materials to prevent domestic/family violence across 4 MCH services, whereas almost none distributed safety equipment (Table 2).

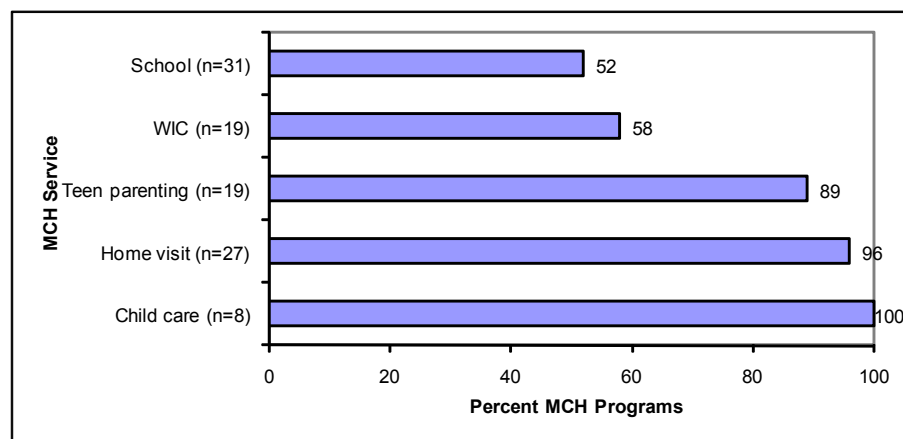
Table 2: Percent MCH state programs that implemented activities to prevent DOMESTIC/ FAMILY VIOLENCE by 5 selected MCH services in past year

Prevention Activity	WIC (n=19)	Home visit (n=27)	Child care (n=8)	School (n=31)	Teen parenting (n=19)
Educational materials	50	64	38	63	78
Counseling	33	60	13	37	44
Professional development	17	52	13	44	44
Standards/guidelines	6	36	13	11	17
Safety equipment	0	4	0	0	6

Child Maltreatment Prevention

Almost all MCH state programs responsible for child care, home visiting, and teen parenting services reported integrating child maltreatment prevention into these services. Approximately half of MCH state programs integrated child maltreatment into WIC and school-based services. Figure 10 shows the percent by service area.

Figure 10: Percent of MCH state programs that integrated CHILD MALTREATMENT prevention across 5 selected MCH services in the past year





A majority of MCH state programs distributed educational materials to prevent child maltreatment across all 5 MCH services, whereas less than one-quarter distributed safety equipment or developed or required compliance with guidelines or standards (Table 3).

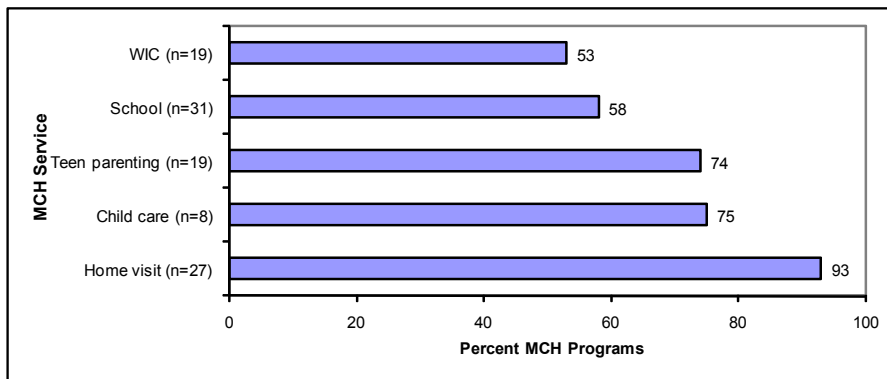
Table 3: Percent MCH state programs that implemented activities to prevent CHILD MALTREATMENT by 5 selected MCH services in past year

Prevention Activity	WIC (n=19)	Home visit (n=27)	Child care (n=8)	School (n=31)	Teen parenting (n=19)
Educational materials	61	69	88	42	82
Professional development	6	39	50	35	41
Counseling	6	58	13	15	53
Standards/guidelines	6	31	25	12	18
Safety equipment	0	12	13	4	0

Home-related Safety

Almost all MCH state programs responsible for home visiting programs reported integrating home-related safety into this MCH service. Over three-quarters of MCH state programs integrated home-related safety into child care and teen parenting services and about half integrated it into school-based and WIC services. Figure 11 shows the percent by service area.

Figure 11: Percent of MCH state programs that integrated HOME-RELATED SAFETY across 5 selected MCH services in the past year





A majority of MCH state programs distributed educational materials to improve home-related safety across the 5 MCH services, whereas less than one-quarter distributed safety equipment or developed or required compliance with guidelines or standards (Table 4).

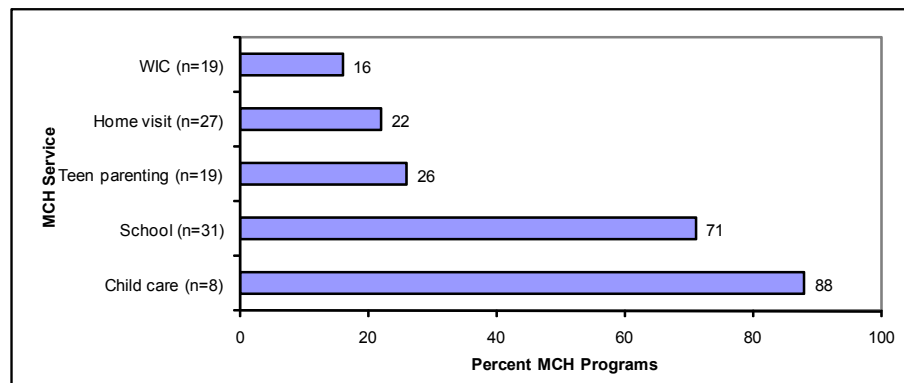
Table 4: Percent MCH state programs that implemented activities to improve HOME-RELATED SAFETY by 5 selected MCH services in past year

Prevention Activity	WIC (n=19)	Home visit (n=27)	Child care (n=8)	School (n=31)	Teen parenting (n=19)
Educational materials	56	84	75	62	77
Counseling	11	64	25	19	47
Professional development	6	12	50	23	29
Standards/guidelines	6	20	25	12	12
Safety equipment	0	20	0	0	18

School or Playground Safety

A majority of MCH state programs responsible for child care and school-based services reported integrating school or playground safety into these MCH services. In contrast, less than a quarter integrated school or playground safety into teen parenting, home visiting, or WIC services. Figure 12 shows the percent by service area.

Figure 12: Percent of MCH state programs that integrated SCHOOL OR PLAYGROUND SAFETY across 5 selected MCH services in the past year





MCH state programs more commonly distributed educational materials to improve school or playground safety whereas fewer MCH state programs distributed safety equipment or developed or required compliance with guidelines or standards (Table 5). Child care and school-based services tended to implement a variety of activities to improve school or playground safety.

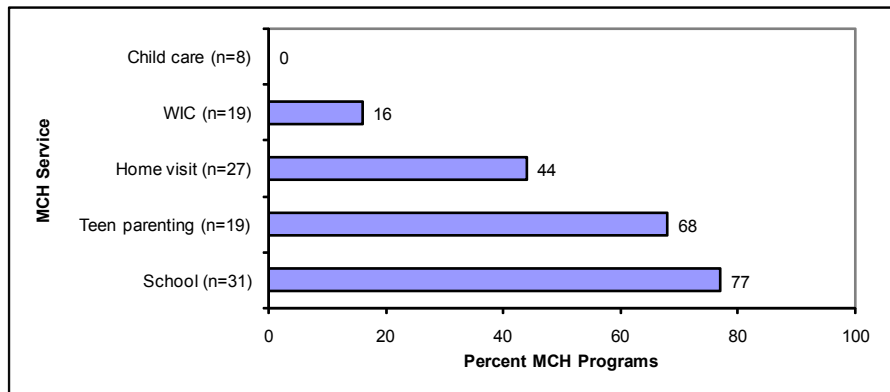
Table 5: Percent MCH state programs implemented activities to improve SCHOOL OR PLAYGROUND SAFETY by 5 selected MCH services in past year

Prevention Activity	WIC (n=19)	Home visit (n=27)	Child care (n=8)	School (n=31)	Teen parenting (n=19)
Educational materials	17	23	100	54	29
Professional development	6	9	50	43	14
Counseling	6	9	50	29	7
Standards/guidelines	0	5	50	7	0
Safety equipment	0	0	0	4	0

Suicide Prevention

Over three-fourths of MCH state programs that reported being responsible for school-based services, and two-thirds of those responsible for teen parenting services reported integrating suicide prevention into these MCH services. In contrast, less than half integrated suicide prevention into home visiting services and less than one-fifth integrated suicide prevention into WIC services. No MCH state program responsible for child care services integrated suicide prevention into child care services. Figure 13 shows the percent by MCH service.

Figure 13: Percent of MCH state programs that integrated SUICIDE PREVENTION across 5 selected MCH services in the past year





A majority of MCH state programs distributed educational materials to prevent suicides within home visiting, school-based, and teen parenting services. Less than one-fifth of MCH state programs developed or required compliance with guidelines or standards to prevent suicides (Table 6). Home visiting, school-based, and teen parenting services implemented a variety of injury prevention activities.

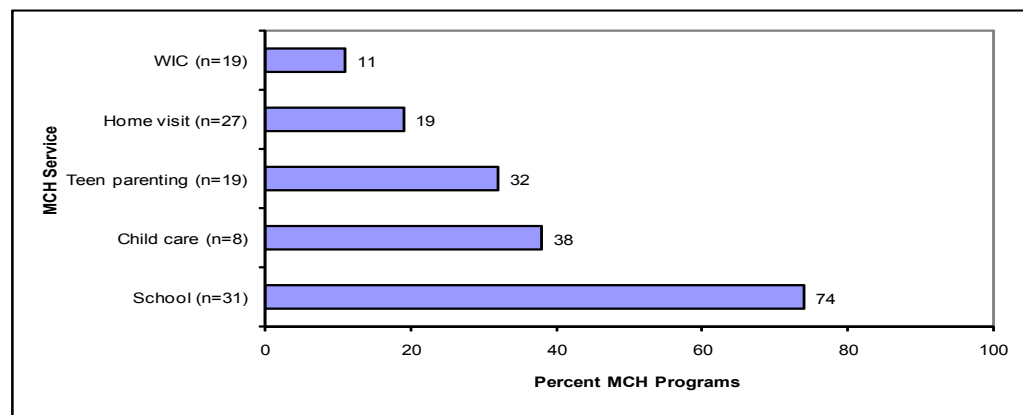
Table 6: Percent MCH state programs that implemented activities to prevent SUICIDE by 5 selected MCH services in past year

Prevention Activity	WIC (n=19)	Home visit (n=27)	Child care (n=7)	School(n=31)	Teen parenting (n=19)
Educational materials	17	46	0	66	75
Professional development	6	27	0	45	50
Counseling	6	27	0	45	38
Standards/guidelines	6	14	0	10	13
Safety equipment	0	5	0	0	0

Bullying or Youth Violence Prevention

Three-quarters of MCH state programs that reported being responsible for school health or school-based health services integrated bullying or youth violence prevention into this service. Less than one-fifth integrated bullying or youth violence prevention into home visiting or WIC services. Figure 14 shows the percent by service area.

Figure 14: Percent of MCH state programs that integrated BULLYING OR YOUTH VIOLENCE prevention across 5 selected MCH services in past year





More MCH state programs distributed educational materials to prevent bullying or youth violence prevention, whereas very few developed or required compliance with guidelines or standards. A variety of prevention activities were implemented within school-based services (Table 7).

Table 7: Percent MCH state programs that implemented activities to prevent BULLYING OR YOUTH VIOLENCE by 5 selected MCH services in past year

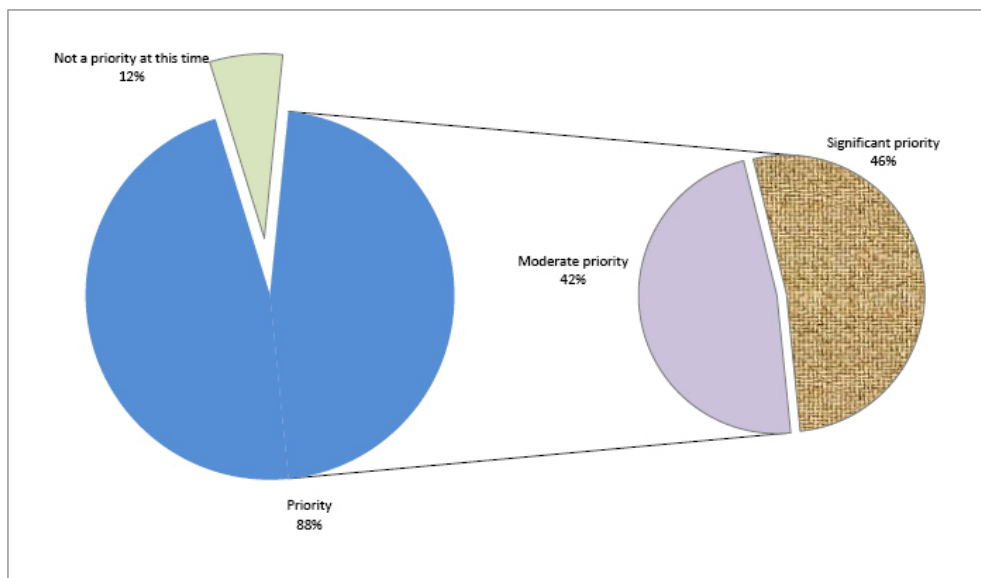
Prevention Activity	WIC (n=19)	Home visit (n=27)	Child care (n=8)	School (n=31)	Teen parenting (n=19)
Educational materials	11	18	29	69	36
Professional development	6	14	0	45	14
Counseling	6	5	0	48	0
Standards/guidelines	0	0	14	17	0
Safety equipment	0	0	0	0	0



» WHAT PRIORITY DO MCH STATE PROGRAMS PLACE ON INTEGRATING INJURY AND VIOLENCE PREVENTION INTO MCH SERVICES?

Eighty-eight percent of MCH state programs reported that integrating injury and violence prevention into MCH services was a significant or moderate priority for them (Figure 15).

Figure 15: Percent MCH state programs (n=41) that place priority on integrating injury and violence prevention into MCH services





SUMMARY

Based on the responses to the self-assessment tool, CSN found that 88 percent of the reporting MCH programs considered integration to be either a moderate or a significant priority. Integration varied across the programs but was most frequent in school-based, home visiting, teen parenting, and child care services.

In addition, the number and types of injury topics integrated into specific MCH services varied. This topic variation does appear to be linked to the primary populations served by the specific MCH service. School-based, home visiting, teen parenting, and child care services tended to integrate a variety of injury prevention topics. Motor vehicle safety and domestic/family violence prevention were integrated into three-quarters of the MCH services.

The major type of intervention was distribution of educational materials. Professional development and counseling were the next most common types of interventions. The setting and enforcement of standards/guidelines and provision of safety equipment were much less likely to be utilized.

This self-assessment provides a basic overview of the extent of injury integration within state MCH programs. Its focus is limited to 5 selected MCH service areas. The next step for CSN will be to further understand the extent of injury integration beyond these 5 areas and the extent of integration into these areas when the locus of responsibility is not within the Title V MCH program.

The information in this self-assessment regarding types of interventions is general and will require additional follow up to better understand what is included in educational material distribution, as well as whether or not other types of interventions are provided by other related programs. In addition, it will be important to gather information related to the possible expansion of integration to include multiple types of interventions and the barriers to doing this. Future work should also include an assessment of whether or not this level of integration is effective in improving outcomes.

NEXT STEPS

As a next step, CSN anticipates undertaking multiple activities. This includes the development of a modified self-assessment for the state Injury and Violence Prevention (IVP) programs to understand the extent of integration across the same 5 selected service areas. CSN also anticipates following up with a subset of the MCH programs who responded to better understand whether they utilize a broad strategy to integrate injury and violence prevention into multiple programs or if they integrate on a one-program-at-a-time basis. Detailed case studies of each approach will be developed to illustrate the different ways in which integration can be undertaken.

CSN will conduct a more in-depth assessment of the types of prevention activities that states use (distribution of educational materials and/or safety equipment, counseling, development of safety standards and guidelines, etc.) to arrive at a better understanding of why certain types of activities are selected, which activities are most effective in which settings and populations, and if other state programs may assume responsibility for prevention activities. CSN will explore through focus groups on integration for MCH and IVP how best to facilitate the development of a common language for integration and to arrive at a common understanding of roles and responsibilities. We anticipate this will lead to the creation of a community of practice, a group learning opportunity for MCH and IVP programs, which will include the sharing of ideas and strategies on integration.

Information from this self-assessment and from these other CSN projects will help inform the development of a *Weaving a safety net: Integration action guide* featuring a variety of methods, examples, resources, training materials, and other tools to assist state health departments in reducing injuries through education, policy, and environmental modifications. The anticipated outcome for the action guide is to enable MCH and IVP programs to identify practical, cost-effective ways to incorporate injury and violence prevention into each of their major service areas.



» FIGURES

Figure 1: Number of MCH state programs report being responsible for 5 selected MCH services in past year

Figure 2: Number of MCH state programs report being responsible for 0 to 5 MCH selected services in past year

Figure 3: Percent of MCH state programs that integrated 7 injury topics within WIC SERVICES in the past year

Figure 4: Percent of MCH state programs that integrated 7 injury topics within HOME SERVICES in the past year

Figure 5: Percent of MCH state programs that integrated 7 injury topics within CHILD CARE OR DAY CARE SERVICES in the past year

Figure 6: Percent of MCH state programs that integrated 7 injury topics within SCHOOL-RELATED or BASED SERVICES in the past year

Figure 7: Percent of MCH state programs that integrated 7 injury topics within TEEN PARENTING SERVICES in the past year

Figure 8: Percent of MCH state programs that integrated MOTOR VEHICLE SAFETY FOR CHILDREN AND ADOLESCENTS across 5 selected MCH services in past year

Figure 9: Percent of MCH state programs that integrated DOMESTIC/FAMILY VIOLENCE prevention across 5 selected MCH services in past year

Figure 10: Percent of MCH state programs that integrated CHILD MALTREATMENT prevention across 5 selected MCH services in past year

Figure 11: Percent of MCH state programs that integrated HOME-RELATED SAFETY across 5 selected MCH services in past year

Figure 12: Percent of MCH state programs that integrated SCHOOL OR PLAYGROUND SAFETY across 5 selected MCH services in past year

Figure 13: Percent of MCH state programs that integrated SUICIDE PREVENTION across 5 selected MCH services in past year

Figure 14: Percent of MCH state programs that integrated BULLYING OR YOUTH VIOLENCE prevention across 5 selected MCH services in past year

Figure 15: Percent MCH state programs that place a priority on integrating injury and violence prevention into MCH services



» TABLES

Table 1: Percent MCH state programs that implemented activities to prevent MOTOR VEHICLE INJURIES by 5 selected MCH services in past year

Table 2: Percent MCH state programs that implemented activities to prevent DOMESTIC/FAMILY VIOLENCE by 5 selected MCH services in past year

Table 3: Percent MCH state programs that implemented activities to prevent CHILD MALTREATMENT by 5 selected MCH services in past year

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Table 7: Percent MCH state programs that implemented activities to prevent BULLYING OR YOUTH VIOLENCE by 5 selected MCH services in past year



Integration Self-Assessment Tool

Children's Safety Network (CSN)
National Resource Center for Injury and
Violence Prevention

1. INTRODUCTION

Thank you for completing the Children's Safety Network (CSN) Self-Assessment Tool for Integrating Injury and Violence Prevention into MCH Services. The assessment tool queries about five services that your MCH Program may offer: WIC services; home visiting services; child care or day care services; school-related/based services; and teen parenting services. Please respond to these questions on behalf of your MCH Program. If you have any questions or experience technical difficulties, please contact Jennifer Allision at jallison@edc.org or (617)618-2918.

* 1. In what state is your MCH Program located?

State:

2. What is your title or position?

MCH Director or Title V Director

Adolescent Health Coordinator

Injury or Violence Prevention Program Staff

Other

Other (please specify)

2. WIC - THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CH...

1. Is your MCH Program responsible for WIC SERVICES?

Yes

No

3. WIC - THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM for WOMEN, INFANTS, and CH...

1. The far left column of the table lists injury topics followed by various activities to prevent injuries. In the past year, which (if any) injury or violence prevention activities have been included in WIC SERVICES for each injury topic?

	Did not address topic	Distributed educational materials	Offered client counseling or workshops	Offered professional development opportunities	Distributed safety equipment to clients (e.g., smoke alarms)	Developed or required compliance with guidelines or standards
Child maltreatment (including shaken baby syndrome prevention)	€	€	€	€	€	€
Motor vehicle safety for children/adolescents (e.g., car seats)	€	€	€	€	€	€
Home-related safety (e.g., fires, burns, falls, poisoning)	€	€	€	€	€	€
School or playground safety	€	€	€	€	€	€
Bullying or youth violence prevention	€	€	€	€	€	€
Domestic/family violence prevention	€	€	€	€	€	€
Suicide prevention	€	€	€	€	€	€
Other injury topic	€	€	€	€	€	€
Other (please specify)	<input style="width: 100%; height: 20px;" type="text"/>					

4. HOME VISITING SERVICES

1. Is your MCH Program responsible for HOME VISITING SERVICES?

Yes

No

5. HOME VISITING SERVICES

1. The far left column of the table lists injury topics followed by various activities to prevent injuries. In the past year, which (if any) injury and/or violence prevention activities have been included in MCH-sponsored HOME VISITING SERVICES for each injury topic?

	Did not address topic	Distributed educational materials	Offered client counseling or workshops	Offered professional development opportunities	Distributed safety equipment to clients (e.g., smoke alarms)	Developed or required compliance with guidelines or standards
Child maltreatment (including shaken baby syndrome prevention)	€	€	€	€	€	€
Other injury topic	€	€	€	€	€	€
Motor vehicle safety for children/adolescents (e.g., car seats)	€	€	€	€	€	€
Home-related safety (e.g., fires, burns, falls, poisoning)	€	€	€	€	€	€
School or playground safety	€	€	€	€	€	€
Bullying or youth violence prevention	€	€	€	€	€	€
Domestic/family violence prevention	€	€	€	€	€	€
Suicide prevention	€	€	€	€	€	€
Other (please specify)	<input type="text"/>					

6. CHILD CARE OR DAY CARE SERVICES

1. Is your MCH Program responsible for CHILD CARE OR DAY CARE SERVICES?

Yes

No

7. CHILD CARE OR DAY CARE SERVICES

1. The far left column of the table lists injury topics followed by various activities to prevent injuries. In the past year, which (if any) injury and/or violence prevention activities have been included in MCH-sponsored CHILD CARE OR DAY DAY SERVICES for each injury topic?

	Did not address topic	Distributed educational materials	Offered client counseling or workshops	Offered professional development opportunities	Distributed safety equipment to clients (e.g., smoke alarms)	Developed or required compliance with guidelines or standards
Child maltreatment (including shaken baby syndrome prevention)	€	€	€	€	€	€
Motor vehicle safety for children/adolescents (e.g., car seats)	€	€	€	€	€	€
Home-related safety (e.g., fires, burns, falls, poisoning)	€	€	€	€	€	€
School or playground safety	€	€	€	€	€	€
Bullying or youth violence prevention	€	€	€	€	€	€
Domestic/family violence prevention	€	€	€	€	€	€
Suicide prevention	€	€	€	€	€	€
Other injury topic	€	€	€	€	€	€
Other (please specify)	<input type="text"/>					

8. SCHOOL-RELATED/BASED SERVICES

1. Is your MCH Program responsible for SCHOOL-RELATED/BASED SERVICES, such as school health programs, school nurses, or school-based health centers?

Yes

No

9. SCHOOL-RELATED/BASED SERVICES

1. The far left column of the table lists injury topics followed by various activities to prevent injuries. In the past year, which (if any) injury and/or violence prevention activities have been included in MCH-sponsored SCHOOL-RELATED/BASED SERVICES for each injury topic?

	Did not address topic	Distributed educational materials	Offered client counseling or workshops	Offered professional development opportunities	Distributed safety equipment to clients (e.g., smoke alarms)	Developed or required compliance with guidelines or standards
Child maltreatment (including shaken baby syndrome prevention)	€	€	€	€	€	€
Motor vehicle safety for children/adolescents (e.g., car seats)	€	€	€	€	€	€
Home-related safety (e.g., fires, burns, falls, poisoning)	€	€	€	€	€	€
School or playground safety	€	€	€	€	€	€
Bullying or youth violence prevention	€	€	€	€	€	€
Domestic/family violence prevention	€	€	€	€	€	€
Suicide prevention	€	€	€	€	€	€
Other injury topic	€	€	€	€	€	€
Other (please specify)	<input type="text"/>					

10. TEEN PARENTING SERVICES

1. Is your MCH Program responsible for TEEN PARENTING SERVICES?

Yes

No

11. TEEN PARENTING SERVICES

1. The far left column of the table lists injury topics followed by various activities to prevent injuries. In the past year, which (if any) injury and/or violence prevention activities have been included in MCH-sponsored TEEN PARENTING SERVICES for each injury topic?

	Did not address topic	Distributed educational materials	Offered client counseling or workshops	Offered professional development opportunities	Distributed safety equipment to clients (e.g., smoke alarms)	Developed or required compliance with guidelines or standards
Child maltreatment (including shaken baby syndrome prevention)	€	€	€	€	€	€
Motor vehicle safety for children/adolescents (e.g., car seats)	€	€	€	€	€	€
Home-related safety (e.g., fires, burns, falls, poisoning)	€	€	€	€	€	€
School or playground safety	€	€	€	€	€	€
Bullying or youth violence prevention	€	€	€	€	€	€
Domestic/family violence prevention	€	€	€	€	€	€
Suicide prevention	€	€	€	€	€	€
Other injury topic	€	€	€	€	€	€
Other (please specify)	<input type="text"/>					

12. OTHER INTEGRATION EFFORTS

1. Please describe injury or violence prevention activities that have been included in any other MCH programs or services in the past year.

13. CONCLUSION

1. What priority does your MCH Program place on integrating injury and/or violence prevention activities into MCH services?

- Significant priority
- Moderate priority
- Not a priority at this time
- Don't know

2. Have you received a copy of the Children's Safety Network's recent document, "Weaving a Safety Net: Integrating Injury and Violence Prevention into Maternal and Child Health Programs"?

- Yes
- No
- Don't know

3. If you have read the Children's Safety Network's recent document, "Weaving a Safety Net: Integrating Injury and Violence Prevention into Maternal and Child Health Programs" how useful was it?

- Very useful
- Somewhat useful
- Not very useful
- Have not read it yet

4. Would you like the Children's Safety Network to:

- Contact you about receiving technical assistance on how to integrate injury and violence prevention activities?
- Contact you about a new community of practice project on integrating violence and injury prevention?
- Contact you to share your MCH Program's efforts in integrating injury and violence prevention activities?

5. Please complete:

Name:

Email Address: