

The Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), in cooperation with the Children's Safety Network, is launching the first cohort of a new Child Safety Learning Collaborative to reduce fatal and serious injuries among infants, children, and adolescents. The first cohort will begin in November 2018 and continue for 18 months to April 2020.

Benefits of Committing to and Participating in the Child Safety Learning Collaborative

By applying to participate in this new initiative, your state/jurisdiction has the opportunity to:

- Join a national network of peers who will share lessons learned, conquer challenges, and implement and spread evidence-driven strategies and programs to prevent childhood injuries;
- Benefit from sharing and mentoring by states and jurisdictions that participated in the Child Safety Collaborative Innovation and Improvement Network and that are part of the Child Safety Learning Collaborative;
- Participate in ongoing trainings, personalized coaching, and technical assistance from nationally renowned content experts to support and guide your program improvement efforts; and
- Build the capacity to establish a child safety system of improvement in your state/jurisdiction.

In the Learning Collaborative, states and jurisdictions will:

- Attend an orientation webinar, a 2-day, in-person Learning Session, and an annual online Learning Session that offer in-depth guidance on implementing and spreading evidence-driven strategies and programs;
- Participate in online meetings that feature presentations by injury and violence prevention experts and facilitate opportunities to learn and share with other states and jurisdictions;
- Receive customized coaching and technical assistance from the Children's Safety Network;
- Utilize a web portal and online workspace to report on your state's/jurisdiction's child safety activities and get feedback and guidance from the Children's Safety Network;
- Access new child safety and program improvement resources and materials that are developed through the Learning Collaborative; and
- Receive a monthly e-newsletter with information and updates on the Learning Collaborative.

State and jurisdiction health departments are invited to apply for the Learning Collaborative using the brief application form and statement of commitment, which can be found at the end of this document. **To be considered for the Child Safety Learning Collaborative, interested states and jurisdictions must submit the completed application form and statement of commitment to csninfo@edc.org by Sunday, September 30th, 5pm Eastern Time.** The statement of commitment should be signed by the state/jurisdiction Maternal and Child Health Director, Injury and Violence Prevention Director, and an individual of the state's/jurisdiction's choosing who state/jurisdiction leadership believes is essential to success in the Learning Collaborative.

To download the application form and get more information about the Learning Collaborative, visit the Children's Safety Network website at: <http://childrenssafetynetwork.org>. For questions about the application form and the Learning Collaborative, please contact Jenny Stern-Carusone at jsstern-carusone@edc.org or 541-414-4240.

About the Topic Areas of the Child Safety Learning Collaborative

To achieve the goal of reducing fatal and serious injuries among infants, children, and adolescents, the Learning Collaborative will focus on the following five topic areas:

- Bullying Prevention
- Motor Vehicle Traffic Safety (includes child passenger safety and teen driver/passenger safety)
- Poisoning Prevention (includes the prevention of prescription medication misuse/abuse)
- Sudden Unexpected Infant Death (SUID) Prevention
- Suicide and Self-Harm Prevention

The Learning Collaborative will facilitate state/jurisdiction implementation and spread of evidence-driven strategies and programs in the five topic areas. These evidence-driven strategies and programs are aligned with the injury-related Maternal and Child Health National Performance Measures and meet the following criteria:

- Have the potential to close a significant gap between current prevailing practice and the best scientific knowledge in injury and violence prevention;
- Show strong potential to contribute to the reduction of injury deaths, hospitalizations, and emergency department visits among infants, children, and adolescents; and
- Have demonstrated feasibility and potential for breakthrough improvement by at least some states and jurisdictions.

Participating in the Child Safety Learning Collaborative

Participation in the Child Safety Learning Collaborative is voluntary and is not a requirement for Title V Block grantees. To be eligible for participation, states and jurisdictions must submit the signed statement of commitment and application form, which appear at the end of this document. States and jurisdictions will be selected for participation in the Learning Collaborative based on the following criteria:

- Selection of at least one relevant injury-related MCH National Performance Measure¹ in the state's/jurisdiction's most recent MCH Block Grant application;
- Demonstrated commitment by state and jurisdiction leadership to work on this initiative;
- Ability to access, collect, and report real-time data;
- Capability to use a public health approach;
- Capability to use quality improvement and/or other program improvement methods.

Each state/jurisdiction selected for the Learning Collaborative must work on at least one of the five designated topic areas. To ensure that states and jurisdictions are able to accomplish the Learning Collaborative goal of making measurable and significant reductions in serious and fatal injuries, we recommend that each state/jurisdiction choose no more than two topic areas.

States and jurisdictions will each be asked to form a Strategy Team comprised of key staff, stakeholders, and partners for each topic area they choose. Strategy Team members can come from state or jurisdiction health

¹ The injury-related National Performance Measures available in the MCH Block Grant are: #5: Percent of infants placed to sleep on their backs; #7: Rate of injury-related hospital admissions per 100,000 children ages 0-9 years and adolescents ages 10-19 years; #9: Percent of adolescents ages 12-17 years who are bullied.

departments or any other partner organizations from the public or private sectors. Each Strategy Team will commit to a working period of at least 18 months.

Five cross-state/jurisdiction Topic Teams will be formed, comprised of all state/jurisdiction Strategy Teams that have selected the same topic area. Topic Teams will be asked to come to agreement on a common aim for the topic area. All Strategy Teams within each Topic Team will be asked to commit to work together on one to three common strategies and measures. The Children's Safety Network will create one Change Package for each of the five topic areas. Each Change Package will contain a menu of evidence-driven strategies and measures from which Topic Teams can choose common strategies and measures.

Senior leaders in each state/jurisdiction are expected to guide and support the Strategy Teams. The leaders are a critical part of catalyzing, implementing, spreading, and sustaining change. This support may require regular meetings, designing a feedback structure, and providing guidance to the team members.

Responsibilities and Expectations of Learning Collaborative Participants

States and jurisdictions that participate in the Learning Collaborative are expected to:

- Participate in a Learning Collaborative Welcome/Orientation Webinar, which will be offered twice: (1) Thursday, November 15th from 1:00 PM to 2:00 PM Eastern Time and (2) Friday, November 16th from 10:00 AM to 11:00 AM Eastern Time;
- Participate in monthly online meetings beginning in December 2018 and provide regular updates on your state's/jurisdiction's work;
- Send three representatives to an in-person Learning Session on Thursday, February 28th and Friday, March 1st in Waltham, Massachusetts; the three representatives should include the Maternal and Child Health Director, the Injury and Violence Prevention Director, and an individual of the state's/jurisdiction's choosing who state/jurisdiction leadership believes is essential to success in the Learning Collaborative. Travel expenses will be covered by CSN;
- Form Strategy Teams and ensure active state/jurisdiction representation for each topic area selected;
- Utilize quality improvement and program improvement tools, such as Plan-Do-Study-Act (PDSA) cycles, process maps, and 30-, 60-, and 90-day aim statements to drive change at the state/jurisdiction, community, and local levels; and
- Submit monthly data and narrative reports to demonstrate the work and progress of your Strategy Team(s).

Apply Now to Join the Learning Collaborative

State/Jurisdiction:

1. Please explain why your state/jurisdiction wants to join the Child Safety Learning Collaborative, what your state/jurisdiction hopes to achieve in the Learning Collaborative, and why your state/jurisdiction should be selected for participation in the Learning Collaborative. Please be as specific as possible. (3,000 characters):

2. Which, if any, of the following injury-related National Performance Measures did your state/jurisdiction select in its most recent Maternal and Child Health Block Grant application?
- #5: Percent of infants placed to sleep on their backs.
 - #7: Rate of injury-related hospital admissions per 100,000 children ages 0-9 years and adolescents ages 10-19 years.
 - #9: Percent of adolescents ages 12-17 years who are bullied.
3. On which of the Learning Collaborative topic areas is your state/jurisdiction most interested in working? As you select your topic areas, please keep the decision-making framework² in mind. Please rank the topic areas with 1 indicating the topic in which your state/jurisdiction is most interested and 5 indicating the topic in which your state/jurisdiction is least interested.
- Bullying Prevention
 - Motor Vehicle Traffic Safety (includes child passenger safety and teen driver/passenger safety)
 - Poisoning Prevention (includes the prevention of prescription medication misuse/abuse)
 - Sudden Unexpected Infant Death (SUID) Prevention
 - Suicide and Self-Harm Prevention
4. Please describe any experience that your state/jurisdiction has had with evidence-informed or evidence-based strategies or programs for child safety. This work may include implementing and spreading strategies and programs, planning, developing partnerships/collaborations, testing (e.g., conducting a survey and/or focus group, collecting and analyzing preliminary data, etc.), and/or piloting an evidence-informed or evidence-based strategy or program. Please be sure to include the name of the strategy or program with which your state/jurisdiction has experience. (1,500 characters)

² Leading cause(s) of injury in your state/jurisdiction; gaps in implementation of evidence-based practices in your state/jurisdiction; political will to work on the issue(s) in your state/jurisdiction; access to real-time data related to the injury and the implementation of prevention strategies and programs

5. Please describe your state's/jurisdiction's experience and capability in accessing, collecting, and reporting real-time data (e.g., access to data from partners in child safety topic areas, working relationship with your state/jurisdiction epidemiologist, etc.). If you do not currently have access to real-time data, what strategies would you use to get this data? (1,500 characters)

6. Please describe your state's/jurisdiction's experience and capability in using quality improvement and/or program improvement methods (e.g., process mapping, systems thinking, Plan Do Study Act cycles, 30-, 60-, or 90-day aim statements, etc.). If you have not previously used quality improvement or program improvement methods, please describe your state's/jurisdiction's experience in improving, enhancing, or expanding its injury and violence prevention activities. (1,500 characters)

Application Section 2: Statement of Commitment

By signing this statement of commitment, I commit to full and active participation should my state/jurisdiction be selected to participate in the Child Safety Learning Collaborative. I approve of the state/jurisdiction staff's participation, and there are no foreseeable barriers to their active engagement in this project. I will make my best effort to participate in all expected project activities and to ensure that my state/jurisdiction Strategy Team(s) fulfills its responsibilities.

State/Jurisdiction	
--------------------	--

Learning Collaborative Team Member #1 – Maternal and Child Health Director			
Name			
Signature			
Job Title			
E-mail Address		Phone Number	
Date			

Learning Collaborative Team Member #2- Injury and Violence Prevention Director			
Name			
Signature			
Job Title			
Agency/Organization			
E-mail Address		Phone Number	
Date			

Learning Collaborative Team Member #3- Individual of the State's/Jurisdiction's Choosing Who Is Essential to the State's/Jurisdiction's Success in the Learning Collaborative			
Name			
Signature			
Job Title			
Agency/Organization			
E-mail Address		Phone Number	
Date			