



## Application and Statement of Commitment- Cohort 3 November 2021-April 2023

The Children's Safety Network, in cooperation with the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), is launching the third cohort of the Child Safety Learning Collaborative to reduce fatal and serious injuries among infants, children, and adolescents. The third cohort will begin in November 2021 and continue for 18 months to April 2023. Participation in earlier cohorts is not required to join. Applicants must be *representatives* of a Title V state/jurisdiction agency. Other state agencies and community organizations are encouraged to partner with the Title V agency and join the Learning Collaborative with the signed support of your Title V agency.

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](mailto:csninfo@edc.org) by Friday, August 20, 5pm Eastern Time. While applications may be submitted by someone other than the Title V agency, the statement of commitment must be signed by the state/jurisdiction Maternal and Child Health Director and/or Injury and Violence Prevention Director. You are encouraged to include an individual of the state's/jurisdiction's choosing whose leadership is considered 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, CSLC Director, at [jsstern-carusone@edc.org](mailto:jsstern-carusone@edc.org) or 617-618-2980.

### ***Benefits of Participating in the Child Safety Learning Collaborative***

Participation in this initiative offers your state/jurisdiction the opportunity to:

- Join a national network of peers who will share lessons learned and resources, conquer challenges, and implement and spread evidence-driven strategies and programs to prevent child fatalities and injuries;
- Participate in ongoing trainings, personalized coaching, and technical assistance from nationally renowned content experts to support and guide your program improvement efforts; and
- Build your capacity to establish a sustainable child safety system of improvement in your state/jurisdiction.

In the Learning Collaborative, states and jurisdictions:

- Participate in online trainings that offer in-depth guidance on implementing and spreading evidence-driven strategies and programs;
- Participate in monthly online meetings that facilitate opportunities to learn and share with other states and jurisdictions and feature presentations by injury and violence prevention and quality improvement experts;
- Receive customized coaching and technical assistance from the Children's Safety Network;
- Utilize a web portal and online workspace to report monthly 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.

Examples of state/jurisdiction success from previous Cohorts:

- **Bullying Prevention (BP)** teams worked with a program developer to adapt an evidence-based bullying prevention program for use during out-of-school time, developed a peer led, evidence-informed training for teens on workplace bullying, and consulted with school district staff around bullying prevention policies.
- **Motor Vehicle Traffic Safety (MVT)** teams used data to drive strategies, such as utilizing ‘heat maps’ to highlight system gaps and implement and spread evidence-based and evidence-informed programs and strategies. They applied quality improvement methods and tools to adjust their work to COVID 19 restrictions and successfully continue prevention efforts.
- **Poisoning Prevention (PP)** teams conducted community outreach, established innovative partnerships, and sustainably implemented education programs.
- **Sudden Unexpected Infant Death Prevention (SUIDP)** teams created virtual trainings for home visitors to assess sleep environments and to provide education to families during home visits. Teams also worked with local hospitals to provide safe sleep education for parents and healthcare providers and with community partners to ensure consistent messaging to parents and caregiver.
- **Suicide and Self-Harm Prevention (SSHP)** teams leveraged child safety and quality improvement technical assistance to examine the role of departments of public health in SSHP and the use of evidence-based and evidence-informed programs, such as Zero Suicide, QPR and gatekeeper trainings. Teams sustainably maintained and increased SSHP programming despite the impact of COVID-19.

### ***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 focuses 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 facilitates 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 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.

### ***Requirements to Participate in the Child Safety Learning Collaborative***

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

- Selection of at least one relevant injury-related MCH National Performance Measure<sup>1</sup> in the state's/jurisdiction's most recent MCH Block Grant application;
- Demonstrated commitment by state and jurisdiction Title V leadership to work on this initiative and to support staff participation in the Learning Collaborative, indicated by signing the attached letter of commitment;
- 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 can accomplish the Learning Collaborative goal of making measurable and significant reductions in serious and fatal injuries, it is recommended that **new** states/jurisdictions choose no more than two topic areas. **Continuing** states/jurisdictions are encouraged to sustain current teams and add additional topics as appropriate.

States and jurisdictions will form a Strategy Team comprised of key staff, stakeholders, and partners in the respective state/jurisdiction for each child safety topic area selected. Strategy Team members can come from state or jurisdiction health departments or partner organizations from the public or private sectors. Each Strategy Team will commit to a working period of at least 18 months.

State and jurisdiction Strategy Teams from across the nation will come together to work on each of the five topic areas, forming five Topic Teams. CSN has established an overarching aim for each of the five topic teams. Strategy Teams from each state/jurisdiction will be asked to establish a state/jurisdiction specific aim for their topic areas, focused on the reduction of injury-related fatalities, hospitalizations, and emergency department visits. Strategy Teams are asked to work on one to three evidence-based strategies for each topic they selected. The evidence-based strategies are provided by the Children's Safety Network through Change Packages. There is a Change Package for each of the five topics that contains a menu of evidence-driven strategies and accompanying measures and guidance for data collection.

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 team members.

### ***Responsibilities and Expectations of Learning Collaborative Participants***

States and jurisdictions that participate in the Learning Collaborative:

- Form a Strategy Team on each topic area selected and ensure active member engagement in the CSLC
- Participate in one of the options for a Learning Collaborative Welcome/Orientation Webinar (this is open to all potential team members)
- Participate in a 2-day online Learning Session (all enrolled team members are encouraged to attend);
- Utilize quality improvement approaches and tools to drive change at the state/jurisdiction, community, and local levels. Approaches and tools that will be taught and supported through the Learning Collaborative, including systems maps, 30-, 60-, and 90-day aim statements and Plan-Do-Study-Act (PDSA) cycles;

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<sup>1</sup> 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.

- Participate in monthly online meetings to provide updates on state/jurisdiction work, receive live technical assistance, and share strategies and resources with other state/jurisdiction Strategy Teams; and
- Submit monthly data and narrative reports to demonstrate the work and progress of your Strategy Team(s).

### *Upcoming Dates to Launch Cohort 3*

- ❖ July 1 and August 4, 2021 from 3:00 PM to 4:00 PM Eastern Time –Informational Webinar on applying for the CSLC (attend one)
- ❖ August 20, 2021, by 5:00 PM Eastern Time – Final deadline for application submission to [csninfo@edc.org](mailto:csninfo@edc.org)
- ❖ September 20, 2021 – Applicants are accepted and notified
- ❖ September 28, 2021 from 3:00 PM to 4:00 PM Eastern Time **or** September 30, 2021 from 1:00 PM to 2:00 PM Eastern Time (attend one)
- ❖ November 9 and 10, 2021 (TBD afternoon Eastern Time) – Online Learning Session
- ❖ December 2021– Monthly online meetings and reporting begin

\*Only one Orientation Webinar is required for accepted applicants

# Apply Now to Join the Learning Collaborative

## Application Section 1: Questionnaire

State/Jurisdiction:

### Child Safety Learning Collaborative Topic Selection

1. Please select one or two topics your state would like to participate in.
  - 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

### Title V Alignment

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. Please describe how these topics are included in your 2021 Needs Assessment. Be specific about your strategic plan to address your selected topic(s) and the evidence-informed strategies or programs you intend to use.

4. Are you able to access, collect, and report real-time data related to the topic(s) you selected above? *Please select one.*
  - Yes.
  - Yes, we collect and reported a limited amount of data.
  - No, we do not have access at this time, but would like to use our participation in the CSLC as a means of developing that capacity.
  - We don't collect data on these topics.

4a. Please describe your state's/jurisdiction's experience and capability in accessing, collecting, and reporting real-time data related to the topic(s) you selected above (e.g., access to data from partners in child safety topic areas, working relationship with your state/jurisdiction epidemiologist, etc.).

5. As you consider joining the CSLC, which of the following areas are you most interested in gaining peer support, knowledge, and resources?

	Not Interested	Somewhat Interested	Interested	Very Interested	Unsure
Quality Improvement					
Child Safety Expertise (Selected Topic Areas)					
Leadership and Management					

6. Please explain why your state/jurisdiction wants to join the Child Safety Learning Collaborative and what your state/jurisdiction hopes to achieve in the Learning Collaborative. Please be as specific as possible.

## Quality Improvement Experience

7. Please indicate which of the following quality improvement methods and/or tools your state/jurisdiction has utilized:

- Model for Improvement
- Results-Based-Accountability
- Lean
- Systems thinking
- Process mapping
- 30-, 60-, or 90-day aim statements
- Plan Do Study Act (PDSA) cycles
- Run charts
- Trend analysis
- Qualitative data analysis
- Other \_\_\_\_\_

8. Please describe your state's/jurisdiction's experience with using a quality improvement approach to implement and spread evidence-informed or evidence-based strategies or programs for child safety in the priority topic area(s) you hope to address through the Learning Collaborative. *This could include piloting a strategy or program by conducting a survey and/or focus group, collecting and analyzing preliminary data; planning and developing partnerships/collaborations; developing a map of your state's/jurisdiction's injury and violence prevention system; using Plan-Do-Study-Act cycles, or launching and expanding strategies and programs.* \* Please be sure to include the name of the strategy or program with which your state/jurisdiction has experience.

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*\*If you have not yet used evidence-informed or evidence-based strategies or programs for your selected topic(s), please share any experience you've had with accessing and learning about evidence-informed or evidence-based strategies or programs. Lack of experience in this area will not disqualify applicants from being considered to join the Learning Collaborative.*

**All applicants will be fully considered for participation in the CSLC, regardless of prior experience with quality improvement and/or using evidence-based or evidence-informed strategies. CSN will provide technical assistance throughout the Learning Collaborative in both of these areas.**

## 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 the Learning Collaborative. I will make my best effort to participate in project activities and to ensure my state/jurisdiction Strategy Team(s) fulfills its responsibilities.

State/Jurisdiction			
<b>Learning Collaborative Team Member #1 – Maternal and Child Health Director</b>			
Name			
Signature			
Job Title			
E-mail Address		Phone Number	
Primary Point of Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No Topic(s):	Date	

<b>Learning Collaborative Team Member #2 - Injury and Violence Prevention Director</b>			
Name			
Signature			
Job Title			
E-mail Address		Phone Number	

Primary Point of Contact	Yes      No Topic(s):	Date	
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**Learning Collaborative Team Member #3 - Member of the State/Jurisdiction's choosing**

Name			
Signature			
Job Title			
E-mail Address		Phone Number	
Primary Point of Contact	Yes      No Topic(s):	Date	

**Learning Collaborative Team Member #4 - Member of the State/Jurisdiction's choosing**

Name			
Signature			
Job Title			
E-mail Address		Phone Number	
Primary Point of Contact	Yes      No Topic(s):	Date	