A FOCUS GROUP STUDY TO EXPLORE

# The Inner Workings of the Framework for Quality Improvement and Innovation in Child Safety

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## Executive Summary

The Children's Safety Network Framework for Quality Improvement and Innovation in Child Safety (CSN Framework) integrates child safety expertise, leadership and management, and systems improvement methods to strengthen child safety systems and workforce capacity, aiming to improve child and adolescent health outcomes. This white paper presents a study that investigated strengths and weaknesses of the CSN Framework from the perspective of state team representatives who participated in the Child Safety Learning Collaborative between November 2021 to May 2023. Six state team representatives joined a focus group and completed a brief demographic survey. Focus group data were analyzed manually using a hybrid deductive–inductive approach, and survey data were analyzed descriptively.

Three themes emerged: two highlighted the CSN Framework's strengths—its multifaceted, flexible approach and its emphasis on workforce development—while the third identified a need to strengthen the leadership and management component of the CSN Framework. This white paper includes sections on: Background, Study Purpose, Methods, Results, Discussion, Limitations, and Conclusions, with implications for practice linked to each theme. This study enhances understanding of how the CSN Framework functions to inform child safety practices and suggests opportunities to improve future work by reinforcing leadership and management elements.

## Background and Context

More than a third of deaths among infants, children, and adolescents ages 0–19 are attributed to injury, with an average of over 16,000 injury deaths per year based on the 2021 and 2023 fatality data (CDC).[1] The majority of these deaths are unintentional (57%), 23% are homicide, 17% are suicide, and 3% are undetermined intent deaths.[1] Motor vehicle traffic crashes account for 43% of unintentional deaths, while firearms contribute to 47% of suicide and 80% of homicide deaths, and poisoning contributes to 36% of undetermined deaths among infants, children, and adolescents. These injuries are preventable, and the injury prevention field has made great strides in understanding the risk and protective factors, as well as identifying evidence-based practices to reduce injuries and violence.[2-5] However, the uptake of these programs and interventions, adaptations to meet the needs of the communities while adhering to the core components (i.e., fidelity), and sustainability of these practices over time are real challenges. These challenges call for a systems-level approach and program to guide local efforts in the implementation and spread of evidence-based programs.

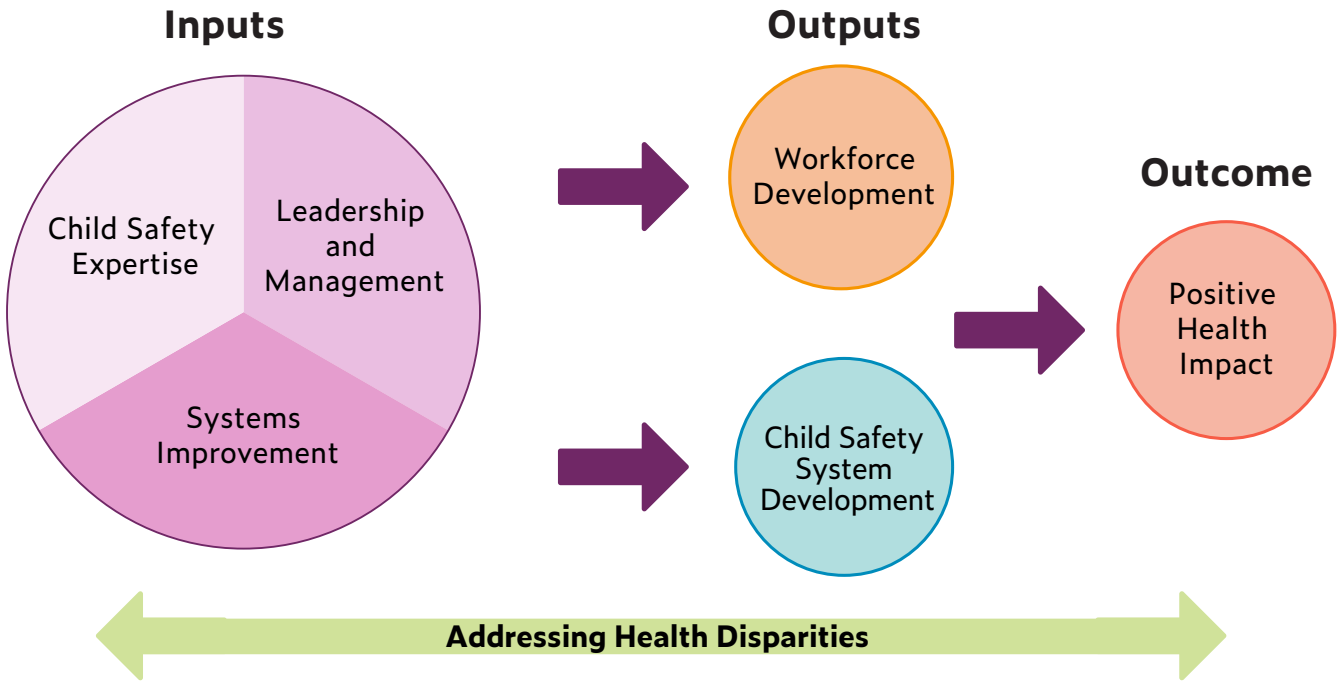
### Child Safety Learning Collaborative

A child safety learning collaborative (CSLC) led by the Children's Safety Network (CSN) aims to reduce fatal and serious injuries among infants, children, and adolescents in participating states through systems and workforce development.[6] The CSLC allows states to work with one another and increase the adoption and sustainable spread of evidence-based policies, programs, and practices at state and local levels. Evaluation of the CSLC that ran from November 2018 through April 2020 demonstrated an average change of 2.4-fold increase in the spread of evidence-based/evidence-informed child safety programs and strategies among participating teams.[7] Further, knowledge developed to strengthen the workforce was reported by 79% of the participating teams, and nearly two-thirds (64.3%) reported being satisfied or very satisfied with the CSLC.

### CSN Framework for Quality Improvement and Innovation in Child Safety

The practices used by the CSLC, such as systems thinking, tests of change, and data to inform decision making, are grounded in quality improvement and implementation science and presented in the CSN Framework for Quality Improvement and Innovation in Child Safety (CSN Framework) shown below.[9,10]

## CSN Framework for Quality Improvement and Innovation in Child Safety




The CSN Framework is informed by the Foundation Strategy Group's collective impact approach, the Institute for Healthcare Improvement's (IHI) Breakthrough Series (BTS) and Associates in Process Improvement's (API) model for improvement (MFI).[11-13] It uses child safety expertise, leadership and management, and systems improvement methods to strengthen child safety systems and the workforce and improve child and adolescent health outcomes, specifically reductions in fatalities, hospitalizations, and emergency department visits.

## Study Purpose

The current study focuses on findings and learnings from the CSLC Cohort 3 that took place from November 2021 to May 2023 with thirteen states, that formed a total of 18 teams. CSLC teams worked on one to three of the following child safety topics (See Table 1):

- Motor vehicle traffic safety
- Suicide and self-harm prevention
- Sudden unexpected infant death (SUID) prevention
- Bullying Prevention

Table 1

## CSLC Cohort 3 Child Safety Topics, Populations of Interest, and National Rates

| Child Safety Topic | Number of States Participating | Population of Interest | Fatality Rate per 100,000 Population or Prevalence Percentage |
|---|---|---|---|
| Motor Vehicle Traffic Safety | 4 | 0–19 years | 4.9 per 100,000 |
| Suicide and Self-Harm Prevention | 6 | 10–19 years | 6.4 per 100,000 |
| Sudden Unexpected Infant Death Prevention | 4 | <1 year | 112.3 per 100,000 |
| Bullying Prevention | 4 | High school students | 19.2% (bullied on school property); 16.3% (bullied electronically) |

### Notes:

- States/jurisdictions could participate in more than one child safety topic.
- Fatality data are based on the average 2021–2023 data from the National Center for Health Statistics, Multiple Cause of Death data file[1].
- Bullying victimization is not captured in fatality data; prevalence is based on the 2023 National Youth Risk Behavior Surveillance System (YRBSS)[8].

These topics were selected based on the injury surveillance data and discussions with experts in federal, state, and local entities. Data reviewed showed that unintentional motor vehicle traffic injury is the leading cause of injury deaths for infants, children, and adolescents. Among aged 10–19 years, suicide is the third leading cause of death following unintentional and homicide injuries. SUID is the second leading cause of death among infants < 1.[1] Nineteen percent of high school students report being bullied on school property, and 16 percent report being bullied electronically in the past 12 months.[8]

Building on previous work,[7,10] this qualitative study investigated the inner workings of the CSN Framework from the perspective of the CLSC Cohort 3 state team representatives, including their perceptions and experiences with the application of the CSN Framework in the CSLC. The purpose of this study was to learn about the strengths and weaknesses of the CSN Framework, to guide future CSLC work with state teams nationwide, and inform future child safety practices that may benefit from the CSLC Framework.

# Methods

## Participant Selection

All states participating in the CSLC Cohort 3 received an email invitation to join an in-person focus group to be held during a large national meeting. Data collection occurred over one day in September 2022. Six CSLC members participated in the focus group, representing four states and two CSLC topics: motor vehicle traffic safety and suicide and self-harm prevention.

## Data Collection

The first author (JL) facilitated the 60-minute focus group discussion. Participants were informed that the goal was to understand the strengths and weaknesses of the CSN Framework, and there were no right or wrong answers. Open-ended questions were developed based on the CSN Framework and its three components—child safety expertise, leadership and management, and systems improvement—that promote workforce development and child safety system development, and impact child safety. Examples of focus group questions include:

1. Referring to the CSN Framework, what do you think are the strengths and weaknesses of the CSN Framework?
2. Share with us how your workforce development may or may not be informed by CSLC participation?
3. Share with us how your child safety system development may or may not be informed by CSLC participation?
4. What barriers are you running up against when using the CSN Framework?

The participation was voluntary, and participants were free to skip any questions they did not want to answer. All participants signed a participation and recording acknowledgement form. The discussion was audio recorded, and the second and third authors (BA and JSC) served as notetakers using active listening skills to ensure accuracy and as a back-up for any poor audio recordings. Participants were also invited to complete a brief confidential survey that asked about their demographics and experiences with child safety and quality improvement work. We used a member-checking approach to strengthen the validity of findings. Only one member was able to provide feedback, and the low response rate can be attributed to participants' voluntary roles and busy schedules. However, the detailed feedback from one member confirmed the thematic accuracy and interpretation of our data. The study did not meet the definition of human subjects research under 45 CFR 46.102(f) and therefore was not subject to IRB review.

## Data Analysis

### Descriptive Data

Survey data analyses were conducted using SPSS version 27. Given the small sample size (n=6), we conducted frequency analyses (percent) for categorical data and descriptive analyses (mean and standard deviation) for continuous variables.

### Focus Group Data

Focus group data were transcribed, and codes and themes were organized in an Excel spreadsheet. These data were analyzed manually using a hybrid deductive and inductive analytical approach to code data and identify overarching themes based on previous research and the transcribed text.[14,15] Two PhD-level female researchers (one White and one Asian), trained in qualitative research methods, conducted the analysis (JL and BA). The first two authors (JL and BA) met to decide upon a set of a priori codes to create a codebook. Using the developed codebook, the authors independently coded the focus group transcript. They also added new codes as they worked through data. They compared and resolved any coding disagreements to reach consensus. The authors returned to the transcription document and independently coded again using the updated codebook. Intercoder agreement was computed as 80% by comparing the coding between the authors. In cases where the authors coded differently, they discussed the disagreements and resolved differences. The authors organized the codes into themes through discussion and reflection on the coded data. All researchers are part of the CSN core team that provides technical assistance to states in their efforts to reduce injuries among infants, children, and adolescents.

## Results

### Participant Characteristics

As shown in Table 2, participants were all women. The majority were White/Caucasian (67%), with an average age of 48 years and postgraduate degrees (67%). On average, participants had 11 years of experience in the child safety field and approximately 16 years in quality improvement. The majority (83%) indicated spending 10-25% of their work time on the CSLC.

Table 2

## Background Characteristics of Focus Group Participants (n=6)

| Characteristics | Percent/Mean (SSD) |
|---|---|
| Female | 100% |
| Race/Ethnicity | |
| White | 66.7% |
| Black or African American | 16.7% |
| Hispanic | 16.7% |
| Highest education level | |
| College Degree | 33.3% |
| Post graduate Degree | 66.7% |
| Years worked in the child safety field | 11.0 years (SD=11.2); Range=1.5-32 years |
| Years of experience with quality improvement | 15.8 years (SD=9.7); Range=5-30 years |
| Proportion of work time spent on CSLC | |
| Less than 5% | 16.7% |
| 10% | 50.0% |
| 20% | 16.7% |
| 25% | 16.7% |
| Age | 48.0 years (SD=11.5); Range=32-65 |

## Identified Themes

Three main themes were identified from the focus group transcription. Two themes were around the CSN Framework strengths; that it was a multifaceted flexible framework that incorporated the systems improvement approach and that the CSN Framework emphasized workforce development. The third main theme identified a need to strengthen the leadership and management construct of the CSN Framework, centering on barriers that state participants face as a result of working in a complex changing environment.

## **Theme 1:** Multifaceted and Flexible Framework

Participants noted the CSN Framework's flexible and adaptable approaches supported their child safety work in complex systems through its systems approach. Two subthemes identified under this domain were: (a) the conceptualization of the CSN Framework and (b) the CSN Framework's accompanying CSLC structure.

### (a) Conceptualization of the CSN Framework

This subtheme included the evidence-based shared approach. Participants noted the CSN Framework allowed them to work through various steps in their child safety work, bring partners together, and develop and strengthen relationships:

> *It allows us to form more of a bond as a team... and develop the relationships that lead to the community and state [partners].*

Participants discussed the flexibility to allow addressing disparities in their work. The CSN Framework challenged states to identify gaps, plan, and implement more accessible approaches in their communities. One participant remarked:

> *[Community factors...] is a big, big piece [of our work]...in my new position, I [work on] health disparities... and [... we] work together on how we can [...address disparities] with traffic safety. [There was] a knowledge deficit as we went into this of how to approach it and where to begin.*

Participants also valued the importance of working with partners who can inform injury prevention efforts:

> *Listen[ing] to those with... experiences who have been affected... [and to] bring them to the table to help them to actually make those changes with us. So we're not just telling them what works and we're listening from them what works. Having that fully informed approach from both sides, from the more expertise side and their personal experience that we can't see.*

And:

> *[The Framework] open[ed] up a window for the community to have a voice and ask those questions of why, how, where, what.*

### (b) CSLC Structure

This subtheme involved participating states focusing on select child safety topics and adhering to a meeting schedule, which consisted of regular monthly individual and group learning opportunities that promoted both working within state teams and convening with other states. Group learning included states collaborating and sharing information (described in detail in Leonardo et al., 2022). This structure encouraged peer collaboration among state teams which contributed to systems improvement. One participant emphasized:

> *I'm really learning from others that are working towards the same goal.*

Another participant commented:

> *Having those meetings makes us accountable...now that we sort of know each other, there's like a shared understanding and we understand each other's value, so we reach out to each other more. You know, before we didn't do that so much.*

CSN also offered individualized technical assistance that was regarded as a strength of the CSLC:

> *If I needed support on something or I had a question... we know you're a quick email away or a phone call away.*

Further, participants echoed the importance of participation in consecutive cohorts in the CSLC over multiple years that helped foster collaboration, protect against lost knowledge from staff turnover, and built child safety and quality improvement capacity over time:

> *There was so much experience on our team from the first one [cohort] that kind of carried over and was able to help us through the beginning of the [next cohort's] process.*

## **Theme 2:** Emphasis on Workforce Development

Participants discussed their workforce development through increased knowledge and application of leadership and management practices; increased knowledge and application of child safety expertise (evidence-based and evidence-informed practices, programs, and policies); and increased systems improvement knowledge and application of quality improvement tools and resources. Robust discussion on how the CSN Framework informs states moving beyond knowledge development to application and results took place (e.g., partnership building, leveraging resources, workforce training). Participants developed their leadership and management skills to leverage their current child safety systems and expertise:

> *So we're not starting from scratch... that's been helpful for us and sort of developing and trying to further develop our work.*

Participants felt supported that the CSN Framework begins with understanding states' current systems (e.g., aims, inputs, processes, measures for results) and encourages states to leverage the work they are already doing. The CSN Framework also helped with identifying challenges of working effectively within the constraints of state systems and how to address those challenges:

> *Funding is an issue for everyone but trying to use the resources we have to collaborate with others so that we can do more with what we have, I think that's sort of been our goal mission.*

Participants highlighted the focus on building trust and partnerships across state agencies and within communities. Knowledge and application of team building and partnership tools was valued by participants, as one participant noted:

> *I think when we first started off, like you guys did guide us on who we needed to bring to the table for our state and knowing what each other's strengths and weaknesses were... [the] Framework for who needs to be at the table for each local team was very helpful.*

Participants described increasing knowledge and application of child safety expertise (e.g., evidence-based and evidence-informed programs and strategies) and systems improvement tools and approaches (e.g., quality improvement). Participants identified staff training needs in various child safety areas and using and understanding data, learned of specific resources, tools and approaches, and applied their knowledge in their state context.

One participant working on a team for suicide prevention shared that through the CSN Framework's accompanying CSLC they:

> *Recognized [...] the incredible need for just basic training on QPR [Question, Persuade, Refer]. I mean, it's lacking and that's one of the first big steps... How do we break this down? How do we get this in the schools? How do we, you know, and that's where we kept seeing, we had some, but there's a whole lot of other ways we can look at workforce development.*

Another participant working on suicide prevention discussed how CSLC materials provide a common language and approach to workforce development and having open discussions on child safety topics (e.g., suicide) that remain sensitive.

> *We're trying to work with the Department of Education, who's like, their administration's kind of supportive of providing suicide prevention in schools, but they're kind of hesitant because they're like, well, teachers don't want to talk about suicide... [but] you are doing suicide prevention. You just don't know it. And to kind of pull that out and identify it... Kind of make it more a common language of protective factors and improving listening skills... I do believe this came because of the CSLC*.

One participant emphasized the value of resources and technical assistance provided:

> *I think some of the strengths were tangible concepts that you can take back to your state and utilize, like the Plan-Do-Study-Act... [and having CSN staff] come out and do a quality improvement [session] with our group.*

## **Theme 3:** Opportunities for Improvement in Leadership in Management

Although participants described strengths of the leadership and management component of the CSN Framework, they also identified a number of areas for leadership to address, including staffing challenges, lack of funding, lack of senior leadership support, the need to bring in the best partners and support for staff working in grant-focused complex systems with changing political environments and bureaucratic processes. Staffing challenges included state CSLC teams being understaffed, experiencing staff turnover, not having enough time for CSLC work, and a lack of standard practice (e.g., child safety expertise, data collection and analysis, working across settings). One participant suggested exploring opportunities for state-level senior leadership to provide mentorship and coaching to CSLC teams and another suggested exploring more guidance on what work to prioritize when there are multiple funding streams.

A participant emphasized:

> *That's the biggest issue with my team... [participation in the CSLC] is more of a voluntary thing and it's not part of their job description... and getting that leadership buy-in.*

Another participant noted:

> *System changes take a lot of time... with all of us already have pretty much a hundred percent of our time accounted for elsewhere.*

## Discussion

With the goal of reducing fatal and serious injuries among infants, children, and adolescents, the CSN Framework is grounded in quality improvement and implementation science and supports states in identifying, adapting, implementing, and spreading evidence-based practices and programs. This study explored the strengths and weaknesses of the CSN Framework, how workforce and systems development may or may not be informed by the CSN Framework, and barriers faced when using the CSN Framework from the perspective of state representatives participating in the CSLC.

Three main themes were identified from the focus group transcription. There was overall consensus among participants that the CSN Framework is multifaceted and flexible, supporting wide-scale systems change, and effectively supports workforce development through increasing knowledge and application of leadership and management skills, child safety subject matter expertise, and systems improvement. These themes support the finding from the previous CSLC evaluation that identified a majority of CSLC teams (79%) enhanced their knowledge on various quality improvement strategies and tools through participation in the CSLC.[7] The CSN Framework incorporates the systems thinking approach, which is paramount to state health agencies working in complex environments with diverse populations and partners. A systematic review of the systems science literature in public health emphasized that systems-based approaches should be viewed as a complementary set of methods to organize and analyze information to enhance the existing practices rather than a new approach to work.[16]

Participants shared their use of the CSN Framework to address health disparities and acknowledged the importance of working with other partners who are disproportionately affected by the safety issues. As injuries (e.g., suicide, homicide, firearm) and their risk factors (e.g., substance use, risky driving, mental health) differentially affect infants, children and adolescents across socio-demographics and individual and community factors of health,[1,17] the CSN Framework brings forth the importance of systems thinking to improve health outcomes among infants, children, and adolescents.

Although participants noted the strength of the CSN Framework in increasing knowledge and application of leadership and management skills, there was overall consensus that there is opportunity for improvement in this area. Quality improvement collaboratives have the potential to improve participants' knowledge and skills, strengthen teamwork, and encourage shared leadership and habits for improvement; however, building support from networks, collaborations, teams, and partnerships are well known challenges for quality improvement collaboratives.[7,18] Management and leadership may also be affected by staff turnover, with approximately two-thirds (63%) of the state teams experiencing major turnover in the previous CSLC cohort.[7] This component of the CSN Framework can be strengthened to provide additional resources on senior-level buy-in, addressing staffing challenges, and recognizing and celebrating the work being done in complex changing systems. The findings from the study inform refinement of quality improvement and innovation learning collaboratives at the state level and implications for practice (Table 3).

Table 3

## Themes Identified in the Focus Group

| Area | Theme | Implications for Practice |
|---|---|---|
| CSN Framework Strengths | • Multifaceted and flexible, incorporating the systems improvement approach (e.g., conceptualization of the CSN Framework, CSLC structure)<br>• Emphasis on workforce development | • Invest in relationship building and peer collaboration<br>• Incorporate community voices and address health disparities<br>• Increase knowledge of leadership and management practices and resources, systems improvement approaches and tools, and child safety evidence-based practices |
| CSN Framework Weaknesses | • Need to strengthen the leadership and management construct | • Address staff shortages and staff turnover<br>• Provide resources to build senior leadership support<br>• Recognize and celebrate work accomplishments in complex changing systems |

## Limitations

The study was limited to a single focus group conducted at the end of one CSLC cohort. Although three cohorts participated in the CSLC during 2018–2023, it was not feasible to hold focus groups with state representatives after each cohort. Thirteen states participated in the CSLC Cohort 3 but only four states participated in the focus group discussion (30%) and represented motor vehicle traffic safety and the suicide and self-harm prevention teams. Perspectives and experiences of other states and teams participating across the three cohorts (e.g., poisoning prevention, bullying prevention, and sudden unexpected infant death) may not be represented in these findings. We were also unable to examine responses based on years participating in the CSLC and role or other demographics of state representatives.

## Conclusions

This study contributes to the understanding of how the CSN Framework, which is built on quality improvement and implementation science, functions to inform child safety practices and reduce injuries among infants, children, and adolescents. Management and leadership play key roles in improving systems, and continued implementation of the CSN Framework may invest in tools and strategies, including individualized technical assistance and working with state-level senior leadership to strengthen management and leadership support for states. Future research should evaluate sustainability of improvement made in child safety systems and workforce development.

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