



November 17, 2022

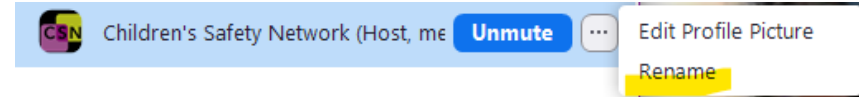
1:00-3:00pm ET


# Learning Session 6



# WELCOME!

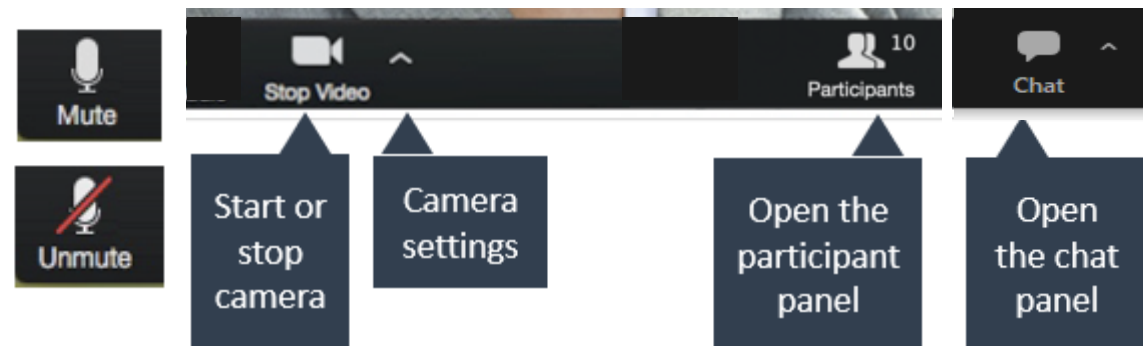
Please take a moment to rename yourself in the list of participants to reflect the team you are representing. Here's how:



1. Click on the  next to your name in the participants list
2. Using the shorthand team names to the right, change your name using the following convention: “TX – Mary Smith”

## Join in the conversation!

We encourage you to use your video camera throughout the Learning Session and you can unmute/mute yourself at any time with the controls at the bottom of your screen.



This call is being recorded and will be archived on the CSLC Webportal.

# Technical Tips



Join audio via your computer if possible



Use the chat to ask questions at any time



Mute yourself when you're not talking



Rename yourself to indicate your state:  
"State - Your name"



Turn on your video camera to increase our connectedness



This session is being recorded



This call is subject to the CSLC Data Sharing Agreement.

# Funding Sponsor



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the Child and Adolescent Injury and Violence Prevention Resource Centers Cooperative Agreement (U49MC28422) for \$5,000,000 with 0 percent financed with non-governmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

# Welcome and Opening Remarks



**Jennifer Leonardo,  
Director  
Children's Safety Network**



**Diane Pilkey,  
CSN Project Officer,  
Senior Nurse Consultant  
HRSA**



[ChildrensSafetyNetwork.org](https://www.ChildrensSafetyNetwork.org)



**Vision:** All infants, children, and adolescents are safe and healthy, with nurturing, safe relationships and environments to reach their full health potential.

**Mission:** Work with the national Children's Safety Now Alliance, partners, and state and jurisdiction maternal and child health and injury and violence prevention programs to advance health equity and achieve results and innovation in child safety nationwide.

**Our work:** Providing training and technical assistance, including our learning collaborative, webinars, white papers, fact sheets, publications, and infographics in **child injury prevention topics** such as:

- Bullying
- Poisoning
- Safe Sleep
- Suicide and Self-Harm
- Motor Vehicle Traffic Safety
- [See our website for more!](#)

# MATERNAL AND CHILD HEALTH BUREAU STRATEGIC PLAN



## Mission

To improve the health and well-being of America's mothers, children, and families.



## Vision

Our vision is an America where all mothers, children, and families thrive and reach their full potential.



## Goals

### ACCESS

Assure access to high-quality and equitable health services to optimize health and well-being for all MCH populations.

### EQUITY

Achieve health equity for MCH populations.

### CAPACITY

Strengthen public health capacity and workforce for MCH.

### IMPACT

Maximize impact through leadership, partnership, and stewardship.

Learn more at <https://mchb.hrsa.gov>

Last revised: December 2021

# Agenda

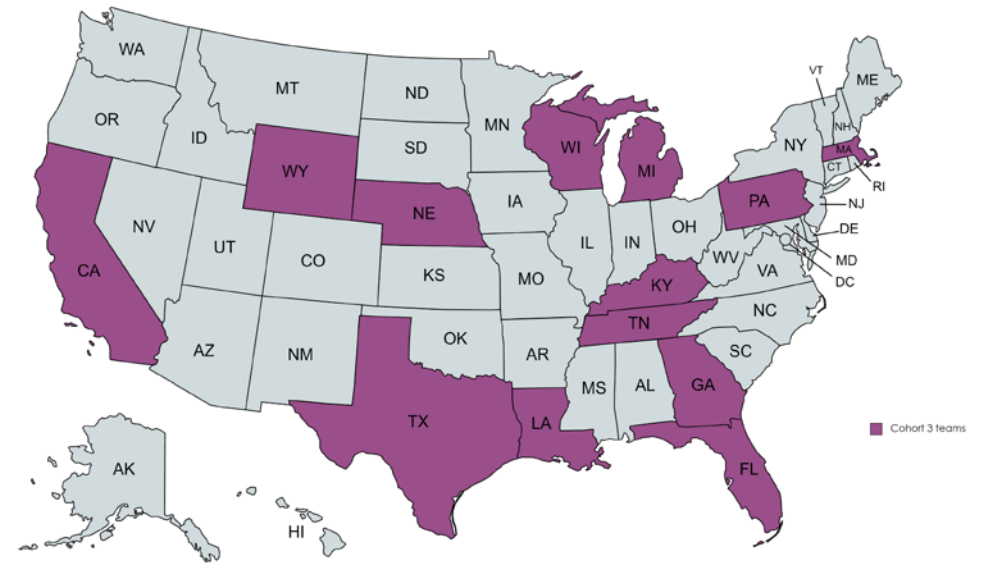
- Welcome
- Cohort 3 Highlights
- Using Data Effectively
- Data Visualizations
- Sustaining the Gains
- Breakout Discussions
- Next Steps: The Home Stretch



# CSLC Cohort 3 Highlights



**Jenny Stern-Carusone,**  
**Associate Director &**  
**MVTs Topic Lead**



# All Teach/All Learn



**Bullying Prevention:** MA adopted the PA adapted Olweus Bullying Prevention Program



**Suicide and Self-Harm Prevention:** Following the lead and successful approaches seen in TN, both KY and LA have begun implementing ESSENCE surveillance data and QPR training.



**Motor Vehicle Traffic Safety:** NE has mentored WY in the implementation of Teens in the Driver Seat programming in schools and shared many key communication and dissemination strategies



**Sudden Unexpected Infant Death Prevention:** Topic calls have been lively as teams share innovative ideas about approaching birthing hospitals to offer and/or improve safe sleep training as part of their statewide SUID strategies.

# CSLC Focus Group at Safe States Conference



# Share your Highlights

- Key challenge you've experienced in the last 12 months
- Key success you've experienced in the last 12 months
- What has helped you? (tools, peers, leadership/management, opportunities?)
- What additional supports would be helpful?



# Using Data & Data Visualizations Effectively



**Maria Katradis, SSHP Topic Lead**

# Data-Driven Approaches

- Making strategic decisions based on data analysis and interpretation
  - Surveillance data
  - Working with epidemiologists and program experts
- Reminder: Observations may tell you what to look at or where to look, but don't tell you what to do.

# Understand Community Needs & Capacity

## Data Sources

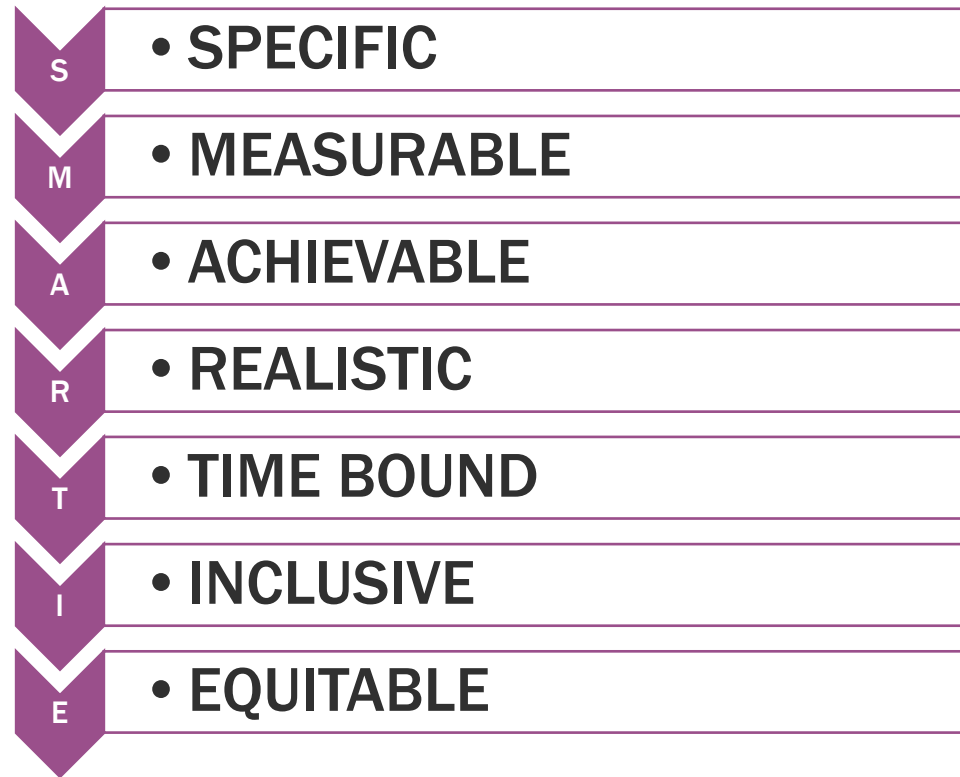
- Primary Data
  - Community members
- Secondary Data
  - CDC WISQARS
  - YRBS
  - Partner data sets

## CSN Tools & Resources

- Health Equity Planner to Implement and Spread Child Safety Strategies in Communities
- Health Equity: Diversity, Equity, and Inclusion Assessment Guide for Multidisciplinary Teams
- Leveraging Funding Sources and Partnerships in Child and Adolescent Injury Prevention
- Individual TA

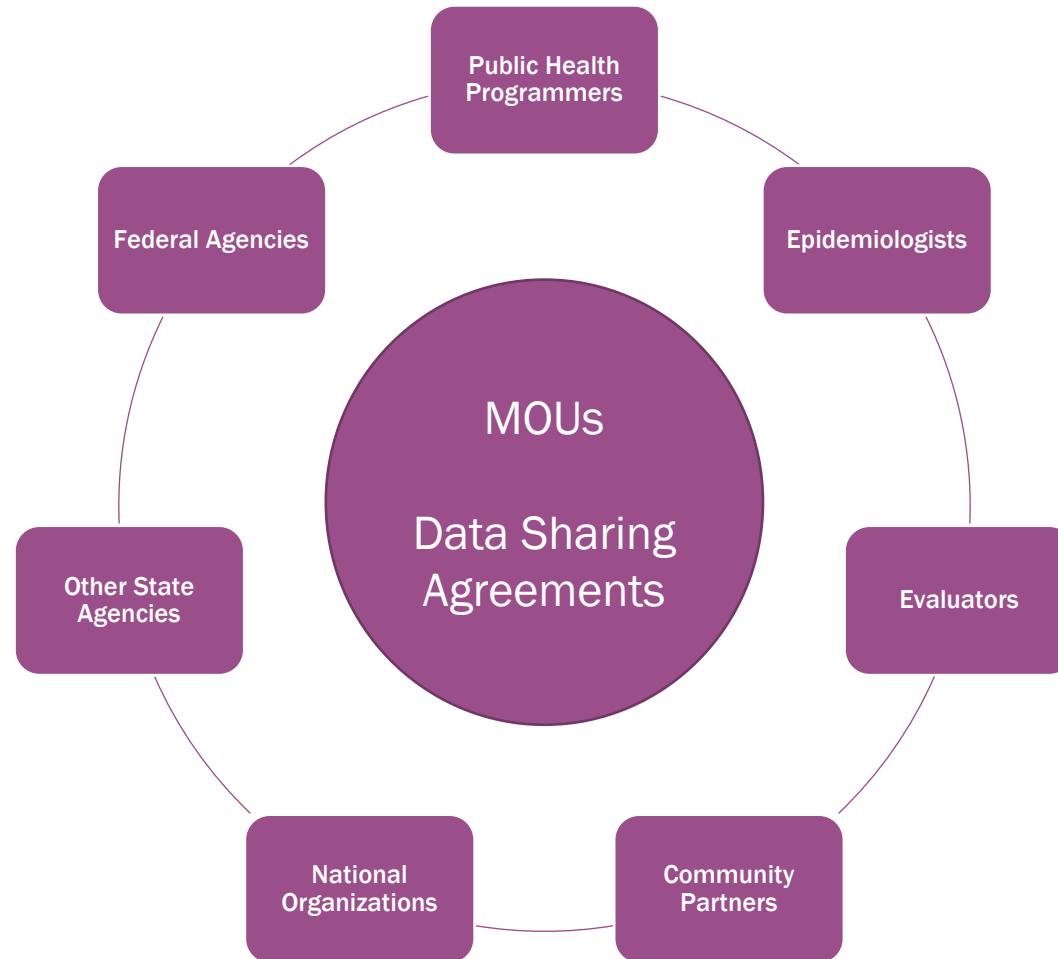
# Identify What Data to Capture

- **SMART goals are good. SMARTIE goals are even better!**





# Work Collaboratively With Your Partners



# Let's Chat!

What kinds of partners have you engaged in data sharing?

What kinds of data are most helpful in your work?

# Create and Share Data Visualizations

Infographics

Dashboards

Data Maps

Heat Maps

Charts

Figures

Diagrams

# Tools for Data Visualization

Microsoft  
Excel

Power BI

Tableau

InDesign

Canva

# CSN Blog on Using Data Effectively

The screenshot shows a web browser window with the URL <https://www.childrensafetynetwork.org/blog/tips-using-data-effectively-child-safety-work>. The page header features the CSN logo (Children's Safety Network at Education Development Center) and an 'ABOUT' link. A navigation menu includes 'Technical Assistance', 'Child Safety Topics', 'Resources', 'Events', 'Newsletter', 'CSLC', and 'CSN-A'. The breadcrumb trail reads 'CSN Home » Blog » Tips for Using Data Effectively in Child Safety Work'. The main heading is 'Tips for Using Data Effectively in Child Safety Work', dated 'Wednesday, September 28, 2022 - 12:00pm'. Below the heading is a photograph of several people's hands working together at a desk with laptops, tablets, and documents displaying various data visualizations like bar charts and pie charts.



# How CSN Uses Data Visualizations

## All Children Are Pedestrians!

Prevention Recommendations and Recent Statistics

- Approximately 600 children and adolescents die from pedestrian injuries each year.
- More than 3 in 4 pedestrian injuries in children and adolescents are related to motor vehicle traffic.

**Age**

Compared to children ages 5-9 or 10-14:

- Children ages <1-4 die at more than two times the rate
- Adolescents ages 15-19 die at nearly three times the rate

Age Group	Death Rate per 100,000
<1-4	0.9
5-9	0.4
10-14	0.4
15-19	1.2

Child and Adolescent Pedestrian Death Rate per 100,000 by Age Group

## BY SEX

Males have a higher firearm homicide rate than females

Age Group	Male	Female
0-9 Years	0.3	0.4
10-19 Years	1.2	7.2

Firearm Homicide Death Rate per 100,000 by Sex  
Ages 0-19 Years

## PREVENTION RECOMMENDATIONS

- For Families:** Store firearms safely, use gun safes or gun locks, and store bullets separately
- For Clinicians:** Screen caregivers of youth for the presence of a firearm in the home and educate them around firearm safety
- For Schools and Communities:** Provide social and emotional learning and behavioral skills training to youth to reduce violence and prevent harmful use of firearms

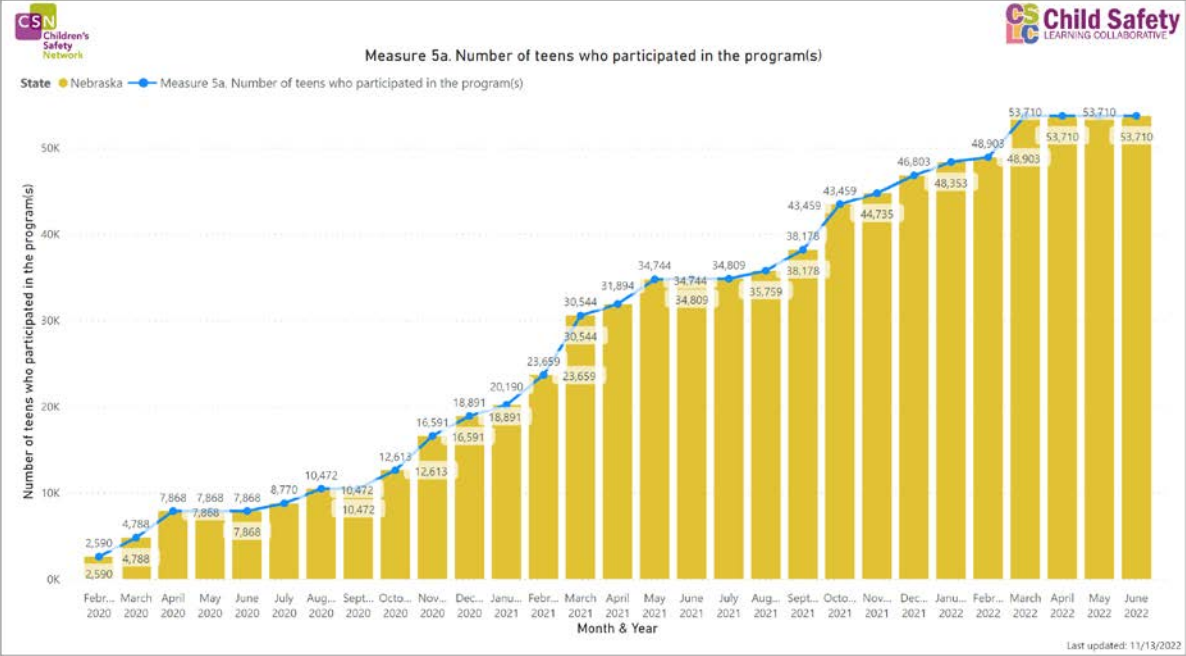
## FIREARM SAFETY: Preventing Death by Suicide

- Firearm suicides are the fourth leading cause of injury death for children ages (10-19).\*
- Approximately nine children and adolescents ages 10 to 19 die by firearm injury each day in the U.S., and about three of those deaths are suicide-related firearm injury.
- Firearm injury suicide death rates increased by 6.3% per year on average between 2010 and 2019.\*\*

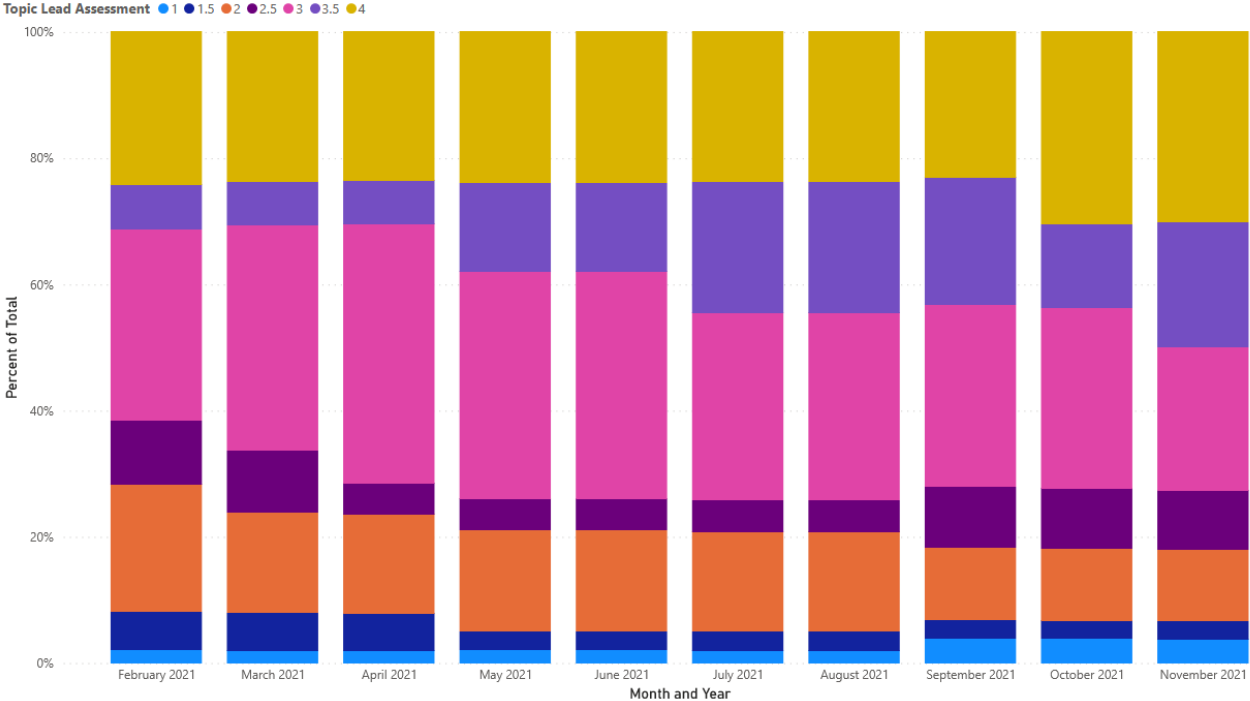
Category	Percentage
Homicide	56%
Suicide	39%
Unintentional	<1%
Undetermined	2%
Legal Intervention	2%

More than a third (39%) firearm injury deaths are related to suicide in adolescents ages 10-19.

# Data Visualizations in the CSLC

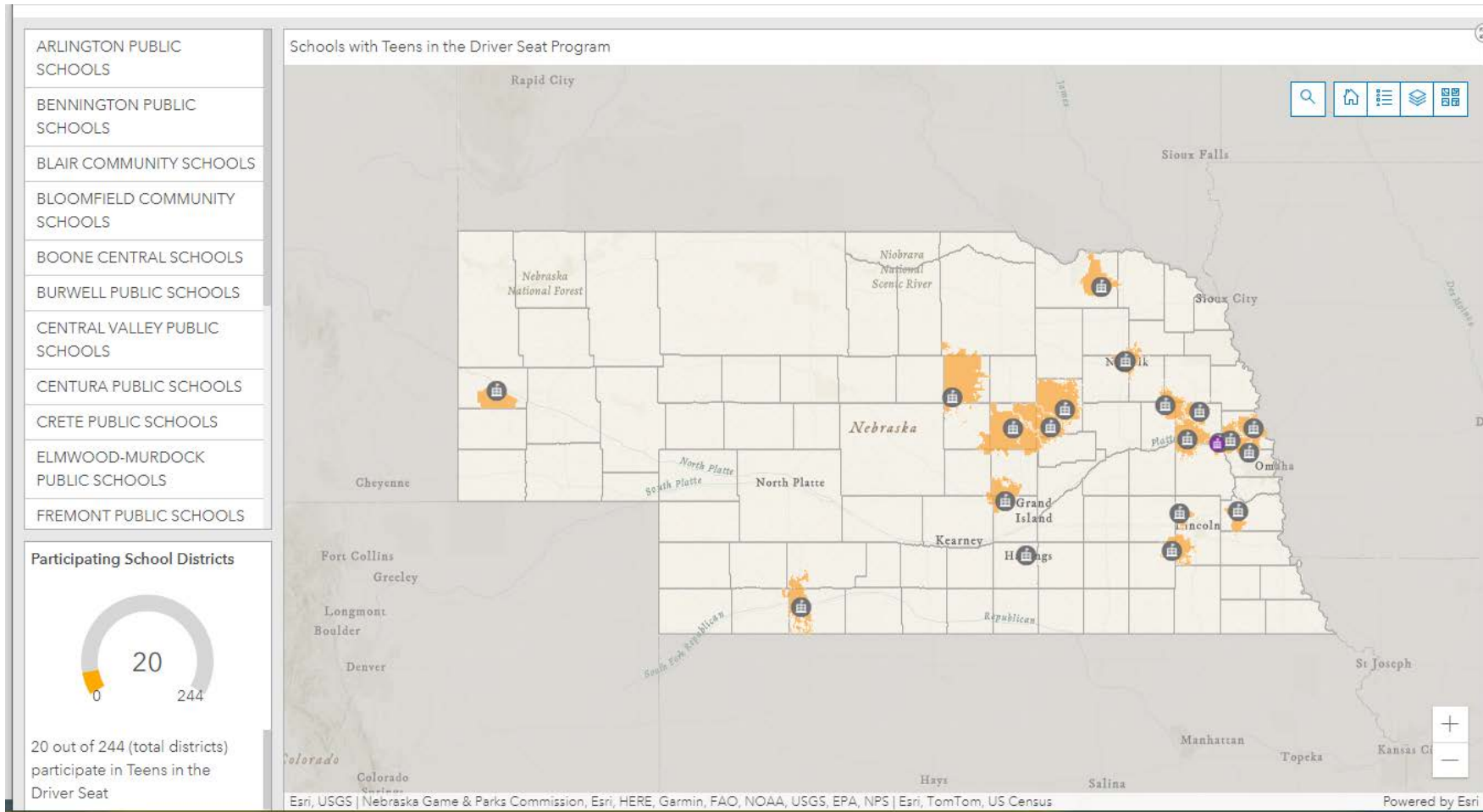


CSLC-Wide Assessment Scores by Month



# State Example

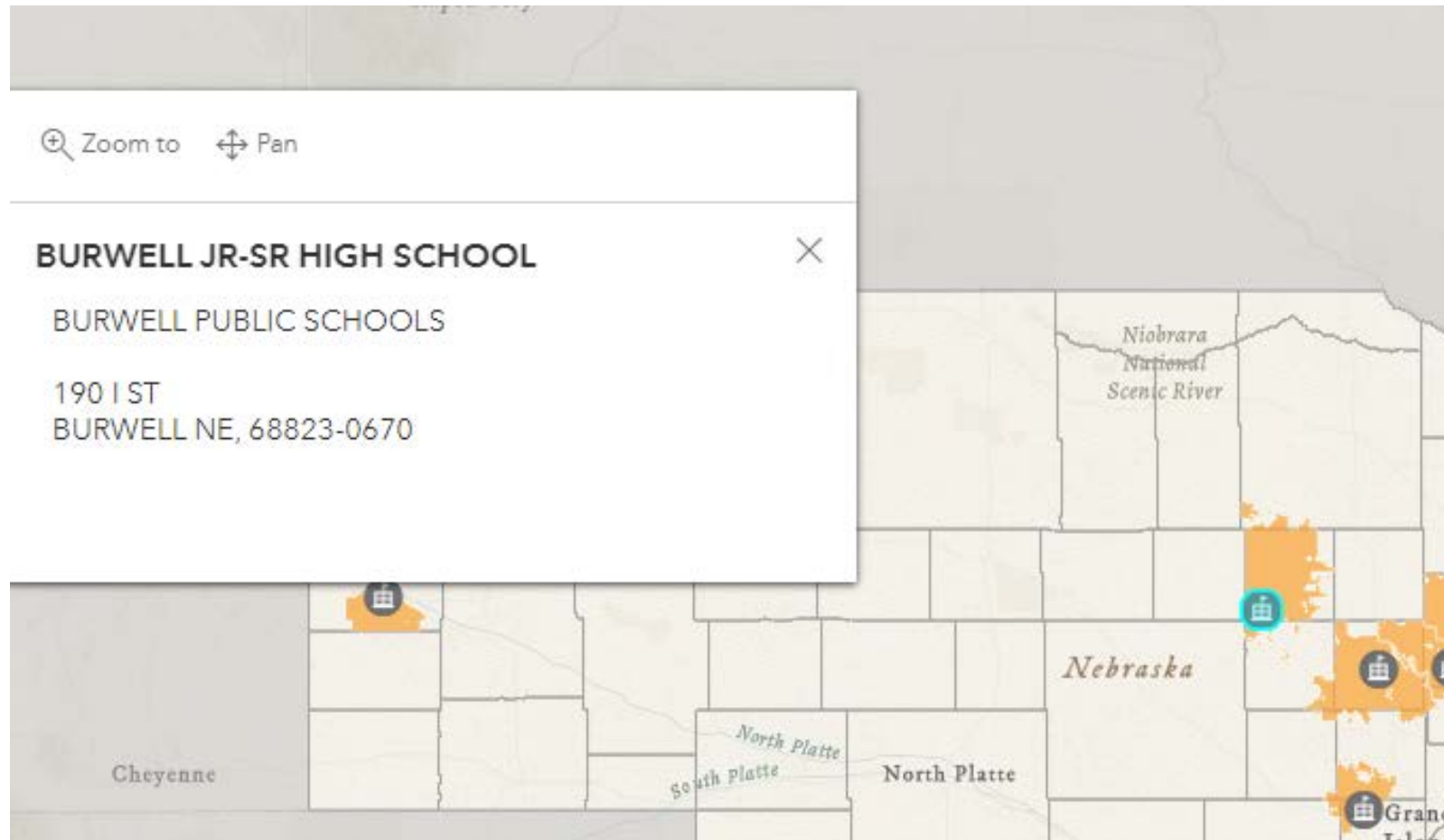
## Nebraska MVTs: Teen Driver Safety





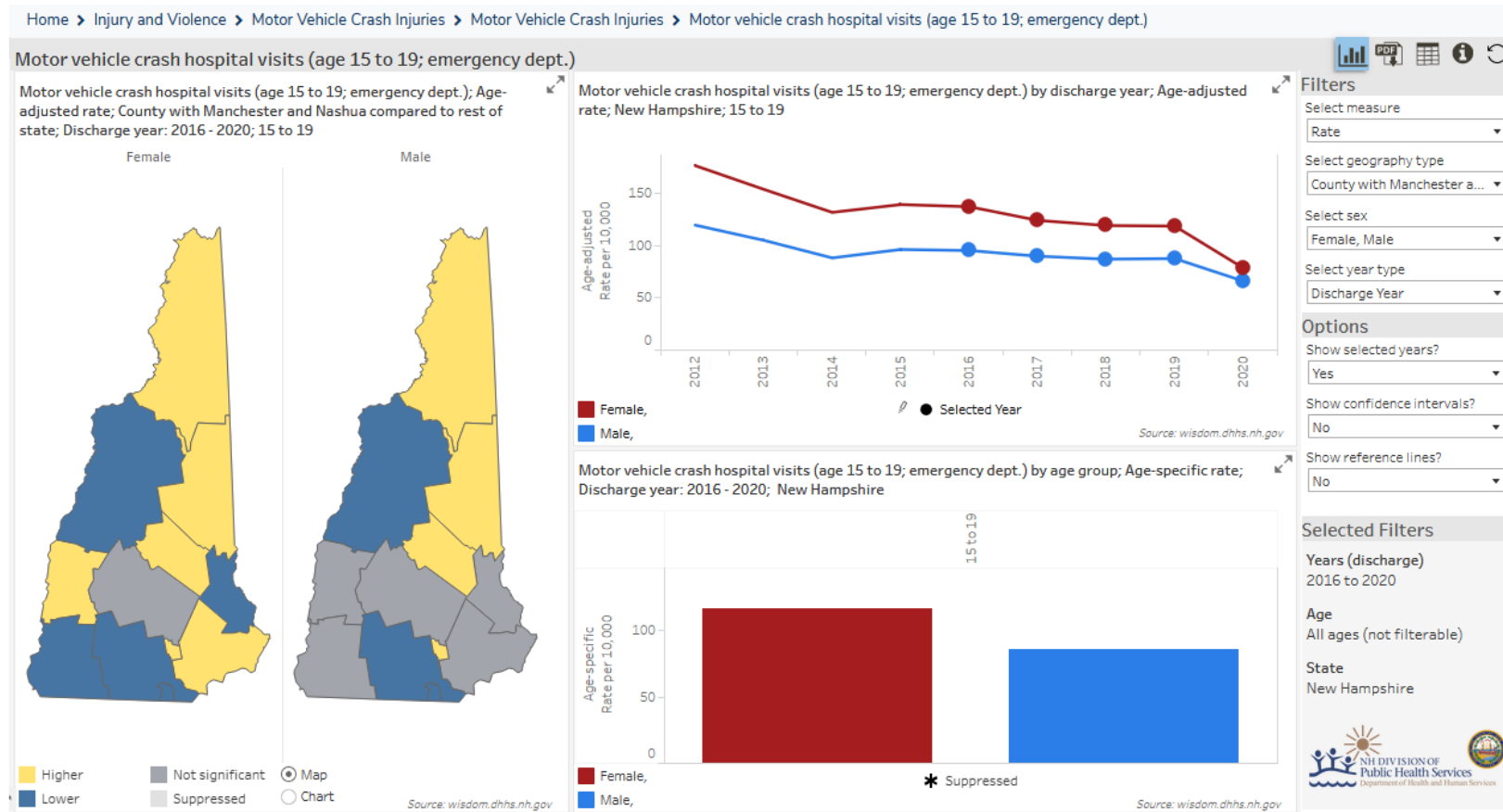
# State Example

## Nebraska MVTs: Teen Driver Safety



# State Example

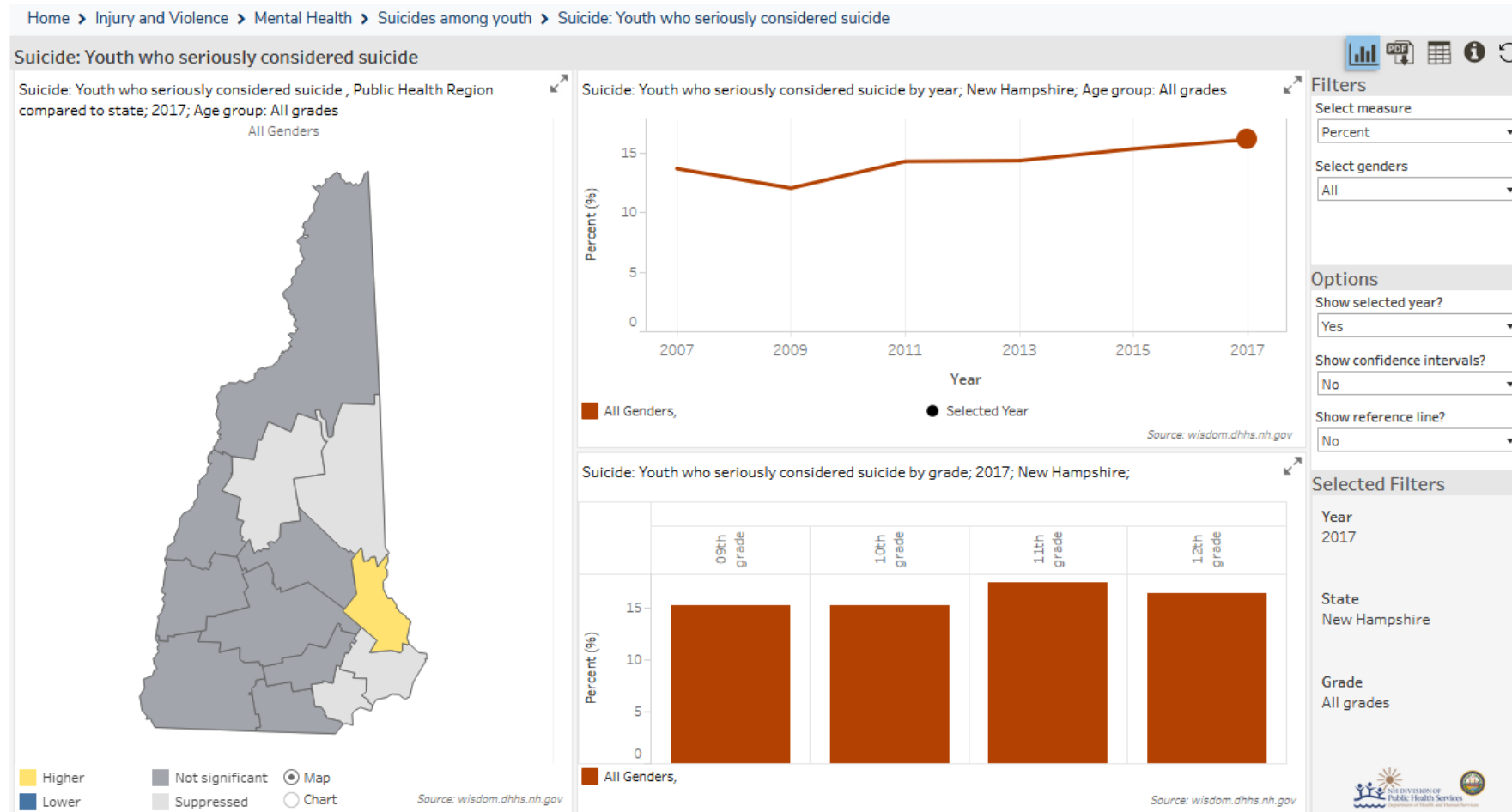
## New Hampshire Teen Driver Safety



- Rates and counts are suppressed if fewer than 5 events are reported.
- In 2015 the discharge diagnosis coding system was transitioned from ICD9 to ICD10, and data from the years before and after may not be comparable.
- 2020 currently uses the population estimates from 2019. This dashboard will be updated with the 2020 estimates when available.

# State Example

## New Hampshire Suicide Prevention



# State Example

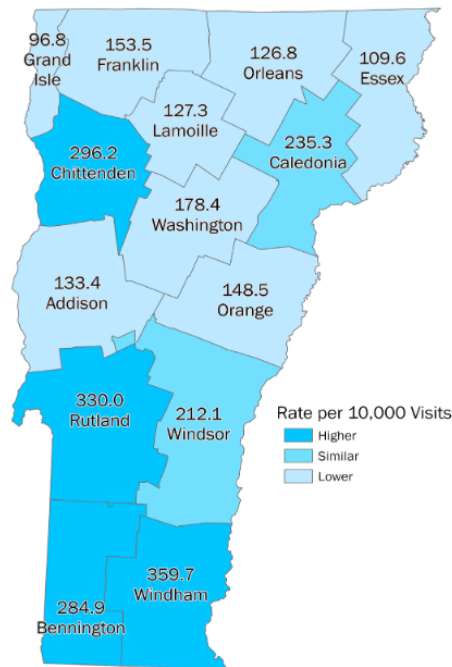
## Vermont Suicide and Self-Harm Prevention

### Syndromic Surveillance

#### ED visit rates for suicidal ideation by county of residence, through September 2022.

ED Visit Rates per 10,000 visits

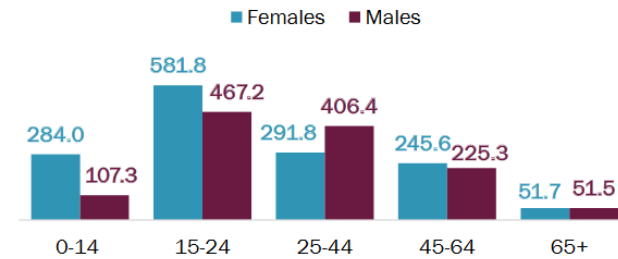
Vermont rate = 237.8 per 10,000 visits



Vermont Department of Health

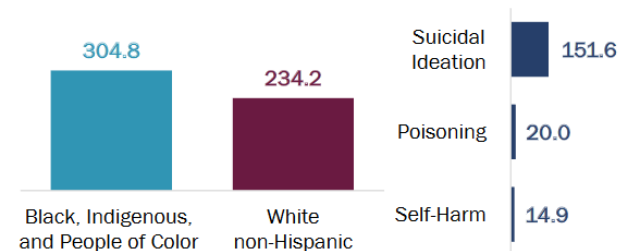
#### ED visit rates for suicidal ideation and self-directed violence by sex and age group, through September 2022.

ED Visit Rates per 10,000 male and female ED visits



#### Year to date rates by race and ethnicity, and discharge diagnosis.

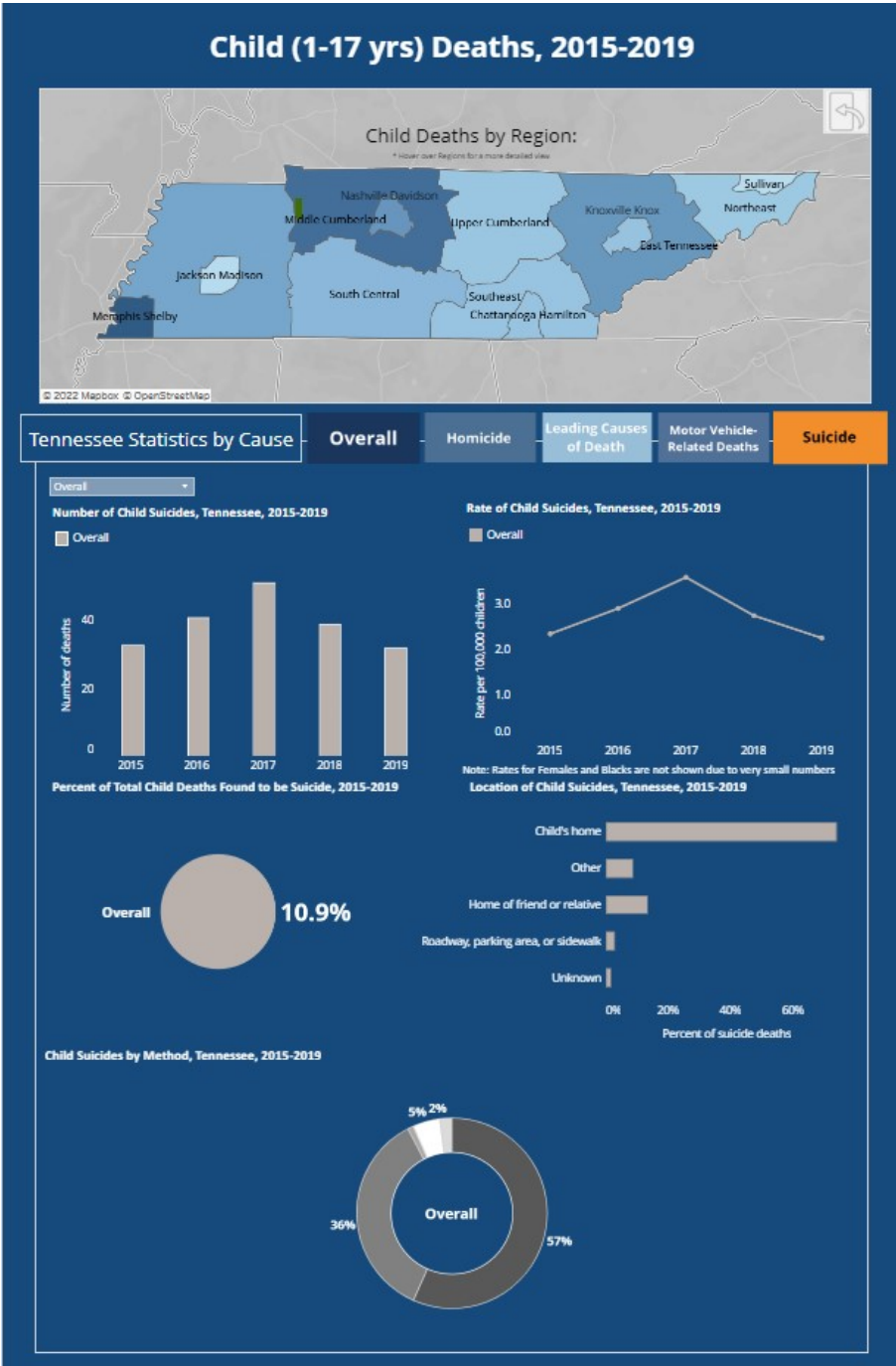
Rates per 10,000 Visits



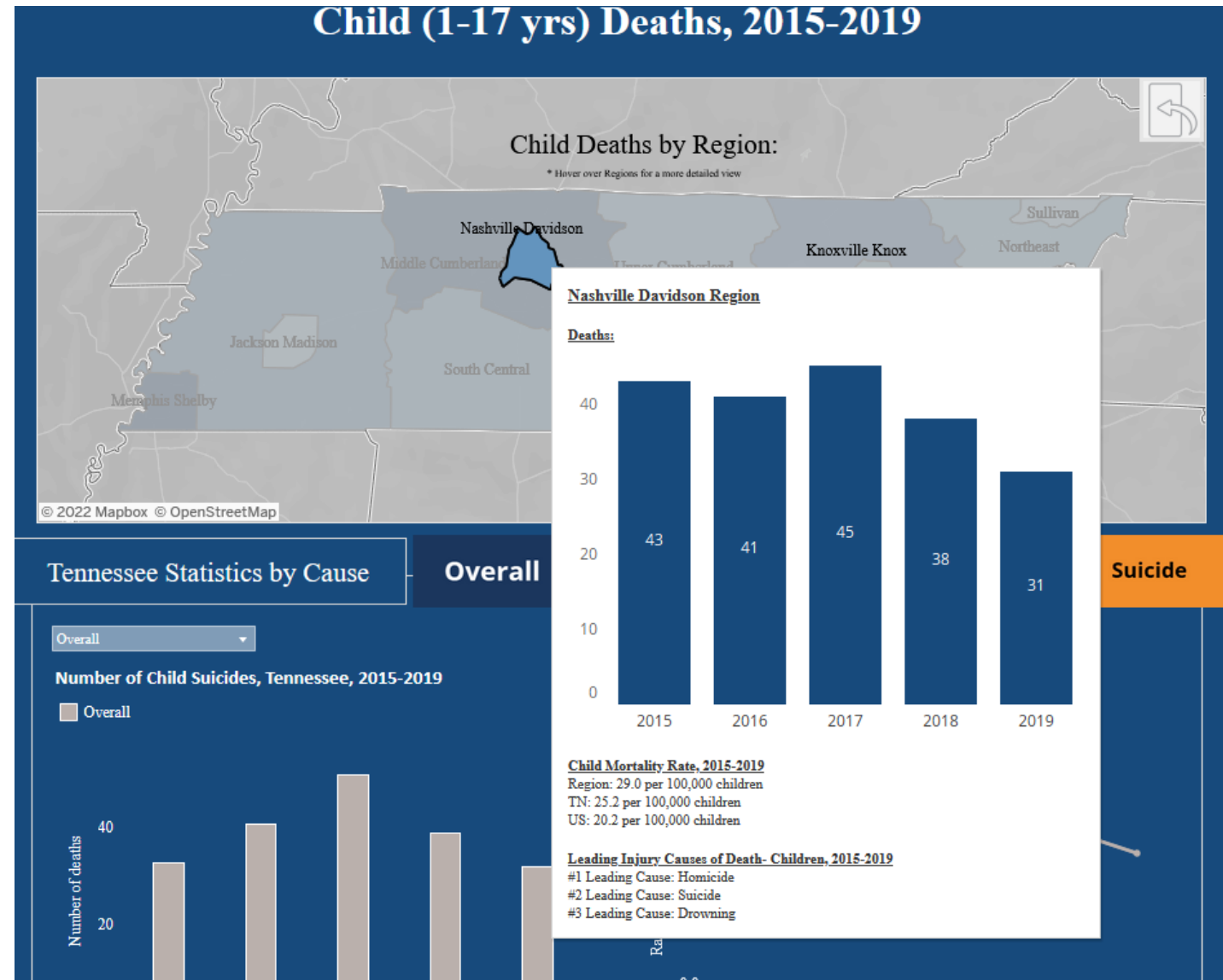
\*Please note subpopulation data is through September 30, 2022

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# State Example Tennessee SSHP Child Fatality Dashboard



# State Example Tennessee SSHP Child Fatality Dashboard



# Questions?



Please enter your questions in the chat.



# 5 MINUTE STRETCH BREAK





# **Moving from Testing to Implementation to Spread while Sustaining the Gains**



**Jennifer Leonardo, Director  
Children's Safety Network**

# Objectives

- Differentiate testing from implementation
- Know when a change idea is ready for spread
- Differentiate spread from sustaining the gains

Charter or Aim

Measures

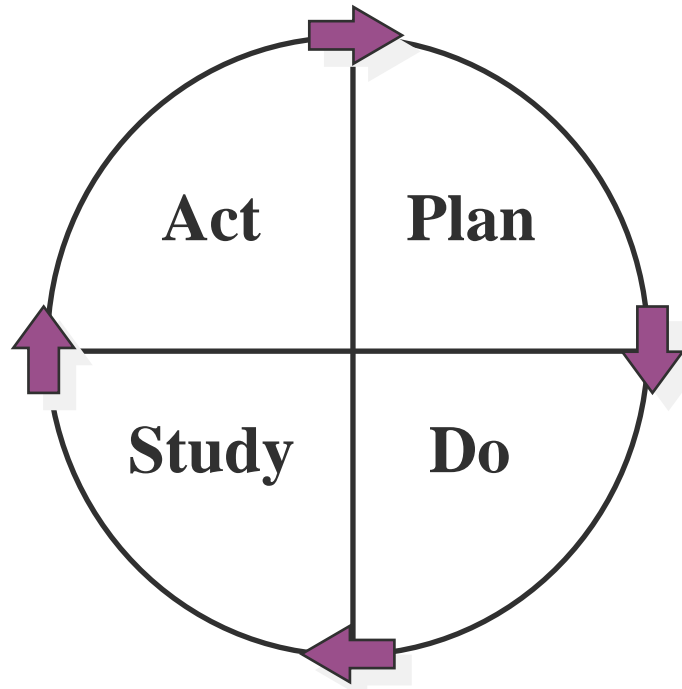
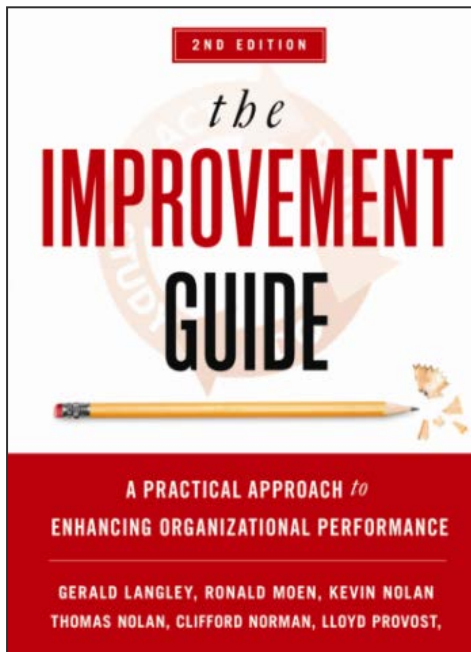
Changes

What are we trying to accomplish?

How will we know that a change is an improvement?

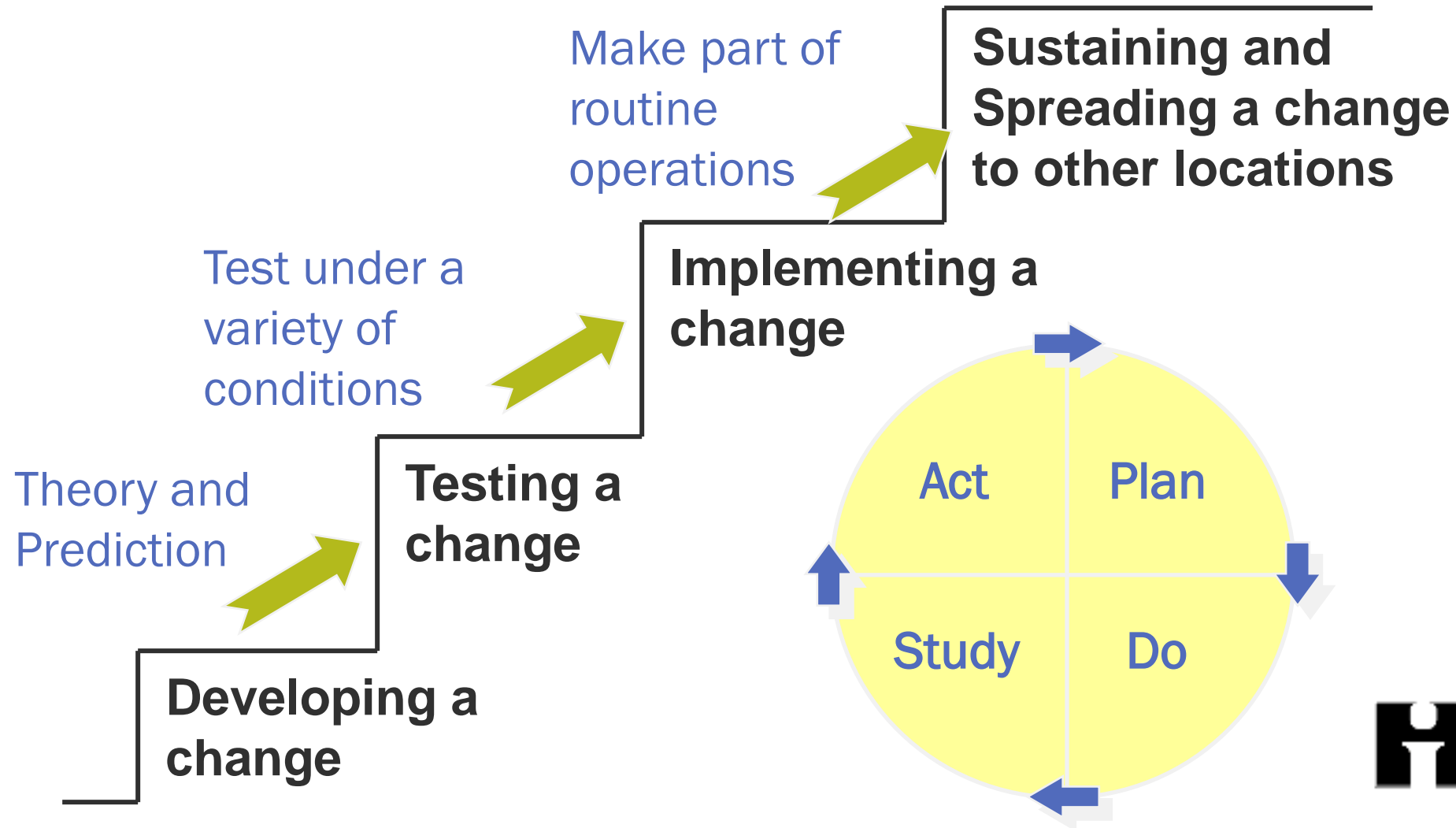
What change can we make that will result in improvement?

Model for Improvement



API / IHI.org

# The Sequence for Improvement



# Best Theory to Date to Get Results

- Multiple strategies needed to achieve population health improvement
- Prevention strategies needed at all levels: societal, community/organizational, relationship, and individual
- CSLC focuses on the community/organizational level, to accelerate collective impact
- CSLC change packages offer evidence-based and evidence-informed strategies
- CSLC will learn from your implementation and spread of the strategies

# Testing v. Implementation

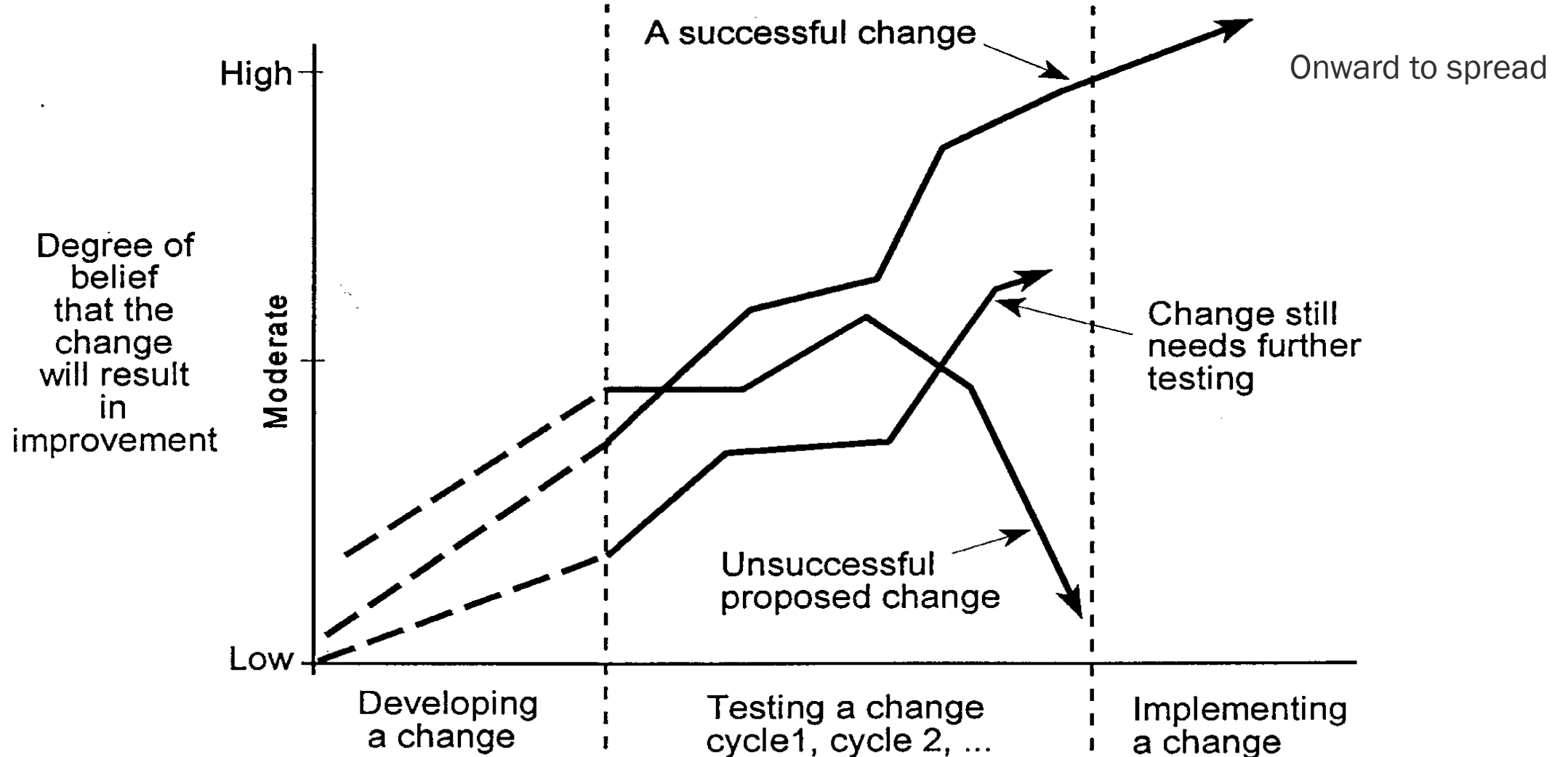
- Testing – Trying and adapting existing knowledge on small scale. Learning what works in your system.
- Implementation – Making this change a part of the day-to-day operation of the system
  - Would the change persist even if its champion were to leave?



# Testing a Change

1. Pose a question
2. Test on a small scale
3. Collect data over time
4. Build knowledge sequentially with multiple PDSA cycles for each change idea.
5. Include a wide range of conditions in the sequence of tests

# Degree of Belief that Changes Will Result in Improvement





# A Few Considerations Before Implementation

- Plan on it taking more time and effort than testing
- Changes now becomes part of routine day-to-day operations in your pilot population
  - Don't expect failure here
  - More people impacted than during testing
  - Increased resistance

# Implementation Must Dos

## Use PDSA

- Standardization
  - Create policies, materials, methods, equipment, training
- Documentation
  - System diagrams, Flow maps, job descriptions
- Data collection over time
  - Continue use of line graphs
  - Over time check in with sites to see if they are continuing the strategy
- Training: explain why, timing important, identify champions
- Resourcing: equipment, training, funding
  - Requires thoughtful planning

# The Key: Full Implementation

- Identify champion(s)
- Communicate the change early and align it with the organization's vision and values
- Build commitment to the change by including people and making adaptations
- Document and train so the change becomes standardized
- Monitor sustainability with clear measures
- Communicate progress, learn, adapt, and celebrate

# Sustaining the Gains v Spreading

- Sustaining the Gains – Ensuring implemented changes are a part of the day-to-day operation of the system and are continuing through the system, support, and resources at the site-level
  - Would the change persist even if its champion were to leave?
- Spreading – Getting your tested change ideas spread across your state system and into an increasing number of settings and sites, using data, communication, champions, implementation tools, and leadership.



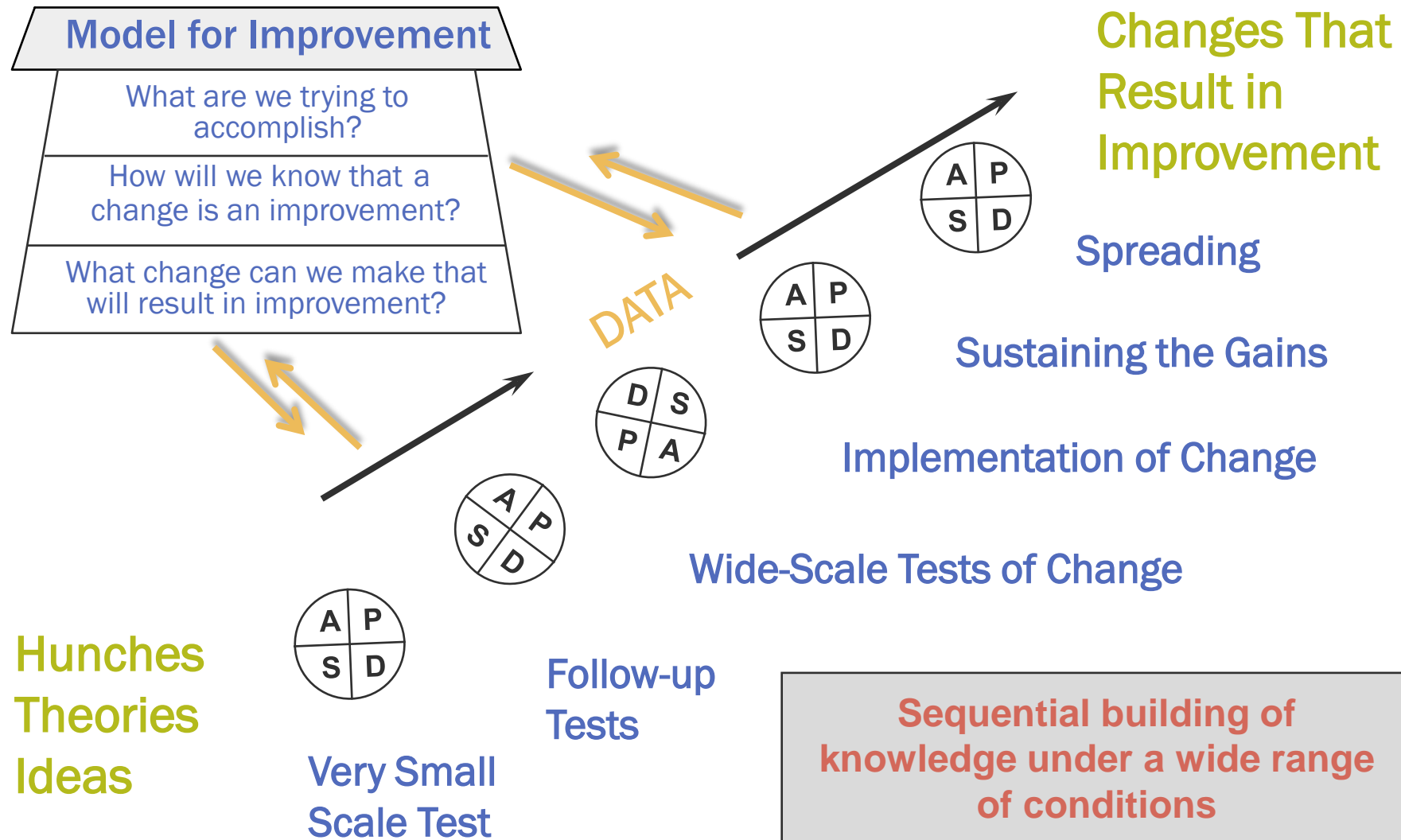
# Sustaining the Gains: Common Challenges

- Change is not an embedded part of the system
  - Shared aim and goals, required resources, policies, procedures, measures
- Other priorities/funding streams took resources away
- Staff turnover

# A Word about Spread

- After successful implementation, consider spread
- Useful to proceed in increments of 5  
1: 5: 25: 125, etc.
- This will allow most system barriers to be uncovered in small enough “bites” that they can be overcome
- If not overcome your spread will be incomplete

# Repeated Use of the PDSA Cycle for Testing



# Questions?



Please enter your questions in the chat.



# Breakout Groups

# Breakout Room Instructions

## Directions:

- Brief introductions (name/state/CSLC topic)
- Identify a reporter who can share a few key themes when we return to the full group
- Say your name and role the first time you respond to a discussion question
- Use the whiteboard feature to brainstorm and share challenges and successes to sustain your gains.

*Come back to the main session ready to share a challenge and success from your discussion*

## Questions:

- What methods do you use to monitor whether gains are being sustained?
- What are the challenges to sustaining your gains?
- What strategies do you employ to sustain your gains?

# Debriefing the Breakout Sessions



**Jennifer Leonardo, Director  
Children's Safety Network**

# Questions?



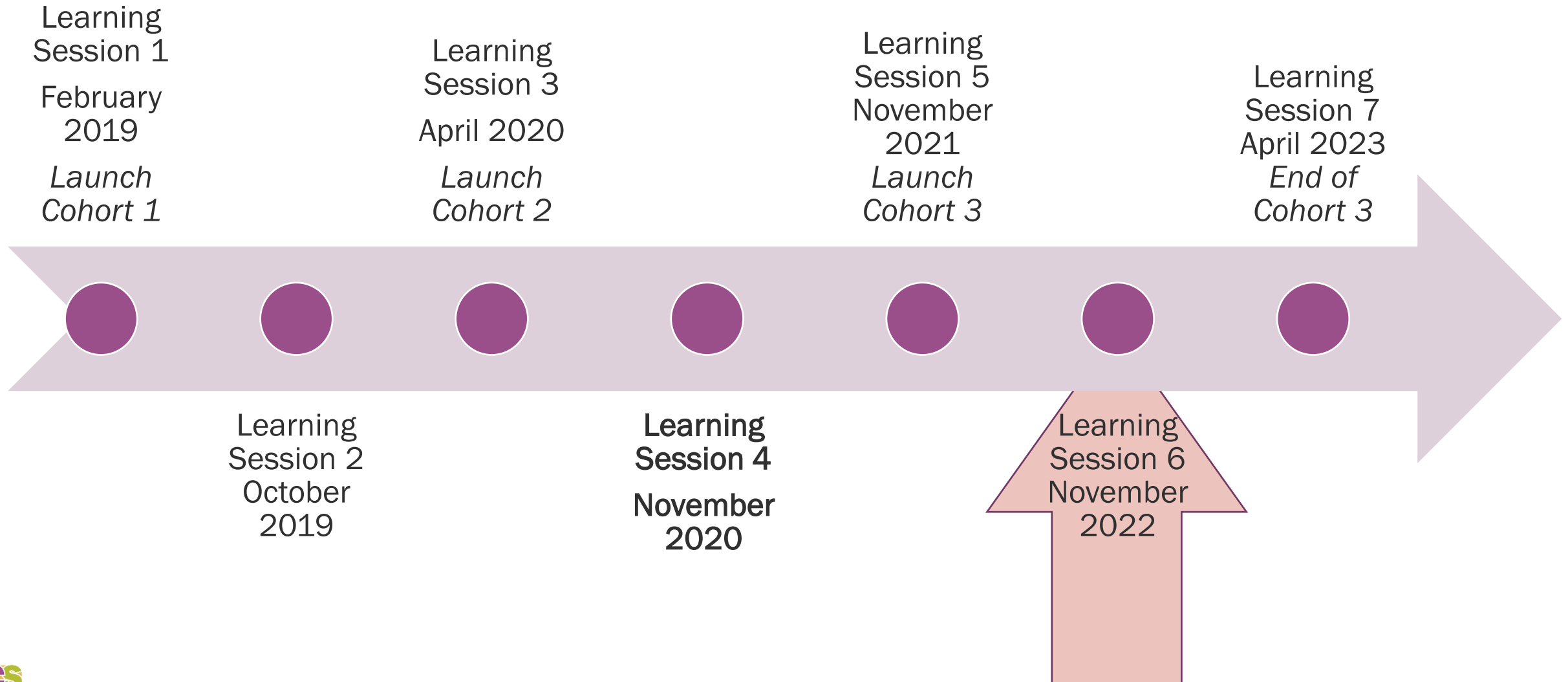
Please enter your questions in the chat.

# Next Steps: The Home Stretch



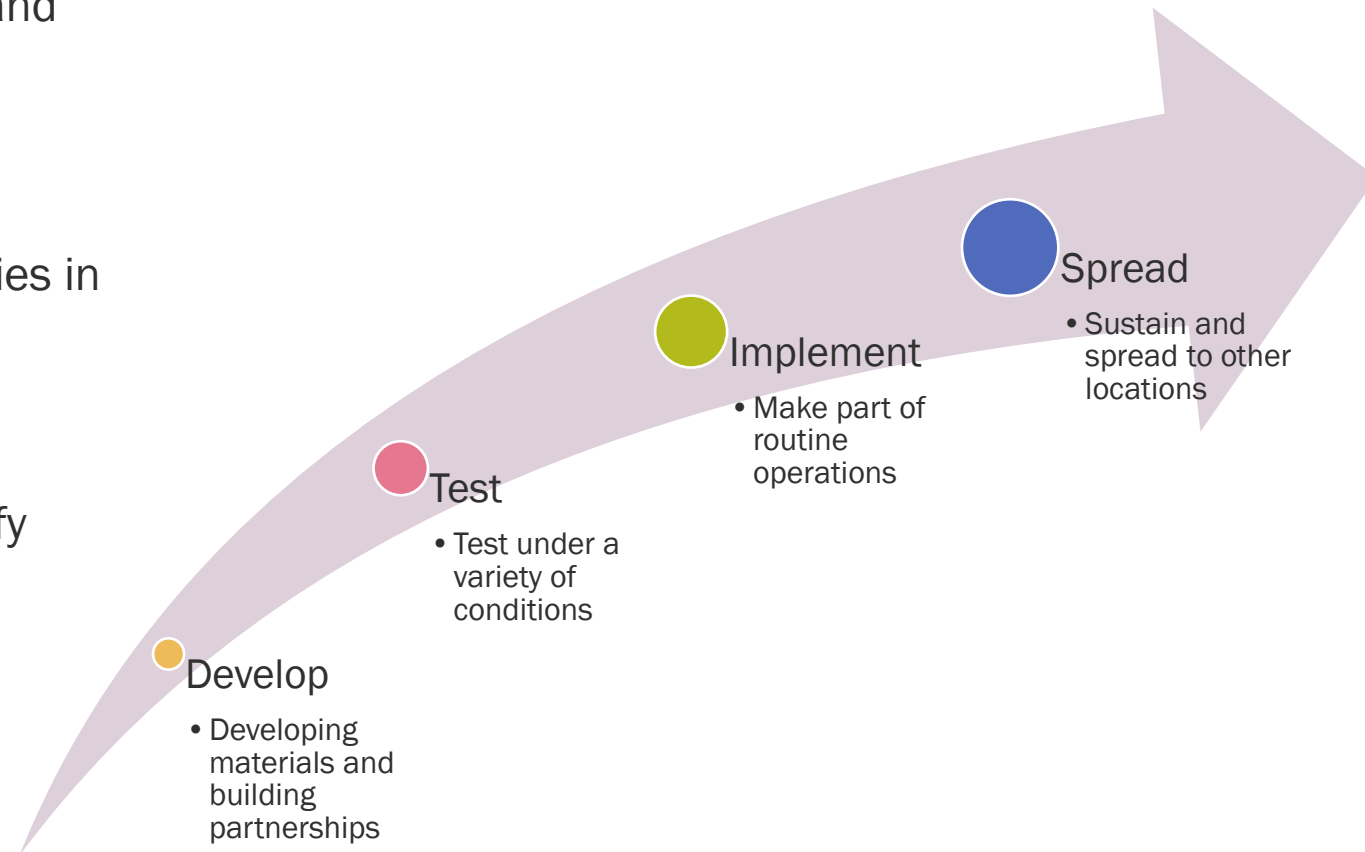
**Jenny Stern-Carusone, Associate Director  
& MVTS Topic Lead**

# Where We Are On Our Journey



# Where We Are Going

- Use the QI tools to **focus** your work, **motivate** and **inspire** your team and partners and **pivot** as needed.
- **Run PDSAs to Test, Test, Test** your strategies in new environments.
- Continue updating, back-filling and adding new **Monthly Reports** to track progress and identify challenges.
- **Test and Provide Feedback** on the **Health Equity Planner** tool
- Begin to look ahead and plan for **Implementation and Spread**.



# Upcoming Topic Calls and Deliverables

- [Submit](#) Monthly Reports – even if only a progress report. Submit/Update PDSAs using the [Submit tab](#) on the menu
- December topic calls:
  - [Bullying Prevention](#): Thursday, December 8<sup>th</sup>, 1-2 pm ET
  - [Suicide and Self-Harm Prevention](#): Tuesday, December 13<sup>th</sup>, 1-2 pm ET
  - [SUID Prevention](#): Thursday, December 15<sup>th</sup>, 1-2 pm ET
  - [Motor Vehicle Traffic Safety](#): Tuesday, December 20<sup>th</sup>, 1-2 pm ET
- February Topic Calls: Harvesting the Change Packages
- Learning Session 7 – Concluding Cohort 3: April 18 & 19 (virtual)
  - *Storyboard Submissions will be requested for early April*
- Final CSLC/CSN webinar May 3, 2:00-3:00pm ET

All Topic Calls are moving to Zoom!!! Check to be sure your calendar invitations updated.



# What Will You Do By Next Tuesday?

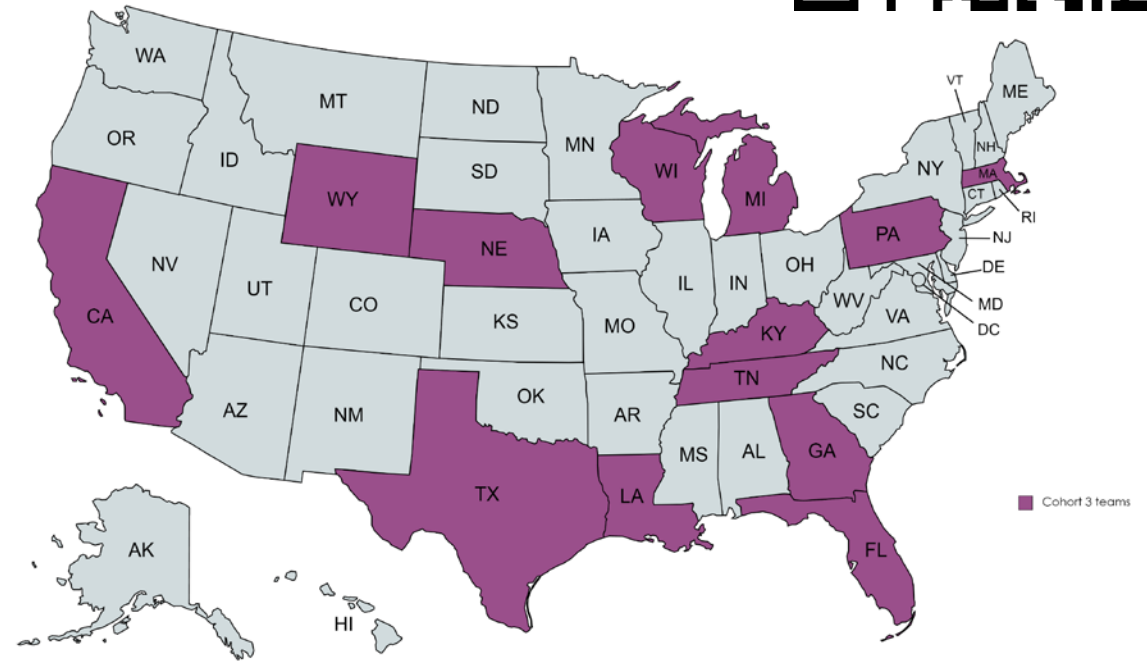


# Thank you!

Please fill out our [evaluation](#).



To request technical assistance, please fill out our [TA Request Form](#).



Visit our website:

[www.ChildrensSafetyNetwork.org](http://www.ChildrensSafetyNetwork.org)