

Children's Safety Network – State Technical Assistance Webinar

Lauren Gilman (CSN):

Hello! Hi, everybody, and welcome. I'm Lauren Gilman, one of the Technical Assistance Specialists and the topic lead for Bullying Prevention for the Child Safety Learning Collaborative (CSLC) at CSN. I'm here with two CSN colleagues: Jenny Stern-Carusone—many of you know her as one of our topic leads and the Director of the CSLC—and Shannon Reynolds, who's our behind-the-scenes tech support today.

Thanks for joining us, and thanks to those already introducing yourselves in chat—I see at least one Halloween super-fan, folks craving cooler weather, and others already enjoying it. We love seeing where everyone's joining from. Please keep using the chat.

A quick note: CSN is funded by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services. The information, content, and conclusions are those of the authors and shouldn't be construed as the official position or policy of HRSA, HHS, or the U.S. Government.

We're aiming for an engaging, participatory session. Our state technical assistance webinars are designed to be useful and valuable, with time for you to talk to each other. Today includes breakout groups.

If you need closed captions, click the **CC** button. The session is being recorded and will be posted in the CSLC web portal. If you can, turn your camera on to help with engagement—especially in breakouts—and please stay muted when not speaking. You can unmute any time to jump in.

Our guidelines for this and all events: be present, bring a curious stance, and be partners. As we like to say in the CSLC: *I'll teach, I'll learn*. Honor each other's perspectives, and take care of yourself as needed.

Today, you'll hear first from Jenny about quality improvement. I'll add a short segment, and then we'll move into breakout discussions. Before we start, please take a quick 30-second poll on your organization type—our funder asks us to collect this. ... Great, looks like most of you have responded. Thank you! I'll turn it over to Jenny.

Jenny Stern-Carusone (CSN):

Thanks so much, Lauren. Welcome, everyone. This is a State Technical Assistance webinar; our intention is engagement. We'll share some content, but we really want to hear from you, too.

A quick refresher on CSN: Our mission is to ensure that all children are safe and healthy within supportive, nurturing environments. We support Title V agencies to advance evidence-based policies, programs, and practices at state and local levels to reduce fatal and serious injuries among infants, children, and adolescents ages 0–19.

A key component is the Children's Safety Learning Collaborative (CSLC), an opportunity for Title V programs across states and jurisdictions to collaborate and accelerate results using continuous quality improvement (CQI). We're currently working on four injury topics, and many of you are members—thank you for your feedback over time.

Because QI is central today, I'd love to start with your perspectives. In chat—or by unmute—share: What are examples of quality improvement in your work or life? How would you describe QI to someone new?

(Participants share: “getting better little by little,” “results-based accountability,” “PDSA cycles.”)

Excellent. We've heard about Results-Based Accountability (RBA) and PDSA cycles. As Shannon and Jessica noted, frameworks vary, but it all comes back to informed accountability and measurable improvement.

For our purposes today, we'll define Quality Improvement as a structured, data-driven process used to systematically enhance services, programs, or systems to better meet goals and outcomes. It's a systematic approach that emphasizes continuous, measurable actions—ensuring efforts are effective, meet community needs, and make an impact.

A common barrier is fear of failure. QI helps by testing on small scales—safe, thoughtfully planned learning to adapt, adopt, or abandon ideas.

Why QI in child safety? Injury is a leading cause of death for ages 0–19, and many deaths are preventable. Public health systems are complex—cross-sector partnerships, political influences, funding challenges, staff turnover. QI brings process improvement into daily practice and accelerates change through evidence-based/informed strategies and small tests of change.

You need to know where you're going, how you'll measure progress, your timeframe, and resources—important for motivation and sustainability.

Over the last decade, CSN has developed and tested the CSN Framework for QI, focusing on building public will and state/jurisdiction capacity in key areas essential to sustainable, scalable child safety results. Cornerstones include:

- Using data-driven, evidence-based/informed strategies,
- Developing leadership and management skills, and
- Committing to shared learning and principles from improvement and implementation sciences.

With focus on these, we see workforce development (capacity and knowledge put into practice), system development (e.g., more students receiving teen driver education; more organizations conducting suicide screening), and potential for positive health impact.

Our framework is supported by the Associates in Process Improvement (API) Model for Improvement: clarify the aim (what are you trying to accomplish?), identify changes you believe will lead to improvement, and define the data to know the change is an improvement—not just random variation.

Remember: QI is data-driven, but data alone doesn't produce change. If you're trying to raise a prize cow, weighing it daily shows growth, but if you're not tracking and improving feed, type of food, and exercise, you may not achieve the quality you want. Collecting data without implementing evidence-based change ideas isn't enough.

I'll hand it back to Lauren to walk through some QI tools.

Lauren Gilman (CSN):

Thanks, Jenny. We'll walk through a practical model today—there are many, and the principles are similar. We'll touch on the steps and give you a chance to practice:

- 1. Define the problem**
- 2. Create an AIM statement** (SMART)
- 3. Identify drivers** (factors that contribute to the aim)
- 4. Identify change ideas** (evidence-based/informed strategies)
- 5. Test via PDSA** (Plan-Do-Study-Act)

First, clearly identify the problem in a data-driven way and explain why it matters. Make the connection explicit—even if it seems obvious to you, it isn’t always obvious to every audience. Build the statement in partnership with stakeholders and those impacted.

Example A (home/life):

Problem: Jake is not independently completing his weekday reading, impacting his learning and grades—and his mom’s sanity.

Example B (public health – SUID):

Problem: Rates of **SUID** among Black, non-Hispanic families persist at higher rates than among White, non-Hispanic families.

Now the AIM statement—a written, measurable, time-sensitive statement of expected results (SMART: specific, measurable, attainable, relevant, time-bound). Consider: What do you want to achieve, for whom, by when, and by how much? How will you measure it?

AIM for Jake:

By December 31, Jake will independently read for 20 minutes each weeknight before bed, as shown by his reading log, at least 4 out of 5 nights each week in December, with no reminders from Mom.

Who benefits? Jake (and Mom). By when? December 31. By how much? 4 of 5 weeknights, 20 minutes, independently, as recorded.

AIM for SUID example:

By June 30, 2027, reduce the gap in SUID deaths between White and Black non-Hispanic infants from 5% to 3%, according to DPH Annual Maternal and Child Health Statistics.

To get to effective change ideas, we need root causes—the “why” behind the “what.” One simple tool is the **Five Whys**. We’ve shared a worksheet for your small groups: place the problem statement at the top and ask “why?” iteratively to dig deeper.

We’ll send you to breakouts for ~7 minutes. Choose a scribe to capture your Five Whys.

(Breakouts occur and return.)

Lauren Gilman (CSN):

Welcome back! Quick note—and apologies—we accidentally shared a Five Whys worksheet that was already filled in; we meant to share a blank one. We know you would have generated great whys on your own. Tell us: what came up in your conversations?

JoAnne Miles-Holmes:

We started with: “Jake doesn’t complete required reading.”

Why? He isn’t being encouraged by his parents.

Why? They have multiple jobs and are busy.

Why? They may not understand the value of his education for his future.

Why? They might have low educational attainment themselves.

We landed on root causes tied to low income and limited time/ability to help with homework.

Lauren Gilman (CSN):

That’s a valuable direction—looking through a socio-ecological lens at the broader system around the child, including parental stresses and beliefs. That perspective helps identify multi-level drivers and strategies.

I’ll turn it back to Jenny to introduce the **driver diagram**.

Jenny Stern-Carusone (CSN):

Thanks, all. A **driver diagram** links your overall aim to the primary drivers (key factors that must improve) and to the specific change ideas under each driver. We use these in the CSLC; change packages/driver diagrams from prior cohorts are available on our website.

Example primary driver: *Strong cross-state partnerships.*

Example change ideas: *Educate policymakers; expand coalitions of child safety experts.*

Back to breakouts for ~7 minutes: using the Jake aim, brainstorm **primary drivers** and **change ideas** (you can ignore secondary drivers for now). Have a note-taker.

(Breakouts occur and return.)

Jenny Stern-Carusone (CSN):

What did you come up with?

Shannon Martinez:

We focused on two primary drivers: **Support** and **Supplies**. Change ideas included:

- Differentiate the reading log and engage Jake for motivation/buy-in.
- Assess for possible learning disabilities.

- Connect with the classroom teacher for aligned supports.
- Use a bookmark timer or alarm; set a designated, distraction-free time/space.
- Survey Jake's interests to provide appealing books and resources.

Jenny Stern-Carusone (CSN):

Great structure—drivers of support and supplies—and a strong set of change ideas. The survey of interests could be a PDSA test: gather Jake's preferences, resource relevant books, test whether engagement improves independent reading.

To connect back to public health, here's the **SUID** example:

AIM (SUID):

By June 30, 2027, reduce the gap in SUID deaths between White and Black non-Hispanic infants from 5% to 2%, per DPH Annual MCH Statistics.

Goal (to advance the aim):

By February 20, 2026, increase the number of partners providing community-tailored safe infant sleep education/resources to parents/caregivers from 3 to 25, measured via a quarterly partner questionnaire.

Possible primary driver: Families/caregivers are knowledgeable about SUID prevention.

Change idea: Provide education to **natural supports**—trusted adults/groups (e.g., grandparents, aunts/uncles, other infant caregivers)—and equip them to share safe infant sleep practices/resources.

A root-cause insight: natural supports can be hard to reach, but a coalition member living in the target community could help, especially to connect with grandmothers. To reach the **goal** (3 → 25 partners), we'll **test engaging salons** as partners to reach natural supports.

Operationalizing with measures:

- **Change:** Provide education to natural supports (trusted individuals/groups) to spread best practices in infant safe sleep.
- **Measure:** Number of organizational partnerships engaging natural supports to promote and spread safe infant sleep.

Our theory of change: building a **culture of prevention**—supported by organizational policies/procedures—achieves sustainable reductions in injuries/fatalities, beyond simply counting individuals educated or materials distributed. Our target is **22 new partnerships** (3 → 25).

PDSA (brief):

QI uses small, rapid tests. The scale of the test should match your confidence and the cost of failure. Example: Over the next 90 days, aim to reach 40 grandmothers in a predominantly Black, non-Hispanic community via a salon-based campaign.

- **Plan:** Choose one salon as a pilot, roll out education.
- **Do:** Collect data on reach and reception.
- **Study:** Review what worked/what didn't.
- **Act:** Expand to additional salons if promising; if not, revisit partnerships for alternate paths to natural supports.

We've shared some PDSA tools in the chat; we'll go deeper in a future session.

Back to Lauren to hear about your contexts.

Lauren Gilman (CSN):

We'd love to hear what QI tools you've used and found helpful. Any examples? Barriers? Tips? What does QI look like in your work?

(Pause for shares.)

Jenny Stern-Carusone (CSN):

There are many ways to do QI. We've heard about RBA, fishbone (Ishikawa), SMART objectives—lots of valid approaches. Successes? Challenges?

JoAnne Miles-Holmes:

I've trained in Lean (yellow belt) and other QI courses—fishbone, Five Whys, SMART. I rely on SMART objectives in strategic planning. Much of my PDSA thinking happens quickly/in my head; formal documentation can feel slow. But for grants and evaluation, documenting processes is important—so while it can slow me down, I see the value for replication and learning.

Lauren Gilman (CSN):

Agreed—it depends on context. Sometimes speed is essential; other times, documentation enables others to replicate and surfaces steps we might otherwise miss.

Group resource shares:

- *Trying Hard Is Not Good Enough* (Mark Friedman) – RBA primer.
- *Turning the Curve* (Mark Friedman).

Lauren Gilman (CSN):

We'll wrap with a few resources. The recording and slides will be posted on the web portal. Please complete our brief evaluation (link/QR provided). Upcoming State TA webinars are planned for December, February, and April; a public webinar on playground safety is coming soon. Topic calls resume in November—please join those for your topic area.

Thanks, everyone, for an engaged session. We hope the tools and breakouts were useful. Have a great rest of your day!