



Tips for Title V Directors

Integrating Injury and Violence Prevention Into the MCH Needs Assessment, Selecting National Performance Measures, and Developing State Priorities and State Performance Measures for 2016-2020

The Health Resources and Services Administration Maternal and Child Health Bureau has posted a notice in the Federal Register regarding changes to the Guidance for the Title V Maternal and Child Health Services Block Grant to States Program. We expect the final guidance to be released in 2015 will reflect the majority of these changes. As many states are currently involved in or starting their Needs Assessment and Annual Plan development, CSN has created the following fact sheet to assist states in identifying existing and emerging issues and in utilizing evidence-informed strategies and initiatives for injury and violence prevention (IVP).

More children and adolescents die from injuries and violence than all diseases combined, and injuries are a leading cause of disability. Every year, one in nine young people is injured seriously enough to require medical attention, and nearly 320,000 hospitalizations occur due to these injuries. (1) Injuries are a leading cause of medical spending for children and adolescents, a burden estimated at \$4 billion in annual healthcare costs for hospitalizations alone. (2) Sustaining a serious injury can impede a child's ability to reach his/her full potential, often resulting in a lifetime of special health care needs that impact both the child and his/her family. State Title V programs by prioritizing injury and violence prevention (IVP), developing IVP State Performance Measures (SPMs), and selecting IVP National Performance Measures (NPM) can continue to play a major role in reducing injury-related mortality and morbidity. The CSN publication, *MCH Program Injury and Violence-Related State Performance Measures and Priority Needs, 2014* provides additional detail about existing injury and violence-related state priorities and performance measures.

Although significant progress has been made, a review of national data reveals that more than 27,256 children and youth ages 0-24 lost their lives in 2011 due to either an unintentional or intentional injury. The rates varied by state, urbanicity, gender, age, ethnicity, and race. However, the deaths were preventable. To understand the problem of injury-related mortality and morbidity in your state, it is important to review your progress over the past five years in relation to the two injury-related NPMs, the six injury-related Health Status Indicators, and your current injury-related priorities and SPMs. This assessment, along with the other injury data and information you collect, will allow you to estimate your state's current level of child and youth injury and violence risk, as well as to identify emerging injury issues.

Injury morbidity is responsible for a significant number of visits to health care providers and emergency rooms, as well as hospitalizations. A portion of these injuries result in child and adolescent disability that require rehabilitation services and long-term care. Reducing these injuries would reduce the number of children with special health care needs and create significant health care savings.

Injury and violence are preventable, and effective interventions exist to significantly reduce the risk of a child or youth experiencing either injury or violence. Prevention of injury and violence in a state will reduce:

- Deaths
- Medical costs, including outpatient and emergency room visits and hospitalizations
- Long-term disabilities that prevent children/youth from reaching their full potential.

The following are suggestions and resources that you and your staff can use as you undertake the 2015-2020 comprehensive statewide Needs Assessment (NA), choose priorities, select NPMs, develop SPMs, set targets, and create action plans. The tips provided in this fact sheet follow the steps presented in Appendix D of the proposed guidance.

1. HCUP Nationwide Inpatient Sample (NIS), 2010.
2. Figure derived from 2005 CDC cost estimates applied to 2012 hospitalization counts reported via NEISS

The Children's Safety Network (CSN) provides resources and technical assistance to Title V directors (MCH and CSHCN) and their staff to help states/territories integrate injury and violence prevention (IVP) into the comprehensive statewide NA and Annual Plan. Our individualized services help states/territories by guiding:

- Design of NA processes to address IVP, such as surveys, environmental scans or focus groups, and data analysis to identify current and emerging needs related to IVP
- Identification, analysis, and use of currently available data related to IVP
- Selection of NPMs
- Development of State Priorities, SPMs, and related detail sheets to address IVP
- Identification of best practices and experiences from other state Title V programs to achieve health status and performance outcomes

1. Engage stakeholders

Your State Injury Prevention Director/Coordinator and/or Children’s Safety Network can help Title V leaders and staff to identify IVP stakeholders who should be involved in the comprehensive NA process.

Consider the broad range of coalitions, programs, and services aimed at IVP as potential stakeholders and as partnerships you can strengthen.



2. Assess state needs and mandates

IVP needs should be assessed for each of the six populations: Maternal/Women, Perinatal/Infants, Children, Adolescents/Young Adults, Children and Youth with Special Health Care Needs. The purpose of this assessment should be to understand the role that injury and violence play in these populations, to identify community/system needs and outcomes, to identify legislative, political, community-driven, financial and other internal and external mandates for reducing and/or eliminating injury and violence to children and youth.

The CSN website (www.ChildrensSafetyNetwork.org) provides state-specific information about your state’s progress on existing NPM and Health Status Indicators. State hospital discharge data is provided if available. For the two existing injury-related NPMs, data is provided on ethnicity, urbanicity, gender, and age.

Examine available state/territory-specific data with stakeholders, partners, and collaborative efforts for IVP.

Appendix 1 provides a list of some helpful data resources.

CSN provides state-specific data, including information on the financial and personal burden of childhood injury and violence and resource guides with additional information on specific injuries at www.ChildrensSafetyNetwork.org. Upon request, CSN can provide additional state-specific data for breakouts by urbanicity, ethnicity, age, and gender.

Examine impact of current, new, and proposed state legislation and policies addressing IVP. CSN can help states review existing legislation and provide information about legislation in other states, including the recommended key components of model IVP legislation and policies. In concert with your state’s Title V program leadership, CSN can provide technical assistance on IVP legislation.



3. Examine strengths and capacity

Describe and assess current resources, activities, and services, and your state's ability to continue to provide/assure 1) quality services/programs by MCH service levels, specifically 2) Non-Reimbursable Primary and Preventive Health Care Services for MCH Populations, and 3) Public Health Services and Systems for MCH Populations for specific injury and violence issues, including:

- Acute injury care
- Child abuse and maltreatment
- Child passenger safety
- Domestic/intimate partner violence
- Drowning
- Falls
- Firearms
- Fires/burns
- Home safety
- Motor vehicle safety
- Other land transport injuries
- Pedestrian safety
- Playground safety
- Poisoning, including prescription and non-prescription drug abuse
- Sexual abuse
- Bullying/school violence
- Suffocation
- Suicide
- Traumatic brain injury
- Youth violence

Understand your state's political climate/will, e.g., the interest of the general public and/or elected officials for IVP (either in injuries overall or topic-specific).

Examine the level and effectiveness of current intra- and inter-agency collaboration with a mutual interest in addressing IVP (e.g., mental health for youth suicide prevention; parent groups and developmental disabilities programs for CYSHCN; family planning for domestic violence; school

health for concussion prevention programs; WIC for safe sleep, child passenger safety and child maltreatment; Part C Early Intervention, child welfare agency; state education agency for bullying and school violence prevention, etc.).

4. Select priorities unique to the state's situation

Consider priority-setting methods used successfully by other states (e.g., Delphi process, public opinion polls, advisory groups, focus groups, specialized research studies).

Include opinions of IVP stakeholders in setting priorities.

Identify injury and violence areas where there is an opportunity for a focused programmatic effort, enhanced interventions, initiatives, or systems that can lead to improved outcomes.

Consider the inclusion of injury and violence issue(s) as one or more of your 7-10 priorities based on the outcome of your Needs Assessment.

Identify evidence-informed program strategies for each of the priorities you have selected. CSN can assist in this process.



5. Set performance measures/ targets

A targeted focus on injury and/or violence or an injury or violence issue such as safe sleep, motor vehicle crashes, traumatic brain injury, unintentional poisoning due to prescription drugs or suicide can reduce the number of children and adolescents dying, medical costs, and short and long-term disabilities among children and adolescents.

Proven interventions and strategies exist which can be replicated (some for minimum cost), integrated into existing programs, or implemented in conjunction with other state health department or state agencu programs

Select one or more of 3 NPMs from the 15 in the proposed guidance. NPMs 4, 6, and 8 directly relate to IVP, and proposed NPM 7 indirectly addresses IVP.

Proposed National Performance Measures Directly Addressing IVP:

- Number 4: Percent of infants placed to sleep on their backs.
- Number 6: Rate of injury-related hospital admissions per population ages 0-19 years.
- Number 8: Percent of adolescents, ages 12-17 years, who are bullied.

Proposed NPM Indirectly Addressing IVP:

- Number 7: Percent of adolescents with a preventive services visit in the last year.

Identify one or more SPMs related to IVP or be included in your 5 required SPMs.

- CSN can provide assistance in developing the measures.
- Consider similar performance measures used by other states/territories. CSN's *MCH Program Injury and Violence Related State Performance Measures and Priority Needs, 2014* provides an overview of existing SPMs and priorities.

CSN can provide assistance in identifying evidence-informed strategies, finding programs into which IVP can be integrated, setting targets, and completing detail sheets in the applications.



6. Develop an action plan by MCH population

Identify activities to address IVP priorities, NPMs, and SPMs and complete the state action plan table.

Integrating IVP activities into existing state and local MCH services/programs can be an efficient and cost-effective way to achieve desired outcomes.

Consider current research and evidence-based practices to select and customize activities aimed at accomplishing performance measures related to IVP.

Obtain technical assistance from CSN for information on current research reports and IVP activities that have been successfully implemented in other states/territories. CSN can also provide assistance in the completion of the action plan table.

7. Seek and allocate resources

Review existing funding available both within your health department and other state agencies for addressing the IVP issue(s) that have been identified.

Identify programs which, for little or no additional resources, can integrate interventions to address the IVP issue.

Consider the need for additional authority from the state legislature to address the IVP issue.

Consider cost-outcome analysis for the injury and violence issue and cost-savings analysis for the proposed interventions. CSN can assist you in this process and provide information about the cost of a specific injury and the cost savings from the implementation of evidence-informed strategies.

Assess the potential for obtaining additional resources to support efforts to address injury and violence. One possible resource is state managed care plans, which may see a significant reduction in costs as a result of addressing a specific injury issue. CSN can assist you in making the case to health plans and share examples of existing programs.



8. Monitor progress for impact on outcomes

Establish a process to measure change and progress on injury and violence-related NPMs, national health status outcome measures, and state priorities and SPMs that relate to IVP. CSN can provide technical assistance on the development of the process, the provision of data, and data analysis.

CSN can provide information on evidence-informed strategies to achieve desired outcomes and link your state to other states addressing a similar issue(s).

9. Report back to stakeholders

Prepare and provide periodic evaluation reports on IVP measures to stakeholders.

CSN can provide technical assistance as Title V prepares its IVP reports to promote clear communication and strengthen partnerships with IVP stakeholders.

How Can CSN Help Title V Directors?

We can:

- Help you to formulate your NA process to explore the scope of the injury problem in your state, including assessment of your state's resources and systems capacity.
- Help you to locate the most current and useful data available for your state on injuries and violence. Our staff at the Economics and Data Analysis Resource Center (CSN EDARC) has experience, expertise, and knowledge of data, sources of data, and cost-related information.
- Provide information on effective programs that prevent child and adolescent injuries and violence. We can point you toward examples of best practices that can reduce the burden of childhood injury in your state.
- Develop state priorities, SPMs, and assist you in completing the accompanying detail sheets on injuries and violence as you prepare your state's Title V application.
- Provide case studies and other examples of how to successfully integrate IVP into MCH services and strengthen state systems capacity.
- Offer technical assistance on a variety of injury topics, such as bullying prevention, suicide prevention, safe sleep, child neglect and maltreatment prevention, teen driving safety, the prevention of risky behaviors, and many others.



Appendix 1

Inventory of National Injury Data Systems:

CDC's National Center for Injury Prevention and Control (NCIPC) has compiled a list of 44 different federal data systems operated by 16 different agencies and three private injury registries providing nationwide injury-related data.

- <http://www.cdc.gov/ncipc/osp/InventoryInjuryDataSys.htm>

The National Center for the Review and Prevention of Child Deaths offers annual reports from state death review systems.

- <http://www.childdeathreview.org/home.htm> - See especially "Preventing Child Deaths" and "Best Practices in Prevention-Oriented Child Death Review" (includes drowning; youth suicide; unintentional firearm injury; motor vehicle occupant injury; and child abuse)
- Review annual report from state/territory Fetal and Infant Mortality Review System

Child Abuse and Maltreatment -- raw data source National Child Abuse and Neglect Data System from the United States Department of Health and Human Services (USDHHS) Children's Bureau, Information Gateway, annual, at: <http://www.childwelfare.gov/>

- Every Child Matters - Child abuse fatalities per 100,000 children - "Geography Matters: Child Well-Being in the States" (April 2008) - at: <http://www.everychildmatters.org/National/Resources/Resources.html>



Childhood Injury Trends - current state level information

- <http://www.childtrends.databank.org/> - see especially "Are Teens Driving Safer?" and "Violence in the Lives of Children"
- Information about child maltreatment, infant homicide, and teen homicide, suicide, and firearm deaths at: <http://www.childtrends.databank.org/violence.cfm>



Injury Morbidity Data

- National Electronic Injury Surveillance System (NEISS), Consumer Product Safety Commission (CPSC) <http://www.cpsc.gov/library/neiss.html>, NEISS All Injury Program, CPSC/CDC-NCIPC, ongoing at: <http://www.cpsc.gov/epidemiology>
- HCUPnet provides a free, online query system from the Agency for Healthcare Research and Quality (AHRQ). It provides access to health statistics and information on hospital inpatient and emergency department utilization at: <http://hcupnet.ahrq.gov>
- National Hospital Discharge Survey (NHDS), CDC-NCHS, annual survey at: <http://www.cdc.gov/nchs/about/major/hdasd/nhds.htm>

Injury Mortality Data

- Fatal injury data by age, census region, and state ongoing at: <http://www.cdc.gov/ncipc/wisqars/>
- State/county mortality data ongoing at: <http://wonder.cdc.gov/mortsql.html>
- National Vital Statistics System (NVSS) - CDC-National Center for Health Statistics (NCHS), ongoing at: <http://www.cdc.gov/nchs/nvss.htm>
- NCHS - state level data at: <http://www.cdc.gov/nchs/hphome.htm>



Risky Behaviors - Surveys of School-Aged Children and Youth

- Behavioral Risk Factor Survey System (BRFSS) - CDC-National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) annual survey at: <http://www.cdc.gov/brfss/>
- Youth Risk Behavior Survey (YRBS) - CDC-NCCDPHP, biennial school-based survey for state/local data at: <http://www.cdc.gov/nccdphp/dash/yrbs/index.htm>
- Pregnancy Risk Assessment Monitoring System (PRAMS) - state data

Automotive/Transport Injury Data

- Fatality Analysis Reporting System (FARS) - National Highway Traffic Safety Administration (NHTSA), ongoing motor vehicle crash deaths at: <http://www-fars.nhtsa.dot.gov/>

Automotive Behavioral Injury Data

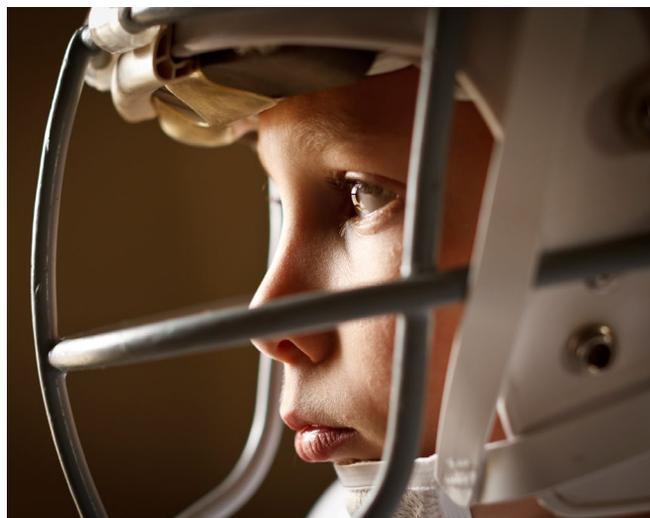
- National Survey of Drinking and Driving/Distracted and Drowsy Driving/Speeding and Unsafe Driving Attitudes and Behaviors, NHTSA, periodic at: <http://www.nhtsa.dot.gov/people/injury/research/>

Violent Death Data

- National Violent Death Reporting System (CDC-NVDRS) - CDC-NCIPC, exists in 17 states at: <http://www.cdc.gov/ncipc/profiles/nvdrs/facts.htm>

Traumatic Brain Injury Data

- Health Indicators Warehouse, National Center for Health Statistics, U.S. Department of Health and Human Services at: http://www.healthindicators.gov/Indicators/Traumatic-brain-injury-deaths-per-100000_1059/Profile
- The Traumatic Brain Injury Model Systems National Data and Statistical Center, funded by the National Institute on Disability and Rehabilitation Research, Office of Special Education and Rehabilitative Services, U.S. Department of Education provides data from 16 states on pre-injury, injury, acute care, rehabilitation, and outcomes at one, two, and five years post injury and every five years thereafter at: <https://www.tbindsc.org/>



Drugs and Alcohol

- National Survey on Drug Use and Health (NSDUH) The Substance Abuse and Mental Health Services Administration (SAMHSA) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. <http://www.icpsr.umich.edu/icpsrweb/content/SAMHSA/rdas.html>
- Treatment Episode Data Set (TEDS) at SAMHSA provides data on a significant proportion of admissions to substance abuse treatment for the nation and the states at: <http://www.dasis.samhsa.gov/webt/newmapv1.htm>

Crime Data

- Uniform Crime Reports (UCR) Federal Bureau of Investigation's (FBI) annual publication compiles volume and rate of crime offenses and arrests for the nation, the states, and many cities and counties at: <http://www.fbi.gov/stats-services/crimestats>

Trauma Care/Poisoning Data

- National Poison Data System (NPDS), American Association of Poison Control Centers (AAPCC), annually, at: <http://www.aapcc.org/>
- Poison Data. Check with your state Poison Control Center(s).
- National Trauma Data Bank (NTDB) - American College of Surgeons, ongoing at: <http://www.facs.org/trauma/ntdb.html>
- National Survey of Children's Health and National Survey of Children with Special Health Care Needs data. Data Resource Center (DRC) for Child and Adolescent Health at: <http://childhealthdata.org/home>.
- Natality Data Set CDC/NCHS also produces annual natality data at: <http://www.cdc.gov/nchs/births.htm>



CSN is a resource center for MCH and injury prevention professionals in State and Territorial health departments who are committed to reducing injuries and violence among children and adolescents. CSN is supported by the Maternal and Child Health Bureau, Health Resources and Services Administration, Department of Health and Human Services.

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