

Skills & Knowledge Recommendations to Support National Performance Measure 7 – Child Injury



1. Population Health

A renewed focus on MCH population health is key to achieving the NPMs in the era of health transformation. These skills enable Title V professionals to analyze how program interventions and their related health outcomes are distributed among a state’s MCH population. Population health skills complement all of Title V’s work, including program design and implementation, strategic partnerships and communication.

- a. Ability to conduct surveillance of child injury that allows public health practitioners to understand and respond to disparities in injury rates
- b. Skills to model drug epidemics, motor vehicle accident patterns, mental health issues, homicides, and other systems-level patterns that influence injury and death rates
- c. Ability to calculate quality-adjusted life years (QUALYs) to quantify impact of child injury in local communities

2. Strategic Planning & Program Design

Effective strategic planning and program design require the ability to base programs on defined goals and desired outcomes. Strategic planning should include a monitoring and evaluation system to track and monitor progress and inform program alterations as needed. Program design skills must ultimately be coupled with implementation, where program design is carried out.

- a. Skills to conduct needs assessment using consumer input, especially regarding effective messages about injury prevention
- b. Ability to appreciate how child injury prevention efforts fit into the larger framework of youth development

3. Strategic Alliances & Effective Partnerships

The wide array of stakeholders and partners in the field of MCH, from providers and insurers to women and children, require a set of skills in strategically aligning Title V goals with those of their partners. In the Title V world, there is an increasing interest in engaging unlikely or nontraditional partners to achieve the NPMs. The skills in this category take that into account and include unique partner groups linked to this measure.

- a. Ability to create injury topic-specific task forces that align multiple sectors in injury prevention efforts, including in the task force:
 - i. Law enforcement
 - ii. Departments of Education and Transportation
 - iii. Child Protective Services
 - iv. Hospitals and community health centers
 - v. Universities
 - vi. Community coalitions
 - vii. Organizations that serve families and youth
 - viii. Private sector partners
- b. Ability to effectively partner with policymakers to create legislation that includes effective injury prevention policies

4. Consumer Engagement/Cultural & Linguistic Brokering

Consumers are arguably the most important stakeholders in MCH work, thus skills in consumer engagement and cultural and linguistic brokering are essential to moving the needle for each NPM. In some cases, consumer engagement includes negotiating with other stakeholders on behalf of MCH populations. Closely linked with this skills category are skills in communication and strategic alliances.

- a. Ability to understand and leverage cultural context when considering programmatic and policy changes related to childhood injury prevention
- b. Ability to effectively engage youth as peer educators
- c. Ability to develop and promote positive social norms for child safety that are culturally relevant

5. Policy & Program Implementation

These skills ensure that MCH priorities are integrated into all aspects of policy and program implementation, as well as ensuring that policies and programs selected are well-aligned with NPMs and other MCH program goals. Implementing policies and programs with fidelity also requires skills in the implementation science drivers: technical and adaptive leadership; selection; training; coaching; systems intervention; facilitative administration; and decision support data systems.

- a. Ability to ensure health care providers have access to tools and best practices regarding injury prevention and are trained to use the tools in an evidence-based manner
- b. Skills to ensure high quality injury prevention counseling is embedded in programs for which Title V has authority
- c. Ability to support regulations that require:
 - i. Smoke detectors, hot water heater temperature controls, and stair safety gates in all homes
 - ii. Protective restraints in cars
 - iii. Pool fencing, self-closing gates, and pool alarms
 - iv. Graduated driver licensing for teens
 - v. Toy manufacturer safety standards
 - vi. Use of serialized, tamper-proof prescription forms by prescribing physicians
 - vii. Development and use of a prescription drug monitoring program for hospitals
 - viii. Prohibitions on cellphone use (including hands-free) by youth while driving

6. Communication

Communication skills support the creation and delivery of effective messages between MCH professionals, professional and community partners, and populations served by Title V. Effective communication ensures the delivery of appropriate messages to audiences in the way that they were intended and is key to all aspects of MCH work. These skills are linked closely with skills in strategic partnerships and cultural and linguistic brokering.

- a. Skills to effectively reach young adults, parents, and caretakers with injury prevention messages
- b. Ability to work with media as part of injury prevention campaigns
- c. Ability to alert the public about emerging injury-related trends
- d. Ability to describe violence and injury as a health problem
- e. Ability to communicate with policymakers and other opinion leaders about the health and financial impacts of injuries and proposed policies

Knowledge

In addition to skills, each NPM requires a knowledge base that will help Title V progress effectively in the measure. Knowledge should be considered at the foundation of achieving all measures.

1. Injury Prevention Background

- a. Ensure state and local MCH staff have baseline understanding of major causes of childhood and adolescent injury, including identification of disparities for each major cause:
 - i. Prescription drug use/abuse
 - ii. Motor vehicle crashes
 - iii. Suicide and mental health
 - iv. Child abuse (shaken baby)
 - v. Homicide
 - vi. Drowning, falls, poisoning, suffocation
 - vii. Fire/burns
 - viii. Intimate partner violence
- b. Knowledge of injury and fatality trends among children and adolescents in state/territory
- c. Knowledge of what it means to be born and thrive in a safe environment
- d. Knowledge of historical and cultural context of risk factors for injury/death in a given geographic area

2. Injury Prevention Policies & Strategies

- a. Knowledge of evidence-based policy and environmental strategies that prevent or reduce injury rates among children and adolescents, and the relative effectiveness of these policies (e.g. bike helmet laws, graduated driver's licenses) and strategies
- b. Knowledge of existing community resources for referrals or collaboration to support injury reduction (e.g. car seat distribution, social marketing campaigns)