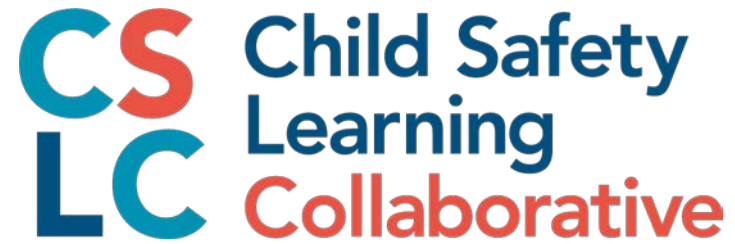# Welcome to the March STAW

Please share in chat or unmute:

- Name
- Role
- State
- Topic area

What is one thing that you are looking forward to for this spring?

Funding Sponsor

CSN Children's Safety Network

Technical Tips

Join audio via your computer if possible

Use the chat to ask questions at any time

Turn on your video camera, if you are willing and able, to increase our connectedness

Rename yourself to your state abbreviation and full name
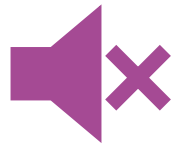
Mute yourself when you're not speaking

This session is being recorded and the recording will be shared along with the slides

Click the more (•••) icon, then the Captions (CC) icon at the bottom of your screen to turn on automatic captions

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Presenters

Maria Katradis, PhD

**Children's Safety Network
Education Development Center**

Christine Silva, MPH

**Massachusetts Department of
Public Health**

QI 101

Establishing SMART Aims

CSN Framework for Quality Improvement and Innovation in Child Safety

Child safety expertise

Leadership and management

Systems improvement

Workforce development

Outcomes

Improved injury and violence prevention systems

Health impact

Health Equity
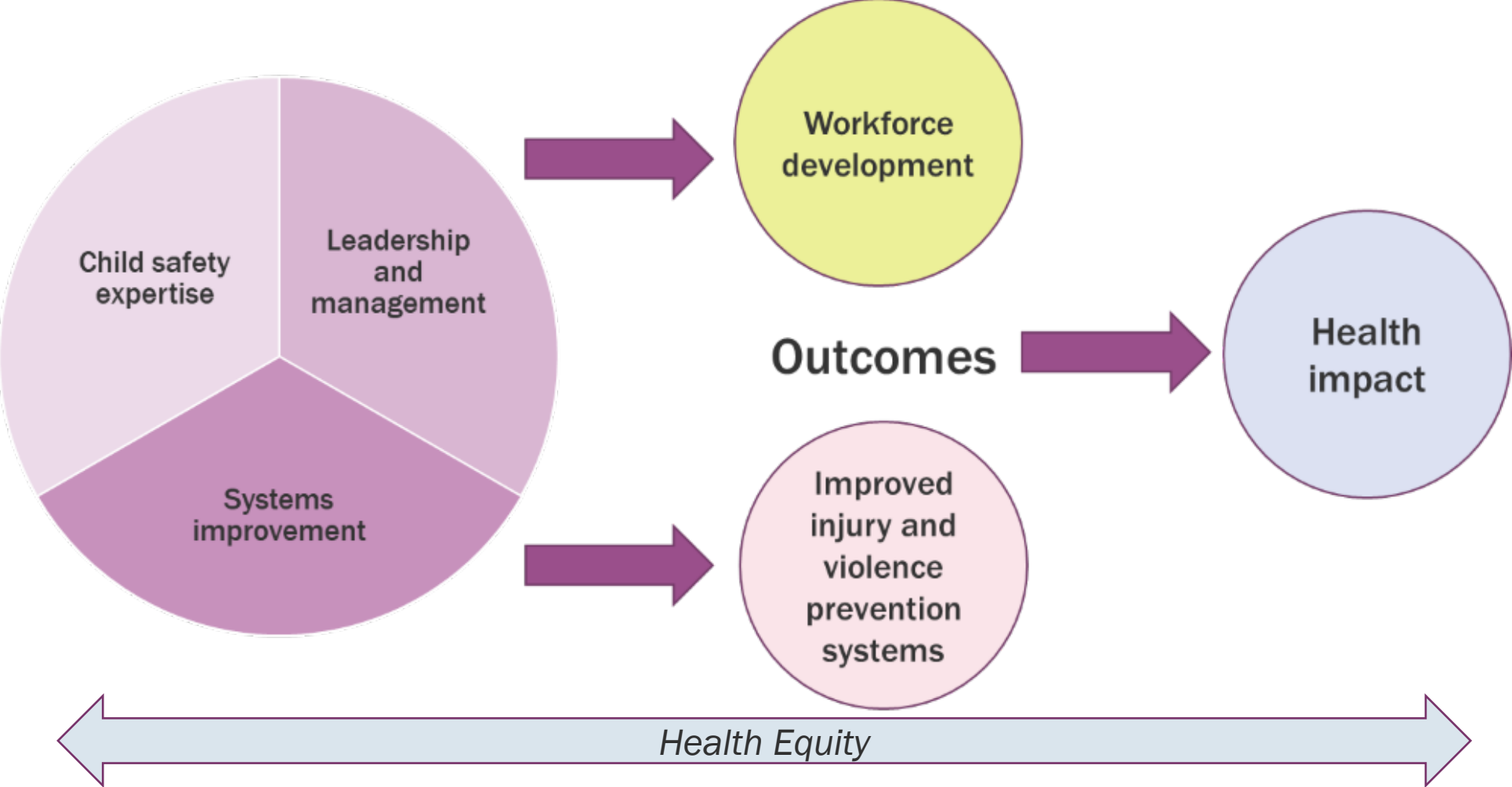
HRSA's Title V Performance Measure Framework

ESMs
- Evidence-based/informed strategy measures

NPMs
- National Performance Measures
- State Performance Measures

NOMs
- National Outcome Measures

National Outcome Measures

- NOM 9.1: Infant mortality rate per 1,000 live births
- NOM 9.5: Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births
- NOM 15: Child mortality rate, ages 1 through 9, per 100,000
- NOM 16.1: Adolescent mortality rate, ages 10 through 19, per 100,000
- 16.2: Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000
- NOM 16.3: Adolescent suicide rate, ages 15 through 19, per 100,000

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National Performance Measures

NPM 5: Safe Sleep

A. Percent of infants placed to sleep on their backs
B. Percent of infants placed to sleep on a separate approved sleep surface
C. Percent of infants placed to sleep without soft objects or loose bedding

NPM 7: Injury Hospitalization

- 7.1: Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9
- 7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

NPM 9: Bullying

- Percent of adolescents, ages 12 through 17, who are bullied or who bully others

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State Performance Measures

- State-developed measures reflecting priorities from previous 5-year needs assessment
- Social Determinants of Health
- Health Equity
- Organizational changes
- Workforce development
- Data systems
- Other state selected priority areas

Selecting Priority Populations

- Each selected NPM
- Addressing health equity
- Use in annual reporting

CSN Framework for Quality Improvement and Innovation in Child Safety
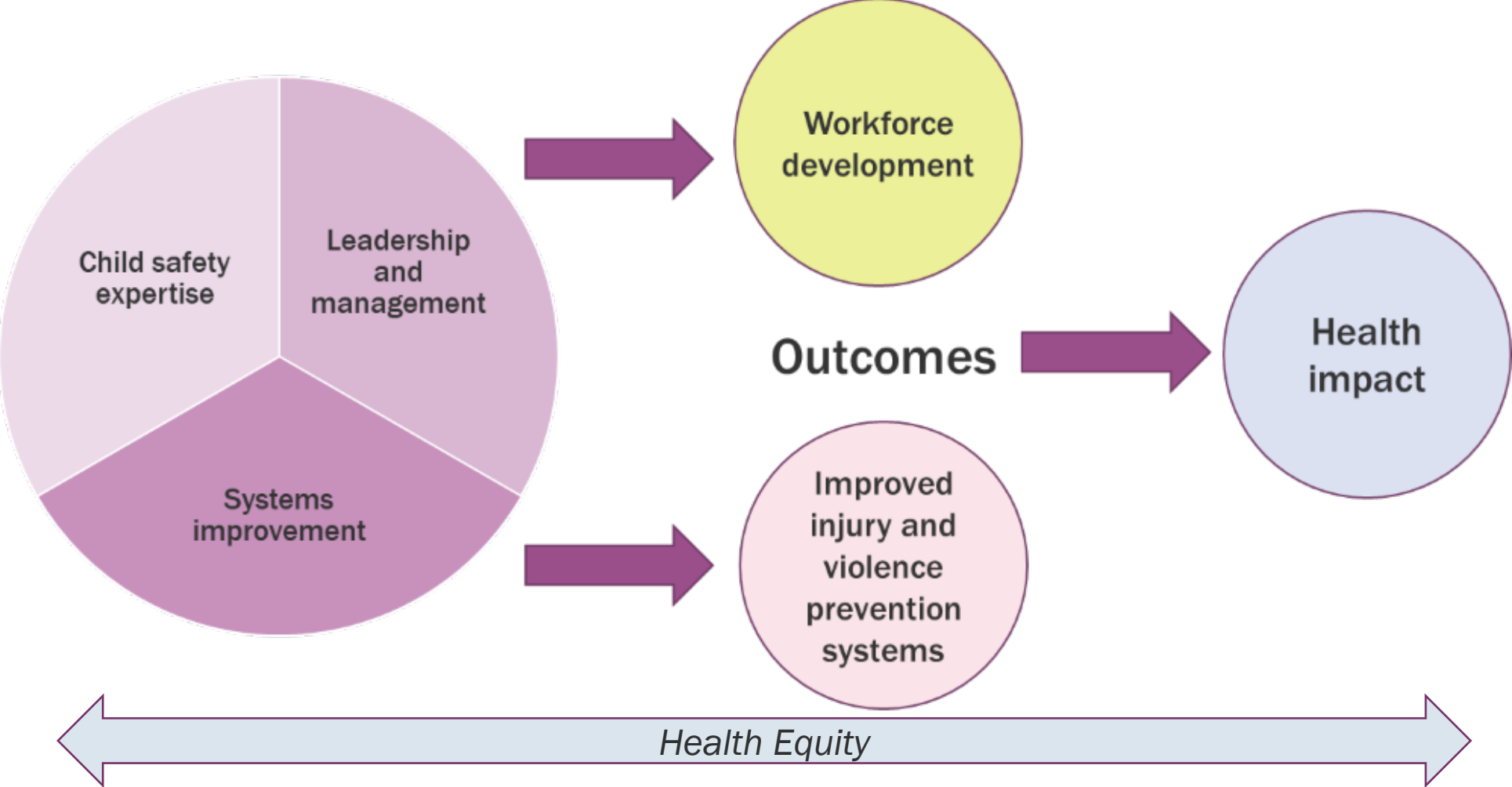
Evidence-Based/Informed Strategy Measures

- ESMs should be related to NPMs
- We want ESMs to have evidence of
  - Effectiveness
  - Reach
  - Feasibility
  - Sustainability
  - Transferability

CSN's Change Packages

Motor Vehicle Traffic Safety (MVTS) Change Package

Instructions
Select 1-3 strategies to implement and spread. For each strategy selected, collect data for the primary measure and any to all of the secondary measures to report on monthly as well to inform your improvement efforts.

Strategies	Measures
1. Implement and spread **child passenger safety education to parents/caregivers** (e.g., how to correctly install child safety seats, buckle harness, etc.)	**Primary** 1. Number of fitting stations, birthing hospitals, and other organizations offering child passenger safety education to ... **Secondary** 1a. Number of parents/caregivers w... 1b. Number of infants, children, an... 1c. Number of educational material...

Outcome Measure Worksheet
Suicide and Self-Harm Prevention

Instructions
Complete the first page of this worksheet. Then, using the other pages of the worksheet, identify which datasets are used in your state/jurisdiction and who is the individual responsible for reporting to that system. Contact that individual to explore options for getting real time data on a monthly basis.

Why We Need Data and How It Will Be Used
We are looking for real-time data for the purposes of Quality Improvement and determining the impact our work is having on rates of suicide and self-harm-related deaths, hospitalizations, and emergency department (ED) visits. The data will be used to:
- Assess progress made towards the achievement of aim statements
- Compare trends in injury to test small changes

Description of the Data
In an ideal world, these data will:
- Be collected and reported on a monthly basis
- Relate to this geographic region: _____

Poisoning Prevention Change Package

Driver Diagram

Primary Driver	Secondary Driver	Change Ideas	Recommended Measures
PD1: Societal level Culture of poisoning prevention	**SD1:** Knowledgeable partners and policymakers	1. Educate policymakers about best practices for poisoning prevention programs and policies, including those developed by Poison Control and the Centers for Disease Control and Prevention 2. Educate policymakers about Prescription Drug Misuse Prevention Programs 3. Work with the state hospital association to require hospitals and birthing facilities to provide prenatal, perinatal, and postpartum education for expecting and new mothers on neonatal abstinence syndrome and household poisoning prevention	1, 2, 3, 4, 5
	SD2: Multi-stakeholder dialogue and partnerships	1. Establish dialogue and partnerships with state Poison Control Center(s) 2. Establish dialogue and partnerships with state hospital association(s) 3. Partner with local communities and public-private organizations (e.g., private health care, academia, business)	1, 2, 3, 4, 5, 9
PD2: Organizational level Organizational policies and procedures support the practices and	**SD1:** Coordination with partners and communities	1. Implement and spread education on safety practices provided by poison control centers and the American Academy of Pediatrics (e.g., anticipatory guidance, written materials, videos, tips) 2. Implement evidence-based programs to increase awareness about proper storage and disposal of prescription drugs, household cleaners, and toxic substances throughout the state or jurisdiction (e.g., National Prescription Drug Take-Back Day) 3. Increase awareness and use of Naloxone and Medication-Assisted Treatment (MAT) with providers and first responders in the community	4, 5, 9

Be SMARTIE

SPECIFIC Includes a clear and well-defined **system** (what? and where?) and **population** (who?)

MEASURABLE Includes **quantitative goals** (how much?)

ACTIONABLE Within your sphere of influence (what, when, where, and how?)

REALISTIC (and ambitious) It is aligned with your organization's priorities (why?) and you have the time and resources (how?)

TIME-BOUND Includes a **time frame** by when results will be achieved (when?)

INCLUSIVE Incorporates those most impacted in a way that shares power (how?)

EQUITABLE Seeks to address systemic injustice, inequity, or oppression (how?)

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Questions

Please enter your questions in the chat at the bottom of your screen or feel free to unmute yourself and ask your question out loud.

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What challenges have you experienced in moving from data to action and advancing equity?

Key Definitions

- **Institutional Racism:** Discriminatory treatment, unfair policies and practices, and inequitable opportunities and impacts within organizations and institutions based on race.

- **Structural Racism:** Racial bias across institutions and society over time.
  - It is the cumulative and compounded effects of factors such as public policies, institutional practices, cultural representations, and other norms that work in various, often reinforcing, ways to perpetuate racial inequity.

- **Racial Equity:** Being aware of and considering past and current inequities, and providing all people, especially those most impacted by racism, the support needed to thrive.

- **Centering Racial Equity:** Explicitly considering race, ethnicity, and racism in analyzing issues, looking for solutions, and defining success.

What is the DPH Racial Equity Data Road Map?

- A collection of guiding questions and resources to help programs with data analysis, quality improvement, and racial equity reframing techniques

- The Road Map can be customized to best suit the needs of programs with different levels of capacity

RACIAL EQUITY DATA ROAD MAP

DATA AS A TOOL TOWARDS ELIMINATING STRUCTURAL RACISM

Racial equity means acknowledging and accounting for past and current inequities, and providing all people, particularly those most impacted by racial inequities, the infrastructure needed to thrive.

1. Applying a Racial Equity Reframe
Describes the importance of reframing data with a racial equity lens and introduces a Racial Equity Reframing Tool for programs to apply to the topic or focus of their work.

2. Assessing Program Readiness to Use a Racial Equity Data Reframe
Encourages programs to complete at least one self-assessment to determine the extent to which systems are in place to support data-driven racial equity work.

3. Disaggregating Data and Assessing for Inequities
Describes the importance of disaggregating data (i.e., analyzing data in smaller units such as race, ethnicity, or zip code) and provides guidance on how to do this. Provides guidance on comparing disaggregated data across population sub-groups to determine whether inequities exist.

4. Contextualizing Data
Provides guidance on how to frame data with historical and structural context, with an emphasis on engaging the community in this process.

5. Prioritizing Strategies
Introduces tools to support the process of identifying the most striking inequities feasible for intervention and creating a plan to address them.

6. Developing an Equity Spotlight to Highlight the Data
Outlines important questions and considerations in designing materials used to communicate the data to key stakeholders.

7. Moving From Data to Action
Describes how to plan, implement, and assess the effectiveness of interventions to address the inequities.

For more information, contact: RESPIT@mass.gov

COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Overview of Massachusetts MIECHV

What is the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program?

- MIECHV supports pregnant people and parents with young children who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes

- Families choose to participate in home visiting programs, and partner with health, social service, and child development professionals to set and achieve goals that improve their health and well-being

Overview of Massachusetts MIECHV

MIECHV aims to:

Improve maternal and child health

Prevent child abuse and neglect

Reduce crime and domestic violence

Increase family education level and earning potential

Promote children's development and readiness to participate in school

Connect families to needed community resources and supports

MIECHV Performance Measures

Benchmark Area	Performance Measure
Maternal, newborn, and child health	• Preterm Birth • Breastfeeding • Depression Screening • Well-Child Visit • Postpartum Care • Tobacco Cessation Referrals
Child injuries, abuse, neglect and maltreatment and emergency department visits	• Safe Sleep • Child Injury • Child Maltreatment
School readiness and academic achievement	• Parent-child Interaction • Early Language and Literacy Activities • Developmental Screening • Behavioral Concerns
Crime or domestic violence	• Intimate Partner Violence Screening
Family economic self-sufficiency	• Primary Caregiver Education • Continuity of Insurance Coverage
Coordination and referrals for other community resources and supports	• Completed Depression Referrals • Completed Developmental Referrals • Intimate Partner Violence Referrals

SMARTIE Aims

STRATEGIC | reflects an important dimension of what your organization seeks to accomplish (programmatic or capacity-building priorities).

MEASURABLE | includes standards by which reasonable people can agree on whether the goal has been met (by numbers or defined qualities).

AMBITIOUS | challenging enough that achievement would mean significant progress; a "stretch" for the organization.

REALISTIC | not so challenging as to indicate lack of thought about resources or execution; possible to track and worth the time and energy to do so.

TIME-BOUND | includes a clear deadline.

INCLUSIVE | brings traditionally excluded individuals and/or groups into processes, activities, and decision/policy making in a way that shares power. *(Source: OpenSource Leadership Strategies)*

EQUITABLE | includes an element of fairness or justice that seeks to address systemic injustice, inequity, or oppression.

Source: https://www.managementcenter.org/resources/smartie-goals-worksheet/

Why SMARTIE vs SMART?

SMARTIE objectives move us towards intentionally and meaningfully communities that have been marginalized in a way that:

- Shares power
- Shrinks disparities
- Leads to more equitable outcomes

SMART vs SMARTIE Aims: Examples

SMART

- By June 30, 2024, we will decrease the rate of child injury by 10%.

SMARTIE

- By June 30, 2024, we will decrease the rate of child injury among families who self-identify as Hispanic by 10% through partnering with families to determine strategies that are culturally appropriate.

SMARTIE Aim Steps

Review the data → Define your goal → Set a SMARTIE aim → Change implementation → Sustain the gains

Engage key partners →
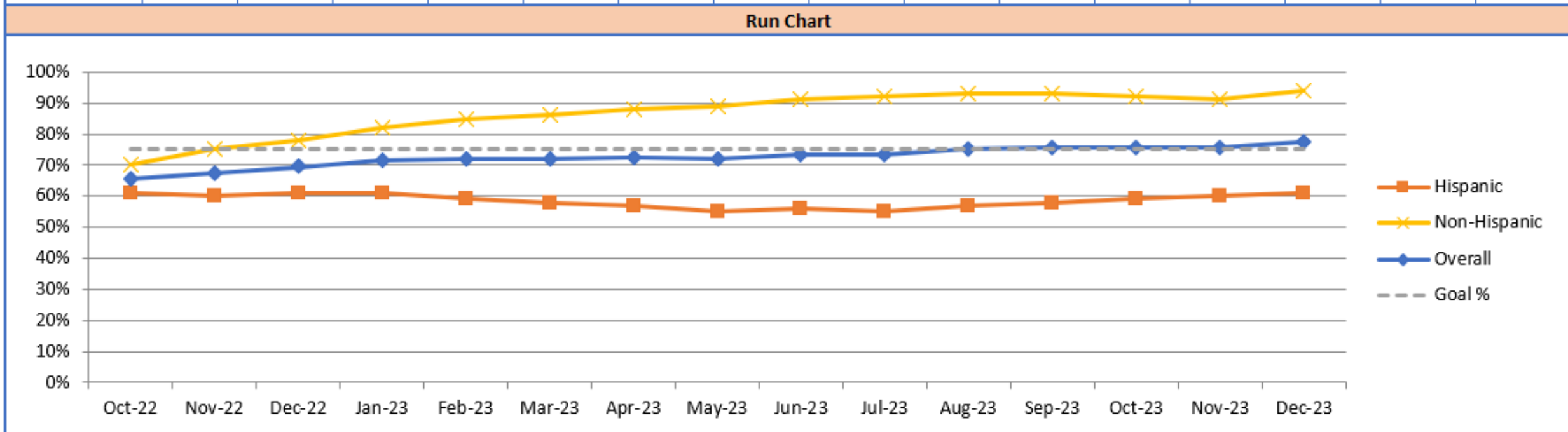
Safe Sleep Performance Measure

Safe Sleep Performance Measure:

- Percent of infants enrolled in home visiting that are always placed to sleep on their **backs**, **without bed-sharing** and **without soft bedding**.

- Assessed every 2 months from birth to 12 months of age.

Protected. By you.

You can keep your sleeping baby safe.

On their back, always   In their own crib, with nothing else   Away from smoking of any kind

mass.gov/safesleep   A message from the Commonwealth of Massachusetts

Sample Safe Sleep Data

Safe Sleep - Ethnicity														
Month	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Hispanic	61%	60%	61%	61%	59%	58%	57%	55%	56%	55%	57%	58%	59%	60%	61%
Non-Hispanic	70%	75%	78%	82%	85%	86%	88%	89%	91%	92%	93%	93%	92%	91%	94%
Overall	66%	68%	70%	72%	72%	72%	73%	72%	74%	74%	75%	76%	76%	76%	78%
Goal %	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%

Run Chart

Based on the safe sleep data, what could be a potential SMARTIE aim?

SMARTIE Aim Checklist

Strategic	Measurable	Ambitious	Realistic	Time-bound	Inclusive	Equitable
☐	☐	☐	☐	☐	☐	☐

Wrap-up

How do plan to incorporate SMARTIE aims into your work?

Thank you!

Christine Silva
Christine.Silva@mass.gov

For questions about the Road Map:
RESPIT@mass.gov

Connect with DPH

@MassDPH

Massachusetts Department of Public Health

mass.gov/dph

Questions

Please enter your questions in the chat at the bottom of your screen or feel free to unmute yourself and ask your question out loud.

Thank you!

1 Please fill out our brief evaluation:

3 Visit our website: childrenssafetynetwork.org

2 Follow us on social media:

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