Child Health

Priority: Child Injury Prevention

Performance measure (NPM): Rate of hospital admissions (per 100,000 population) with a primary diagnosis of unintentional or intentional injury among children, ages 0 through 9

State lead: Heather Morrow-Almeida

Child Injury Prevention – Strategy #1: Identify child injury prevention needs and priorities; use them to develop, promote and/or implement data-informed

child injury policy.

Foundational area: Policy & systems
State lead: Heather Morrow-Almeida

Related Foundational Priorities:

 \boxtimes SDOH-E \boxtimes Toxic stress/trauma/ACEs \boxtimes CLAS

Local Level Activities	Local measures	Resources
1. Convene local partners to identify	a. Number of partners engaged	Evidence:
policy priorities and develop plans	to strengthen child injury	https://www.mchevidence.org/tools/npm/7-child-safety.php
to advance priorities.	policies	Action and policy planning resources:
	b. Number of collaborative	https://services.aap.org/en/advocacy/transition-plan-2020/
	meetings to develop policy	https://www.safekids.org/
	plans	https://www.childrenssafetynetwork.org/sites/childrenssafetynetwork.org/files/InjuryViolencePreventionStrategiesDevelo
		pmentalStage.pdf
2. Engage culturally specific	a. Number of partnerships	
organizations, and/or fund	developed with culturally	
culturally specific organizations to	specific organizations	
join with injury prevention		
partners to use data to inform		
prevention planning efforts.		

Child Injury Prevention – Strategy #2: Strengthen workforce capacity to address child injury prevention at the state and local level.

Foundational area: Workforce

State lead: Heather Morrow-Almeida

Related Foundational Priorities:

Local Level Activities	Local measures	Resources
Assess and enhance integration of injury risk assessment, education and remediation into home visits with families.	a. Percent of home visiting programs assessed for integration of injury risk assessment, education, and remediation into home visits	Home visiting and parent engagement resources: https://amchp.org/wp-content/uploads/2022/02/Pulse NovDec14.pdf https://eclkc.ohs.acf.hhs.gov/safety-practices https://www.ohsu.edu/doernbecher/tom-sargent-safety-center https://www.legacyhealth.org/children/prevention-and-wellness.aspx
Provide or arrange for staff to participate in child injury prevention trainings	 a. Number of staff trained b. Number of child injury topics for which training was received by staff 	Training and webinar opportunities: https://www.childrenssafetynetwork.org/webinars https://www.aap.org/en/policy/ https://eclkc.ohs.acf.hhs.gov/safety-practices https://www.safekids.org/
3. Engage members of culturally specific organizations in training opportunities to grow culturally diverse workforce and culturally responsive injury prevention approaches.	 a. Number of culturally specific organizations partnered with b. Number of staff from culturally specific organizations trained in child injury prevention 	

Child Injury Prevention – Strategy #3: Strengthen partnerships to support child injury prevention.

Foundational area: Community, individual & family capacity

State lead: Heather Morrow-Almeida

Related Foundational Priorities:

Local Level Activities	Local measures	Resources
1. Participate in child safety coalitions	a. Number of coalition meetings	All things Safe Kids:
in county or region.	attended	https://www.safekids.org/
	b. Number of coalition activities	https://www.safekids.org/coalition/safe-kids-oregon
	participated in	
2. Conduct in partnership and/or	a. Number of culturally specific	Communication toolkits and resources:
fund culturally specific health	organizations partnered with	https://www.preventchildinjury.org/
outreach and education efforts.	b. Number of culturally	https://www.safekids.org/
	responsive health education	https://www.childrenssafetynetwork.org/sites/childrenssafetynetwork.org/files/InjuryViolencePreventionStrategiesDevelo
	messages/efforts/campaigns	pmentalStage.pdf
	created and disseminated	

Child Injury Prevention – Strategy #4: Develop, implement and/or promote education and communication strategies for child injury prevention.

Foundational area: Community, individual & family capacity

State lead: Heather Morrow-Almeida

Related Foundational Priorities:

Local Level Activities		Local measures	Resources
1. Conduct in	a.	Number of culturally specific	Communication toolkits and resources:
partnership and/or		organizations partnered with	https://www.preventchildinjury.org/
fund culturally	b.	Number of culturally	https://www.safekids.org/
specific health		responsive health education	https://www.childrenssafetynetwork.org/sites/childrenssafetynetwork.org/files/InjuryViolencePreventionStrategiesDevelopmentalStage.pdf
outreach and		messages/efforts/campaigns	
education efforts.		created and disseminated	
2. Develop and	a.	Number of health messages	
disseminate child		created and disseminated	
injury prevention	b.	Number of methods used to	
messaging to the		disseminate educational	
public.		messaging	

Child Injury Prevention – Strategy #5: Improve data collection, analysis, interpretation and dissemination of child injury data to focus prevention efforts.

Foundational area: Assessment, surveillance, evaluation & epidemiology

State lead: Heather Morrow-Almeida

Related Foundational Priorities:

Local Level Activities	Local measures	Resources
Participate in local child death review teams and contribute to subsequent data reporting into NCDRRS.	 a. Number of local child death review team meetings attended. b. Percent of meetings attended at which MCH programmatic case data was provided for review. 	Child Fatality Review Resources: https://www.ncfrp.org/ https://www.oregon.gov/oha/PH/PreventionWellness/SafeLiving/KeepingChildrenSafe/Pages/child-fatality-review.aspx