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:

Local Level Activities	Local measures	Resources
Assess opportunities to strengthen child injury prevention policies;	 a. Assessment of opportunities to strengthen child injury prevention policies completed (Yes/No) b. Number of child injury prevention policies reviewed and/or identified as gaps 	Evidence: https://www.mchevidence.org/tools/npm/7-child-safety.php Action and policy planning resources: https://www.cdc.gov/safechild/nap/index.html https://services.aap.org/en/advocacy/transition-plan-2020/ https://www.safekids.org/ https://www.childrenssafetynetwork.org/sites/childrenssafetynetwork.org/files/InjuryViolencePreventionStrategiesDevelopmentalStage.pdf
Convene local partners to identify policy priorities and develop plans to advance priorities;	 a. Number of partners engaged to strengthen child injury policies b. Number of collaborative meetings to develop policy plans 	pmentalstage.pur
3. Engage culturally specific organizations, and/or fund culturally specific organizations to join with injury prevention partners to use data to inform prevention planning efforts.	a. Number of partnerships developed with culturally specific organizations	

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:

SDOH-E ⊠ Toxic stress/trauma/ACEs ⊠CLAS

ASDON-E A TOXIC SCRESS/trauma/ACES ACLAS				
Local Level Activities	Local measures	Resources		
1. 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: http://www.amchp.org/AboutAMCHP/Newsletters/Pulse/Archive/2014/NovemberDecember2014/Pages/Feature9.aspx https://eclkc.ohs.acf.hhs.gov/safety-practices/article/create-culture-safety 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/ https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-child-care/Pages/Safety-and-Injury-Prevention.aspx https://eclkc.ohs.acf.hhs.gov/safety-practices/article/create-culture-safety 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 and coalitions to support child injury education, prevention plan implementation, and

communication strategies.

Foundational area: Community, individual & family capacity

State lead: Heather Morrow-Almeida

Related Foundational Priorities:

SDOH-E ⊠ Toxic stress/trauma/ACEs ⊠CLAS

ESSON E E TOMO STI COST COST COST COST COST COST COST COST				
Local Level Activities	Local measures	Resources		
1. Participate in Oregon Safe Kids	a. Number of coalition meetings	All things Safe Kids:		
Coalitions in county or region;	attended	https://www.safekids.org/		
	b. Number of coalition activities	http://www.safekidsoregon.org/		
	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.cdc.gov/safechild/nap/index.html		
	messages/efforts/campaigns	https://www.childrenssafetynetwork.org/sites/childrenssafetynetwork.org/files/InjuryViolencePreventionStrategiesDevelo		
	created and disseminated	pmentalStage.pdf		
3. Develop and disseminate child	a. Number of health messages			
injury prevention messaging to the	created and disseminated			
public;	b. Number of methods used to			
	disseminate educational			
	messaging			

Child Injury Prevention – Strategy #4: Improve data collection Foundational area: Assessment, surveillance, evaluation & epidemiology State lead: Heather Morrow-Almeida		on, analysis, interpretation and dissemination of child injury data to focus prevention efforts. Related Foundational Priorities: ⊠SDOH-E ☑ Toxic stress/trauma/ACEs ☑CLAS
Local Level Activities	Local measures	Resources
Participate in local child death review teams and contribute to subsequent data reporting into NCDRRS;	review team meetings	Child Fatality Review Resources: https://www.ncfrp.org/ https://www.oregon.gov/oha/PH/PreventionWellness/SafeLiving/KeepingChildrenSafe/Pages/child-fatality-review.aspx