

4/18/14

20 grants
\$250,000/yr

Rebin
Jerem

Core Violence and Injury Prevention Program (Core SVIPP)

Injury affects people of all ages, races, and sex and has been a leading cause of morbidity and mortality throughout history. Over the last several years of available data, Montana had one of the highest rates of unintentional injury death in the nation¹. Death only represents a small number of injuries occurring each year. There are also many hospitalizations, emergency department and physician visits resulting from injury. For some, an injury is a temporary inconvenience while for others it leads to disability, chronic pain, significant changes in lifestyle, and death. The financial and quality of life costs due to injuries could be reduced in Montana through effective prevention efforts.

The overall purpose of applying for this funding is to decrease and prevent injury and violence related morbidity and mortality in Montana and to increase the sustainability of the Montana Injury Prevention Program (MIPP)

The MIPP plans to utilize strategies that align with the National Center for Injury Prevention Control priorities relating to child abuse and neglect, traumatic brain injury (TBI), motor vehicle crash injury and death and intimate partner violence.

The MIPP will carry out the following required strategies:

- 1) Educate health department leaders and policy makers about PH approaches to Injury and Violence Prevention
- 2) Engage, coordinate and leverage other State Health Department partners, Non-Government Organizations partners, and other research institutes
- 3) Enhance statewide Injury plan and logic model for the 4 priority areas
- 4) Implement 6 strategies that address the 4 priority focus areas and one innovative area to address falls; all strategies address more than one focus area
- 5) Develop Evaluation plan reflecting outcome measures
- 6) Disseminate surveillance and evaluation information to stakeholders and use for continuous QI
- 7) Enhance surveillance systems to capture IVP data

The MIPP has selected the following focus area strategies:

- A) Implementation of Safe Environment for Every Kid (SEEK)- Child Abuse and Neglect, Intimate Partner Violence
- B) Support and promote safe sleep procedures- Child Abuse and Neglect, TBI
- C) Evaluate, Educate and promote Occupant Protection policies including primary seat belt enforcement and proper car seat utilization- Motor Vehicle, TBI
- D) Expand, educate, and train health care professionals on Screening Brief Intervention and Referral to Treatment (SBIRT)- Motor Vehicle, TBI, Child Abuse and Neglect, Intimate Partner Violence, Falls
- E) Disseminate Pediatric Mild TBI guidelines through large health systems- TBI, Motor Vehicle, Falls
- F) Develop compressive fall prevention program including STEADI, OTAGO, Stepping On- Falls, TBI

SEEK Project

EBP

Maryland
PA

WV
VIRS

The *SEEK* project, funded by the US DHHS, Administration on Children and Families, the CDC, and the Doris Duke Foundation, offers a practical approach to the identification and management of targeted risk factors for child maltreatment for families with children aged 0-5, integrated into pediatric primary care. By addressing these problems, *SEEK* aims to strengthen families, support parents, and thereby enhance children's health, development and safety, while helping to prevent child maltreatment.

Primary
screening tool

The main components of the *SEEK* model include:

- **Training health professionals** to briefly assess and initially manage identified problems.
 - Initial training was between 4-8 hours, taught in an interactive way by an interdisciplinary faculty, and with 1-hour boosters approximately every 6 months. *SEEK* training materials are available for others to use. In *SEEK II*, we added a module on motivational interviewing
- Use of the **Parent Screening Questionnaire** to identify targeted problems.
 - We developed a user friendly questionnaire (PSQ) for the *SEEK I*, conducted in a low-income population and modified it for *SEEK II*, conducted in a mostly middle-class population. The PSQ should be handed to parents at select well-child visits for them to complete voluntarily while waiting, and then given to the health professional at the start of the visit.
 - The PSQ attempted to screen (not diagnose) several common problems that are risk factors for child maltreatment: (1) maternal depression, (2) alcohol and substance abuse, (3) intimate partner (or domestic) violence, and (4) parental stress and difficulty coping. In *SEEK I*, we also addressed food insecurity.
 - In *SEEK I*, the clinic handed out the PSQ at each checkup starting at 2 months - 5 years. In *SEEK II*, the PSQ was handed out at the 2, 9 and 15 month, and 2, 3, 4, and 5 year visits.
- **Collaboration with a social worker** to help address problems, including referrals to community resources.
 - This has been a valuable component of the *SEEK* model. In *SEEK II*, one social worker divided her time across 7 practices, but was still available to others by phone. Health professionals and parents have discretion regarding how and when to involve the social worker. The social worker tailored her involvement to meet the needs of individual parents, but did not engage in extended therapy.
- **Parent Handouts** -- specially developed as adjuncts to advice given in the office.
 - Relatively simple one side of one page handouts were developed covering approximately 10 common problems. These were customized for each practice/location, including information on local resources.



SEEKTM
Safe Environment for Every Kid

*Caregivers w/
0-5yr age
children*

Parent Questionnaire (PQ)

Dear Parent or Caregiver: Being a parent is not always easy. We want to help families have a safe environment for kids. So, we're asking everyone these questions. They are about problems that affect many families. If there's a problem, we'll try to help.

Please answer the questions about your child being seen today for a checkup. If there's more than one child, please answer "yes" if it applies to any one of them. This is voluntary. You don't have to answer any question you prefer not to.

Today's Date: ___/___/___ Child's Name: _____

Child's Date of Birth: ___/___/___

PLEASE CHECK

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you need the phone number for Poison Control? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you need a smoke detector for your home? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Does anyone smoke tobacco at home? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | In the last year, did you worry that your food would run out before you got money or Food Stamps to buy more? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | In the last year, did the food you bought just not last and you didn't have money to get more? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you often feel your child is difficult to take care of? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you sometimes find you need to hit/spank your child? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you wish you had more help with your child? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you often feel under extreme stress? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | In the past month, have you often felt down, depressed, or hopeless? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | In the past month, have you felt very little interest or pleasure in things you used to enjoy? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | In the past year, have you been afraid of your partner? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | In the past year, have you had a problem with drugs or alcohol? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | In the past year, have you felt the need to cut back on drinking or drug use? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are there any other problems you'd like help with today? |

Please give this form to the doctor or nurse you're seeing today. Thank you!