

**INDIANA STATE DEPARTMENT OF HEALTH  
MATERNAL AND CHILD HEALTH DIVISION**

**Appendix B  
Child Injury Prevention  
Service Standard**

**Program Description**

On July 1, 2013, a new Indiana law ([IC 16-49](#) <http://iga.in.gov/legislative/laws/2016/ic/titles/016/>) went into effect, requiring child fatality review teams in each county, with coordination and support for these teams to be provided by the Indiana State Department of Health (ISDH). The Indiana Child Fatality Review Program attempts to better understand how and why children die, take action to prevent future deaths, and improve the health and safety of Indiana's children. Child Fatality Review (CFR) is a collaborative process that can help Indiana communities better understand why child fatalities occur within the community, and develop strategies to prevent future deaths. CFR teams are multidisciplinary, professional teams which will conduct a comprehensive, in-depth review of a child's death and the circumstances and risk factors involved, and then seek to understand how and why the child died so that future injury and death can be prevented.

The Indiana State Department of Health (ISDH) Maternal and Child Health (MCH) Division is requesting applications from local and statewide service providers and organizations (nonprofit organizations, hospitals, local health departments, community care centers, rural health centers, WIC locations, schools, social service agencies, health care providers, child care providers, community mental health agencies, child abuse prevention agencies, faith-based community resources, substance use/abuse service providers, etc.) to implement injury prevention and health education programs to decrease the rate of injury-related hospitalizations per population aged 0-19. Potential grantees must demonstrate the need for the proposed injury prevention activities and provide documentation that all proposed activities are supported by the local CFR team.

Programs and activities should partner with existing agencies/organizations that provide services/resources to children and families, and be administered per an evidence-based or promising practice model. More information on evidence-based or best-practices related to injury prevention can be accessed at:

Children's Health Alliance of Wisconsin Injury Prevention and Death Review:  
Community Prevention <http://chawisconsin.org/injury-prevention-death-review.php?pg=26>.

CDC Child Safety and Injury Prevention <https://www.cdc.gov/safecild/>

University of Michigan Injury Center <http://www.injurycenter.umich.edu/>

CDC Understanding Evidence <http://vetoviolenecdc.gov/apps/evidence/#&panel1-1>

**Provider/Staff Qualifications**

To ensure collaboration with the local CFR team, this Request for Applications (RFA) requires intensive collaborations with many individuals, agencies and groups in the targeted community(ies). It is imperative that successful Child Injury Prevention providers meet all the

requirements of the RFA in order for the application to be considered for review and selection process.

From the beginning of the planning process, successful applicants **must** contact and partner with the local CFR team(s) in the community(ies) that are proposed to provide the service. CIP applicants and CFR teams are required to work together to develop the proposal and budget in response to this RFA. Contact Gretchen Martin, at [gmartin1@isdh.in.gov](mailto:gmartin1@isdh.in.gov), for a list of all local CFR teams and chairpersons. A letter of support from each local CFR team is **required as an attachment with the CIP application**. Applications without the required letter(s) of support will not be considered for review.

### **Required Components of Service or Program**

Funds must be used, but are not limited, to implement one (or more) of the following best practice CIP activities:

- 1) Provide standard messaging around injury prevention topics and connection to services/resources.
- 2) Provide guidance/training to organizations on developing/implementing injury prevention programs/policies.
- 3) Promote safe messaging and media guidelines related to injury prevention events/programs.
- 4) Promote and distribute existing safe messaging Public Service Announcements and media campaigns related to injury prevention topics.
- 5) Increase communities' capacity to promote resilience and wellness and other protective factors to reduce youth risk behaviors. Possible recommended strategies include, but are not limited to:
  - a. Support the formation of a local coalition or workgroup to identify injury prevention needs and develop a coordinated approach to build capacity and collaboration.
  - b. Provide training on coping, problem-solving skills and help-seeking behaviors among children and adolescents.
  - c. Increase community programming that promotes safety and social connectedness.
- 6) Promote policies and procedures for safe and supportive school and community environments.
- 7) Provide training on how to prevent and respond to injury events/fatalities to community partners that have a role in the prevention of pediatric injury and related behaviors.
- 8) Develop and distribute a local community action toolkit, based on what has been successful in other communities in the country.
- 9) Efforts to address disparate populations and equitable access to services/resources must be part of the service delivery program

Additional Required Sections to Application Narrative, Proposed Services and Activities section: In addition to required narrative sections as outlined in RFA, CIP applicants must describe the need for injury prevention programs/activities in the community of choice using data/information

provided by the local CFR team and/or local/state mortality/morbidity data and other relevant sources. Data and information provided by the local CFR team must not contain any identifiable information regarding a deceased child or incident. Applicants may attach provide charts, graphs and/or photographs to illustrate the data/need as attachments.