



MASSACHUSETTS

Core State Violence and Injury Prevention Program

BASE COMPONENT | \$250,000

REGIONAL NETWORK COORDINATING ORGANIZATION (RNCO) | \$75,000

SURVEILLANCE QUALITY IMPROVEMENT (SQI) | \$150,000

OVERVIEW

Injuries are the leading cause of death for persons ages 15–44 in Massachusetts. The Massachusetts Department of Public Health's (MDPH) Division of Violence and Injury Prevention and the Injury Surveillance Program are working to implement strategies to decrease injuries and violence by implementing evidence-based programs and strategies.

BASE COMPONENT

Massachusetts is addressing all four required focus areas using injury and violence prevention strategies.



Preventing child abuse and neglect and intimate partner violence/sexual violence (IPV/SV):

Massachusetts is working to develop, implement, and evaluate child sexual abuse prevention (CSAP) policies and practices among youth-serving organizations. This includes deploying the best available evidence-based CSAP, IPV/SV, and community prevention strategies. A policy, programming, and capacity scan provided a snapshot of how youth-serving organizations work to prevent child sexual abuse. Questions around policies and programming that work to address teen dating violence, intimate partner violence, and healthy relationships were also included in this scan. By reviewing such policies, they are better prepared to gauge whether an agency has procedures for disclosing and reporting child sexual abuse. A child sexual abuse prevention training curriculum and toolkit will be developed based on the vital information from this scan and will highlight the intersections between child sexual abuse, teen dating violence, and intimate partner violence.



Preventing motor vehicle crash injury and death: The Safe Transportation Core SVIPP project developed a transportation use and safety scan to review the transportation-related policies and procedures of youth violence prevention programs that they fund through the health department. Based on the results of this analysis, they are working to develop and implement transportation safety policies for these programs. Implementation will include training, technical assistance, and a toolkit of potential activities related to transportation safety for youth programs.



Preventing traumatic brain injury: Massachusetts is enhancing the implementation of the [CDC HEADS UP program's Return to Learn and Play](#) after a concussion guidelines. They are analyzing gaps in policies, programs, and data collection for middle and high schools, sports leagues, health providers, and parents. Opportunities for improvement will be leveraged and model programs and guidelines will be highlighted.

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SURVEILLANCE QUALITY IMPROVEMENT COMPONENT

The Massachusetts Surveillance Quality Improvement team is collaborating with key state, regional, and federal partners on the transition of Injury Surveillance Methods from using ICD-9-CM coded medical data to ICD-10-CM coded medical data.

REGIONAL NETWORK COORDINATING ORGANIZATION COMPONENT

The Northeast and Caribbean Injury Prevention Network (NCIPN) is a long-standing regional collaborative dedicated to enhancing and supporting the sustainability of injury and violence prevention programs among the Northeastern states and Caribbean territories. The NCIPN comprises Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Puerto Rico, Rhode Island, the Virgin Islands, and Vermont. The NCIPN coordinates among all states and with other injury and violence prevention organizations, coordinates peer learning teams across the region, and facilitates the Motor Vehicle National Peer Learning Team (NPLT). The NCIPN builds capacity, increases competency, shares data and best practices, and increases research and practice opportunities.

In fall 2017, the RNCOs launched the new NPLT to connect partners across the country to focus on a specific topic area related to injury and violence prevention. The Motor Vehicle Related Injury National Peer Learning Team (MV-NPLT) aims to better understand the systems that facilitate or impede the uptake of new technologies that are built into motor vehicles. By understanding those systems, public health practitioners can work toward increasing the acceptance and use of life-saving motor vehicle technologies to more quickly decrease motor vehicle crash fatality rates and reduce disparities.

CONTACT INFO

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**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention