BIC Capacity Indicators Questionnaire

I. Infrastructure: Workforce

0.0 FTE0.01-0.25 FTE0.26-0.50 FTE0.51-0.75 FTE

2. If YES, how long (in years) has the person been the injury program director?
3. How long (in years) has the person worked in the injury prevention field?
4. What type of training (or academic preparation) does the injury program director have? (Check all that apply).
Highest Education Attainment:
□ Bachelors degree
☐ Graduate degree (e.g., MPH, MS, MPA, DrPH, PhD); NO graduate-level curriculum related to injury prevention
☐ Graduate degree (e.g. MPH, MS, MPA, DrPH, PhD); graduate-level curriculum related to injury prevention
Trainings and/or Certifications:
□ No Training
Specific injury prevention training program/fellowship that is university-affiliated, sponsored by a professional association, and/or sponsored by a federal government agency (e.g., Johns Hopkins Summer Institute, PREVENT violence prevention program, Indian Health Service Program Development or Epidemiology fellowship, University of Michigan Summer Institute)
☐ Professional development webinars, short trainings, mentoring, etc.
☐ Other (please explain)
7. What type of training does the epidemiologist/statistician/data professional have? If you have more than one person devoted to this role, please provide the highest level of training attained by any person in this role.
O Graduate degree in epidemiology or biostatistics
Other graduate degree in a quantitative science, such as engineering, economics, demography, etc.
Other graduate degree, not-quantitatively related
O Undergraduate degree (please explain)
10. What type of training does the program evaluator have? If you have more than one person devoted to this role, please provide the highest level of training attained by any person in this role.
O Graduate degree that included specific coursework in program evaluation, such as public health program evaluation, education, or policy evaluation
Other graduate degree
Undergraduate degree (please explain)
11. Does your VIP program have access to staff support for communications? [If YES go to #12. If NO go to #14.]
☐ Yes, within the VIP program
☐ Yes, within the state health department
☐ Yes, by consultant
☐ Yes, by Injury Control Research Center
□ No
☐ Other (please specify)
12 Hour many ETEs are devoted to VID communication as a primary release.
12.How many FTEs are devoted to VIP communication as a primary role? Please note that a full time individual can serve multiple roles, but his or her time cannot add up to more than 1.00 FTE. For example, if you already reported that one person is 1.00 FTE equivalent as programs/
interventions, you cannot report this same person as one FTE communications.

\circ	0.76-0.99 FTE
\circ	1.0, or equivalent to one FTE
0	More than 1.0, or equivalent to more than one FTE
	What type of training does the communications staff have? If you have more than one person devoted to this role,
-	ase provide the highest level of training attained by any person in this role.
0	Graduate degree that included training in health communication
0	Other graduate degree
0	Undergraduate degree (please explain)
14.	Does your VIP program have access to staff support for policy work?
[If \	/ES go to #15 If NO go to #17.]
	Yes, within the VIP program
	Yes, within the state health department
	Yes, by consultant
	Yes, by Injury Control Research Center
	No
	Other (please specify)
16	How many ETEs are deveted to VID policy work as a primary role?
	How many FTEs are devoted to VIP policy work as a primary role? Please note that a full time individual can serve multiple roles, but or her time cannot add up to more than 1.00 FTE. For example, if you already reported that one person is 1.00 FTE equivalent as programs/ interventions,
you	cannot report this same person as one FTE policy work.
0	0.0 FTE
0	0.01-0.25 FTE
0	0.26-0.50 FTE
0	0.51-0.75 FTE
0	0.76-0.99 FTE
\circ	1.0, or equivalent to one FTE
0	More than 1.0, or equivalent to more than one FTE
	What type of training does the policy staff have? If you have more than one person devoted to this role, please
_	ovide the highest level of training attained by any person in this role.
0	Graduate degree that included training in health policy, government, political science
0	Other graduate degree
0	Undergraduate degree (please explain)
17.	Does your VIP program have access to staff support for programs/interventions?
[If \	/ES go to #18. If NO go to #20.]
	Yes, within the VIP program
	Yes, within the state health department
	Yes, by consultant
	Yes, by Injury Control Research Center
	No
	Other (please specify)
18.	How many FTEs are devoted to VIP programs/interventions as a primary role? Please note that a full time individual can serve
mul	tiple roles, but his or her time cannot add up to more than 1.00 FTE. For example, if you already reported that one person is 1.00 FTE equivalent as
	munications, you cannot report this same person as one FTE programs/interventions.
0	0.0 FTE
0	0.01-0.25 FTE
0	0.26-0.50 FTE
0	0.51-0.75 FTE
0	0.76-0.99 FTE
0	1.0, or equivalent to one FTE
0	More than 1.0, or equivalent to more than one FTE

19. What type of training does the programs/interventions staff have? If you have this role, please provide the highest level of training attained by any person in this	-	son devoted to
Graduate degree that included training in public health program implementation/behavioral sciences		
Other graduate degree		
O Undergraduate degree (please explain)		
II. Infrastructure: Funding		
For each funding source, please indicate how long the funding has been available a	nd how far into the	e future vou have
a commitment of funding.		J ratare year nave
	How long has this funding	How far into the future do you have
	continuously been	a commitment of
	available? [# of years]	funding? [# of years]
State General Revenue XTR	760.5]	year 5]
Dedicated State Funding Stream (e.g., fines and fees) XTR		
State Highway Safety Office (e.g., Safe Routes to School) XTR		
Other State Funding 1 XTR		
Other State Funding 2 XTR		
Other State Funding 3 XTR		
CDC/NCIPC Integrated Core Injury Prevention and Control Program (Core State Injury and Violence Prevention Program Grant Part A) \underline{XTR}		
CDC/NCIPC Traumatic Brain Injury Extended Surveillance Program (Core State Injury and Violence Prevention Program Grant Part B) \underline{XTR}		
CDC/NCIPC Traumatic Brain Injury Emergency Department Surveillance Program (Core State Injury and Violence Prevention Program Grant Part C) $\underline{\sf XTR}$		
CDC/NCIPC Traumatic Brain Injury Service Linkage Program (Core State Injury and Violence Prevention Program Grant Part D) $\underline{\sf XTR}$		
CDC/NCIPC Older Adult Falls Program (Core II) XTR		
CDC/NCIPC Child Injury Prevention Program (Core II) XTR		
CDC/NCIPC Teen Dating Violence Initiative (Core II) XTR		
CDC/NCIPC Core VIPP Base Integration Component (BIC) XTR		
CDC/NCIPC Core VIPP Regional Network Leader (RNL) XTR		
CDC/NCIPC Core VIPP Surveillance Quality Improvement (SQI) XTR		
CDC/NCIPC Core VIPP Motor Vehicle Injury Prevention XTR		
CDC/NCIPC Core VIPP Falls Among Older Adults XTR		
CDC/NCIPC National Violent Death Reporting System (NVDRS) XTR		
CDC/NCIPC – Rape Prevention and Education (RPE) XTR		
CDC/NCIPC Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) XTR		
CDC/NCIPC Residential Fire-related Injury Prevention Program XTR		
CDC – Preventive Health and Health Services (PHHS) Block Grant XTR		
CDC – Communities Putting Prevention to Work XTR		
Consumer Product Safety Commission (CPSC) XTR		
Federal Emergency Management Agency (FEMA) XTR		
HRSA/MCHB – Title V Block Grant XTR		
HRSA/MCHB – Emergency Medical Services for Children (EMSC) XTR		
National Highway Traffic Safety Administration (NHTSA) CODES XTR		
National Highway Traffic Safety Administration (NHTSA) Other XTR		
Substance Abuse and Mental Health Services Administration (SAMHSA) Campus Suicide Prevention Grants \underline{XTR}		
Substance Abuse and Mental Health Services Administration (SAMHSA) State and Tribal Youth Suicide Prevention Grants \underline{XTR}		
U.S. Department of Justice XTR		

Office) XTR			
Other Federal Funding 1 XTR			
Other Federal Funding 2 XTR			
Other Federal Funding 3 XTR			
Corporate/Private XTR			
Foundation XTR			
Nonprofit Organizations (i.e., Safe Kids, Public Health Insti	tutes etc) XTR		
Universities XTR	edes, etc) <u>xix</u>		
Other 1 XTR			
Other 2 XTR			
Other 3 XTR			
			
Other 4 XTR			
IV. Surveillance: Uses of Core Dat	asets		
IV. Surveillance: Uses of Core Data 26.Considering all of the datasets we just discu (Check all that apply.)	ssed, in which of the following way	-	illance data?
26.Considering all of the datasets we just discu (Check all that apply.)	ssed, in which of the following way	NO	illance data?
26.Considering all of the datasets we just discut (Check all that apply.) a.To inform policy b.To determine the effectiveness of	ssed, in which of the following way	-	illance data?
26.Considering all of the datasets we just discut (Check all that apply.) a.To inform policy b.To determine the effectiveness of programs	YES	NO O	illance data?
26.Considering all of the datasets we just discut (Check all that apply.) a.To inform policy b.To determine the effectiveness of programs c.To do cost analysis	YES O O	NO	illance data?
26.Considering all of the datasets we just discut (Check all that apply.) a.To inform policy b.To determine the effectiveness of programs	YES	NO O	illance data?
26.Considering all of the datasets we just discus (Check all that apply.) a.To inform policy b.To determine the effectiveness of programs c.To do cost analysis d.To inform decisions about planning injury and violence prevention initiatives 27. Do you have a systematic way of selecting of YES NO NO 28. Which of these do you use when setting pride High morbidity rates High mortality rates Cost of injury	YES O O O O O O O O O O O O O O O O O O	NO	illance data?
26.Considering all of the datasets we just discus (Check all that apply.) a.To inform policy b.To determine the effectiveness of programs c.To do cost analysis d.To inform decisions about planning injury and violence prevention initiatives 27. Do you have a systematic way of selecting of YES NO NO 28. Which of these do you use when setting price High morbidity rates High mortality rates High mortality rates Cost of injury Disparities across population groups	YES O O O O O O O O O O O O O O O O O O	NO	illance data?
26.Considering all of the datasets we just discus (Check all that apply.) a.To inform policy b.To determine the effectiveness of programs c.To do cost analysis d.To inform decisions about planning injury and violence prevention initiatives 27. Do you have a systematic way of selecting of YES NO NO 28. Which of these do you use when setting pride High morbidity rates High mortality rates Cost of injury	YES O O O O O O O O O O O O O O O O O O	NO	illance data?

30. If your program developed data reports or summaries, what types of reports or summaries were produced? (Check all that apply)

 $[\]hfill \Box$ Fact sheets for the public and/or policy makers

_	Frequencies/Descriptive data about injury problems		
	Narratives interpreting data		
	Narratives outlining case reports about injured individuals		
	Publications in peer-reviewed journals		
	Presentations at conferences and workshops		
	Posters at conferences and workshops		
	Cost of injury reports		
	Disparities among population groups or regions		
	Reports with analytic measures (for example, Odds Ratio, Confidence Intervals, regression analyses)		
	Regression/Trend Analysis		
31.	Were these reports disseminated?		
\circ	YES [Go to #32.]		
0	NO [Go to #35.]		
32.	To whom were these reports disseminated? (Check all that apply.)		
	ICRCs or other academic centers		
	Local public health depts.		
	Through peer-reviewed publications		
	VIP programs in other states		
	ICPG members		
	State health dept leadership		
	Other stakeholders		
33.	For reports distributed		
		YES	NO
a. \	Was there any discussion with these partners/stakeholders about the reports?	0	0
b.	Were any next steps/action items identified from the reports?	0	0
ac	ne following next sections are going to ask about your strate ctivities, and partnerships within each Year 1 BIC Focus Area	•	ntion
	II. Evaluation: Uses Evaluation Findings III. Evaluation: Disseminates Evaluation Findings	s for your s	tate.
VI	II. Evaluation: Uses Evaluation Findings III. Evaluation: Disseminates Evaluation Findings In the past year, did your program evaluate any strategies in \$\{\custom19\}?	s for your s	tate.
36. ○	II. Evaluation: Uses Evaluation Findings III. Evaluation: Disseminates Evaluation Findings In the past year, did your program evaluate any strategies in \${custom19}? YES [Go to i]	s for your s	tate.
VI	II. Evaluation: Uses Evaluation Findings III. Evaluation: Disseminates Evaluation Findings In the past year, did your program evaluate any strategies in \$\{\custom19\}?	s for your s	tate.
36. ○	II. Evaluation: Uses Evaluation Findings III. Evaluation: Disseminates Evaluation Findings In the past year, did your program evaluate any strategies in \${custom19}? YES [Go to i] NO [Go to #45.] Did any evaluation findings result in policy/programmatic improvements within \$4	•	tate.
36. ○ 37.	II. Evaluation: Uses Evaluation Findings III. Evaluation: Disseminates Evaluation Findings III. Evaluation: Disseminates Evaluation Findings In the past year, did your program evaluate any strategies in \${custom19}? YES [Go to i] NO [Go to #45.] Did any evaluation findings result in policy/programmatic improvements within \$40. We reviewed evaluation findings AND made policy/programmatic changes	•	tate.
36.	II. Evaluation: Uses Evaluation Findings III. Evaluation: Disseminates Evaluation Findings III. Evaluation: Disseminates Evaluation Findings In the past year, did your program evaluate any strategies in \${custom19}? YES [Go to i] NO [Go to #45.] Did any evaluation findings result in policy/programmatic improvements within \$4 We reviewed evaluation findings AND made policy/programmatic changes We reviewed evaluation findings, BUT DID NOT make policy/programmatic changes	•	tate.
36. ○ 37.	II. Evaluation: Uses Evaluation Findings III. Evaluation: Disseminates Evaluation Findings III. Evaluation: Disseminates Evaluation Findings In the past year, did your program evaluate any strategies in \${custom19}? YES [Go to i] NO [Go to #45.] Did any evaluation findings result in policy/programmatic improvements within \$40. We reviewed evaluation findings AND made policy/programmatic changes	•	tate.
36.	II. Evaluation: Uses Evaluation Findings III. Evaluation: Disseminates Evaluation Findings III. Evaluation: Disseminates Evaluation Findings In the past year, did your program evaluate any strategies in \${custom19}? YES [Go to i] NO [Go to #45.] Did any evaluation findings result in policy/programmatic improvements within \$4 We reviewed evaluation findings AND made policy/programmatic changes We reviewed evaluation findings, BUT DID NOT make policy/programmatic changes		tate.
36.	II. Evaluation: Uses Evaluation Findings III. Evaluation: Disseminates Evaluation Findings III. Evaluation: Disseminates Evaluation Findings In the past year, did your program evaluate any strategies in \${custom19}? YES [Go to i] NO [Go to #45.] Did any evaluation findings result in policy/programmatic improvements within \$4 We reviewed evaluation findings AND made policy/programmatic changes We reviewed evaluation findings, BUT DID NOT make policy/programmatic changes We DID NOT review evaluation findings for policy/programmatic changes		tate.
36.	II. Evaluation: Uses Evaluation Findings III. Evaluation: Disseminates Evaluation Findings III. Evaluation: Disseminates Evaluation Findings In the past year, did your program evaluate any strategies in \${custom19}? YES [Go to i] NO [Go to #45.] Did any evaluation findings result in policy/programmatic improvements within \$*EVE (So to i)		tate.
36.	II. Evaluation: Uses Evaluation Findings III. Evaluation: Disseminates Evaluation Findings III. Evaluation: Disseminates Evaluation Findings III. Evaluation: Disseminates Evaluation Findings III. Evaluation: Security of the past year, did your program evaluate any strategies in \${custom19}? YES [Go to i] NO [Go to #45.] Did any evaluation findings result in policy/programmatic improvements within \${customation of the provided evaluation findings AND made policy/programmatic changes We reviewed evaluation findings, BUT DID NOT make policy/programmatic changes We DID NOT review evaluation findings for policy/programmatic changes If YES, What types of evaluation reports or summaries were produced? (Check all Summary reports including data and narrative information		tate.
36.	II. Evaluation: Uses Evaluation Findings III. Evaluation: Disseminates Evaluation Findings III. Evaluation: Disseminates Evaluation Findings In the past year, did your program evaluate any strategies in \${custom19}? YES [Go to i] NO [Go to #45.] Did any evaluation findings result in policy/programmatic improvements within \$4 We reviewed evaluation findings AND made policy/programmatic changes We reviewed evaluation findings, BUT DID NOT make policy/programmatic changes We DID NOT review evaluation findings for policy/programmatic changes If YES, What types of evaluation reports or summaries were produced? (Check all Summary reports including data and narrative information Final report to funder		tate.
36. 37. 40.	II. Evaluation: Uses Evaluation Findings III. Evaluation: Disseminates Evaluation Findings III. Evaluation: \$\frac{\\$\cusebox{custom19}\}{\\$\cusebox{custom19}\}? YES [Go to i] NO [Go to #45.] Did any evaluation findings result in policy/programmatic improvements within \$\frac{\\$\cusebox{custom19}\}{\\$\cusebox{custom20}\} We reviewed evaluation findings \frac{\text{AND}}{\text{made}} made policy/programmatic changes We pid NOT review evaluation findings for policy/programmatic changes If YES, What types of evaluation reports or summaries were produced? (Check all Summary reports including data and narrative information Final report to funder Brief summary report in a newsletter/regular communication		tate.

	Posters at conferences and workshops		
_	·		
Ш	Other: please specify		
41.	. Were any evaluation reports or summaries disseminated?		
0	YES [Go to #42.]		
\circ	NO [Go to #45.]		
42.	. To whom were these reports distributed?		
	ICRCs or other academic centers		
	Local public health depts.		
	Through peer-reviewed publications		
	VIP programs in other states		
	ICPG members		
	State health dept leadership		
	Other stakeholders		
	Webinar/conference call attendants		
	Conference attendants		
43.	. For reports distributed		
		YES [If YES, go to #44.]	NO [If NO, go to #45.]
a. '	Was there any discussion with these partners/stakeholders about the reports?	\circ	0
b.	Were any next steps/action items identified from the reports?	0	0
44.	. If yes, please explain.		
TV	/ Collaboration		
TV	C. Collaboration		
you do Re	e are interested to know what other partners may have provided in promoting or implementing work in each of your BIC focus things you would not have been able to do on your own, and/view of \${custom1} Annual Progress report shows that you lister that you have been able to do on your own, and/view of \${custom1}.	s areas. Please focus on partner or significantly expanded the re	s that enable you to each of your program.
\${\cdot\} \$\{\cdot\} \$\{\cdot\} \$\{\cdot\} \$\{\cdot\} \$\{\cdot\} \$\{\cdot\} \$\{\cdot\}	custom26} custom27} custom28} custom29} custom30} custom31} custom32} custom33} custom34} custom35} custom36} custom37} custom37}		
ቅ ኒባ	custom40}		

45. Please confirm that this list is complete and representative of your collaborations and partnerships for \$\{\custom19\}\ in Year 1:

0	YES,	this	is	а	com	olete	list.	[Go	to	#	46.	
---	------	------	----	---	-----	-------	-------	-----	----	---	-----	--

O NO, this is not a complete list: [Go to i]

the list above. Also note here if one of the partners listed a	bove should be remov	ved from the list.	
Additional Partners:			
Partners to be Removed:			
Considering your list of partners, please list your top three \${custom19} in Year 1.	e (3) collaborations an	d partnerships for y	our work in
Partner #1:			
Partner #2:			
Partner #3:			
46. Still thinking about your top organizations with which assistance partner organizations provided. Please select a	Il that apply.		
Cash support (i.e. leveraging funds)	Partner #1 □	Partner #2 □	Partner #3 □
Staff time for planning or implementing initiative			
Loan of facilities or vehicles or equipment			
Publicity through mailings, listserv			
Safety equipment to give away (e.g., smoke alarms, gun locks)			
Access to experts for training staff			
Access to experts for direct intervention with participants			
Contacts with other partners for fundraising efforts			
Contacts with other partners for advocacy efforts			
Printing materials, making supplies, or structures			
Making data available for planning or evaluation			
Assisting with data analysis for planning or evaluation			
Assisting with disseminating results			
Provides access to target population			
47. Considering all the resources (funding and other resources the list below that most accurately describes your wo			
$^{ extstyle e$			
O The VIP program and its partners are equal collaborators in program	implementation		
The partners are the primary program implementers			

i. If this is not a complete list, please enter in the name of the partnerships/collaboration that are not represented in