Form Approved

OMB NO: 0920-xxxx

Exp. Date: X/XX/XXXX

Public reporting burden of this collection of information is estimated at 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/Information Collection Review Office, 1600 Clifton Road, NE, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-xxxx).

**Core State Injury Prevention Program – Implementation Capacity Development Rubric**

*Note: Actual data collection will occur through the Partners Portal web interface. See Attachment D, slide 9 for example of this interface that is under development.*

Contents

[Strategy 1: Engage in Robust Data/Surveillance for Public Health Action 2](#_Toc65612970)

[Improving and Sustaining Access to Surveillance Systems 3](#_Toc65612971)

[1. Access to surveillance and epidemiological expertise 3](#_Toc65612972)

[2. Identification of community injury and violence prevention data needs and gaps 3](#_Toc65612973)

[3. Adherence to surveillance best practices 3](#_Toc65612974)

[4. Surveillance data access 3](#_Toc65612975)

[Access and Use Surveillance Data 3](#_Toc65612976)

[5. Surveillance findings 3](#_Toc65612977)

[6. Informing public health actions with surveillance data 3](#_Toc65612978)

[Translation and Dissemination of Surveillance Products 3](#_Toc65612979)

[7. Data sharing and dissemination of surveillance data 3](#_Toc65612980)

[8. Integrating a Health Equity lens in Surveillance Activities 3](#_Toc65612981)

[Expanding Topical Expertise 3](#_Toc65612982)

[9. Adverse Childhood Experiences (ACEs) specific surveillance capacity 3](#_Toc65612983)

[10. Transportation Safety specific surveillance capacity 3](#_Toc65612984)

[11. Traumatic Brain Injury (TBI) specific surveillance capacity 3](#_Toc65612985)

[Strategy 2: Strengthen Strategic Collaborations and Partnerships for Public Health Action 3](#_Toc65612986)

[Initiating and Building Relationships 4](#_Toc65612987)

[1. Identification of collaboration and partnership needs and gaps 4](#_Toc65612988)

[2. Engagement of key partners 4](#_Toc65612989)

[Engaging and Integrating Partners 4](#_Toc65612990)

[3. Collaborative learning 4](#_Toc65612991)

[4. Informing public health actions through partnerships and collaborations 4](#_Toc65612992)

[5. Partner support, growth, and training 4](#_Toc65612993)

[Sustaining and Expanding Relationships 4](#_Toc65612994)

[6. Regional and national networking 4](#_Toc65612995)

[7. Partner orientation and onboarding 4](#_Toc65612996)

[8. Collaborative learning structures and practices 4](#_Toc65612997)

[9. Partner projects and accomplishments 4](#_Toc65612998)

[10. Integrating a Health Equity lens in collaborations and partnerships 4](#_Toc65612999)

[Expanding Topical Expertise 4](#_Toc65613000)

[11. Adverse Childhood Experiences (ACEs) specific capacity in partner convening 4](#_Toc65613001)

[12. Transportation Safety specific capacity in partner convening 4](#_Toc65613002)

[13. Traumatic Brain Injury (TBI) specific capacity in partner convening 4](#_Toc65613003)

[Strategy 3: Conduct Assessment and Evaluation for Public Health Action 4](#_Toc65613004)

[Assessment and Evaluation Systems 4](#_Toc65613005)

[1. Access to assessment and evaluation expertise 4](#_Toc65613006)

[2. Engaging partners in evaluation planning 4](#_Toc65613007)

[3. Identification of data gaps related to community injury and violence prevention, including upstream factors 4](#_Toc65613008)

[4. Adherence to assessment and evaluation best practices 4](#_Toc65613009)

[5. Evaluation data management and systems 4](#_Toc65613010)

[Assessment and Evaluation for Prevention 4](#_Toc65613011)

[6. Informing public health actions 4](#_Toc65613012)

[Dissemination of Evaluation Products 4](#_Toc65613013)

[7. Sharing and dissemination of evaluation data 4](#_Toc65613014)

[8. Integrating a Health Equity lens in assessment and evaluation 4](#_Toc65613015)

[Expanding Topical Expertise 4](#_Toc65613016)

[9. Adverse Childhood Experiences (ACEs) specific assessment and evaluation capacity 4](#_Toc65613017)

[10. Transportation Safety specific assessment and evaluation capacity 4](#_Toc65613018)

[11. Traumatic Brain Injury (TBI) specific assessment and evaluation capacity 4](#_Toc65613019)

# Strategy 1: Engage in Robust Data/Surveillance for Public Health Action

## Improving and Sustaining Access to Surveillance Systems

### 1. Access to surveillance and epidemiological expertise

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
|  | The program may have access to an epidemiologist at this point but has not integrated their expertise throughout the program's activities. | The program works with epidemiologists around data collection and reporting needs, but the program does not have access to surveillance experts whenever needed and does not include surveillance expertise in planning activities. | The program works with epidemiologists around data collection and reporting needs and integrates surveillance expertise in planning activities related to building data systems, improving data validity or timeliness, and improving analyses. However, surveillance experts are not integrated in other activities (implementation planning, evaluation, etc.). | **In order to access timely, valid surveillance data in order to identify emerging injury threats and related factors,** the program has created a programmatic culture around epidemiology which relies on close partnerships with surveillance experts and integration of surveillance practices.  This integration includes epidemiological expertise in planning activities, in identifying populations who experience disproportionate burden and high disparities, in obtaining valid data, in improving data systems, in analyzing data, in creating data products, in implementation planning, and in evaluating outcomes of interest over time. | **In order to access timely, valid surveillance data in order to identify emerging injury threats and related factors (and to sustain these activities)**, the program has created a programmatic culture around epidemiology which relies on close partnerships with surveillance experts and integration of surveillance practices.  This integration includes epidemiological expertise in planning activities, in identifying populations who experience disproportionate burden and high disparities, in obtaining valid data, in improving data systems, in analyzing data, in creating data products, in implementation planning, and in evaluating outcomes of interest over time.  The program has established hiring practices, contractual language, and regular meeting practices related to surveillance work to ensure continued access to epidemiological expertise now and in the future. |

### 2. Identification of community injury and violence prevention data needs and gaps

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
|  | The program may have a sense of data gaps and needs in some areas but lacks a full understanding of data needs across locations and partners. | The program has completed a needs assessment of communities and partners assessing data needs and gaps in existing data resources related to injury outcomes. | The program has completed a needs assessment of communities and partners assessing data needs and gaps in existing data resources.   The needs assessment investigated gaps related to data on injury, population (including those who experience disproportionate burden and high disparities), protective factors, risk factors, and shared risk and protective factors. | **In order to access timely, valid surveillance data to identify emerging injury threats and related factors (and to sustain these activities),** the program has completed a needs assessment of communities and partners assessing data needs and gaps in existing data resources.   The needs assessment investigated gaps related to data on injury, population (including those who experience disproportionate burden and high disparities), protective factors, risk factors, and shared risk and protective factors.  The program facilitates partnerships and develops a plan to try to address some of these gaps. | **In order to access timely, valid surveillance systems to identify emerging injury threats and related factors (and to sustain these activities),** the program has established a system with standard operating procedures for conducting routine needs assessment of communities and partners assessing data needs and gaps in existing data resources.   The needs assessment investigates gaps related to data on injury, population (including those who experience disproportionate burden and high disparities), protective factors, risk factors, and shared risk and protective factors.  When gaps with these needs exist, the program works with partners to fund and implement improvements to surveillance systems. |

### 3. Adherence to surveillance best practices

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| 3. Adherence to surveillance best practices |  |  |  |  |  |

### 4. Surveillance data access

|  | **1** | **2** | **3** | **4** | **5** |
| --- | --- | --- | --- | --- | --- |
| 4. Surveillance data access | The program accesses data for injury and violence needs, but there may still be gaps in data access for other injury and violence topics or related factors.  There also may be gaps in the quality of data applied to the work of the program and partner communities. | The program identifies and uses data sources for most key injury outcomes, related injury outcomes, and related factors (risk, protective, and shared risk and protective).   These data sources meet at least two of the following:   * Provide valid and reliable data, * Provide timely data, * Are appropriate to the level of the community work (for example, schools, neighborhoods, counties), * Enable the program to quickly and accurately identify populations who experience disproportionate burden and high disparities, * And/Or help the program track the outcomes and related factors over time. | The program identifies and uses data sources for all key injury outcomes, any related injury outcomes, and any related factors (risk, protective, and shared risk and protective).   These data sources meet at least four of the following:   * Provide valid and reliable data, * Provide timely data, * Are appropriate to the level of the community work (for example, schools, neighborhoods, counties), * Enable the program to quickly and accurately identify populations who experience disproportionate burden and high disparities, * And/Or help the program track the outcomes and related factors over time. | **In order to reliably identify emerging injury threats and related factors,** the program identifies and uses data sources for all key injury outcomes, any related injury outcomes, and any related factors (risk, protective, and shared risk and protective). These data sources:   * Provide valid and reliable data, * Provide timely data, * Are appropriate to the level of the community work (for example, schools, neighborhoods, counties), * Enable the program to quickly and accurately identify populations who experience disproportionate burden and high disparities, * And help the program track the outcomes and related factors over time. | **In order to reliably identify emerging injury threats and related factors (and to sustain these activities),** the program has identified data sources for all key injury outcomes, any related injury outcomes, and any related factors (risk, protective, and shared risk and protective). These data sources:   * Provide valid and reliable data, * Provide timely data, * Are appropriate to the level of the community work (for example, schools, neighborhoods, counties), * Enable the program to quickly and accurately identify populations who experience disproportionate burden and high disparities, * And help the program track the outcomes and related factors over time.  When gaps with these needs exist, the program works with partners to fund and implement other surveillance systems.  The program periodically re-evaluates the fit of these data sources and, when new outcomes and factors are identified, ensure they are measured with appropriate data sources. |

## Access and Use Surveillance Data

### 5. Surveillance findings

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| 5. Surveillance findings | The program intends to access, clean, and analyze data to identify community:   * Burden for injury outcomes; * Burden for key risk, and shared risk and protective factors; * Burden for other key public health outcomes; * And potential strengths with protective factors. | The program accesses, cleans, and analyzes data to identify community:   * Burden for injury outcomes * Burden for key risk, and shared risk and protective factors; * Burden for other key public health outcomes; * And potential strengths with protective factors   periodically throughout the grant cycle.  At the recommendation of partners, the program compares trends and patterns with other public health areas to draw connections between injury and other public health areas. | The program accesses, cleans, and analyzes data to identify community:   * Burden for injury outcomes; * Burden for key risk, and shared risk and protective factors; * Burden for other key public health outcomes; * Potential strengths with protective factors; * And populations with disproportionate burden and health disparities   periodically throughout the grant cycle.  At the recommendation of partners, the program compares trends and patterns with other public health areas to draw connections between injury and other public health areas. | **In order to reliably identify emerging injury threats and related factors,** the program accesses, cleans, and analyzes data to identify community:   * Burden for injury outcomes; * Burden for key risk, and shared risk and protective factors; * Burden for other key public health outcomes; * Potential strengths with protective factors; * And populations with disproportionate burden and health disparities   every year.  The program intentionally compares trends and patterns with other areas to draw connections between injury and other public health areas. | **In order to reliably identify emerging injury threats and related factors (and to sustain these activities),** the program regularly accesses, cleans, and analyzes data to identify community:   * Burden for injury outcomes; * Burden for key risk, and shared risk and protective factors; * Burden for other key public health outcomes; * Potential strengths with protective factors; * And populations with disproportionate burden and health disparities.   These activities happen multiple times per year and/or the program supports data systems that provide real-time alerts in order to identify emerging trends and outbreaks.  The program intentionally compares trends and patterns with other areas to draw connections between injury and other public health areas.  The program is continuously supporting training to improve data analyses skills and refine methods to answer epidemiological questions quickly and accurately. |

### 6. Informing public health actions with surveillance data

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| 6. Informing public health actions with surveillance data | The program has not yet used surveillance data to identify gaps and make improvements towards response activities, partner convening, program implementation, or evaluation. | The program uses surveillance data on key injury topic areas to inform public health actions.  This includes:   * Considering aberrant patterns and trends for the current areas of focus; * Identifying gaps in partnerships based on data trends related to key injury topic areas; * Informing, guiding, and adapting interventions that are expected to be effective and high impact for communities; * And selecting interventions based on urgency of outcome burden and trends. | The program uses surveillance data to inform public health actions.  This includes data on:   * Key injury topic areas; * Key risk factors, protective factors, and shared risk and protective factors; * And other injury topic areas or public health outcomes of interest.   The program uses this data by:   * Considering aberrant patterns and trends for the current areas of focus; * Identifying gaps in partnerships based on data trends related to key injury topic areas; * Engaging and convening partners to fill partnership gaps based on surveillance findings; * Informing, guiding, and adapting interventions that are expected to be effective and high impact for communities; * And selecting interventions based on both the urgency of outcome burden and trends and shared risk and protective factors driving these outcomes. | **In order to reliably identify emerging injury threats and related factors,** the program uses surveillance data to inform public health actions.  This includes data on:   * Key injury topic areas; * Key risk factors, protective factors, and shared risk and protective factors; * Other injury topic areas or public health outcomes of interest; * And populations who experience disproportionate burden and high disparities.   The program uses this data by:   * Considering aberrant patterns and trends for the current areas of focus; * Identifying gaps in partnerships based on data trends related to key injury topic areas; * Engaging and convening partners to fill partnership gaps based on surveillance findings; * Informing, guiding, and adapting interventions that are expected to be effective and high impact for communities; * And selecting interventions based on the urgency of outcome burden and trends, shared risk and protective factors driving these outcomes, and identified populations who experience disproportionate burden and high disparities.   The program frequently revisits data to identify new gaps, trends, and outbreaks that are both in alignment and are unaligned with current work and practice. | **In order to reliably identify emerging injury threats and related factors (and sustain these activities),** the program uses surveillance data to inform public health actions.  This includes data on:   * Key injury topic areas; * Key risk factors, protective factors, and shared risk and protective factors; * Other injury topic areas or public health outcomes of interest; * And populations who experience disproportionate burden and high disparities.   The program uses this data by:   * Considering aberrant patterns and trends for the current areas of focus; * Identifying gaps in partnerships based on data trends related to key injury topic areas; * Engaging and convening partners to fill partnership gaps based on surveillance findings; * Informing, guiding, and adapting interventions that are expected to be effective and high impact for communities; * And selecting interventions based on the urgency of outcome burden and trends, shared risk and protective factors driving these outcomes, and identified populations who experience disproportionate burden and high disparities.   The program frequently revisits data to identify new gaps, trends, and outbreaks that are both in alignment and are unaligned with current work and practice. When work is unaligned, the program identifies ways to align work and address gaps. |

## Translation and Dissemination of Surveillance Products

### 7. Data sharing and dissemination of surveillance data

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| 7. Data sharing and dissemination of surveillance data | The program has not yet developed products tailored for different audiences. | The program develops products for different audiences, including at least two of the following:   * Sharing data openly when possible, * Sharing methodology and surveillance innovations when possible, * Creating data systems and dashboards to encourage accurate and timely data interpretation, * Creating reports and products for decision makers that are tailored to their needs, * Creating reports and products for different partners that are tailored to their needs, * Creating reports and products for the public that are tailored to their needs, * And/Or publishing findings in academic journals. | The program develops products for different audiences, including at least three of the following:   * Sharing data openly when possible, * Sharing methodology and surveillance innovations when possible, * Creating data systems and dashboards to encourage accurate and timely data interpretation, * Creating reports and products for decision makers that are tailored to their needs, * Creating reports and products for different partners that are tailored to their needs, * Creating reports and products for the public that are tailored to their needs, * And/Or publishing findings in academic journals. | **In order to leverage partnerships to increase effectiveness in identifying and responding to emerging injury threats and related factors,** the program develops products for different audiences, including:   * Sharing data openly when possible, * Sharing methodology and surveillance innovations when possible, * Creating data systems and dashboards to encourage accurate and timely data interpretation, * Creating reports and products for decision makers that are tailored to their needs, * Creating reports and products for different partners that are tailored to their needs, * Creating reports and products for the public that are tailored to their needs, * And publishing findings in academic journals.   The program works with audiences to understand their needs to inform these products. Surveillance products are aligned with appropriate action steps (for each audience) to ensure data informs action. | **In order to leverage partnerships to increase effectiveness in identifying and responding to emerging injury threats and related factors (and to sustain these activities),** the program develops products for different audiences, including:   * Sharing data openly when possible, * Sharing methodology and surveillance innovations when possible, * Creating data systems and dashboards to encourage accurate and timely data interpretation, * Creating reports and products for decision makers that are tailored to their needs, * Creating reports and products for different partners that are tailored to their needs, * Creating reports and products for the public that are tailored to their needs, * And publishing findings in academic journals.   The program works with audiences to understand their needs to inform these products. Surveillance products are aligned with appropriate action steps (for each audience) to ensure data informs action.  The program tracks the learning, projects, and changes that result from partners accessing these products. |

### 8. Integrating a Health Equity lens in Surveillance Activities

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| 8. Integrating a Health Equity lens in Surveillance Activities | The program has not yet systematically included a Health Equity lens in surveillance work. | The program considers its ability to measure accurately population differences with current surveillance systems.  Differences include:   * Race * Ethnicity * Religion * Socioeconomic status * Gender * Age * Mental Health * Cognitive, sensory, or physical ability * Sexual Orientation * Gender identity * Geographic location | The program considers:   * The ability to measure accurately population differences with current surveillance systems * And methods to reliably analyze population differences.   The program considers differences in:   * Race * Ethnicity * Religion * Socioeconomic status * Gender * Age * Mental Health * Cognitive, sensory, or physical ability * Sexual Orientation * Gender identity * Geographic location | **In order to reliably identify and respond to emerging injury threats and related factors,** the program considers:   * The ability to measure accurately population differences with current surveillance systems, * Methods to reliably analyze population differences, * And cultural humility in tailoring and disseminating data-related products   The program considers differences in:   * Race * Ethnicity * Religion * Socioeconomic status * Gender * Age * Mental Health * Cognitive, sensory, or physical ability * Sexual Orientation * Gender identity * Geographic location | **In order to reliably identify and respond to emerging injury threats and related factors (and to sustain these activities),** the program considers:   * The ability to measure accurately population differences with current surveillance systems, * Methods to reliably analyze population differences, * And cultural humility in tailoring and disseminating data-related products   The program considers differences in:   * Race * Ethnicity * Religion * Socioeconomic status * Gender * Age * Mental Health * Cognitive, sensory, or physical ability * Sexual Orientation * Gender identity * Geographic location   The program continuously reviews aspects of Health Equity to broaden and refine this application to surveillance. |

## Expanding Topical Expertise

### 9. Adverse Childhood Experiences (ACEs) specific surveillance capacity

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| 9. Adverse Childhood Experiences (ACEs) specific surveillance capacity | The program, while building up general surveillance infrastructures and processes, has not yet built ACEs-specific systems and programs. | To improve ACEs surveillance, the program:   * Convenes with ACEs experts, * Identifies ACEs-related data gaps and works with partners to rectify these, * Identifies and accesses reliable ACEs data sources, * And creates and disseminates ACEs-specific data products. | To improve ACEs surveillance, the program:   * Convenes with ACEs experts; * Identifies ACEs-related data gaps and works with partners to rectify these; * Identifies and accesses reliable ACEs data sources; * Understands community needs related to ACEs and ACEs-specific risk, protective, and shared risk and protective factors; * Identifies populations who experience disproportionate ACEs outcomes; * Monitors for ACEs-related outbreaks, clusters, and emerging threats; * Creates and disseminates ACEs-specific data products; * Adopts a Health Equity lens to understand ACEs in communities; * And generally applies surveillance best practices to ACEs work. | **In order to reliably identify and respond to emerging ACEs threats and related factors,** the program:   * Convenes with ACEs experts; * Identifies ACEs-related data gaps and works with partners to rectify these; * Identifies and accesses reliable ACEs data sources; * Understands community needs related to ACEs and ACEs-specific risk, protective, and shared risk and protective factors; * Identifies populations who experience disproportionate ACEs outcomes; * Monitors for ACEs-related outbreaks, clusters, and emerging threats; * Monitors for connections between ACEs and other injuries; * Guides ACEs-related interventions through data; * Creates and disseminates ACEs-specific data products; * Adopts a Health Equity lens to understand ACEs in communities; * And generally applies surveillance best practices to ACEs work. | **In order to reliably identify and respond to emerging ACEs threats and related factors (and to sustain these activities),** the program:   * Convenes with ACEs experts; * Identifies ACEs-related data gaps and works with partners to rectify these; * Identifies and accesses reliable ACEs data sources; * Understands community needs related to ACEs and ACEs-specific risk, protective, and shared risk and protective factors; * Identifies populations who experience disproportionate ACEs outcomes; * Monitors for ACEs-related outbreaks, clusters, and emerging threats; * Monitors for connections between ACEs and other injuries; * Guides ACEs-related interventions through data; * Creates and disseminates ACEs-specific data products; * Adopts a Health Equity lens to understand ACEs in communities; * And generally applies surveillance best practices to ACEs work.   The program continues building ACEs expertise to refine these techniques and processes. |

### 10. Transportation Safety specific surveillance capacity

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| 10. Transportation Safety specific surveillance capacity | The program, while building up general surveillance infrastructures and processes, has not yet built Transportation Safety-specific systems and programs. | To improve Transportation Safety surveillance, the program:   * Convenes with Transportation Safety experts, * Identifies Transportation Safety-related data gaps and works with partners to rectify these, * Identifies and accesses reliable Transportation Safety data sources, * And creates and disseminates Transportation Safety-specific data products. | To improve Transportation Safety surveillance, the program:   * Convenes with Transportation Safety experts; * Identifies Transportation Safety-related data gaps and works with partners to rectify these; * Identifies and accesses reliable Transportation Safety data sources; * Understands community needs related to Transportation Safety and Transportation Safety-specific risk, protective, and shared risk and protective factors; * Identifies populations who experience disproportionate Transportation Safety outcomes; * Monitors for Transportation Safety-related outbreaks, clusters, and emerging threats; * Creates and disseminates Transportation Safety-specific data products; * Adopts a Health Equity lens to understand Transportation Safety in communities; * And generally applies surveillance best practices to Transportation Safety work. | **In order to reliably identify and respond to emerging Transportation Safety threats and related factors,** the program:   * Convenes with Transportation Safety experts; * Identifies Transportation Safety-related data gaps and works with partners to rectify these; * Identifies and accesses reliable Transportation Safety data sources; * Understands community needs related to Transportation Safety and Transportation Safety-specific risk, protective, and shared risk and protective factors; * Identifies populations who experience disproportionate Transportation Safety outcomes; * Monitors for Transportation Safety-related outbreaks, clusters, and emerging threats; * Monitors for connections between Transportation Safety and other injuries; * Guides Transportation Safety-related interventions through data; * Creates and disseminates Transportation Safety-specific data products; * Adopts a Health Equity lens to understand Transportation Safety in communities; * And generally applies surveillance best practices to Transportation Safety work. | **In order to reliably identify and respond to emerging Transportation Safety threats and related factors (and to sustain these activities),** the program:   * Convenes with Transportation Safety experts; * Identifies Transportation Safety-related data gaps and works with partners to rectify these; * Identifies and accesses reliable Transportation Safety data sources; * Understands community needs related to Transportation Safety and Transportation Safety-specific risk, protective, and shared risk and protective factors; * Identifies populations who experience disproportionate Transportation Safety outcomes; * Monitors for Transportation Safety-related outbreaks, clusters, and emerging threats; * Monitors for connections between Transportation Safety and other injuries; * Guides Transportation Safety-related interventions through data; * Creates and disseminates Transportation Safety-specific data products; * Adopts a Health Equity lens to understand Transportation Safety in communities; * And generally applies surveillance best practices to Transportation Safety work.   The program continues building Transportation Safety expertise to refine these techniques and processes. |

### 11. Traumatic Brain Injury (TBI) specific surveillance capacity

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| 11. Traumatic Brain Injury (TBI) specific surveillance capacity | The program, while building up general surveillance infrastructures and processes, has not yet built TBI-specific systems and programs. | To improve TBI surveillance, the program:   * Convenes with TBI experts; * Identifies TBI-related data gaps and works with partners to rectify these; * Identifies and accesses reliable TBI data sources; * And creates and disseminates TBI-specific data products. | To improve TBI surveillance, the program:   * Convenes with TBI experts; * Identifies TBI-related data gaps and works with partners to rectify these; * Identifies and accesses reliable TBI data sources; * Understands community needs related to TBI and TBI-specific risk, protective, and shared risk and protective factors; * Identifies populations who experience disproportionate TBI outcomes; * Monitors for TBI-related outbreaks, clusters, and emerging threats; * Creates and disseminates TBI-specific data products; * Adopts a Health Equity lens to understand TBI in communities; * And generally applies surveillance best practices to TBI work. | **In order to reliably identify and respond to emerging TBI threats and related factors,** the program:   * Convenes with TBI experts; * Identifies TBI-related data gaps and works with partners to rectify these; * Identifies and accesses reliable TBI data sources; * Understands community needs related to TBI and TBI-specific risk, protective, and shared risk and protective factors; * Identifies populations who experience disproportionate TBI outcomes; * Monitors for TBI-related outbreaks, clusters, and emerging threats; * Monitors for connections between TBI and other injuries; * Guides TBI-related interventions through data; * Creates and disseminates TBI-specific data products; * Adopts a Health Equity lens to understand TBI in communities; * And generally applies surveillance best practices to TBI work. | **In order to reliably identify and respond to emerging TBI threats and related factors (and to sustain these activities),** the program:   * Convenes with TBI experts; * Identifies TBI-related data gaps and works with partners to rectify these; * Identifies and accesses reliable TBI data sources; * Understands community needs related to TBI and TBI-specific risk, protective, and shared risk and protective factors; * Identifies populations who experience disproportionate TBI outcomes; * Monitors for TBI-related outbreaks, clusters, and emerging threats; * Monitors for connections between TBI and other injuries; * Guides TBI-related interventions through data; * Creates and disseminates TBI-specific data products; * Adopts a Health Equity lens to understand TBI in communities; * And generally applies surveillance best practices to TBI work.   The program continues building TBI expertise to refine these techniques and processes. |

# Strategy 2: Strengthen Strategic Collaborations and Partnerships for Public Health Action

## Initiating and Building Relationships

### 1. Identification of collaboration and partnership needs and gaps

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Strategy 2: Strengthen Strategic Collaborations and Partnerships for Public Health Action** | | | | | |
| ***Initiating and Building Relationships*** | | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| **1. Identification of collaboration and partnership needs and gaps** | The program has a general idea of partnership gaps but has not engaged in a scan of needs and gaps in several years. | The program has conducted a recent assessment of partnership gaps, needs, and opportunities, but not all types of partners were scanned.  One to two types of the following partners were included:   * Key injury topic areas; * Key risk factors, protective factors, and shared risk and protective factors; * Key skillsets (epidemiology, evaluation, policy, implementation, etc.); * Partners spanning hierarchies from community members to decision makers; * Multi-sector partners; * Partners with divergent perspectives who may question biases and assumptions; * And/Or populations who experience disproportionate burden and high disparities. | The program has conducted a recent assessment of partnership gaps, needs, and opportunities, but not all types of partners were scanned.  Three or more types of the following partners were included:   * Key injury topic areas; * Key risk factors, protective factors, and shared risk and protective factors; * Key skillsets (epidemiology, evaluation, policy, implementation, etc.); * Partners spanning hierarchies from community members to decision makers; * Multi-sector partners; * Partners with divergent perspectives who may question biases and assumptions; * And/Or populations who experience disproportionate burden and high disparities.  The program initiated contacts for some (but not necessarily all) of the identified gaps. | **In order to leverage partnerships to increase effectiveness in identifying and responding to emerging injury threats and related factors,** the program has completed comprehensive scan of partnerships identify gaps, needs, and opportunities for new partnerships.  This scan examined:   * Key injury topic areas; * Key risk factors, protective factors, and shared risk and protective factors; * Key skillsets (epidemiology, evaluation, policy, implementation, etc.); * Partners spanning hierarchies from community members to decision makers; * Multi-sector partners; * Partners with divergent perspectives who may question biases and assumptions; * And populations who experience disproportionate burden and high disparities.  When gaps are found, the program initiated new contacts and engages partners in ongoing work. | **In order to leverage partnerships to increase effectiveness in identifying and responding to emerging injury threats and related factors (and to sustain these activities),** the program conducts regular scans to identify gaps, needs, and opportunities for new partnerships.  These scans look across:   * Key injury topic areas; * Key risk factors, protective factors, and shared risk and protective factors; * Key skillsets (epidemiology, evaluation, policy, implementation, etc.); * Partners spanning hierarchies from community members to decision makers; * Multi-sector partners; * Partners with divergent perspectives who may question biases and assumptions; * And populations who experience disproportionate burden and high disparities.  When gaps are found, the program initiates new contacts and engages partners in ongoing work. |

### 2. Engagement of key partners

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **2. Engagement of key partners** | The program convenes partners who are:   * Experts in key injury topic areas * And community members from populations who experience disproportionate burden and high disparities.   However, the program finds that some experts are missing. | The program convenes partners who are:   * Experts in key injury topic areas * And community members from populations who experience disproportionate burden and high disparities. | The program convenes partners who are:   * Experts in key injury topic areas; * Experts in key risk factors, protective factors, and shared risk and protective factors; * And community members from populations who experience disproportionate burden and high disparities.   Convening is intended to improve understanding of community outcomes and the factors that drive them. | **In order to leverage partnerships to increase effectiveness in identifying and responding to emerging injury threats and related factors,** the program regularly convenes diverse partners.   Partners who are regularly engaged include:   * Experts in key injury topic areas; * Experts in key risk factors, protective factors, and shared risk and protective factors; * Experts with key skillsets (epidemiology, evaluation, policy, implementation, etc.); * Multilateral partners (including decision makers); * Multi-sectoral partners; * And community members from populations who experience disproportionate burden and high disparities.   Convening is intended to improve understanding of community outcomes and the factors that drive them.  Partners are strategically convened to fill gaps noticed by environmental scans and needs assessments. | **In order to leverage partnerships to increase effectiveness in identifying and responding to emerging injury threats and related factors (and to sustain these activities),** the program has integrated diverse partners throughout all stages of the work, including:   * Understanding injury burden and outcomes in communities, * Understanding the factors that influence and maintain injury burden, * Understanding populations with disproportionate injury burden and high disparities, * Planning activity development and improvement, * Identifying and tailoring effective activities to prevent injury, * And evaluating practices, programs, and processes related to injury prevention.  Partners are regularly convened. Partners who are regularly engaged include: * Experts in key injury topic areas; * Experts in key risk factors, protective factors, and shared risk and protective factors; * Experts with key skillsets (epidemiology, evaluation, policy, implementation, etc.); * Multilateral partners (including decision makers); * Multi-sectoral partners; * And community members from populations who experience disproportionate burden and high disparities.   Partners are strategically convened to fill gaps noticed by environmental scans and needs assessments. |

## Engaging and Integrating Partners

### 3. Collaborative learning

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Engaging and Integrating Partners*** | | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| **3. Collaborative learning** | The program convenes partners but typically directs information to partners rather than convening for group learning. | The program collaboratively works with partners to better understand communities and identify their needs, challenges, and strengths of a system. | The program collaboratively works with partners to better understand communities and:   * Identify the needs, challenges, and strengths of a system; * Identify the connections between injury and other public health issues in communities; * Identify key risk, protective, and shared risk and protective factors; * And identify strategies and actions that are high impact for the communities. | **In order to leverage partnerships to increase effectiveness in identifying and responding to emerging injury threats and related factors,** the program collaboratively works with partners to better understand communities and   * Identify the needs, challenges, and strengths of a system; * Identify the connections between injury and other public health issues in communities; * Identify populations who experience disproportionate burden and high disparities; * Identify key risk, protective, and shared risk and protective factors; * Identify strategies and actions that are high impact for the communities; * And create common questions, beliefs, and understandings about the communities shared amongst the group. | **In order to leverage partnerships to increase effectiveness in identifying and responding to emerging injury threats and related factors (and to sustain these activities),** the program collaboratively works with partners to better understand communities and   * Identify the needs, challenges, and strengths of a system; * Identify the connections between injury and other public health issues in communities; * Identify populations who experience disproportionate burden and high disparities; * Identify key risk, protective, and shared risk and protective factors; * Identify strategies and actions that are high impact for the communities; * And create common questions, beliefs, and understandings about the communities shared amongst the group.   Partners are reconvened for learning when new information or challenges arise. |

### 4. Informing public health actions through partnerships and collaborations

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **4. Informing public health actions through partnerships and collaborations** | The program accepts expert advice and insights regarding public health activities but does not actively work with partners to improve these activities. Partner perspectives are not integrated into the program’s work. | The program works with partners to collaboratively inform and improve public health actions.  This includes at least 4 of the following:   * Reviewing surveillance data for trends or patterns; * Discussing aberrant patterns and trends for the current areas of focus; * Identifying other missing partners based on data trends related to key injury topic areas; * Identify key needs, challenges, strengths, and factors of the current context that may help identify appropriate interventions; * Informing, guiding, and adapting interventions that are expected to be effective and high impact for communities; * And/Or selecting interventions based on urgency of outcome burden and trends.   Partner perspectives are used to help identify gaps. | The program works with partners to collaboratively inform and improve public health actions.  This includes at least 6 of the following:   * Reviewing surveillance data for trends or patterns; * Discussing aberrant patterns and trends for the current areas of focus; * Identifying other missing partners based on data trends related to key injury topic areas; * Identify key needs, challenges, strengths, and factors of the current context that may help identify appropriate interventions; * Identify populations who experience disproportionate burden and high disparities that may guide appropriate interventions; * Informing, guiding, and adapting interventions that are expected to be effective and high impact for communities; * Selecting interventions based on urgency of outcome burden and trends; * Helping support and implement activities for these processes; * Helping continually reassess if current work is aligned with new gaps, trends, and outbreaks; * Helping evaluate existing processes and programs; * And/Or helping improve existing processes and programs based on evaluation data.   Partner perspectives are used to help   * Identify gaps * And identify barriers and facilitators. | **In order to leverage partnerships to increase effectiveness in identifying and responding to emerging injury threats and related factors,** the program works with partners to collaboratively inform and improve public health actions.  This includes at least 8 of the following:   * Reviewing surveillance data for trends or patterns; * Discussing aberrant patterns and trends for the current areas of focus; * Identifying other missing partners based on data trends related to key injury topic areas; * Identify key needs, challenges, strengths, and factors of the current context that may help identify appropriate interventions; * Identify populations who experience disproportionate burden and high disparities that may guide appropriate interventions; * Informing, guiding, and adapting interventions that are expected to be effective and high impact for communities; * Selecting interventions based on urgency of outcome burden and trends; * Helping support and implement activities for these processes; * Helping continually reassess if current work is aligned with new gaps, trends, and outbreaks; * Helping evaluate existing processes and programs; * And/Or helping improve existing processes and programs based on evaluation data.   Partner perspectives are used to help   * Identify gaps; * Identify barriers and facilitators; * And brainstorm improvements. | **In order to leverage partnerships to increase effectiveness in identifying and responding to emerging injury threats and related factors (and to sustain these activities),** the program works with partners to collaboratively inform and improve public health actions.  This includes:   * Reviewing surveillance data for trends or patterns; * Discussing aberrant patterns and trends for the current areas of focus; * Identifying other missing partners based on data trends related to key injury topic areas; * Identify key needs, challenges, strengths, and factors of the current context that may help identify appropriate interventions; * Identify populations who experience disproportionate burden and high disparities that may guide appropriate interventions; * Informing, guiding, and adapting interventions that are expected to be effective and high impact for communities; * Selecting interventions based on urgency of outcome burden and trends; * Helping support and implement activities for these processes; * Helping continually reassess if current work is aligned with new gaps, trends, and outbreaks; * Helping evaluate existing processes and programs; * And helping improve existing processes and programs based on evaluation data.   Partner perspectives are used to help   * Identify gaps; * Identify barriers and facilitators; * And brainstorm improvements.   Partners are encouraged to share their own data, findings, and work in brainstorming and discussion. |

### 5. Partner support, growth, and training

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **5. Partner support, growth, and training** | The program does not provide any training, technical assistance, or resource referrals for partners. | When a particularly good training or existing resource is shared with the program, the program passes it on to partners. The program does not systematically look for particular types of resources or categories of resources. | The program works to ensure that partners are equipped with skillsets essential for effective injury prevention by providing resources and training referrals for topical expertise and/or functional capacity improvement | **In order to leverage partnerships to increase effectiveness in responding to emerging injury threats and related factors,** the program works to ensure that partners are equipped with skillsets essential for effective injury prevention by providing resources and training referrals for:   * Topical expertise, * Health Equity, * Surveillance expertise, * Implementation expertise, * Evaluation expertise, * Partnership expertise, * And economic expertise. | **In order to leverage partnerships to increase effectiveness in responding to emerging injury threats and related factors (and to sustain these activities),** the program works to ensure that partners are equipped with skillsets essential for effective injury prevention by providing resources and training referrals for:   * Topical expertise, * Health Equity, * Surveillance expertise, * Implementation expertise, * Evaluation expertise, * Partnership expertise, * And economic expertise.   The program is continuously evaluating the need to add additional trainings or context-specific support. |

## Sustaining and Expanding Relationships

### 6. Regional and national networking

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Sustaining and Expanding Relationships*** | | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| **6. Regional and national networking** | The program attends meetings with regional and national partners but is not an active participant. | The program actively participates in regional and national networking, including at least one meeting beyond the regularly occurring Regional Network Coordinating Organization meetings. Networking activities include at least two of the following:   * Exchanging knowledge and findings, * Sharing technical assistance resources, * Sharing innovations and lessons learned, * Sharing emerging findings, * Creating time for shared brainstorming and discussion, * And/Or collaborating on projects. | The program actively participates in regional and national networking, including at least one meeting beyond the regularly occurring Regional Network Coordinating Organization meetings. This includes at least three of the following:   * Exchanging knowledge and findings, * Sharing technical assistance resources, * Sharing innovations and lessons learned, * Sharing emerging findings, * Creating time for shared brainstorming and discussion, * And/Or collaborating on projects. | **In order to leverage partnerships to increase effectiveness in identifying and responding to emerging injury threats and related factors,** the program actively participates in regional and national networking, including at least one meeting beyond the regularly occurring Regional Network Coordinating Organization meetings. This includes:   * Exchanging knowledge and findings, * Sharing technical assistance resources, * Sharing innovations and lessons learned, * Sharing emerging findings, * Creating time for shared brainstorming and discussion, * And/Or collaborating on projects. | **In order to leverage partnerships to increase effectiveness in identifying and responding to emerging injury threats and related factors (and to sustain these activities), t**he program actively participates in regional and national networking, including at least one meeting beyond the regularly occurring Regional Network Coordinating Organization meetings.. This includes:   * Exchanging knowledge and findings, * Sharing technical assistance resources, * Sharing innovations and lessons learned, * Sharing emerging findings, * Creating time for shared brainstorming and discussion, * And, collaborating on projects.   The program fosters sustainable collaboration to ensure connections and collaborations are supported by multiple funding sources and include other projects, ideas, and innovations. |

### 7. Partner orientation and onboarding

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **7. Partner orientation and onboarding** | The program relies on partners to ask questions about the program and work in order to orient them. | The program reaches out to new partners to foster new collaborations. However, there are no set processes or materials for introducing partners to ongoing work. | The program develops processes and materials to orient new partners to the work. This includes new partners who have not been exposed to the program as well as new members of existing partnerships.  These materials include recent history of the program, ongoing work of the program, and current mental models of injury and related factors.  The program provides materials also to new staff associated with the program itself. | **In order to leverage partnerships to increase effectiveness in identify and responding to emerging injury threats and related factors,** the program develops processes and materials to orient new partners to the work. This includes new partners who have not been exposed to the program as well as new members of existing partnerships.  These materials include recent history of the program, ongoing work of the program, and current mental models of injury and related factors.  The program provides materials also to new staff associated with the program itself. | **In order to leverage partnerships to increase effectiveness in identify and responding to emerging injury threats and related factors (and to sustain these activities),** the program develops processes and materials to orient new partners to the work. This includes new partners who have not been exposed to the program as well as new members of existing partnerships.  These materials include recent history of the program, ongoing work of the program, and current mental models of injury and related factors.  The program provides materials also to new staff associated with the program itself.  The program also creates hiring and contractual language to help identify strong candidates to ensure new staff and partners are well-aligned with the work. |

### 8. Collaborative learning structures and practices

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **8. Collaborative learning structures and practices** | The program convenes partners and consults them at the start of new work but not throughout. | The program has convened partners at least once, but spaces and opportunities for brainstorming, discussion, sharing finding, and group learning need improvement. The program does not routinely request partner feedback. | The program convenes occasional (for example, yearly) meetings for partners, but spaces and opportunities for brainstorming, discussion, sharing finding, and group learning need improvement.  The program asks partners to provide feedback on ideas and plans before they are implemented. However, partners are not included in the full planning and development of ideas.  The program shares findings from collaborative work with partners. | **In order to leverage partnerships to increase effectiveness in identifying and responding to emerging injury threats and related factors**, the program actively seeks new partnerships, checks in with existing partners, and convenes partners for discussion. This happens at key junctures throughout the program. The program facilitates common spaces for brainstorming, discussion, sharing findings, and group learning.  The program includes partner ideas, concerns, and perspectives in planning projects, implementation, and changes. The program values and heavily integrates partner perspectives and ideas from partners to guide decisions.  The program shares findings from collaborative work with partners. | **In order to leverage partnerships to increase effectiveness in identifying and responding to emerging injury threats and related factors (and to sustain these activities),** the program actively seeks new partnerships, checks in with existing partners, and convenes partners for discussion. This happens at key junctures throughout the program. The program works with partners to create sustainable meetings with convenings timed regularly and in response to emerging needs. Sometimes, partners are convened when no work needs to be done or when partners have potential updates outside of the program’s main goals.  The program facilitates common spaces for brainstorming, discussion, sharing findings, and group learning.  The program actively seeks divergent and dissenting feedback from partners to understand hidden biases and create more comprehensive plans.  The program includes partner ideas, concerns, and perspectives in planning projects, implementation, and changes. The program values and heavily integrates partner perspectives and ideas from partners to guide decisions.  The program shares findings from collaborative work with partners. |

### 9. Partner projects and accomplishments

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **9. Partner projects and accomplishments** | The program initiates all collaborations with partners. The program does not yet support partner ideas and innovations. | The program tends to initiate all collaborations with partners.  At meetings convened by the program for the program’s own work, the program provides space for partners to share other projects and findings. However, the program doesn’t actively provide support for partner ideas and innovations outside of current collaborations. | The program both initiates shared collaborations with partners and supports partners in their own ideas and innovations (especially when it is aligned with the vision and understanding the program has for communities).  This support may include one to two of the following:   * Funding, * Providing expert feedback, * Providing shared space for brainstorming and discussion, * And/Or providing project-specific technical assistance, training, and resources. | **In order to leverage partnerships to increase effectiveness in identify and responding to emerging injury threats and related factors,** the program both initiates shared collaborations with partners and supports partners in their own ideas and innovations (especially when it is aligned with the vision and understanding the program has for communities).  This support may three or more of the following:   * Funding, * Providing expert feedback, * Providing shared space for brainstorming and discussion, * And/Or providing project-specific technical assistance, training, and resources. | **In order to leverage partnerships to increase effectiveness in identify and responding to emerging injury threats and related factors (and to sustain these activities),** the program both initiates shared collaborations with partners and supports partners in their own ideas and innovations (especially when it is aligned with the vision and understanding the program has for communities).  This support includes:   * Funding, * Providing expert feedback, * Providing shared space for brainstorming and discussion, * And/Or providing project-specific technical assistance, training, and resources.   The program also provides space for brainstorming and expert feedback on projects not intended for direct support and collaboration. |

### 10. Integrating a Health Equity lens in collaborations and partnerships

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **10. Integrating a Health Equity lens in collaborations and partnerships** | The program has not yet systematically included a Health Equity lens in partner convening. | The program considers:   * Convening partners who are experts in Health Equity, * And convening partners who are experts in factors related to Health Disparity in communities.   To inform collaborations and work, the program considers differences in burden associated with:   * Race * Ethnicity * Religion * Socioeconomic status * Gender * Age * Mental Health * Cognitive, sensory, or physical ability * Sexual Orientation * Gender identity * Geographic location | The program considers:   * Convening partners who are experts in Health Equity, * Convening partners who are experts in factors related to Health Disparity in communities, * And convening partners from populations who experience disproportionate burden and high disparities.   To inform collaborations and work, the program considers differences in burden associated with:   * Race * Ethnicity * Religion * Socioeconomic status * Gender * Age * Mental Health * Cognitive, sensory, or physical ability * Sexual Orientation * Gender identity * Geographic location | **In order to leverage partnerships to increase effectiveness in identify and responding to emerging injury threats and related factors,** the program considers:   * Convening partners who are experts in Health Equity, * Convening partners who are experts in factors related to Health Disparity in communities, * Convening partners from populations who experience disproportionate burden and high disparities, * And cultural humility in partner engagement.   To inform collaborations and work, the program considers differences in burden associated with:   * Race * Ethnicity * Religion * Socioeconomic status * Gender * Age * Mental Health * Cognitive, sensory, or physical ability * Sexual Orientation * Gender identity * Geographic location | **In order to leverage partnerships to increase effectiveness in identify and responding to emerging injury threats and related factors (and to sustain these activities),** the program considers:   * Convening partners who are experts in Health Equity, * Convening partners who are experts in factors related to Health Disparity in communities, * Convening partners from populations who experience disproportionate burden and high disparities, * And cultural humility in partner engagement.   To inform collaborations and work, the program considers differences in burden associated with:   * Race * Ethnicity * Religion * Socioeconomic status * Gender * Age * Mental Health * Cognitive, sensory, or physical ability * Sexual Orientation * Gender identity * Geographic location   The program integrates a Health Equity lens to all work to ensure sustained and continuous application to partnership and collaboration. |

## Expanding Topical Expertise

### 11. Adverse Childhood Experiences (ACEs) specific capacity in partner convening

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Expanding Topical Expertise*** | | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| **11. Adverse Childhood Experiences (ACEs) specific capacity in partner convening** | The program, while building improved partnerships and collaborations, has not yet built ACEs-specific partnerships or opportunities. | To improve ACEs work, the program:   * Identifies partnership gaps related to ACEs expertise and expertise in risk, protective, and shared risk and protective factors related to ACEs; * Identifies ACEs-related opportunities in regional and national networking; * And develops and disseminates actionable ACEs-related products | To improve ACEs work, the program:   * Identifies partnership gaps related to ACEs expertise and expertise in risk, protective, and shared risk and protective factors related to ACEs; * Actively engages ACEs-related partners in ongoing work (including brainstorming, planning, implementation, evaluation, and responding to new findings and outbreaks); * Identifies ACEs-related opportunities in regional and national networking; * Identifies partners to improve ACEs-related surveillance, assessment, and evaluation; * Develops and disseminates actionable ACEs-related products; * And adopts a Health Equity lens to understand ACEs in communities. | **In order to reliably identify and respond to emerging ACEs threats and related factors,** the program:   * Identifies partnership gaps related to ACEs expertise and expertise in risk, protective, and shared risk and protective factors related to ACEs; * Actively engages ACEs-related partners in ongoing work (including brainstorming, planning, implementation, evaluation, and responding to new findings and outbreaks); * Identifies ACEs-related opportunities in regional and national networking; * Identifies partners to improve ACEs-related surveillance, assessment, and evaluation; * Works with ACEs partners to identify, adapt, and guide interventions; * Supports the orientation, training, and growth of partners to improve ACEs-related expertise; * Develops and disseminates actionable ACEs-related products; * Supports partners in their ACEs work; * And adopts a Health Equity lens to understand ACEs in communities. | **In order to reliably identify and respond to emerging ACEs threats and related factors (and to sustain these activities),** the program:   * Identifies partnership gaps related to ACEs expertise and expertise in risk, protective, and shared risk and protective factors related to ACEs; * Actively engages ACEs-related partners in ongoing work (including brainstorming, planning, implementation, evaluation, and responding to new findings and outbreaks); * Identifies ACEs-related opportunities in regional and national networking; * Identifies partners to improve ACEs-related surveillance, assessment, and evaluation; * Works with ACEs partners to identify, adapt, and guide interventions; * Supports the orientation, training, and growth of partners to improve ACEs-related expertise; * Develops and disseminates actionable ACEs-related products; * Supports partners in their ACEs work; * And adopts a Health Equity lens to understand ACEs in communities.   The program continues building ACEs expertise to refine these techniques and processes. |

### 12. Transportation Safety specific capacity in partner convening

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **12. Transportation Safety specific capacity in partner convening** | The program, while building improved partnerships and collaborations, has not yet build Transportation Safety-specific partnerships or opportunities. | To improve Transportation Safety work, the program:   * Identifies partnership gaps related to Transportation Safety expertise and expertise in risk, protective, and shared risk and protective factors related to Transportation Safety; * Identifies Transportation Safety-related opportunities in regional and national networking; * And develops and disseminates actionable Transportation Safety-related products | To improve Transportation Safety work, the program:   * Identifies partnership gaps related to Transportation Safety expertise and expertise in risk, protective, and shared risk and protective factors related to Transportation Safety; * Actively engages Transportation Safety-related partners in ongoing work (including brainstorming, planning, implementation, evaluation, and responding to new findings and outbreaks); * Identifies Transportation Safety-related opportunities in regional and national networking; * Identifies partners to improve Transportation Safety-related surveillance, assessment, and evaluation; * Develops and disseminates actionable Transportation Safety-related products; * And adopts a Health Equity lens to understand Transportation Safety in communities. | **In order to reliably identify and respond to emerging Transportation Safety threats and related factors,** the program:   * Identifies partnership gaps related to Transportation Safety expertise and expertise in risk, protective, and shared risk and protective factors related to Transportation Safety; * Actively engages Transportation Safety-related partners in ongoing work (including brainstorming, planning, implementation, evaluation, and responding to new findings and outbreaks); * Identifies Transportation Safety-related opportunities in regional and national networking; * Identifies partners to improve Transportation Safety-related surveillance, assessment, and evaluation; * Works with Transportation Safety partners to identify, adapt, and guide interventions; * Supports the orientation, training, and growth of partners to improve Transportation Safety-related expertise; * Develops and disseminates actionable Transportation Safety-related products; * Supports partners in their Transportation Safety work; * And adopts a Health Equity lens to understand Transportation Safety in communities. | **In order to reliably identify and respond to emerging Transportation Safety threats and related factors (and to sustain these activities),** the program:   * Identifies partnership gaps related to Transportation Safety expertise and expertise in risk, protective, and shared risk and protective factors related to Transportation Safety; * Actively engages Transportation Safety-related partners in ongoing work (including brainstorming, planning, implementation, evaluation, and responding to new findings and outbreaks); * Identifies Transportation Safety-related opportunities in regional and national networking; * Identifies partners to improve Transportation Safety-related surveillance, assessment, and evaluation; * Works with Transportation Safety partners to identify, adapt, and guide interventions; * Supports the orientation, training, and growth of partners to improve Transportation Safety-related expertise; * Develops and disseminates actionable Transportation Safety-related products; * Supports partners in their Transportation Safety work; * And adopts a Health Equity lens to understand Transportation Safety in communities.   The program continues building Transportation Safety expertise to refine these techniques and processes. |

### 13. Traumatic Brain Injury (TBI) specific capacity in partner convening

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **13. Traumatic Brain Injury (TBI) specific capacity in partner convening** | The program, while building improved partnerships and collaborations, has not yet build TBI-specific partnerships or opportunities. | To improve TBI work, the program:   * Identifies partnership gaps related to TBI expertise and expertise in risk, protective, and shared risk and protective factors related to TBI; * Identifies TBI-related opportunities in regional and national networking; * And develops and disseminates actionable TBI-related products | To improve TBI work, the program:   * Identifies partnership gaps related to TBI expertise and expertise in risk, protective, and shared risk and protective factors related to TBI; * Actively engages TBI-related partners in ongoing work (including brainstorming, planning, implementation, evaluation, and responding to new findings and outbreaks); * Identifies TBI-related opportunities in regional and national networking; * Identifies partners to improve TBI-related surveillance, assessment, and evaluation; * Develops and disseminates actionable TBI-related products; * And adopts a Health Equity lens to understand TBI in communities. | **In order to reliably identify and respond to emerging TBI threats and related factors,** the program:   * Identifies partnership gaps related to TBI expertise and expertise in risk, protective, and shared risk and protective factors related to TBI; * Actively engages TBI-related partners in ongoing work (including brainstorming, planning, implementation, evaluation, and responding to new findings and outbreaks); * Identifies TBI-related opportunities in regional and national networking; * Identifies partners to improve TBI-related surveillance, assessment, and evaluation; * Works with TBI partners to identify, adapt, and guide interventions; * Supports the orientation, training, and growth of partners to improve TBI-related expertise; * Develops and disseminates actionable TBI-related products; * Supports partners in their TBI work; * And adopts a Health Equity lens to understand TBI in communities. | **In order to reliably identify and respond to emerging TBI threats and related factors (and to sustain these activities),** the program:   * Identifies partnership gaps related to TBI expertise and expertise in risk, protective, and shared risk and protective factors related to TBI; * Actively engages TBI-related partners in ongoing work (including brainstorming, planning, implementation, evaluation, and responding to new findings and outbreaks); * Identifies TBI-related opportunities in regional and national networking; * Identifies partners to improve TBI-related surveillance, assessment, and evaluation; * Works with TBI partners to identify, adapt, and guide interventions; * Supports the orientation, training, and growth of partners to improve TBI-related expertise; * Develops and disseminates actionable TBI-related products; * Supports partners in their TBI work; * And adopts a Health Equity lens to understand TBI in communities.   The program continues building TBI expertise to refine these techniques and processes. |

# Strategy 3: Conduct Assessment and Evaluation for Public Health Action

## Assessment and Evaluation Systems

### 1. Access to assessment and evaluation expertise

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Strategy 3: Conduct Assessment and Evaluation for Public Health Action** | | | | | |
| ***Assessment and Evaluation Systems*** | | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| **1. Access to assessment and evaluation expertise** | The program may have access to an assessment expert or evaluator at this point but has not integrated their expertise throughout the program's activities. | The program works with assessment experts and evaluators around data collection and reporting needs, but the program does not have access to these experts whenever needed and does not include their expertise in other activities (implementation planning, valuation, etc.) | The program works with assessment experts and evaluators around data collection and reporting needs and integrates their expertise in:   * Planning activities related to creating assessments, * Building data systems, * Improving data validity or timeliness, * And improving evaluation.   However, these experts are not integrated in other activities (implementation planning, evaluation, etc.). | **In order to respond to emerging injury threats and related factors,** the program has created a programmatic culture around assessment and evaluation which relies on close partnerships with evaluators and integration of evaluation practices.  This integration includes assessment and evaluation expertise in:   * Planning activities, * Identifying populations who experience disproportionate burden and high disparities, * Obtaining valid data (qualitative and quantitative), * Improving data systems, * Analyzing evaluation data, * Creating data products, * Implementation planning, * And improving implementation through continuous quality improvement. | * **In order to respond to emerging injury threats and related factors (and to sustain these activities),** the program has created a programmatic culture around assessment and evaluation which relies on close partnerships with evaluators and integration of evaluation practices.  This integration includes assessment and evaluation expertise in: * Planning activities, * Identifying populations who experience disproportionate burden and high disparities, * Obtaining valid data (qualitative and quantitative), * Improving data systems, * Analyzing evaluation data, * Creating data products, * Implementation planning, * And improving implementation through continuous quality improvement.  The program has established hiring practices, contractual language, and regular meeting practices related to assessment and evaluation work to ensure continued access to evaluation expertise now and in the future. |

### 2. Engaging partners in evaluation planning

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **2. Engaging partners in evaluation planning** | The program has not initiated conversations with partners focused on evaluation at the start of project work. Instead, if partners are consulted on evaluation, it is toward the middle or end of projects. | The program initiates conversations with partners focused on evaluation at the beginning of project planning to ensure evaluation is embedded.  Partners are consulted on various aspects of evaluation. | The program integrates partners into planning evaluations of both programs and processes in order to refine ongoing work.  The program works with partners so their perspectives help with two to three of the following:   * Identify key evaluation questions, * Identify data collection methods and existing data sources to answer evaluation questions, * Create data systems to manage evaluation data, * Shared learning spaces to review evaluation findings, * Shared brainstorming to apply emerging findings to ongoing work in a continuous quality improvement framework, * Identify barriers and facilitators of past interventions, * Evaluate the need to change interventions or focus on other outcomes/factors, * And create products to disseminate evaluation findings.   The program initiates these conversations at the beginning of planning to ensure evaluation is embedded. | **In order to leverage partnerships to increase effectiveness in responding to emerging injury threats and related factors,** the program integrates partners into planning evaluations of both programs and processes in order to refine ongoing work.  The program works with partners so their perspectives help with at least four of the following:   * Identify key evaluation questions, * Identify data collection methods and existing data sources to answer evaluation questions, * Create data systems to manage evaluation data, * Shared learning spaces to review evaluation findings, * Shared brainstorming to apply emerging findings to ongoing work in a continuous quality improvement framework, * Identify barriers and facilitators of past interventions, * Evaluate the need to change interventions or focus on other outcomes/factors, * And create products to disseminate evaluation findings.   The program initiates these conversations at the beginning of planning to ensure evaluation is embedded. | **In order to leverage partnerships to increase effectiveness in responding to emerging injury threats and related factors (and to sustain these activities),** the program integrates partners into planning evaluations of both programs and processes in order to refine ongoing work.  The program works with partners so their perspectives help:   * Identify key evaluation questions, * Identify data collection methods and existing data sources to answer evaluation questions, * Create data systems to manage evaluation data, * Shared learning spaces to review evaluation findings, * Shared brainstorming to apply emerging findings to ongoing work in a continuous quality improvement framework, * Identify barriers and facilitators of past interventions, * Evaluate the need to change interventions or focus on other outcomes/factors, * And create products to disseminate evaluation findings.   The program initiates these conversations at the beginning of planning to ensure evaluation is embedded. |

### 3. Identification of data gaps related to community injury and violence prevention, including upstream factors

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **3. Identification of data gaps related to community injury and violence prevention, including upstream factors** | The program has identified surveillance data sources for identifying community strengths, challenges, and needs.  This includes using surveillance data to identify populations who experience disproportionate burden and high disparities.  However, the program does not integrate other assessment methods and relies solely on surveillance data. | The program uses a needs assessment process alongside existing surveillance data for identifying community strengths, challenges, and needs (including identifying populations who experience disproportionate burden and high disparities).  This process is not structured and typically occurs at the start of project work. | The program uses a structured assessment process alongside existing surveillance data for identifying community strengths, challenges, and needs (including identifying populations who experience disproportionate burden and high disparities).  This typically includes partner interviews and feedback and may include standardized questions and/or surveys.  This process typically occurs at the start of project work. | **In order to identify and responding to emerging injury threats and related factors,** the program uses a structured assessment process alongside existing surveillance data for identifying:   * Community strengths, challenges, and needs (including identifying populations who experience disproportionate burden and high disparities * And identifying risk, protective, and shared risk and protective factors (including identifying factors most relevant to populations who experience disproportionate burden and high disparities).   The program identifies which factors are high-impact (that is, will create the broadest population level-impact with the fewest invested resources).  This typically includes partner interviews and feedback and may include standardized questions and/or surveys.  The program has a process for reconciling differences, identifying gaps, and prioritizing findings between surveillance data and data gathered through the assessment process.  This process typically occurs at the start of project work. | **In order to identify and responding to emerging injury threats and related factors (and sustain this actions),** the program uses a structured assessment process alongside existing surveillance data for identifying:   * Community strengths, challenges, and needs (including identifying populations who experience disproportionate burden and high disparities * And identifying risk, protective, and shared risk and protective factors (including identifying factors most relevant to populations who experience disproportionate burden and high disparities).   The program identifies which factors are high-impact (that is, will create the broadest population level-impact with the fewest invested resources).  This typically includes partner interviews and feedback and may include standardized questions and/or surveys.  The program has a process for reconciling differences, identifying gaps, and prioritizing findings between surveillance data and data gathered through the assessment process.  The program re-assesses periodically to ensure findings are timely and relevant. |

### 4. Adherence to assessment and evaluation best practices

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **4. Adherence to assessment and evaluation best practices** | The program engages in some evaluation practices, but | The program:   * Develops evaluation questions; * Identifies valid and appropriate short term and intermediate indicators; * And identifies data sources that provide timely and valid data that accurately reflect the reach and limits of ongoing work (for example, at the state level, community level, or school level).   These evaluation practices span across different stages of evaluations:   * Developmental, * Formative, * And summative. | The program:   * Develops evaluation questions; * Identifies valid and appropriate short term and intermediate indicators; * Actively anticipates potential unintended consequences of work and also creates flexible space to track consequences that emerge, * And identifies data sources that provide timely and valid data that accurately reflect the reach and limits of ongoing work (for example, at the state level, community level, or school level).   These evaluation practices span across different stages of evaluations:   * Developmental, * Formative, * And summative.   The program applies evaluation best practices to programs implemented (program evaluation) as well as to processes utilized (process evaluation). | **In order to reliably respond to emerging injury threats and related factors,** the program:   * Develops evaluation questions; * Identifies valid and appropriate short term and intermediate indicators; * Actively anticipates potential unintended consequences of work and also creates flexible space to track consequences that emerge, * And identifies data sources that provide timely and valid data that accurately reflect the reach and limits of ongoing work (for example, at the state level, community level, or school level).   These evaluation practices span across different stages of evaluations:   * Developmental, * Formative, * And summative.   The program applies evaluation best practices to programs implemented (program evaluation) as well as to processes utilized (process evaluation).  Evaluation practices reflect:   * Partner perspectives and needs, * The perspectives and needs of populations who experience disproportionate burden and high disparities, * All levels of the social ecology (individual, relational, community, societal).   Partners and collaborators provide feedback, brainstorming, and group learning on evaluation data and findings to help identify unintended consequences, barriers, challenges, strengths, and potential improvements. | **In order to reliably respond to emerging injury threats and related factors (and to sustain these activities),** the program:   * Develops evaluation questions; * Identifies valid and appropriate short term and intermediate indicators; * Actively anticipates potential unintended consequences of work and also creates flexible space to track consequences that emerge, * And identifies data sources that provide timely and valid data that accurately reflect the reach and limits of ongoing work (for example, at the state level, community level, or school level).   These evaluation practices span across different stages of evaluations:   * Developmental, * Formative, * And summative.   The program applies evaluation best practices to programs implemented (program evaluation) as well as to processes utilized (process evaluation).  Evaluation practices reflect:   * Partner perspectives and needs, * The perspectives and needs of populations who experience disproportionate burden and high disparities, * All levels of the social ecology (individual, relational, community, societal).   The program continuously analyzes data and reflects on emerging themes and findings. Partners and collaborators provide feedback, brainstorming, and group learning on this data and findings to help identify unintended consequences, barriers, challenges, strengths, and potential improvements.  Evaluation practices are routinely revisited to improve their fit for the ongoing work. |

### 5. Evaluation data management and systems

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **5. Evaluation data management and systems** | The program keeps data files separate and has no intentional plans for storing, blending, and analyzing data long term. | The program builds evaluation data management processes and systems.  These are built around considerations including:   * Types of data collected (for example, quantitative, qualitative) * And frequency of data collection. | The program builds evaluation data management processes and systems.  These are built around considerations including:   * Types of data collected (for example, quantitative, qualitative), * Frequency of data collection, * And analytic needs. | **In order to reliably respond to emerging injury threats and related factors,** the program builds evaluation data management processes and systems.  These are built around considerations including:   * Types of data collected (for example, quantitative, qualitative), * Frequency of data collection, * And analytic needs.   Data management considers the need to continuously analyze data and identify findings for continuous quality improvement.  The program considers the types of analyses and data products required and builds processes for increasing efficiencies around these products.  While the program may document some of its processes, this could be improved for transitioning between partners and staff. | **In order to reliably respond to emerging injury threats and related factors (and to sustain these activities),** the program builds evaluation data management processes and systems.  These are built around considerations including:   * Types of data collected (for example, quantitative, qualitative), * Frequency of data collection, * And analytic needs.   Data management considers the need to continuously analyze data and identify findings for continuous quality improvement.  The program considers the types of analyses and data products required and builds processes for increasing efficiencies around these products.  The program creates thorough codebooks and documentation to ensure other partners and new staff are able to understand the processes and systems used. |

## Assessment and Evaluation for Prevention

### 6. Informing public health actions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Assessment and Evaluation for Prevention*** | | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| **6. Informing public health actions** | The program has not used assessment or evaluation data to guide interventions to date. | The program uses assessment and evaluation data to inform, guide, and adapt interventions that are expected to be effective and high impact for their context.  The program selects interventions based on the fit to community needs related to injury outcomes. | The program uses assessment and evaluation data to inform, guide, and adapt interventions that are expected to be effective and high impact for their context.  The program selects interventions:   * Based on the fit to community needs related to injury outcomes, * And based on any populations that experience disproportionate burden and high disparities.   The program also identifies activities to improve the program’s:   * Surveillance skills, systems, and dissemination; * Partner convening and engagement; * And evaluation skills, practices, and dissemination. | **In order to reliably identify and respond to emerging injury threats and related factors,** the program uses assessment and evaluation data to inform, guide, and adapt interventions that are expected to be effective and high impact for their context.  The program selects interventions:   * Based on the fit to community needs related to injury outcomes, * Based on any populations that experience disproportionate burden and high disparities, * Based on their ability to nimbly address emerging trends and outbreaks, * And based on key risk, protective, and shared risk and protective factors driving outcomes.   The program also identifies activities to improve the program’s:   * Surveillance skills, systems, and dissemination; * Partner convening and engagement; * And evaluation skills, practices, and dissemination. | **In order to reliably identify and respond to emerging injury threats and related factors (and to sustain these activities),** the program uses assessment and evaluation data to inform, guide, and adapt interventions that are expected to be effective and high impact for their context.  The program selects interventions:   * Based on the fit to community needs related to injury outcomes, * Based on any populations that experience disproportionate burden and high disparities, * Based on their ability to nimbly address emerging trends and outbreaks, * And based on key risk, protective, and shared risk and protective factors driving outcomes.   The program uses assessment and evaluation data to regularly assess the effectiveness of these trends to help improve and adapt interventions to the nuanced needs, challenges, and strengths of communities.  The program also identifies activities to improve the program’s:   * Surveillance skills, systems, and dissemination; * Partner convening and engagement; * And evaluation skills, practices, and dissemination. |

## Dissemination of Evaluation Products

### 7. Sharing and dissemination of evaluation data

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Dissemination of Evaluation Products*** | | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| **7. Sharing and dissemination of evaluation data** | The program has not yet developed products aligned with different audiences. | The program develops products for different audiences, including at two to three of the following:   * Sharing evaluation questions, data collection measures, ad evaluation methodology openly; * Sharing data openly when possible; * Creating data systems and dashboards to encourage accurate and timely data interpretation; * Sharing emerging findings on barriers, challenges, strengths, unintended consequences, lessons learned, and potential improvements; * Creating reports and products for decision makers that are tailored to their needs; * Creating reports and products for different partners that tailored to their needs; * Creating reports and products for the public that tailored to their needs; * And/Or publishing findings in academic journals. | The program develops products for different audiences, including at least four of the following:   * Sharing evaluation questions, data collection measures, ad evaluation methodology openly; * Sharing data openly when possible; * Creating data systems and dashboards to encourage accurate and timely data interpretation; * Sharing emerging findings on barriers, challenges, strengths, unintended consequences, lessons learned, and potential improvements; * Creating reports and products for decision makers that are tailored to their needs; * Creating reports and products for different partners that tailored to their needs; * Creating reports and products for the public that tailored to their needs; * And/Or publishing findings in academic journals. | **In order to leverage partnerships to increase effectiveness in identifying and responding to emerging injury threats and related factors,** the program develops products for different audiences, including:   * Sharing evaluation questions, data collection measures, ad evaluation methodology openly; * Sharing data openly when possible; * Creating data systems and dashboards to encourage accurate and timely data interpretation; * Sharing emerging findings on barriers, challenges, strengths, unintended consequences, lessons learned, and potential improvements; * Creating reports and products for decision makers that are tailored to their needs; * Creating reports and products for different partners that tailored to their needs; * Creating reports and products for the public that tailored to their needs; * And publishing findings in academic journals.   The program works with audiences to understand their needs in creating these products. Evaluation products are aligned with appropriate action steps (for each audience) to ensure data informs action. | **In order to leverage partnerships to increase effectiveness in identifying and responding to emerging injury threats and related factors (and to sustain these activities),** the program develops products for different audiences, including:   * Sharing evaluation questions, data collection measures, ad evaluation methodology openly; * Sharing data openly when possible; * Creating data systems and dashboards to encourage accurate and timely data interpretation; * Sharing emerging findings on barriers, challenges, strengths, unintended consequences, lessons learned, and potential improvements; * Creating reports and products for decision makers that are tailored to their needs; * Creating reports and products for different partners that tailored to their needs; * Creating reports and products for the public that tailored to their needs; * And publishing findings in academic journals.   The program works with audiences to understand their needs in creating these products. Evaluation products are aligned with appropriate action steps (for each audience) to ensure data informs action.  The program tracks the learning, projects, and changes that result from partners accessing these products. |

### 8. Integrating a Health Equity lens in assessment and evaluation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **8. Integrating a Health Equity lens in assessment and evaluation** | The program has not yet systematically included a Health Equity lens in evaluation work. | The program considers its ability to measure accurately needs, challenges, and strengths for different populations and communities.  The program considers:   * Race * Ethnicity * Religion * Socioeconomic status * Gender * Age * Mental Health * Cognitive, sensory, or physical ability * Sexual Orientation * Gender identity * Geographic location | The program considers:   * Accurately measuring needs, challenges, and strengths for different populations and communities, * And methods to reliably analyze population characteristics.   The program considers:   * Race * Ethnicity * Religion * Socioeconomic status * Gender * Age * Mental Health * Cognitive, sensory, or physical ability * Sexual Orientation * Gender identity * Geographic location | **In order to reliably identify and respond to emerging injury threats and related factors,** the program considers:   * Accurately measuring needs, challenges, and strengths for different populations and communities, * Methods to reliably analyze population characteristics, * And cultural humility in tailoring and disseminating data-related products   The program considers differences in:   * Race * Ethnicity * Religion * Socioeconomic status * Gender * Age * Mental Health * Cognitive, sensory, or physical ability * Sexual Orientation * Gender identity * Geographic location | **In order to reliably identify and respond to emerging injury threats and related factors (and to sustain these activities),** the program considers:   * Accurately measuring needs, challenges, and strengths for different populations and communities, * Methods to reliably analyze population characteristics, * And cultural humility in tailoring and disseminating data-related products   The program considers differences in:   * Race * Ethnicity * Religion * Socioeconomic status * Gender * Age * Mental Health * Cognitive, sensory, or physical ability * Sexual Orientation * Gender identity * Geographic location   The program continuously reviews aspects of Health Equity to broaden and refine this application to assessment and evaluation. |

## Expanding Topical Expertise

### 9. Adverse Childhood Experiences (ACEs) specific assessment and evaluation capacity

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Expanding Topical Expertise*** | | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| **9. Adverse Childhood Experiences (ACEs) specific assessment and evaluation capacity** | The program, while building up general assessment and evaluation infrastructures and processes, has not yet built ACEs-specific capacity. | To improve ACEs assessment and evaluation, the program:   * Convenes with ACEs experts; * Identifies and accesses reliable ACEs data sources and creates ACEs-related data collection methods; * Identifies ACEs-related needs, challenges, and strengths in communities; * And creates and disseminates ACEs-specific data products. | To improve ACEs surveillance, the program:   * Convenes with ACEs experts; * Identifies ACEs-related gaps in communities through assessment; * Identifies and accesses reliable ACEs data sources and creates ACEs-related data collection methods; * Identifies ACEs-related needs, challenges, and strengths in communities; * Understands community needs related to ACEs and ACEs-specific risk, protective, and shared risk and protective factors; * Identifies characteristics of populations who experience disproportionate ACEs outcomes; * Creates and disseminates ACEs-specific data products. * And adopts a Health Equity lens to understand ACEs in communities. | **In order to reliably identify and respond to emerging ACEs threats and related factors,** the program:   * Convenes with ACEs experts; * Identifies ACEs-related gaps in communities through assessment; * Identifies and accesses reliable ACEs data sources and creates ACEs-related data collection methods; * Identifies ACEs-related needs, challenges, and strengths in communities; * Understands community needs related to ACEs and ACEs-specific risk, protective, and shared risk and protective factors; * Identifies characteristics of populations who experience disproportionate ACEs outcomes; * Guides ACEs-related interventions through data; * Uses continuous quality improvement related to ACEs interventions; * Creates and disseminates ACEs-specific data products; * And adopts a Health Equity lens to understand ACEs in communities. | **In order to reliably identify and respond to emerging ACEs threats and related factors (and to sustain these activities),** the program:   * Convenes with ACEs experts; * Identifies ACEs-related gaps in communities through assessment; * Identifies and accesses reliable ACEs data sources and creates ACEs-related data collection methods; * Identifies ACEs-related needs, challenges, and strengths in communities; * Understands community needs related to ACEs and ACEs-specific risk, protective, and shared risk and protective factors; * Identifies characteristics of populations who experience disproportionate ACEs outcomes; * Guides ACEs-related interventions through data; * Uses continuous quality improvement related to ACEs interventions; * Creates and disseminates ACEs-specific data products; * And adopts a Health Equity lens to understand ACEs in communities.   The program continues building ACEs expertise to refine these techniques and processes. |

### 10. Transportation Safety specific assessment and evaluation capacity

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **10. Transportation Safety specific assessment and evaluation capacity** | The program, while building up general assessment and evaluation infrastructures and processes, has not yet built Transportation Safety-specific capacity. | To improve Transportation Safety assessment and evaluation, the program:   * Convenes with Transportation Safety experts; * Identifies and accesses reliable Transportation Safety data sources and creates Transportation Safety-related data collection methods; * Identifies Transportation Safety-related needs, challenges, and strengths in communities; * And creates and disseminates Transportation Safety-specific data products. | To improve Transportation Safety surveillance, the program:   * Convenes with Transportation Safety experts; * Identifies Transportation Safety-related gaps in communities through assessment; * Identifies and accesses reliable Transportation Safety data sources and creates Transportation Safety-related data collection methods; * Identifies Transportation Safety-related needs, challenges, and strengths in communities; * Understands community needs related to Transportation Safety and Transportation Safety-specific risk, protective, and shared risk and protective factors; * Identifies characteristics of populations who experience disproportionate Transportation Safety outcomes; * Creates and disseminates Transportation Safety-specific data products. * And adopts a Health Equity lens to understand Transportation Safety in communities. | **In order to reliably identify and respond to emerging Transportation Safety threats and related factors,** the program:   * Convenes with Transportation Safety experts; * Identifies Transportation Safety-related gaps in communities through assessment; * Identifies and accesses reliable Transportation Safety data sources and creates Transportation Safety-related data collection methods; * Identifies Transportation Safety-related needs, challenges, and strengths in communities; * Understands community needs related to Transportation Safety and Transportation Safety-specific risk, protective, and shared risk and protective factors; * Identifies characteristics of populations who experience disproportionate Transportation Safety outcomes; * Guides Transportation Safety-related interventions through data; * Uses continuous quality improvement related to Transportation Safety interventions; * Creates and disseminates Transportation Safety-specific data products; * And adopts a Health Equity lens to understand Transportation Safety in communities. | **In order to reliably identify and respond to emerging Transportation Safety threats and related factors (and to sustain these activities),** the program:   * Convenes with Transportation Safety experts; * Identifies Transportation Safety-related gaps in communities through assessment; * Identifies and accesses reliable Transportation Safety data sources and creates Transportation Safety-related data collection methods; * Identifies Transportation Safety-related needs, challenges, and strengths in communities; * Understands community needs related to Transportation Safety and Transportation Safety-specific risk, protective, and shared risk and protective factors; * Identifies characteristics of populations who experience disproportionate Transportation Safety outcomes; * Guides Transportation Safety-related interventions through data; * Uses continuous quality improvement related to Transportation Safety interventions; * Creates and disseminates Transportation Safety-specific data products; * And adopts a Health Equity lens to understand Transportation Safety in communities.   The program continues building Transportation Safety expertise to refine these techniques and processes. |

### 11. Traumatic Brain Injury (TBI) specific assessment and evaluation capacity

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **11. Traumatic Brain Injury (TBI) specific assessment and evaluation capacity** | The program, while building up general assessment and evaluation infrastructures and processes, has not yet built TBI-specific capacity. | To improve TBI assessment and evaluation, the program:   * Convenes with TBI experts; * Identifies and accesses reliable TBI data sources and creates TBI-related data collection methods; * Identifies TBI-related needs, challenges, and strengths in communities; * And creates and disseminates TBI-specific data products. | To improve TBI surveillance, the program:   * Convenes with TBI experts; * Identifies TBI-related gaps in communities through assessment; * Identifies and accesses reliable TBI data sources and creates TBI-related data collection methods; * Identifies TBI-related needs, challenges, and strengths in communities; * Understands community needs related to TBI and TBI-specific risk, protective, and shared risk and protective factors; * Identifies characteristics of populations who experience disproportionate TBI outcomes; * Creates and disseminates TBI-specific data products. * And adopts a Health Equity lens to understand TBI in communities. | **In order to reliably identify and respond to emerging TBI threats and related factors,** the program:   * Convenes with TBI experts; * Identifies TBI-related gaps in communities through assessment; * Identifies and accesses reliable TBI data sources and creates TBI-related data collection methods; * Identifies TBI-related needs, challenges, and strengths in communities; * Understands community needs related to TBI and TBI-specific risk, protective, and shared risk and protective factors; * Identifies characteristics of populations who experience disproportionate TBI outcomes; * Guides TBI-related interventions through data; * Uses continuous quality improvement related to TBI interventions; * Creates and disseminates TBI-specific data products; * And adopts a Health Equity lens to understand TBI in communities. | **In order to reliably identify and respond to emerging TBI threats and related factors (and to sustain these activities),** the program:   * Convenes with TBI experts; * Identifies TBI-related gaps in communities through assessment; * Identifies and accesses reliable TBI data sources and creates TBI-related data collection methods; * Identifies TBI-related needs, challenges, and strengths in communities; * Understands community needs related to TBI and TBI-specific risk, protective, and shared risk and protective factors; * Identifies characteristics of populations who experience disproportionate TBI outcomes; * Guides TBI-related interventions through data; * Uses continuous quality improvement related to TBI interventions; * Creates and disseminates TBI-specific data products; * And adopts a Health Equity lens to understand TBI in communities.   The program continues building TBI expertise to refine these techniques and processes. |