Form Approve

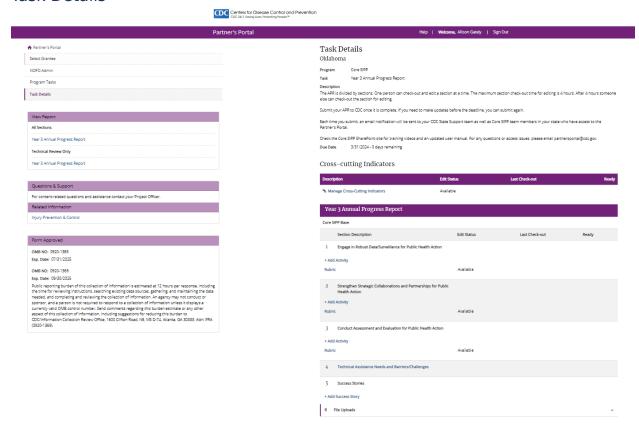
OMB No:0920-1369

Exp. Date: xx-xx-xxxx

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# Partner's Portal Screenshots Core State Injury Prevention Program - CE21-2101

### Task Details



Fields on page 2-7 will be completed for all 3 primary strategies and the Enhanced component strategy (Activity Overview, Indicators, Sub-Activities):

- Engage in Robust Data/Surveillance
- Strengthen Strategic Collaboration
- Conduct Assessment and Evaluation

• Implementation and Enhanced Evaluation (Enhanced component only)

### Activity Overview (Base and Enhanced component)

Strategy: Engage in Robust Data/Surveillance for Public Health Action
Sack to Task Details
19 The Activity should be an overarching strategy/approach to preventing injury that is addressed across multiple years or the entire 5-year project period.
* = required field
Activity Title *
(500 character max)
Topic Area(s)
• Please select the topic area(s) that apply for this question. If you select "Optional Flex Topic" please write-in the appropriate topic area. "General Injury/Not Topic Area Specific" should be used for activities that are not topic specific, but address injury broadly.
□ ACES
□ Transportation Safety
□ TBI
☐ General Injury/Not Topic Area Specific
Optional Flex Topic (write-in option)
Description
(10000 character max)
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#### Alignment with Logic Model Activities

- 1 Please select the element(s) from the logic model that aligns with this activity.
  - $\ \ \, \Box \ \ \, \text{Identify data sources for surveillance of emerging injury topics of interest and disproportionately-affected population}$
  - Analyze data and produce surveillance products for topics of interest and disproportionately-affected populations
  - ☐ Translate and disseminate products to community stakeholders and other partners to drive public health action
  - Participate in a national learning community for robust injury and data and surveillance methods

#### Status

Select One...

#### Does this activity support additional strategies?

- 6 For example, development of a behavioral health survey may support data and evaluationCheck as many supporting strategies as apply
  - Engage in Robust Data/Surveillance for Public Health Action
  - □ Strengthen Strategic Collaborations and Partnerships for Public Health Action
  - ☐ Conduct Assessment and Evaluation for Public Health Action



### Indicators (Base and Enhanced component)

Is this indicator a qualitative or quantitative indicator? *	
Qualitative   Quantitative	
Are you still tracking this indicator? *	
® Yes O No	
Indicator Name *	
Please ensure indicators are written in the SMART format.     (200 character max)	
Description	
(2000 character max)	
Population(s) of Interest	
Oppulation of Interest should reflect the group among which the expected change is happening, including if this is your program. (1000 character max)	
Type of Indicator	
Select One	~

Data Source	
(500 character max)	
Baseline	
Select One	~
Year 1	
Select One	~
Year 2	
Select One	~
Year 3	
Select One	~
Year 4	
Select One	~
Year 5	
Select One	~
Notes	
(5000 character max)	
Save & Close	Cancel

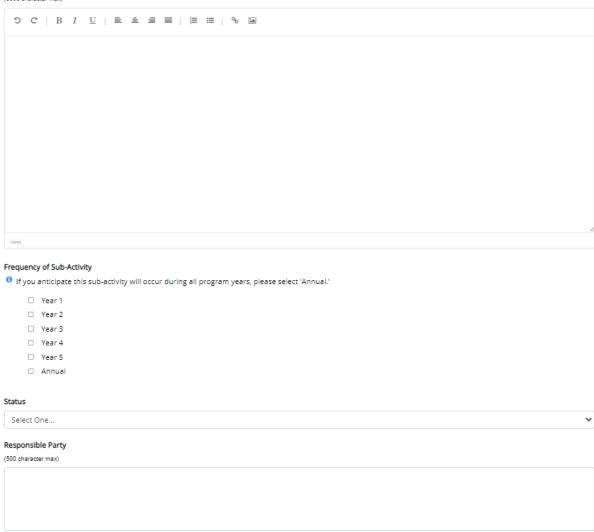
### Sub-Activities (Base and Enhanced component)

Sub-Activity Name * (500 character max)					
Description (10000 character max)					
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h-d					

#### Progress

(5000 character max)

Save & Close Cancel



### Success Stories (Base and Enhanced component)

Suggested Title *
(250 character max)
The Problem: Describe the problem identified ① Describe the topic area related problem the program, initiative, or activity is addressing:
Explain why the problem was important to address
Describe which population was affected by the problem
Note the data sources or systems used to describe the extent of the problem
(2000 character max)
The Narrative: How was Core SIPP funding used to address the problem?   Describe your program, initiative, or activity aimed to address the problem:
What program, initiative, or activity are you highlighting?
<ul> <li>Who (e.g. state/local health department and/or local/state partners) was involved in developing, supporting, or leading the program, initiative, or activity?</li> </ul>
<ul> <li>wino (e.g. state/local health department and/or local/state partners) was involved in developing, supporting, or leading the program, initiative, or activity:</li> <li>Describe how the activity is innovative</li> </ul>
Include references, if applicable
Identify in simple terms the methods used, if applicable
(2000 character max)

- Identify the measurable short-term outcomes (e.g. early results of the process), intermediate outcomes (e.g. results of the short-term outcomes), and/or long-term outcomes that demonstrate how the activity addressed the problem (e.g. change in prevention policy, programs, or practices; increased funding)
- The first year of success stories can focus on short-term outcomes
- Avoid stories lacking an outcome (e.g. "A fact sheet was created and distributed to stakeholders."). Be more specific and provide details (e.g. describe what was
  included in the factsheet, why it was relevant to specific stakeholders, and how stakeholders used the fact sheet)

(20	(2000 character max)					
Le	essons Learned: What lesson(s) was learned that can help others with similar problems in the future? (optional).					
	<ul> <li>If applicable, share any lessons learned from your program, initiative, or activity highlighted in the success story:</li> <li>Provide a conclusion that effectively wraps up the story</li> </ul>					
	Summarize the problem, activity, and outcomes					
	Discuss barriers overcome or facilitators that contributed to success					
	<ul> <li>Avoid using broad statements like "There was a noticeable decrease." Be specific and reference data</li> </ul>					
(20	(2000 character max)					

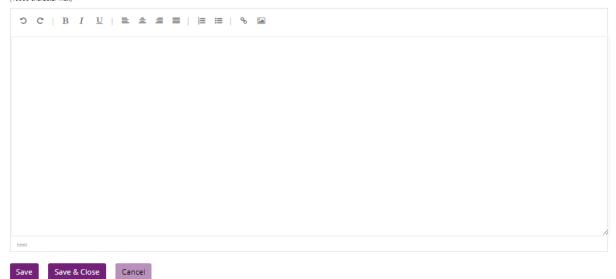
## Check if any of the following are being submitted to complement your story Please upload any additional documents into the Document Upload tab. Press Release □ Project Photos Promotional Materials ☐ Publication (e.g., news story, journal article) ☐ Quote from Partner/Participant ☐ Sample of Materials Produced □ Testimonials □ Video/Audio Clip □ Website URL □ Other Save & Close Cancel Save Technical Assistance Needs and Challenges/Barriers (Base and Enhanced component) Please describe the barrier or challenge \* (5000 character max) Please provide the status of the barrier or challenge \* Ongoing OResolved/Addressed Please select the activities that this barrier or challenge is related to. Activities Selected Activities test

Save & Close

#### Technical Assistance Needed

O Please include any technical assistance currently necessary to complete your Core SIPP activities. If you do not have any technical assistance needs, please indicate that as well.

(10000 character max)



### Enhanced Component

Core SIPP Enhanced

Section Description Edit Status Last Check-out Ready

1 Implementation and Enhanced Evaluation

+ Add Activity