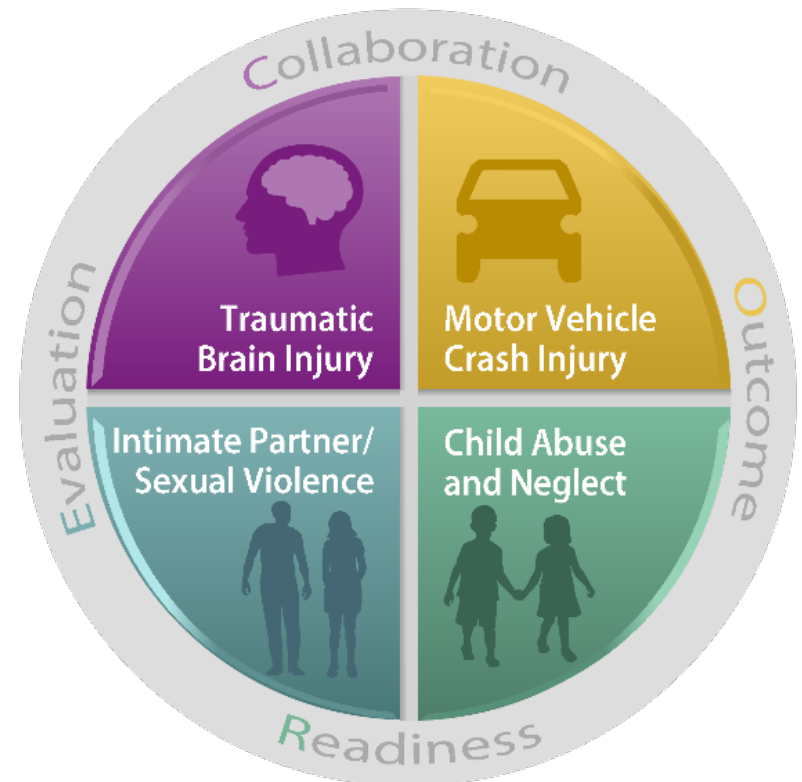


Core State Violence and Injury Prevention Program (SVIPP) *Evaluation*



Core SVIPP

***Purpose:** To decrease and prevent injury and violence related morbidity and mortality, and to increase sustainability of injury prevention programs and practice*



Core SVIPP Evaluation Goals

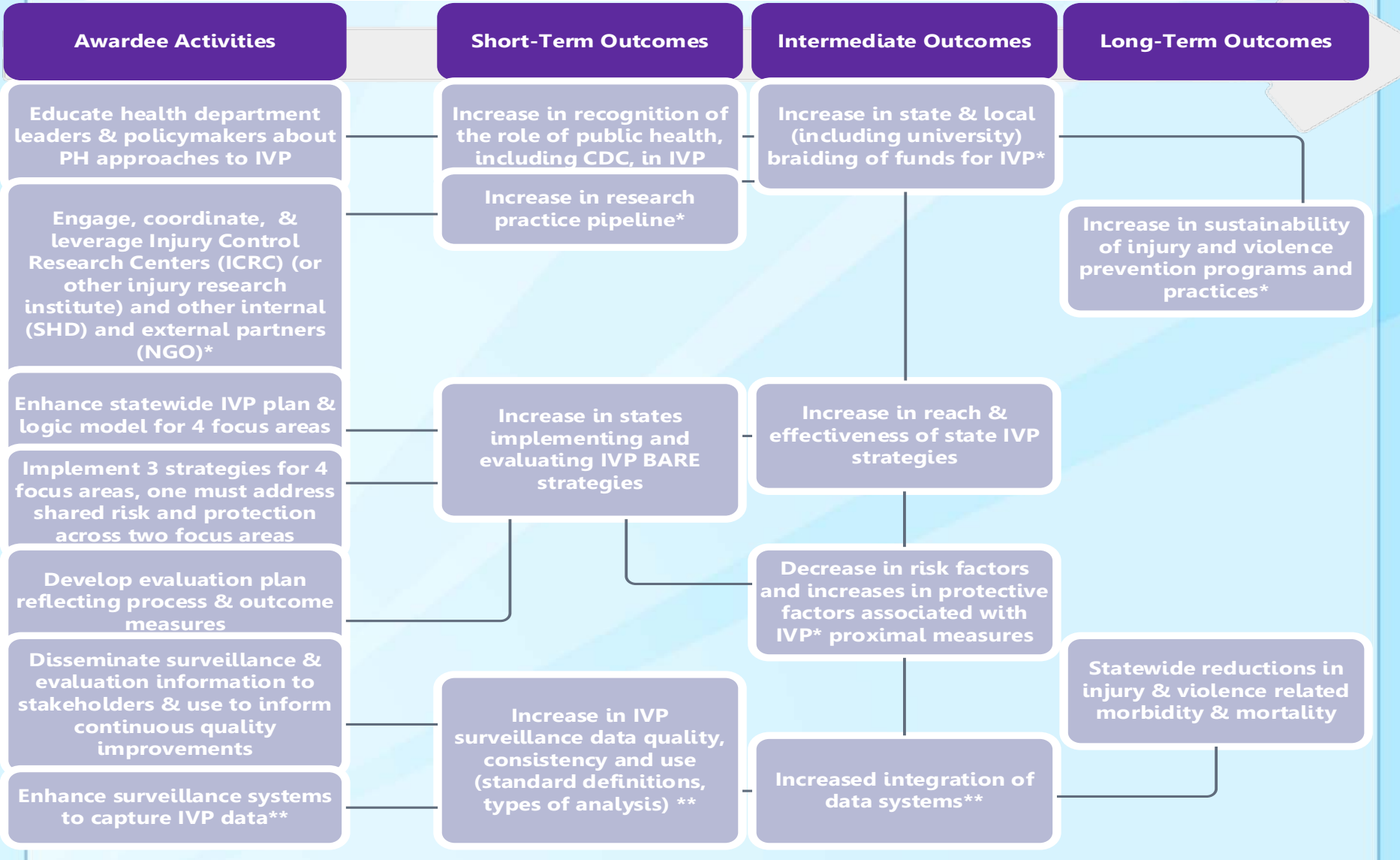
1. Collect information to **improve the work** in real time (or at least before the end of the project period)
2. Demonstrate the **impact** of work at the state level and nationally

Core SVIPP: Focus on Leveraging

- ❑ Standardization of Focus Areas (4 required)**
- ❑ At least one of the four strategies should have a likelihood of impacting at least 2 focus areas**
- ❑ Required tracking of standardized health impact indicators**
- ❑ Required tracking of shared risk and protective factors for child abuse and neglect and intimate partner/sexual violence**
 - Still flexibility in how these are measured**

2016 Core SVIPP FOA Logic Model

Inputs: Funding, guidance, and support from DARPI, DUIP, and DVP; lessons learned from prior Core funding cycles; and infrastructure in funded SHDs for IVP work



BARE= Best Available Research Evidence
CQI=Continuous Quality Improvement
IVP= Injury & Violence Prevention
PH= Public Health

FOA Requirement /Measure:
 Unless noted, all components refer to the BASE
 * Regional Network Coordinating Organization (RNCO)
 ** Surveillance Quality Improvement (SQI)

Long-Term Outcomes

- ❑ Statewide reductions in injury- and violence-related morbidity and mortality**
- ❑ Increase in sustainability of injury and violence prevention programs and practices**

Intermediate Outcomes

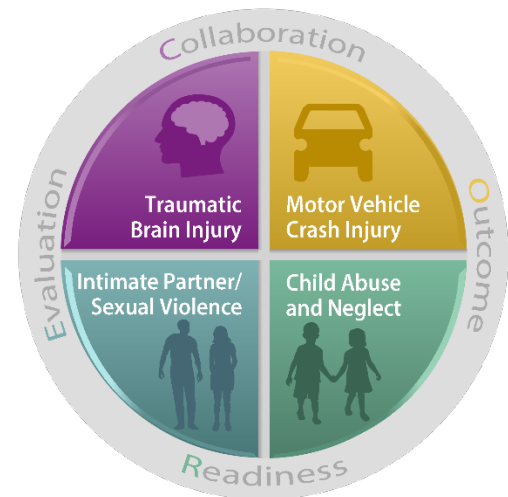
- ❑ Increase in state and local braiding of funds**
- ❑ Increase in reach and effectiveness of state IVP strategies**
- ❑ Decrease in risk factors and increase in protective factors associated with IVP proximal measures**
- ❑ Increased integration of data systems**

Short-Term Outcomes

- ❑ Increase in recognition of the role of public health, including CDC, in IVP**
- ❑ Increase in research practice pipeline**
- ❑ Increase in states implementing and evaluating IVP BARE strategies**
- ❑ Increase in IVP surveillance data quality, consistency, and use (standard definitions, types of analyses)**

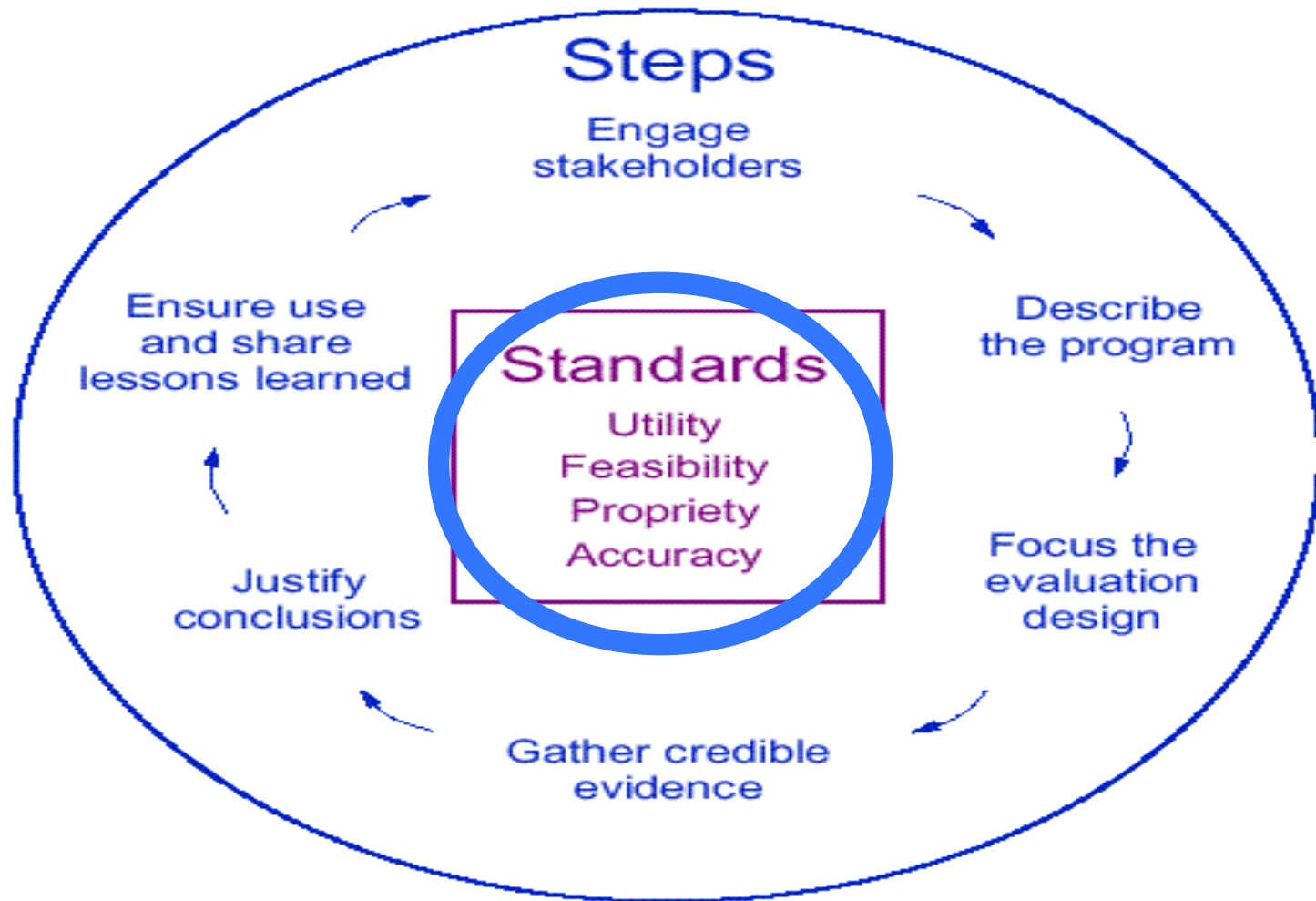
FOA Strategies

1. Educate Leaders and Policy Makers
2. Engage, Coordinate, & Leverage Partners
3. Enhance Statewide Injury & Violence Plan
4. Implement Evidence-Based Strategies Across 4 Focus Areas
5. Develop Evaluation Plan
6. Disseminate Surveillance & Evaluation Data



CONTINUOUS QUALITY IMPROVEMENT

CDC Evaluation Framework



CoreSVIPP Evaluation Guidance Documents

Evaluation Plan PROJECT YEAR ONE and TWO

NOTE: This template includes examples for illustrative purposes only; states should include indicators, data sources and methods, and reporting strategies that are aligned with their state logic model and state activities.

Strategy 1: Educate Health Department leaders and policy makers about PH approaches to IVP

Short term Outcome: Increased recognition of the role of public health in IVP

Mid-term Outcome: Increase in state and local sharing and leveraging of IVP funds and/or resources

Evaluation Questions Related to this Strategy:

Required: 1) Have we increased the recognition of the role of public health in IVP?

Optional (add more if relevant):

Key Activities	SMART Indicators	Data Source/Collection Methods	Reporting/Dissemination
<i>Example: Partner with DOH Center for Public Affairs to review legislative bills related to injury and violence prevention and provide content analysis.</i>	<i>Partnership established with Public Affairs including monthly communication by June 1, 2017 4 bills identified in year by Aug 1, 2017</i>	<i>Meeting logs kept by Project Director Content analyses write-ups logged by Project director</i>	<i>Annual briefing to DOH leadership</i>

STRATEGY 2: Engage, coordinate, and leverage other internal (SHD) and external partners and Injury Control Research Centers or other research institutions:

Short term Outcome: Connect science and practice within the field of violence and injury prevention

Mid-term outcome: Increase in state and local sharing and leveraging of IVP funds and/or resources

Evaluation Questions Related to this Strategy:

Required: 1) Have we increased connecting science and practice within the field of violence and injury prevention?

Optional:

Evaluation Guidance Documents

Core State Violence and Injury Prevention Program Additional Evaluation Plan Guidance

The purpose of the Core State Violence and Injury Prevention Program (Core SVIPP) is to support State Health Departments in the dissemination, implementation, and **evaluation** of programs, practices, and policies to decrease injury and violence-related morbidity and mortality in four priority focus areas: child abuse and neglect, TBI, motor vehicle crash injury and death, and intimate partner/sexual violence by decreasing shared risk factors and increasing shared protective factors. This guidance document is designed as a resource to assist Core SVIPP states with the planning and implementation of their Core SVIPP evaluation activities, but unlike the Evaluation Plan Template, **this document is not required to be completed or submitted to CDC.**

Key Steps to Program Evaluation: Core SVIPP

The evaluation steps below include suggested tasks and related questions for teams to consider while navigating the planning and implementation phases of their Core SVIPP evaluation. These steps follow those outlined in the CDC Framework for Program Evaluation <http://www.cdc.gov/eval/framework/>. These steps are offered as guidance for good evaluation practice and, while they will likely be helpful in identifying what to put in your evaluation plan, DO NOT require direct reflection in the evaluation plan itself, which focuses on program activities, indicators, data collection, and reporting.

- **Establishing an Evaluation Team**

As you get started with your evaluation planning and activities, it is important to determine up front who will be responsible for doing the work. It often helps to think of those who will be working on the evaluation as an *evaluation team*, with one person serving as the evaluation lead/coordinator. Evaluation team roles can include: coordinating/leading the evaluation, developing the evaluation plan, collecting data, serving as liaison to partners who are collecting data, analyzing data, interpreting findings, reporting findings back to stakeholders, etc.

- **Questions to consider**

- *Who will be the Lead Evaluator for our evaluation? What will his/her responsibilities be?*
 - *Who are the other team members who will be involved in the evaluation? What will their roles/responsibilities be?*

- **Engaging Stakeholders**

Once you have determined your evaluation team (those who will be doing the majority of the “work” for the evaluation), it is important to engage stakeholders who will in some way have an interest in or be impacted by your evaluation (e.g. your state ICIG, state/local decision makers, leaders or members of other divisions in your public health agency, leaders/staff from other state agencies, leaders/staff from local health depts., staff who will be implementing the activities, members of the public who will be participating in/served by the activities, etc.). Engaging stakeholders in your evaluation can help build buy-in for your evaluation activities, ensure that your evaluation questions and activities are in line with the needs/priorities of your partners, and increase the chances that the evaluation process and findings will be useful and meaningful.

- **Questions to consider**

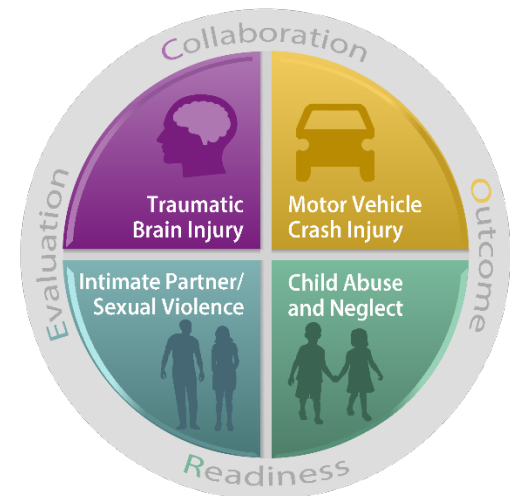
- *Who are the key stakeholders for your topic area activities in your state?*
 - *What role do they have in the evaluation?*

Measuring Impact



Awardee Strategies

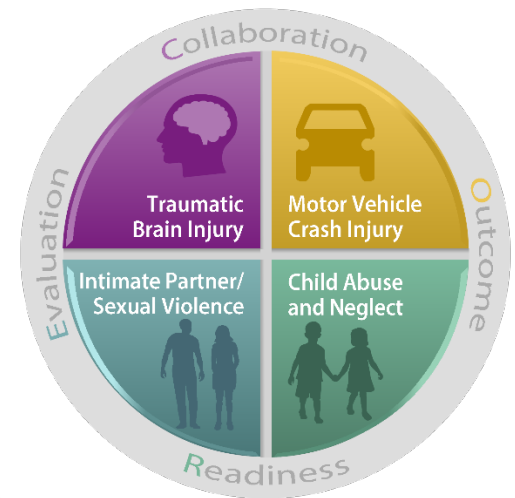
1. Educate Leaders and Policy Makers
2. Engage, Coordinate, & Leverage Partners
3. Enhance Statewide Injury & Violence Plan
4. **Implement Evidence-Based Strategies Across 4 Focus Areas**
5. Develop Evaluation Plan
6. Disseminate Surveillance & Evaluation Data



Strategy 4: Measuring Impact

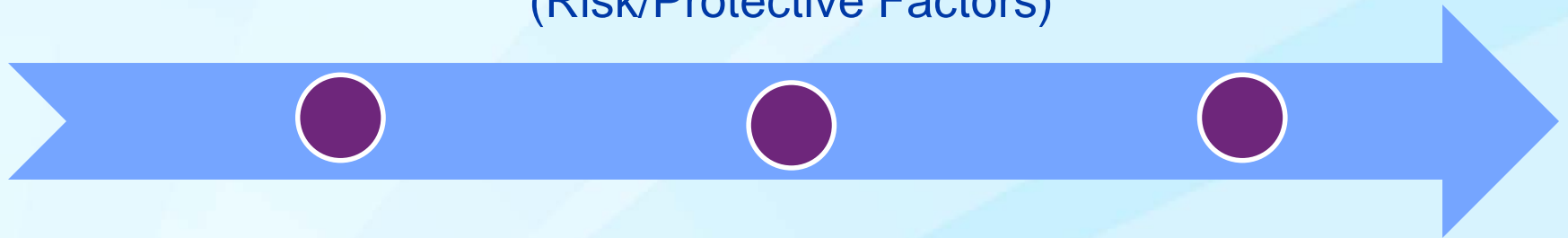
Challenge: How to measure individual state impact and aggregate impact of the program when states are engaging in a diverse portfolio of work?

- ❑ 4 Focus Areas
- ❑ Multiple different programs/ approaches per focus area
- ❑ Varying roles & contributions to programs/approaches across states



Strategy 4: Measuring Impact

INTERMEDIATE
(Risk/Protective Factors)



SHORT TERM
(Implementation Measures)

LONG TERM
(Burden of Injury & Violence)

Strategy 4: Measuring Impact

Short Term Outcomes (Implementation)

- **Pro:** Linked closely with grantee activities; Likely to show improvement over 5 years
- **Con:** Unique to each state's activities and therefore can't be aggregated across states

Long Term Outcomes (Morbidity/Mortality)

- **Pro:** Standardized data available across states
- **Con:** Less likely to show significant impact over 5 years

Intermediate: Risk and Protective Factors

- ❑ Linked to state activities
- ❑ Can be aggregated across states
- ❑ Opportunity to demonstrate impact in a shorter period of time

Activity	Short Term	Intermediate	Long Term
Safe Dates	Safe Dates program implemented in 10 schools	Increase in percent of students reporting positive bystander behavior	Decrease in reported teen dating violence victimization

Example Long-Term Outcomes

- ❑ Decrease the rate (per 100 children) of children reported to child protective services (CPS)**
- ❑ Decrease in fatality rate of children ages 5 and under due to any injury or violence**
- ❑ Decrease in rates of first time victims of child abuse and neglect**
- ❑ Decrease in percentage of youth ever experiencing forced sexual intercourse**
- ❑ Decrease in teen dating violence victimization**
- ❑ Decrease in rate of motor vehicle fatalities**
- ❑ Decrease the rate of MVC-related TBIs (ED visits, hospitalizations, death) in young adults 15-24**

ANNUAL PROGRESS REPORT: EVALUATION

1 Base Activities: High-level outline of key activities for each strategy, linked with aligned short-, medium-, and long-term performance indicators.

2

3

4 Strategy 4: Implement three strategies that address four priority focus areas (1 selected strategy must address shared risk and protective factors across 2 priority focus areas)

5

6 Sub-Strategy 4.1

7

8 Sub-Strategy Background

Project Period Sub-Strategy Title: (50 Character Limit)		Integrating IPV screening and referral into state home visitation programs.			Sub-Strategy Progress Description: (500 Character Limit)		Trainings held for home visitation staff in each region of the state on intimate partner violence screening and referral. IPV screening measures added into state-wide home visitation protocols				
Mark an "X" in all Topic Areas Addressed by this Sub-Strategy, then confirm selections	CAN:	X	TBI:		Other: (please describe)	Confirm selections:	Click to Confirm Topic Area Selections	Selected Topic Areas:	CAN, IPV/SV		
	IPV/SV:	X	MV:								
Sub-Strategy Program	Other			If "Other", please specify	Healthy Families America, Nurse-Family Partnership, Parents as Teachers		Sub-Strategy Status	Ongoing			

13

14

15 Related Intermediate Indicators - at least one Indicator is required for each Sub-Strategy

Indicator 1	Indicator Description	Measurement Unit	Measure Notes	Target Population	Mark an "X" in all Topic Areas Addressed by this Indicator				
					IPV	CAN	IPV/SV	TBI	Other
	Increase in number of IPV screenings from	Count		Women		X	X		
	Risk and Protective Factor Selection	Data Source	Directionality	Baseline Value	Y1	Y2	Y3	Y4	5-Year Goal
	[Select one]	MIECHV Measure 14	Increase	0					700
				Baseline Year	Y1 Year	Y2 Year	Y3 Year	Y4 Year	Goal Year
				2016					2021

19

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21

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23

Add Indicator

24

**WHY COLLECT ALL OF THIS
INFORMATION?**

Disseminate & Use Findings

- ❑ *What do you want to achieve by sharing/using your evaluation findings?*
- ❑ *Who needs to know about your evaluation findings? Who can use them?*
- ❑ *What medium(media) would be best to disseminate the evaluation findings to your audience?*
- ❑ *Who will develop these dissemination materials and/or present your evaluation findings?*
- ❑ *How often or frequently will evaluation findings need to be shared?*
- ❑ *How will you know that your **evaluation findings are being used** in the way you intend them to be?*

Program Improvement Log

Barrier/ Challenge	Potential Solutions	Action Items	POC	Time- line	
Lack of participation from other state agencies in the multi-sector Coalition	State Health Dept. leadership reach out to leadership in members' agencies to encourage participation	Set up a meeting with State Health Dept. leadership	Jane Doe	February 2017	
		Draft letter/email from State Health Dept. leadership to send to other agency leads	Jane Doe	March 2017	
		Send an anonymous survey to members to determine reasons for low participation	Develop and send survey	John Doe	February 2017
			Example: Analyze survey results and report back to evaluation team	John Doe	March 2017

Data Dissemination and Use

Finding/ Result	Medium/ Method	Intended Audience	Goals/ Intended Use	POC	Time- line
Needs assessment/ SWOT analysis indicates home visitors are not likely to complete in-person IPV/Screening and referral training due to time constraints	Summary Report	Home Visitation Program	Use data to communicate areas in need of improvement	John Doe	March 2017
	Present-ation to CAN coalition partners	CAN Coalition Partners	Use data to generate solutions to improve training delivery	Jane Doe	March 2017

**Evaluation Plan and Annual Progress Report
Question & Answer**

Small Group Discussion Activity

- **We want to learn about states'**:
 - Evaluation challenges (present and anticipated)
 - Ideas for helpful evaluation tools, trainings, and technical assistance
 - Plans for evaluation use
 - Ideas for helpful evaluation-related information and data
- **Format:**
 - Small groups based on region
 - 1 facilitator, 1 note taker
 - ~45 minutes

Discussion Questions

1. What are your biggest evaluation challenges at this point?
2. What challenges do you anticipate moving forward?
3. What tools/training/technical assistance can CDC provide to help you with this?
4. How would you like to use evaluation data and results?
5. What evaluation related information and data would be helpful to receive from CDC?
6. What format (data dashboard, one pager, five page report, infographic, etc.) for this information would be helpful in supporting your use and dissemination efforts?
 - What elements should be included? (State specific? Cross site? External Sources?)

Thank You!

Questions and Discussion

