Appendix A

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| **VIOLENCE AND INJURY PREVENTION: COMPREHENSIVE INDEX TOOL (VIP:CIT) ASSESSMENT WORKSHEET ITEMS** |  |
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| **Scoring Key: 1** = Item not addressed at all; **2** = Poorly addressed in plan - item is mentioned but little to no detail or low quality information provided; **3** = Moderately addressed in plan - includes information to some degree, but occasionally lacks detail; **4** = Adequately addressed in plan - key information may be missing but is satisfactory; **5** = Strongly addressed in plan - includes in depth and detailed information throughout |
| **Section 1: Development of the Plan** |
| 1.a. | Plan includes description of how the plan was developed. |
| 1.b. | Plan describes efforts to increase stakeholder inclusion in the development of the plan. |
| 1.c. | The development of the plan is data-driven, citing data of a relevant time period (i.e. within 5 years before the plan was first published).  |
| **Section 2: Involvement of Stakeholders** |
| 2.a. | Plan describes efforts to include governmental public health agencies as stakeholders. |
| 2.b. | Plan describes efforts to include other governmental agencies which may/may not include political leaders. |
| 2.c. | Plan describes efforts to include professional organizations (AMA, AAP, business associations, etc.). |
| 2.d. | Plan describes efforts to include academic organizations (ICRCs, university systems etc.). |  |
| 2.e. | Plan describes efforts to include medical institutions. |  |  |  |  |
| 2.f. | Plan describes efforts to include non-healthcare-related businesses. |  |  |  |
| 2.g. | Plan describes efforts to include non-profits and community-based organizations. |  |  |
| **Section 3: Involvement of Policy and Regulations** |
| 3.a. | Plan evaluates the status and impact of existing policies, organizational policies, regulations, laws, etc. |
| 3.b. | Plan describes where gaps in policies/organizational polices/regulations/laws/etc. exist, how these gaps impact injury and violence prevalence, and proposed efforts for educating the public on relevant means for reducing burden of injury and violence. |
| 3.c. | Plan identifies the expected impact of proposed potential policies/organizational policies/regulations/laws/etc., both current and new. |
| 3.d. | Plan indicates which policies/organizational policies/regulations/laws/etc. are prioritized for future implementation (whether continued or new) and indicates what this prioritization is based on (ex. Funding, expected impact of the policies, political climate of the state, etc.) |
| 3.e. | Plan describes methods to educate the public about existing policies, organizational policies, regulations, laws, etc. as well as methods to increase public awareness about any new changes to be implemented. |
| **Section 4: Presentation of Data on Injury and Violence Burden & Current Efforts Implemented** |
| 4.a. | Plan reports the status of injury and violence burden through data. |  |  |
| 4.b. | Plan identifies potential risk factors related to high burden areas of injury and violence (ex. not wearing a seatbelt as a risk factor for a MVI related death). |
| 4.c. | Plan identifies how some risk/protective factors for injury and violence may be shared across multiple injury and violence areas. |
| 4.d. | Plan identifies and utilizes reliable sources (ex. WISQARS, NVDRS, PDMP, emergency room data) for epidemiological data. |
| 4.e. | Plan presents data that are relevant/specific to the state/tribe/territory/jurisdiction. |  |
| 4.f. | Plan describes status of injury and violence burden on relevant diverse sub-populations (age, gender, ethnicity, sexual orientation, income, and geographic/regional locations). |
| 4.g. | Plan identifies potential barriers (behavioral, social, environmental, economic, etc.) contributing to injury and violence burden (ex. lack of instruction for non-English speaking families to reduce drowning hazards at home). |
| 4.h. | Plan identifies gaps that exist in current data. |  |  |  |  |  |
| 4.i. | Plan identifies potential outstanding circumstances that may impact the implementation of the plan (ex. health department reorganization, policy changes, budgeting changes, etc.). |
| 4.j. | Plan describes previous efforts to reduce the burden of injury and violence. |  |  |
| **Section 5: State Goals** |  |  |  |  |  |  |  |  |
| 5.a. | Plan identifies clearly listed and labeled goal statements. |  |  |  |
| 5.b. | Goals include the needs and efforts of a broad range of stakeholders (not just those of the state health department). |
| 5.c. | Goals cover a multiyear timeframe. |  |  |  |  |  |  |
| 5.d. | Plan and goals relate to the whole state, not just cities, counties, or select regions. |
| 5.e. | Goals are not simply restatements of existing programs (especially those that have not yielded positive changes). Goals are new strategies that can be feasibly implemented and are expected to create change. |
| 5.f. | Goals reflect the complex and broad needs associated with violence and injury, and are directly tied to reducing this burden. |
| **Section 6: Objectives** |  |  |  |  |  |  |  |  |
| 6.a. | Plan identifies clearly listed and labeled objectives. |  |  |  |  |
| 6.b. | Objectives are organized. |  |  |  |  |  |  |  |
| 6.c. | Plan links objectives to relevant goals. |  |  |  |  |  |  |
| 6.d. | Objectives are S.M.A.R.T. (Specific, Measurable, Attainable, Results-oriented, and Time-phased). |
| 6.e. | The plan includes objectives that are short term (process changes), intermediate (behavior, environment, or policy changes), and long term (health impact). |
| 6.f. | Objectives cover multiple levels of action: individuals, families, institutions, and communities. |
| 6.g. | Plan identifies a party responsible for each objective (personnel, project, agency, etc.). |  |
| **Section 7: Strategies for Interventions** |
| 7.a. | Plan identifies clearly listed and labeled strategies. |  |  |  |  |
| 7.b. | Strategies are organized. |  |  |  |  |  |  |  |
| 7.c. | Plan links strategies to relevant objectives. |  |  |  |  |  |
| 7.d. | Plan clearly describes and justifies criteria used to select strategic interventions. |  |  |
| 7.e. | Plan prioritizes evidence-based strategies (or provides justification for different criteria). |  |
| 7.f. | Plan chooses strategies that are well correlated to the population subtype selected for intervention (i.e. age, gender, culture, etc. are all considered). |
| **Section 8: Reducing Injury and Violence Disparities** |
| 8.a. | Plan identifies subpopulations at highest risk of injury/violence related morbidity and mortality. |
| 8.b. | Plan prioritizes highest risk subpopulations for select types of injury or violence as high priority for intervention. |
| 8.c. | Plan uses data-driven criteria to select population subgroups for strategy intervention. |  |
| 8.d. | Plan identifies how disparities between population subgroups will be addressed. |  |  |
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| **Section 9: Implementation of Plan** |  |  |  |  |  |  |  |
| 9.a. | Plan describes how strategies will be integrated with existing programs. |  |  |
| 9.b. | Plan describes how existing or potential stakeholders will be involved with plan implementation. |
| 9.c. | Plan elaborates on how partners will be supported with implementation (ex. training, technical assistance, funding). |
| 9.d. | Plan describes how implementation will be sustained. |  |  |  |  |
| 9.e. | Plan describes criteria used for prioritizing strategies to be implemented. |  |  |
| 9.f. | Plan describes process for updating or revising the plan throughout implementation. |  |
| **Section 10: Resources for Implementation** |  |  |  |  |  |  |
| 10.a. | Plan describes funding necessary for implementation. |  |  |  |  |
| 10.b. | Plan describes other resources needed to implement plan (ex. necessary training for personnel, etc.). |
| 10.c. | Plan describes strategy for how necessary funding and resources will be obtained. |
| 10.d. | Plan describes status of current funding resources and a variety of potential sources of funding and resources.  |
| 10.e. | Plan identifies a lead agency for each funding source. |  |  |  |  |
| 10.f. | Plan describes how funds and resources will be allocated to support individual interventions. |
| **Section 11: Evaluation** |  |  |  |  |  |  |  |  |
| 11.a. | Plan describes expected/potential effects on populations if goals and objectives are met. |
| 11.b. | Plan describes how short-term indicators (process) will be measured. |  |  |  |
| 11.c. | Plan describes how intermediate indicators (behavior, environment, or policy changes) will be measured.  |
| 11.d. | Plan describes how long-term indicators (reduction of injury/violence mortality, other health impact indicators) will be measured. |
| 11.e. | Plan describes how stakeholders will be involved in evaluation.  |  |  |  |
| 11.f. | Plan describes how data will be collected and analyzed.  |  |  |  |  |
| 11.g. | Plan identifies a data source for each indicator. If an indicator lacks a data source, plan describes needed changes in data collection systems to support measurement of an indicator. |
| **Section 12: Plan Accessibility and Usability** |  |  |  |  |  |  |
| 12.a. | Plan is written using clear and understandable language. |  |  |  |
| 12.b. | Plan is logically organized into sections to make information easy to find. |  |  |
| 12.c. | Plan includes a description of intended audience. |  |  |  |  |  |
| 12.d. | Plan is appropriate in content and scope for its intended audience. |  |  |  |
| 12.e. | Plan includes a brief summary of the full content of the plan. |  |  |  |  |
| 12.f. | Plan is updated within the most recent 5 year period. |  |  |  |  |
| 12.g. | Plan is readily accessible for the public (ex. plan is easily accessed online). |  |  |