

TA Diagnostic of Key Activities

Stage I - Data Collection Analysis

	Participation			Comments Section
	Staff	Coalition	Other	
1. Mortality data was used to define problems				
2. Morbidity data was used to define problems				
3. Efforts underway to improve the quantity and quality of morbidity data				
4. Cost data is being gathered and analyzed				
5. Agencies, which collect data, are coordinating data collection activities for the CIPP.				
6. Existing data sets are being utilized (Provide dates and sources of data in the Comments Section)				

Stage I - Environmental Analysis

7. County demographics available				
8. Analysis of ethnic composition, occupational status, educational and economic levels of catchment population completed				
9. Task Force to advise injury program is operational				
10. Complimentary injury prevention activities were identified within health department, sister agencies and community				
11. Key legislative efforts and local support identified				
12. Key media events and reporters have been identified				
13. Key community figures, institutions and agencies identified				
14. Current local public issues and concerns have been identified				

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Stage I - Environmental Analysis, continued

	Participation			Comments Section
	Staff	Coalition	Other	
15. Groups, agencies and individuals likely to support injury control efforts have been identified				
16. Groups, agencies and individuals likely to oppose injury control efforts have been identified				
17. Groups, agencies and individuals likely to compete with local MCH prevention efforts have been identified				
18. Community's concerns for access to services or ability to participate with the CIPP have been identified				

Stage II - Development of a Comprehensive Plan

	Participation			Comments Section
	Staff	Coalition	Other	
1. Proposed Childhood Injury Prevention Program is guiding CIPP planning				
2. Plan contains mission, goals and measurable objectives				
3. Plan is time bound and specific				
4. Plan has short, intermediate and long term goals				
5. Short term goals are feasible and build on to intermediate and long term goals				
6. Plan includes the responsible party for each objective				
7. Plan was developed through group consensus including the community				
8. Plan supports the overall state injury control plan				
9. Proposed interventions are based on mortality and morbidity data for the defined geographic area/target groups				
10. Proposed interventions are based on analysis of injuries by age, race, economic status				
11. Proposed interventions are based on analysis of injuries by severity and cost				
12. Problems are of concern or potential interest to the target populations or community				

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Stage II - Development of a Comprehensive Plan, cont.

	Participation			Comments Section
	Staff	Coalition	Other	
13. Problems related to participation have been identified and considered				
14. Representatives from target populations serve on CIPP committee				
15. Evaluation plan in place prior to implementation				

Stage III - Involvement of Key Stakeholders

	Participation			Comments Section
	Staff	Coalition	Other	
1. Advisory Committee or Task Force has been established				
2. Members drawn from both inside and outside the health department				
3. Members clear on their roles and responsibilities				
4. Child Care population is involved				
5. School population is involved				
6. Community health workers/health promoters are involved				

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Stage IV - Selection of Effective Interventions

	Participation			Comments Section
	Staff	Coalition	Other	
1. Interventions are based on local and state data				
2. Interventions are based on current research and literature				
3. Interventions address the problem identified or known contributing factors				
4. Interventions support state and local injury control plans				
5. Interventions are cost effective				
6. Interventions are developmentally appropriate				
7. Interventions utilize existing formal or informal institutions and structures				
8. Interventions are modified for local implementation with input from the target population				
9. Interventions utilize public and private partnerships				
10. Interventions combine education, technology and legislation/regulation				
11. Legislative/regulatory interventions are feasible				
12. Safety devices are available				
13. Safety devices are affordable or cost issues can be addressed				
14. Educational materials are available or can be developed				
15. Mortality data was used to evaluate intervention strategies				
16. Morbidity data was used to evaluate intervention strategies				
17. Evaluation strategies are built into each intervention				

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Stage V - Evaluation and Feedback

	Participation			Comments Section
	Staff	Coalition	Other	
1. Staff member designated responsible for evaluation				
2. Data collection instruments and protocols in place				
3. Designated individuals are trained in their use				
4. Correct use of data collection instruments is monitored and further training provided as needed				
5. Periodic meetings are held for problem solving and feedback				
6. Designated staff member is available for continued support, training and technical assistance				
7. Results of evaluations are used to adjust intervention plan and implementation activities				
8. Evaluation results are used to modify interventions				
9. Lessons learned are incorporated into future injury control plans				
10. Lessons learned are incorporated into on-going interventions				
11. Lessons learned are disseminated to others in the injury control field				

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Stage VI - Capacity Building Activities

	Participation			Comments Section
	Staff	Coalition	Other	
1. Full time staff designated responsible for monitoring injuries and prevention efforts				
2. Roles and responsibilities of injury staff are clearly defined				
3. Relation of injury staff and program to overall organization is clearly defined				
4. Staff is trained in the science of injury control and cross disciplinary coordination				
5. Workshops, professional education, professional literature available to staff				
6. Agreements are in place for obtaining data needed to define problems and evaluate strategies				
7. Protocols exist for sharing information and expertise across program areas within the health department and governmental agencies				
8. Injury prevention included in the training of other health professionals in the health department				
9. Injury prevention is incorporated into existing health department programs				

County: _____

Date: _____

Adapted from: Micik, S. Yuwiler, J. Walker, C. *Preventing Childhood Injuries, A Guide For Public Health Agencies*, 2nd Edition. San Marcos, California: North County Health Services, 1987; and Christoffel T., Gallagher, S. *Injury Prevention and Public Health*, Practical Knowledge, Skills, and Strategies. Gaithersburg, Maryland: Aspen Publication, 1999.