A REPORT PREPARED ON BEHALF OF THE SOCIETY FOR THE ADVANCEMENT OF VIOLENCE AND INJURY RESEARCH (SAVIR) COUNCIL OF CENTERS -- JULY 2011

Contract #: 200-2010-M-34792

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RECOMMENDED INDICATORS

Indicator Topic	Operationalized Indicators
Scholarly Products	Basic information: A. List of publications authored by ICRC-affiliated personnel, categorized by: 1) Peer reviewed vs. non-peer reviewed 2) Year of publication 3) Publications derived directly from ICRC funding vs. from leveraged resources B. List of research tools (instruments, methodologies, procedures, etc) developed with brief descriptions and indication of how they were disseminated and used
	Additional useful information: C. Average impact factor score for all articles 2+ years old D. Requests for reprints and/or additional information E. Number of peer reviewed publications citing ICRC faculty research F. List of presentations of ICRC work at national or international meetings/conferences, differentiating keynote and plenary addresses vs. refereed presentations vs. other invited presentations.
Funding	Basic information: A. Lists of projects funded by title, funding level, and funding source would include both CDC and external funding and pilot funding. B. Total amount of extramural grant funding from all sources per year C. Calculation of ratio of dollars leveraged per dollar of ICRC support from NCIPC
	 Additional useful information: Support from the home institution, including space, financial support, inclusion in department/university communication materials, visibility in building the program, release time for faculty, return of overhead dollars B. Number of subcontracts partnering with other institutions on research projects Number and description of grants that result from see or exploratory projects supported by the Center
Teaching/Training	Basic information: NOTE: Trainees can be students or fellows enrolled in a formal training program at an academic institution and could be at any level (e.g., undergraduate, graduate, fellow). This does NOT include professionals engaged in continuing education unless they are also enrolled in a degree-granting or fellowship program of some type.
	 A. Document training and mentoring activities directed at enrolled students, fellows, and junior faculty, including: 1. Number of injury courses offered with student/fellow enrollment per year 2. Number of training grants (if any) and affiliated trainees per year, by discipline 3. Number of post doctoral fellows mentored per year, by discipline

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4. Number	of student research assistants supported through the Center, per year, by discipline and training level (e.g.,
bachelo	s vs. masters, vs. doctoral)
5. Number	titles, and dollars provided to students/fellows by year for their own mentored research projects
6. Number	and titles of submissions of faculty development awards (e.g., K awards), including funding status and
amount	
B. List of trainees (e.g	, students or fellows) who have entered careers in injury field by the type of career position and type of
employer (e.g., inte	rnational organization, federal government, state or local government, university, hospital/trauma center,
business, other)	
C. Productivity of prio	trainees measured by number of publications and presentations since completion of training as well as
documentation of o	urrent positions in the field , allowing breakdown by academic vs. practice settings of current positions
Additional useful information	
	of guest lectures by center faculty in non-injury courses
B. Number of advance	d degrees supported through Center mentors
	dents brought into the field
D. Case studies of pos	tions and accomplishments following training
E. Number and descri	otion of other training activities (e.g. Grand Rounds, workshops, special lectures, seminars facilitated by the
Center)	
F. Evaluations of cour	es or other training activities.
Faculty/Investigator Basic information:	
A. Numper of faculty	nvolved in ICRCs' work, categorized by:
Involvement 1) discipline	
2) department of	appointment
3) rank or status	(i.e., faculty vs. non-faculty scientist), and
4) type of involv	ement (e.g., teaching, mentoring, funded research projects, unfunded research projects, TA and
	red from the Center, if any
6) consultation v	vith practitioners).
[NOTE: "Involved"	operationalized as working on funded or unfunded research or other specific activities of the Center, not
merely expressing	in interest in the topic.]
B. List of elected or a	pointed leadership positions held by faculty on local, state, national, and international Boards (e.g.,
Institute of Medicin	e, Editorial Board) Committees (e.g., advisory committees of other centers or federal agency); Review
Panels/ study secti	ons, organizational leadership (e.g., President of SAVIR)
C. Number of junior for	culty mentored through the Center and "case studies" describing the results or impact of their mentored
work.	
Additional useful information:	
	vorked with Center (e.g., on communications lists)
	ion of roles and impact that Center faculty play through leadership within institution or externally

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	description of the outcomes of policy change attributable at least in part to Center work.
	G. Number, by type, of recognition afforded to ICRCs individually or collectively for their work (e.g., from community groups,
	funding organizations, legislative bodies, regulatory bodies, professional associations).
	H. Document the number and type (rank, discipline, department) of new faculty recruited to the field through the Center and
	give case examples, if feasible
	I. Annual trends in involving new faculty (i.e. faculty who have not previously worked with the center regardless of how long
	they have been in the institution) in the work of the Center, by category of involvement
	J. Involvement of faculty/staff in national organizations, including leadership roles.
	Basic information:
Policy-related work	<u> </u>
_	NOTE: "Policy" refers to governmental and/or organizational policies
	A. Case studies of legislative briefings and involvement leading to policy development and/or the retention of existing policies
	(e.g. motorcycle helmet legislation).
	B. Numbers, by type, of consultations to decision makers, including lawmakers, other governmental decision-makers, private
	organizations (e.g., school or business).
	C. A. Number and type of governmental or organizational policies passed and/or implemented, categorized by how the ICRC was
	involved (e.g. ICRC information/findings were used in writing the bill, included in testimony, or other rationale, or used in
	evaluating existing policy options or demonstrating the need to change policy.
	creating anothing point, opinion of commentating the need to sharing point,
	Additional useful information:
	D. Describe examples of policies and their impact as influenced by Center work.
Research and	Basic information:
Research and	A. List of completed studies with title, PI, team, funding source (i.e., ICRC grant vs. leveraged funds), including a brief abstract, and
Relevance to NCIPC	level of prevention (primary, secondary, tertiary)
Therefore to Item 5	level of prevention (primary, secondary,
	Additional confed information.
	Additional useful information:
	B. Indication of how research by ICRCs:
	a. addresses the NCIPC Research Agenda
	b. is multidisciplinary
Dissemination	Basic information:
Dissemilation	A. Number of interviews with media outlets, with examples or lists describing topic information, outlet type (radio, TV, print
	B. Numbers of press releases and examples of major releases
	C. Numbers of stories appearing about Center work, with information, as feasible, about media outlet and reach
	D. Number of Op Eds. and letters to the editor attributable to Center, with list by topic and outlet
	Additional useful information:
	E. Numbers and examples of blog postings
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	F. Numbers of followers on Facebook and twitter
	G. Google analytics on website traffic
	H. Description of efforts make datasets available for secondary analysis
Technical Assistance	Basic information:
	A. Number of technical assistance/ consultation requests by:
	 type (e.g., participating on planning committees for community initiatives, assistance with grants, consulting on
	evaluation and epidemiological needs, professional development training related to center projects)
	2) disposition and involvement (e.g., referral) and level of involvement (i.e., number of follow-ups or time spent)
	B. Number of TA/Assistance services rendered by nature of requesting organization (i.e., academic vs. practice-based (including
	hospitals, schools, health agencies); local vs. state vs. tribal vs. federal organization or agency; governmental vs. non-
	governmental organization; domestic vs. internationally focused organization; business vs. non-profit)
	Additional useful information:
	C. Examples of outcomes of the TA / consultation (e.g., grant proposal, publication, intervention developed; presentation (academic
	or community) and its impact on injury control
	D. Qualitative descriptions from organizations served about the nature/quality of TA provided and how it addressed needs
Improving Community	Basic information:
_	A. Number of programs, services, products, policies adopted by local, state, national organizations or agencies and the role played
Capacity	by the ICRC. Give details, if feasible, on:
	 Number of collaborations with community members involving collecting or evaluating data (documented by funded projects)
	 Collaborations can range from participation on advisory committees, to faculty participation in community groups/agencies, to participation in research projects
	2) Number of workshops, training sessions, and/or technical assistance to increase capacity
	3) Number and type (e.g., disciplines, type of agencies) of participants in continuing education activities
	 Number of community programs developed, with brief descriptions about how they were disseminated and are being used by others
	5) Number of practice tools (instruments, methodologies, procedures, guides, etc) developed, with brief descriptions about
	how they were disseminated and are being used by others
	6) Number and type of ICRC-developed products (e.g., interventions, books, training materials), categorized by type of
	product
	B. Description of significant examples of how ICRCs helped communities with developing capacity for injury control.
	a. For example: community organizations progress in collecting data, developing strategies for using evidence based
	interventions, and monitoring and evaluating progress in reducing injuries and violence.
	Additional useful information:
	C. Describe strategies, partnerships, and public health impact with examples.
	e. Describe stategies, partiers inpo, and pasie neutral impact with examples.

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	D. Include, to the extent feasible, how ICRC work had impact on the injury field broadly and/or the community served.
Interventions Developed	Basic information: A. Number of adopted interventions (e.g., community, school, health care setting) derived from or facilitated by ICRC work B. Describe examples of the impact of interventions facilitated or influenced by ICRC work C. Number and type of ICRC-developed interventions disseminated, categorized by type of intervention (primary vs. secondary vs.
	tertiary level); educational vs. policy vs. other; manner of dissemination (e.g., published protocols, trials in collaboration with community partners, etc). **Additional useful information:** D. Provide, as feasible, estimates of persons impacted, with estimation of QALY or DALY.
Completion of	Basic information (for monitoring individual centers)
Milestones	A. Indicate efforts to complete milestones for all components of the ICRC grant B. Document percent of all milestones completed on time
(for individual center	
monitoring only)	