Issue Brief No. 4

Engage Partners for Collaboration

UNDERSTANDING THE IMPORTANCE OF ENGAGING PARTNERS AND COLLABORATORS

The scope of injury topics and prevention strategies are so broad that no program — no matter how large or well-established — can or should successfully address them alone. Partnerships bolster the overall capacity and effectiveness of state injury and violence prevention (IVP) programs and are essential for programs to achieve their desired outcomes and to amplify their work.

The many diverse partners at state and local levels may include (but are not limited to): traditional sectors within public health (e.g., chronic disease prevention, maternal and child health, mental health, etc.), aging, transportation, police, fire safety, emergency services, criminal justice, hospitals, schools, and academia.

In addition to serving as key partners, state IVP programs also serve as conveners – bringing multiple partners together to work on a range of injury and violence-related issues. The value of partnerships is not only in their ability to expand the reach and impact of IVP efforts, but also in the mutual benefit for all partners – such as the ability to share data, provide or receive training, reach key populations, and collaborate on program and policy efforts.

In the 2015 State of the States survey, respondents were asked to provide feedback on their partnerships with 61 different types of agencies and to describe the strength of their relationships with those partners. Additionally, respondents were asked to describe the activities through which the entities partner (i.e., sharing data, providing funding, etc.).

Overall, states varied greatly in the total number of reported "strong" partnerships. States had an average of:

- nine partnerships with other offices within the state health department (range from 3 to 15);
- five partnerships with other agencies within the state (range from 0 to 10);
- five partnerships with non-governmental organizations (range from 0 to 13); and
- three partnerships with governmental agencies (range from 0 to 7).

PARTNERSHIPS WITH STATE HEALTH DEPARTMENT OFFICES

Given both centralized and decentralized state IVP programs work across their state health agencies to pursue their IVP efforts, it is not surprising that states report strong relationships with many of their fellow state offices (Figure 16, Table 5).

- State IVP programs report their highest levels of partnership with the state offices of Epidemiology, Maternal and Child Health, Health Promotion/ Education/Community Health, and Vital Statistics, respectively.
- State IVP programs reported no relationship most commonly with the state offices of Adolescent Health.

Figure 16.
Top Five IVP Partnerships with State Health Department Offices by Strength, 2015

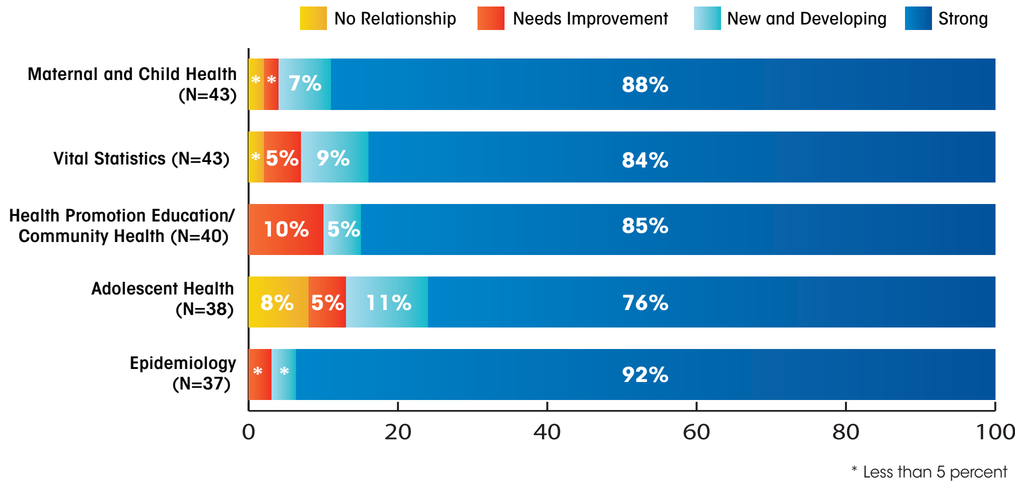

Table 5.
Ranking of IVP Partnerships by Specified Activities with State Health Department Offices, 2015

Activities		No. 1	No. 2	No. 3
Shared Data		Vital Statistics	Epidemiology	Maternal and Child Health
Actively involved in planning, programs, etc.		Maternal and Child Health	Health Promotion / Education / Community Health	Emergency Medical Services
Funding Exchanged:	IVP Program provided funding **TO:**	Epidemiology	Vital Statistics	Emergency Medical Services
	IVP Program received funding **FROM:**	Maternal and Child Health	Chronic disease	Health Promotion / Education / Community Health
Collaborated for:	Policy Activities	Maternal and Child Health	Health Promotion / Education / Community Health	Emergency Medical Services
	Evaluation Activities	Maternal and Child Health	Epidemiology	Health Promotion / Education / Community Health
	Communication Activities	Maternal and Child Health	Health Promotion / Education / Community Health	Adolescent Health
IVP Program Provided/Received Training/TA		Maternal and Child Health	Emergency Medical Services	Adolescent Health

PARTNERSHIPS WITH OTHER AGENCIES WITHIN THE STATE

Not only do state IVP programs partner with other programs within their state health departments, they also work across state agencies to extend their reach and enhance their prevention efforts (Figure 17, Table 6).

Figure 17.
Top Five IVP Partnerships with Other State Agencies and Offices by Strength, 2015

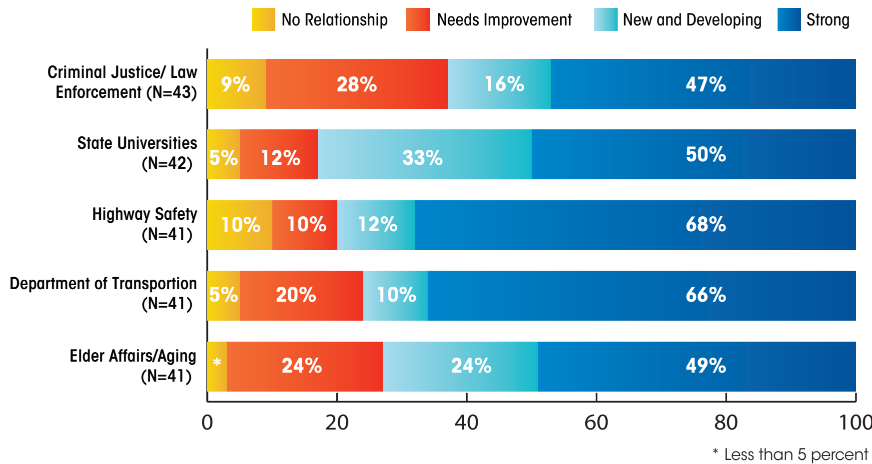

Table 6.
Ranking of IVP Partnerships by Specified Activities with Other State Agencies and Offices, 2015

<table>
<tr><th colspan="2">Activities</th><th>No. 1</th><th>No. 2</th><th>No. 3</th></tr>
<tr><td colspan="2" rowspan="2">Legal Agreement or MOU</td><td rowspan="2">State Universities</td><td rowspan="2">Criminal Justice / Law Enforcement</td><td>Department of Transportation</td></tr>
<tr><td>Highway Safety</td></tr>
<tr><td colspan="2" rowspan="2">Shared Data</td><td colspan="2">Department of Transportation</td><td rowspan="2">Criminal Justice / Law Enforcement</td></tr>
<tr><td colspan="2">Highway Safety</td></tr>
<tr><td colspan="2" rowspan="2">Actively involved in planning, programs, etc.</td><td rowspan="2">Highway Safety</td><td colspan="2">Department of Transportation</td></tr>
<tr><td colspan="2">Elder Affairs / Aging</td></tr>
<tr><td rowspan="3">Funding Exchanged:</td><td rowspan="2">IVP Program provided funding TO:</td><td rowspan="2">State Universities</td><td rowspan="2">Criminal Justice / Law Enforcement</td><td>Education</td></tr>
<tr><td>Elder Affairs / Aging</td></tr>
<tr><td>IVP Program received funding FROM:</td><td>Highway Safety</td><td>Department of Transportation</td><td>Elder Affairs / Aging</td></tr>
<tr><td rowspan="5">Collaborated for:</td><td rowspan="2">Policy Activities</td><td colspan="2">Department of Transportation</td><td rowspan="2">Criminal Justice / Law Enforcement</td></tr>
<tr><td colspan="2">Highway Safety</td></tr>
<tr><td>Evaluation Activities</td><td>State Universities</td><td>Highway Safety</td><td>Department of Transportation</td></tr>
<tr><td rowspan="2">Communication Activities</td><td colspan="2">State Universities</td><td>Department of Transportation</td></tr>
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<tr><td colspan="2">IVP Program Provided/Received Training/TA</td><td>State Universities</td><td>Department of Transportation</td><td>Highway Safety</td></tr>
</table>

PARTNERSHIPS WITH NON-GOVERNMENTAL ORGANIZATIONS

In addition to state agencies, state IVP programs partner with a multitude of non-governmental and private organizations to enhance their effectiveness (Table 7). These organizations provide access to the latest research evidence, assistance with evaluation, topic-specific expertise, and more. Notably, the proportion of state IVP programs that have a strong relationship with ICRCs has increased from 26% in 2009 to 50% in 2015 (Figure 18).

Figure 18.
Top Five IVP Partnerships with Non-Governmental Organizations by Strength, 2015

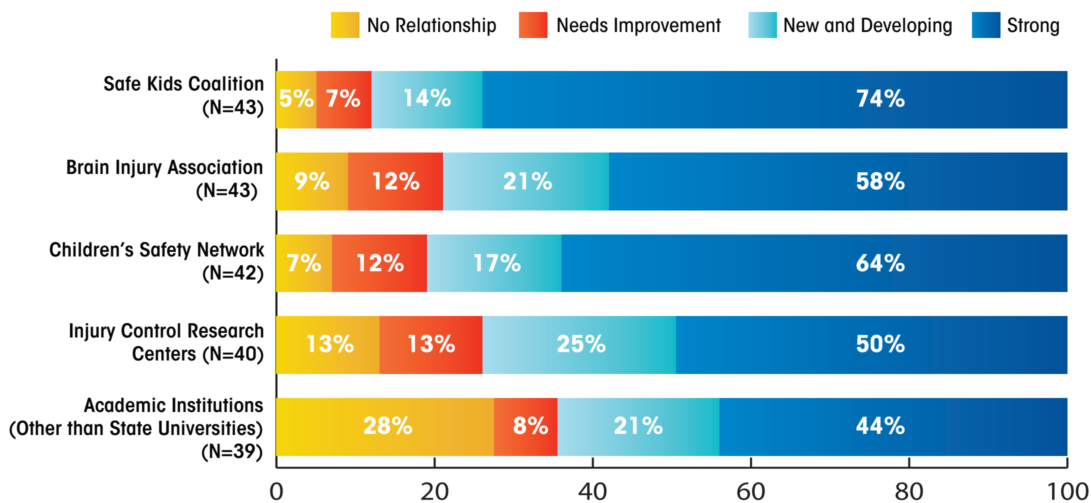

Table 7.
Ranking of IVP Partnerships by Specified Activities with Non-Governmental Organizations, 2015

Activities		No. 1	No. 2	No. 3
Legal Agreement or MOU		Safe Kids Coalition	Injury Control Research Centers Brain Injury Association	
Shared Data		Brain Injury Association	Safe Kids Coalition	Healthcare Associations Injury Control Research Centers
Actively involved in planning, programs, etc.		Safe Kids Coalition	Brain Injury Association	Academic Institutions Healthcare Associations
Funding Exchanged:	IVP Program provided funding **TO:**	Safe Kids Coalition	Injury Control Research Centers	Academic Institutions
	IVP Program received funding **FROM:**	Safety Council Businesses		Safe Kids Coalition Healthcare Associations
Collaborated for:	Policy Activities	Brain Injury Association	Safe Kids Coalition	Academic Institutions Injury Control Research Centers Mothers Against Drunk Driving Sports Associations
	Evaluation Activities	Injury Control Research Centers	Brain Injury Association	Academic Institutions Safe Kids Coalitions
	Communication Activities	Safe Kids Coalition	Brain Injury Association	Academic Institutions Children's Safety Network Injury Control Research Centers
IVP Program Provided/Received Training/TA		Children's Safety Network	Injury Control Research Centers	Safe Kids Coalition

PARTNERSHIPS WITH GOVERNMENTAL ORGANIZATIONS

Governmental partners provide additional perspectives beyond that of the state IVP program to inform and guide efforts (Figure 19, Table 8).

Figure 19.
Top Five IVP Partnerships with Governmental Organizations by Strength, 2015

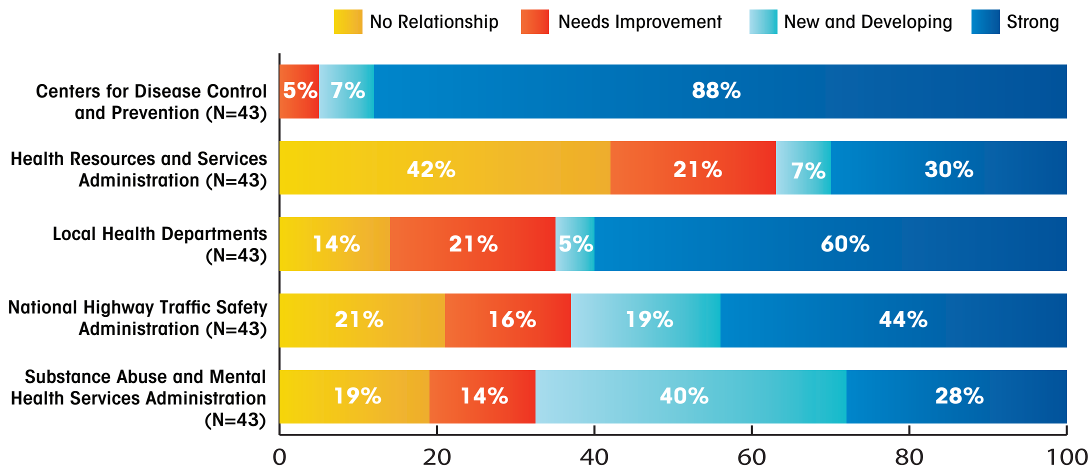

Table 8.
Ranking of IVP Partnerships by Specified Activities with Governmental Organizations, 2015

Activities		No. 1	No. 2	No. 3
Legal Agreement or MOU		CDC	Local Health Departments	HRSA SAMHSA
Shared Data		CDC	Local Health Departments	NHTSA
Actively involved in planning, programs, etc.		CDC	Local Health Departments	SAMHSA
Funding Exchanged:	IVP Program provided funding **TO:**	Local Health Departments	CDC	SAMHSA
	IVP Program received funding **FROM:**	CDC	HRSA	SAMHSA
Collaborated for:	Policy Activities	CDC	Local Health Departments	NHTSA SAMHSA
	Evaluation Activities	CDC	Local Health Departments	SAMHSA
	Communication Activities	CDC	Local Health Departments	SAMHSA
IVP Program Provided/Received Training/TA		CDC	Local Health Departments	NHTSA SAMHSA

Partnership in Action

POOLING FUNDS TO FORM A RESEARCH-TO-PRACTICE LEARNING COMMUNITY IN THE MIDWEST

Like their counterparts directing CDC-funded Rape Prevention Education (RPE) programs in state and territorial health departments across the country, directors of RPE programs in Health and Human Services Regions 7 and 8 have been thinking about how best to **shift their work toward more comprehensive sexual violence prevention programming**. Moving beyond program strategies directed solely at individuals, they are seeking ways to **intervene more effectively at higher levels of the socio-ecological model, using a shared risk and protective factor approach.**

To help move strategically, they asked: *What can current research offer as guidance to practitioners? What strategies seem most promising in addressing risk and protective factors for sexual violence? Which specific strategies might be poised for testing and evaluation?*

To explore these questions with both researchers and practitioners in the room together, RPE directors from regions 7 and 8 — the upper midwest and mountain states — have **pooled funding from each of their CDC grants to create a research-to-practice learning collaborative**. The group, dubbed the **Cross-State Initiative (CSI)**, has convened four meetings so far, meeting in person twice a year (usually in conjunction with annual grantee meetings or other national conferences). They also frequently confer by phone and webinar and, sparked by these robust meetings and calls, share and explore ideas via e-mail and Google Drive.

The first CSI meeting was held in January 2015. Nine researchers were invited to share insights from their own research, suggest strategies particularly relevant to broader levels of the socio-ecological model, and identify research and interventions from other fields that might apply to sexual violence prevention. The meeting was designed to foster exchange and conversation: the group was kept relatively small, and the format built in plenty of time for conversation and networking, which helped to bridge research to practice. Topics included the relationships between bullying, sexual harassment, pornography, and sexual violence; insights from other fields (particularly alcohol and drug prevention and STD/HIV prevention); and the role of social norms.

Subsequent meetings followed a similar format, with further exploration of shared risk and protective factors, as well as more detailed consideration of potential evaluation measures. At its most recent meeting in August 2016, members of this unique learning collaborative agreed to continue a focus on collaborative learning opportunities, shared work across members, and continued exploration of opportunities to partner and collaborate across states.

Keys to success for the CSI include:

- each RPE program's willingness to contribute financially and to participate in meeting planning and logistics;
- Safe States Alliance's willingness to serve as fiscal agent for the pooled funds;
- CDC's participation among the researchers as well as supporting this use of funds; and
- the safe environment for questioning and learning created by the researchers and practitioners together.

CSI members feel they need not wait for additional research and interventions relevant to the higher levels of the socio-ecological model — there's plenty to work with already, from both the violence prevention field and others. With future calls and meetings in the works, a logic model, and an evaluation plan in place, t**hey are poised to become implementers and testers of interventions across states, contributing to the ongoing flow of research to practice for the entire field.**