2025 ANNUAL REPORT

# Center for Metrics and Evaluation

Data. Research. Evaluation.
In service of community.

UNMC COLLEGE OF PUBLIC HEALTH

College of Public Health
Center for Metrics and Evaluation (CME)

2025 ANNUAL REPORT

# In This Report

01

# A Letter from the Director

**Dear Colleagues and Friends of the Center for Metrics and Evaluation,**

On behalf of the Center for Metrics and Evaluation (CME), I am proud to share our 2025 Annual Report. This year asked CME to hold two things at once: the discipline to grow our funded evaluation portfolio at state and national scale, and the humility to keep showing up, unhurried, in the neighborhoods where our community partners do their work. I hope the pages that follow show we did both.

In 2025, CME began laying the groundwork for three major, multi-year evaluations — the Public Health Infrastructure Grant, EMBRACE, and STAND — while continuing our Community-Based Program Evaluation work with partners from Omaha to New York City to Philadelphia. None of it is possible without CME's home within the UNMC College of Public Health, and I want to thank the College of Public Health Dean's Office for its steady, generous support of this Center since our earliest days — support that has never wavered, even in a year that has asked a great deal of every unit across the College.


*Dr. Sims represents CME at a ASPR/UNMC congressional staffing briefing tied to the STAND evaluation.*

I also want to thank CME's National Advisory Committee, and especially our Chair, K. Bain, Executive Director of Community Capacity Development. In July, the Committee gathered here in Omaha for two days of strategic planning, community site visits, and, frankly, a lot of laughter — proof that the best strategic thinking happens when people genuinely enjoy being in a room together. K.'s guidance, and his insistence that CME never lose sight of the communities we serve in pursuit of our own growth, shapes everything in this report.

Above all, this report is a thank-you to the communities who have trusted CME with their data, their stories, and their time. Communities have wisdom. Our job is simply to help that wisdom travel further.

With gratitude,

**Brian Carey Sims, PhD**
*Director, Center for Metrics and Evaluation*
*UNMC College of Public Health*

02

# About CME

The Center for Metrics and Evaluation (CME) is housed within the University of Nebraska Medical Center College of Public Health. The Center represents a multi-year effort by leadership within the College, the Nebraska Department of Health and Human Services, and the Nebraska Association of Local Health Directors to consolidate and leverage the university's existing data, research, and evaluation resources in support of the College's mission: “Collaboratively and relentlessly seek new and creative solutions to the most challenging problems in public health while working to prevent them from happening in the first place.” Today, the Center serves as a hub for rigorous, evidence-based evaluation work.

CME provides comprehensive data, research, and evaluation services to partners in Nebraska and nationwide, driving informed decision-making, telling meaningful stories, and advancing public health practice. CME supports proposal development, data analysis, and research communication to help organizations translate information into action. As a trusted partner to local health departments, healthcare systems, and community-based organizations, CME helps uncover and share compelling, data-driven stories that position partners for long-term success and impact. Within the College of Public Health, CME also serves as a connector, bridging departments and faculty expertise to provide evaluation consultation, technical assistance, and quality improvement for public health initiatives.

CME has over a dozen internal and external partnerships and provides data, research, and evaluation support for several million dollars in local, state, and federally funded research. CME is supported by a National Advisory Committee comprised of accomplished leaders in industry, philanthropy, public health, and community-engaged research.

## Mission, Vision & Values

**Our Mission** CME's mission is to leverage UNMC's world-renowned faculty, staff, and students to improve public health infrastructure and applications through data, research, and evaluation science.

**Our Vision** We envision the healthiest people and places worldwide. CME operationalizes evaluation by centering the values, needs, and histories of community in the language of public health expertise — collaboratively and relentlessly seeking new and creative solutions to public health's most challenging problems, while working to prevent them in the first place.


*CME's values: Knowledge, Collaboration, and Innovation.*

## CME Strategic Priorities

- Support public health infrastructure and data modernization in Nebraska
- Infuse public health expertise into program evaluation methodology
- Strengthen UNMC College of Public Health faculty grant proposals
- Leverage collaborative data models as an alternative to reactionary grant writing
- Provide COPH students with viable pathways to professional careers in evaluation
- Offer accreditation support for COPH departments and units
- Improve community health promotion in Omaha and across Nebraska through Community-Based Participatory Evaluation
- Establish UNMC as a national leader in data, research, and evaluation across public health, medicine, and education

## What We're Addressing — and How

| What Issues Are We Addressing? | What Solutions Are We Providing? |
|---|---|
| Nebraska's public health infrastructure and data modernization needs and challenges | Supportive collaboration with Nebraska DHHS and NALHD to understand the needs and functional expectations of state-level public health entities |
| Traditional barriers to university–community partnership and engagement | Community-Based Program Evaluation (CBPE) |
| Limited access to program evaluation services for organizations, institutions, and funded research and intervention projects across Nebraska | Technical training and assistance (TTA) |
| Misperceptions around the role and importance of evaluation in promoting public health | Education and communications campaigns |

03

# National Advisory Committee

CME is supported by a National Advisory Committee (NAC) of accomplished leaders spanning community organizing, philanthropy, academic public health, government, and industry — chaired by K. Bain, Executive Director of Community Capacity Development.

| | |
|---|---|
| **K. Bain** | Chair — Executive Director, Community Capacity Development |
| **Wendi Cross, PhD** | Director, Implementation, Dissemination, Evaluation and Analyses (IDEA), University of Rochester Medical Center |
| **Shadiin Garcia, PhD** | Executive Director, Native Women Lead |
| **Resche Hines, PhD** | CEO, Trivium BI |
| **Karen Jackson, PhD** | President, American Evaluation Association |
| **Charity Menefee** | Director, Division of Public Health, Nebraska Department of Health and Human Services |
| **Brittany M. Moore** | VP, Philanthropy and Community Impact, Wells Fargo |
| **Philip Polakoff, MD** | CEO, A Healthier WE |
| **Keshia Pollack Porter, PhD** | Dean, Bloomberg School of Public Health, Johns Hopkins University |
| **Veronica Womack, PhD** | Director, Rural Studies Institute, Georgia College |

*Dean Keshia Pollack Porter with Dr. Sims at 2025 National Advisory Committee Meeting in Omaha*

## The 2025 NAC Meeting — Omaha

Each summer, CME's National Advisory Committee gathers in person — and in July 2025, that meant three days in Omaha for strategic planning, connection across sectors, and a good bit of fun. Members arrived on Monday, July 7 for a welcome dinner at The Committee Chophouse before a full day of programming on Tuesday, July 8 at the Kiewit Luminarium on Omaha's riverfront.

The day opened with breakfast and remarks from Chair K. Bain, followed by a CME update from Director Brian Sims and a strategic planning session from Associate Director Krista Brown covering CME's marketing strategy and its evolving role on PHIG. **Jesse Bell**, PhD, Executive Director of the Water, Climate and Health Program, joined to explore collaboration opportunities between his program and CME. The afternoon turned toward Omaha's own community organizations, with presentations from **Kelly Nielsen** (Omaha Pathways Community HUB), **Tambu Phiri**, PhD, MPH (maternal health researcher and implementation scientist), and **Toccara Steele** (Center for Holistic Development). The Committee closed the day with open discussion and reflections from **K. Bain** before a self-guided visit to the Luminarium and lunch at Ooh De Lally, Ooh De Lally, a non-profit restaurant in Omaha's historic Dundee neighborhood that provides culinary training and employment to formerly incarcerated individuals.


**From the strategic planning conversation:**

- Build CME's reputation as a national leader in evaluation-driven public health practice — and infuse evaluation into disciplines beyond public health.
- Shift from a product-building mindset to a service-focused mission: evaluators help improve health outcomes.
- Two persistent gaps to close: organizations' limited evaluation capacity, and limited awareness of the health impacts of everyday community work.
- NAC's charge to CME, in K. Bain's words: “Care for each of us.”

*K. Bain addresses the National Advisory Committee at the Kiewit Luminarium in Omaha.*

*National Advisory Committee members and guests connect at welcome reception.*

*National Advisory Committee site visit to the Malcolm X Memorial Foundation site in Omaha.*

*Ella Green Moton, President American Public Health Association and Dr. Karen Jackson, President, American Evaluation Association at National Advisory Committee member breakfast event.*

04

# Major Evaluation Projects

2025 was a year of continuous improvement and strategic planning for CME, during which the Center began laying the groundwork for three major, multi-year evaluations — each reflecting a distinct funder relationship and a distinct model of the funded evaluation partnerships CME is built to grow.

## Public Health Infrastructure Grant (PHIG)

Since December 2023, CME has served as the evaluation partner to the Nebraska Department of Health and Human Services (DHHS) for its CDC Public Health Infrastructure Grant — a five-year, $1,013,200 (CME portion) cooperative agreement running through November 2027. CME's evaluation is organized around the CDC's three PHIG strategies — workforce, foundational capabilities, and data modernization — and reflects the "three-legged stool" partnership among DHHS, the Nebraska Association of Local Health Directors, and the UNMC College of Public Health. In early 2024, CME collaborated with the COPH Office for Teaching and Learning and the Office of Public Health Practice to develop a five-module Program Evaluation Module Series for public health practitioners across Nebraska.

PHIG PARTNERS
Public Health Infrastructure Grant
SHAPING TOMORROW'S PUBLIC HEALTH TODAY.

## EMBRACE

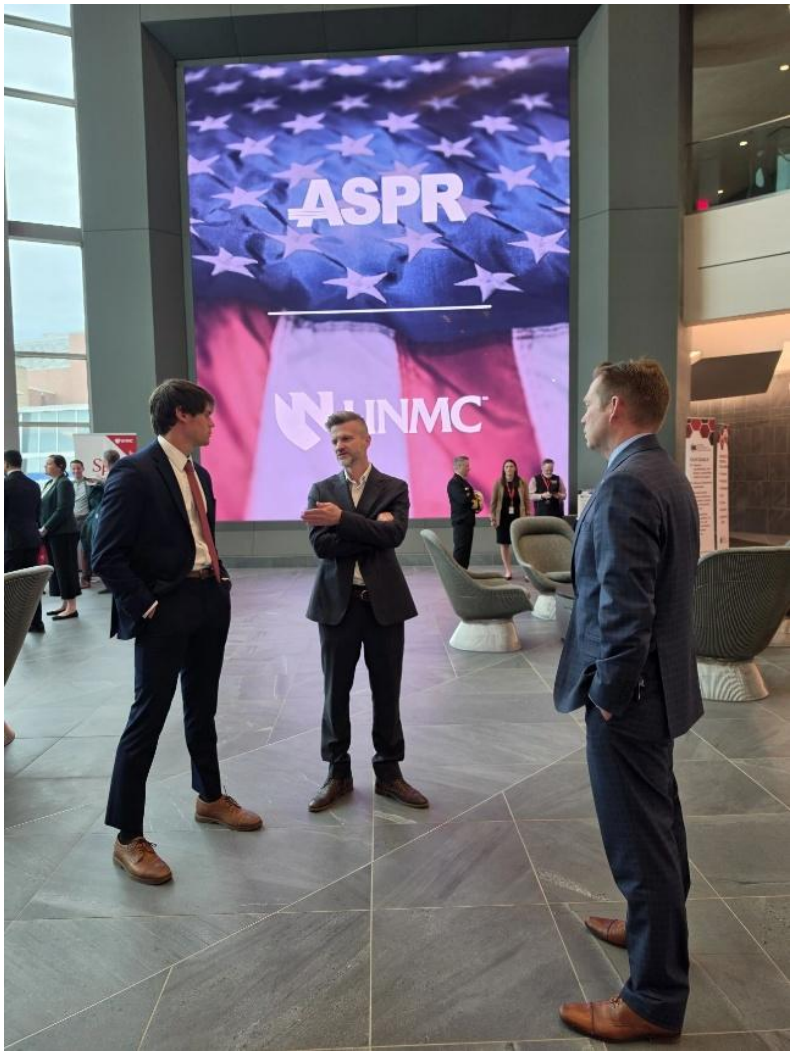
In 2025, CME began building the evaluation framework for EMBRACE (Excellence in Maternal Birth Outcomes through Rigorous Assessment and Community Engagement), a rural maternal health initiative with Nebraska Medicine built around high-risk specialty pregnancy care, ultrasound access, labor-and-delivery partnerships and transitions, and evidence-based supportive programs. The resulting evaluation plan tracks structure, process, and outcome measures against a Donabedian quality framework across all four EMBRACE pillars, alongside return-on-investment and social-determinants-of-health measures.

EMBRACE
Excellence in Maternal Birth outcomes through Rigorous Assessment and Community Engagement

## STAND (Special Pathogens Treatment and Network Development)

CME began serving as independent evaluator of the STAND Award in late 2025 — the mechanism through which the National Emerging Special Pathogens Training and Education Center (NETEC) expands the National Special Pathogen System's Level 2 hospital network on behalf of the federal Administration for Strategic Preparedness and Response (ASPR). CME's evaluation covers award design, applicant recruitment, grantee selection, and grant management, with the RFP process launching in October 2025 and subawards issued in the following months. The evaluation's early reach was substantial: the STAND Award's applicant pool spanned more than 2,700 eligible hospitals nationwide.

NETEC




*Dr. John Lowe, Chair, Anne M. Hubbard Chair, UNMC Department of Environmental, Agricultural & Occupational Health; Director, UNMC Global Center for Health Security; NETEC Principal Investigator at ASPR congressional staff meeting in Omaha*

Together, **PHIG, EMBRACE, and STAND** demonstrate CME's ability to plan, staff, and deliver rigorous, federally aligned evaluation work at state and national scale — for funders ranging from state government to national training centers to health systems.

05

# Community-Based Program Evaluation

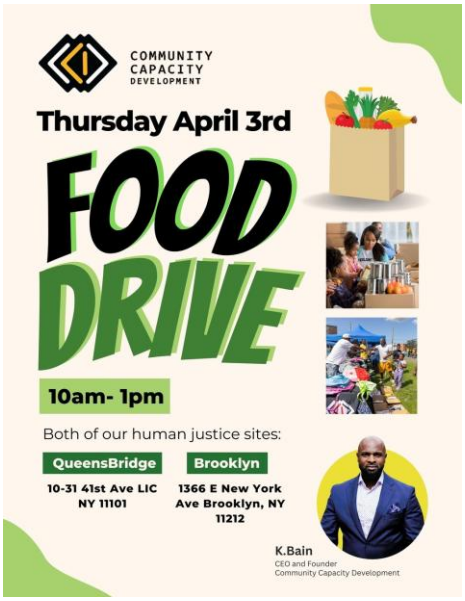
Alongside its major funded evaluations, CME continued its Community-Based Program Evaluation (CBPE) work in 2025 — a framework built around three interconnected categories: Resources & Sustainability, Data Inquiry, and Research Communications. This work carried CME from Omaha to New York City to Philadelphia, partnering with organizations whose evaluation needs are as varied as the communities they serve.

## Community Capacity Development (CCD)

CCD's Human Justice approach to community violence intervention (CVI) has anchored one of CME's most ambitious CBPE efforts. The 2025 evaluation spanned all five New York City boroughs, dozens of neighborhoods, 24 partner organizations, nearly 60 staff and volunteers, more than 225 documents, and $2.4 million in associated funding. CME's evaluation framework centers Indigenous Research Methods and autoethnographic inquiry alongside more traditional data collection — reflecting CCD's own conviction, in the words of Executive Director K. Bain, that “communities have wisdom.” In October 2025, CME's evaluation insights helped inform CCD's Human Justice March in Atlanta, drawing on data collected to support funding requests for the event and similar community mobilizations.

*CCD ambassadors at the 2025 Human Justice March, Atlanta.*


*Event promotion for the October 2025 Human Justice March.*




*CCD community food drive outreach.*

## Young New Yorkers (YNY)

YNY redirects youth from the criminal justice system through Trauma-Informed Restorative Arts Diversion programming, combating systemic over-incarceration in Black and Brown communities. CME's 2025 evaluation identified the central importance of arts integration and autoethnographic methodology in program effectiveness, and organized YNY's data story around five themes: school engagement, employment and workforce development, public safety, health and wellness, and economic return on investment. CME's evaluation concluded that youth diversion is meaningfully more cost-effective than standard system processing — a finding CME recommended YNY use to frame its fiscal impact for New York City stakeholders — while crediting Executive Director Bobbie Brown's leadership as a defining driver of the organization's evidence-based culture.


## IFC Health

IFC (Individuals, Families, and Communities) Health is a men's support and advocacy program supporting Black fathers' physical, mental, and emotional journeys through family-related legal challenges. Its model spans three dimensions — Group Support, Advocacy, and Research & Policy — delivered through a six-week, learner-centered curriculum covering coping skills, family law orientation, and peer mentoring. CME provides data, research, and evaluation science in support of IFC Health's leadership-development and health-equity mission, including a subcontract with Florida A&M University in early 2026 that builds directly on CME's 2025 evaluation groundwork.

## Down North Foundation

Down North Foundation (DNF), founded by Muhammad Abdul-Hadi in Philadelphia's Strawberry Mansion neighborhood, reconstructs relationships, culture, and places to build resilient, empowered communities. In 2025, the Claneil Foundation awarded DNF a three-year Community Fund grant, and DNF directed its professional development and evaluation investment into a formal partnership with CME to build internal data, research, and evaluation capacity. That partnership supports two flagship DNF programs: Protect Ya Crib, which has paid delinquent property taxes for 13 Strawberry Mansion homeowner families at risk of losing their homes, and the Growing Freedom Project, which has engaged more than 380 youth in horticulture and culinary programming at Philadelphia's Juvenile Justice Services Center.

## Center for Holistic Development (CHD)

CME provides data, research, and evaluation support for CHD's Still, We Rise… Healing Family Violence (HFV) program, funded by the U.S. Department of Health and Human Services' Office of Family Violence Prevention and Services. HFV uses coaching, group support, therapy, and resource connection to help break cycles of family violence. In 2025, CME guided a Community-Based Program Evaluation approach that convened four Community Listening Circles with 27 participants across Omaha, surfacing needs for safe, nonjudgmental spaces, trauma-informed care, and stronger access to legal and mental health resources. CME also supports CHD's related School Mental Health project, funded through CyncHealth's Midwest Institute for Community Health.


*Drs. Larra Petersen-Lukenda, Interim CEO, CyncHealth and Brian Sims at a Maternal Health Initiative Data & Evaluation Task Force Meeting in Omaha*

06

# Faculty Support

Beyond its externally funded evaluations and community partnerships, CME provides direct evaluation consultation, technical assistance, and quality improvement support to COPH faculty, staff, and students. In 2025, that support included:

- **Three Rivers Public Health Department — Community Health Assessment.** CME provided data, research, and evaluation support to the Office of Public Health Practice for the Three Rivers Public Health Department's Community Health Assessment, including a tailored MySidewalk data dashboard and community forums across Dodge, Saunders, and Washington counties.
- **Personal Financial Education for PCCM Fellows.** CME supported Dustin Krutsinger, MD, Principal Investigator in UNMC's Division of Pulmonary, Critical Care & Sleep Medicine, conducting six focus groups with 20 fellows to evaluate a financial-literacy curriculum — finding it was highly and positively valued, with 100% of participants recommending it to peers.
- **RWJF proposal with Dr. Anthony Blake.** CME collaborated on an (unfunded) Robert Wood Johnson Foundation proposal with Anthony Blake, DrPH, Director of DrPH programs in the College of Public Health, to embed community-engaged research from CME's Omaha and Philadelphia partnerships into graduate public health education.
- **Dignity Grows proposal.** CME collaborated on an (unfunded) proposal with Dr. Marisa Rosen to develop the Period Poverty Experience Scale, a survey and assessment tool for health and wellness practitioners.
- **American Evaluation Association partnership.** CME formalized a Strategic Collaboration Agreement with the American Evaluation Association (AEA), establishing reciprocal benefits for co-hosted initiatives, conference collaboration, and shared training opportunities.
- **Krista Brown named CME Associate Director.** Dr. Brown, Assistant Professor in the Department of Environmental, Agricultural, and Occupational Health, took on expanded leadership of CME's operations and strategic planning.
- **2025 Nebraska Public Health Conference.** Drs. Sims and Brown presented on public health evaluation education at the state's flagship public health conference.
- **Nebraska Harm Reduction Program.** CME provided data, research, and evaluation support to the Nebraska Harm Reduction Program, led by Paul Weishapl.
- **Project Lifeline Evaluation.** CME updated its evaluation plan for Project Lifeline to add new Patient Access & System Friction and Caretaker Stress & System Strain metric categories, formally integrate Drug SOS's CBPE/Triple-I framework, expand to Medical Residency Pediatrics and community-member populations, and adopt the Peer Support Transition Matrix as a measurement tool.

07

# Featured Analysis: Safe Summer 2025

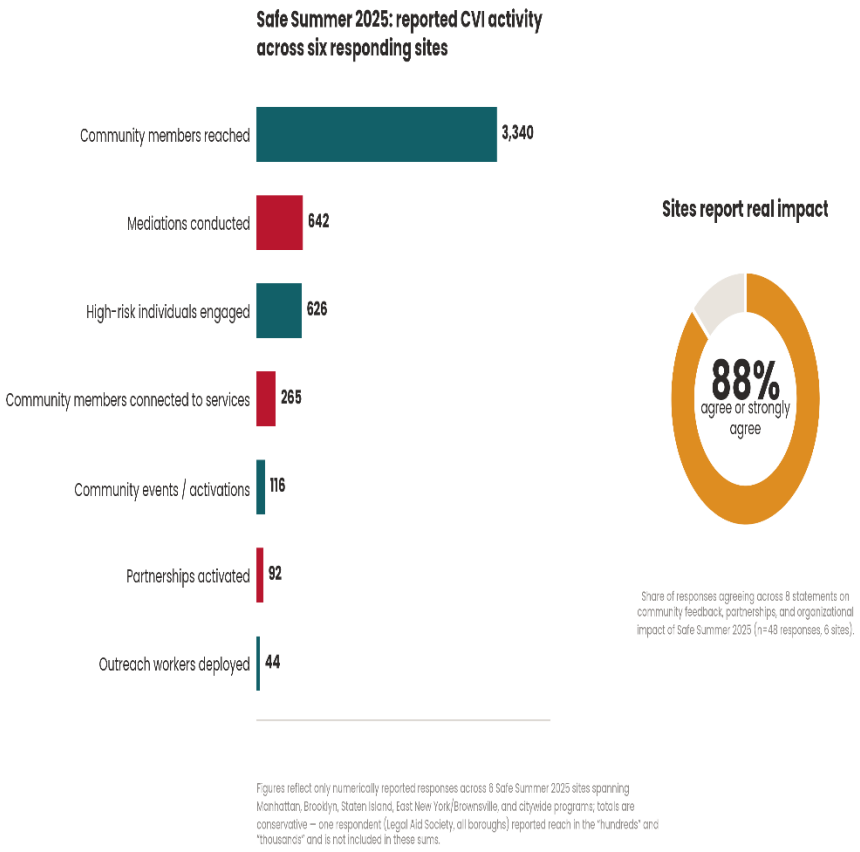
Community Violence Intervention (CVI) sits at the heart of CME's growing national profile — from CCD's Human Justice model in New York City to CME's own expanding hospital-based CVI portfolio in Omaha. In 2025, CME turned its evaluation lens on Safe Summer 2025, CCD's flagship seasonal CVI mobilization, surveying credible-messenger organizations across New York City to understand what a summer of coordinated violence intervention actually delivers on the ground.


*A Safe Summer Orientation Flyer*

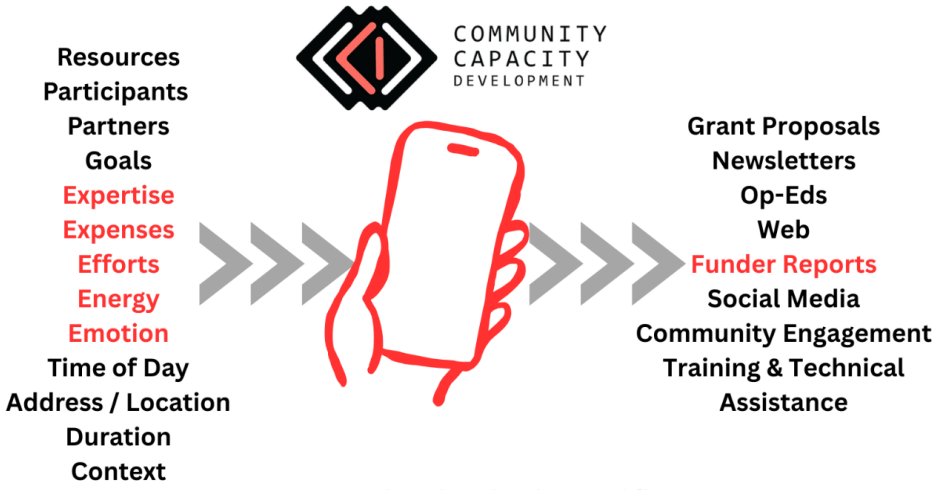

*A CCD/Safe Summer training on data-driven approaches to community safety.*

Six responding sites — spanning Manhattan, East New York/Brownsville, Staten Island, Bed-Stuy Brooklyn, and citywide programs — reported activity across outreach, mediation, and community connection. Even counting only clearly numeric responses (several sites reported reach in the "hundreds" or "thousands" without an exact count, understating these totals), the six sites reported reaching more than 3,300 community members, engaging over 600 high-potential-risk individuals, and conducting more than 640 formal and informal mediations.

COMMUNITY® CAPACITY DEVELOPMENT




Beyond the numbers, sites overwhelmingly credited Safe Summer 2025 with strengthening their organizations: 88% of responses across eight impact statements — covering community feedback, partnerships, and organizational success — were “agree” or “strongly agree.” As one respondent put it, Safe Summer “created space for powerful transformation” in their community. For CME, this analysis is a proof point: rigorous, multi-site evaluation of community violence intervention isn't limited to a single funded contract — it's a capability CME is positioned to bring to CVI coalitions and funders nationally, alongside the hospital-based CVI portfolio it continues to grow at home in Omaha.



08

# Featured Analysis: Community Health

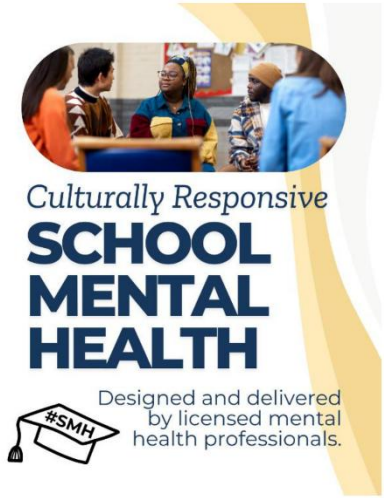
Since 2001, the Center for Holistic Development, Inc. (CHD) has been a cornerstone of behavioral and mental health outreach in North Omaha. Under Founder and CEO Doris Moore, MS, NCC, CPC, LIMHP, CHD has built a 25-year track record of trusted, culturally grounded community work — and, over the past two years, a growing data, research, and evaluation partnership with CME that now spans two flagship projects: Still We Rise…Healing Family Violence and the new Culturally Responsive School Mental Health (#SMH) Training Initiative.

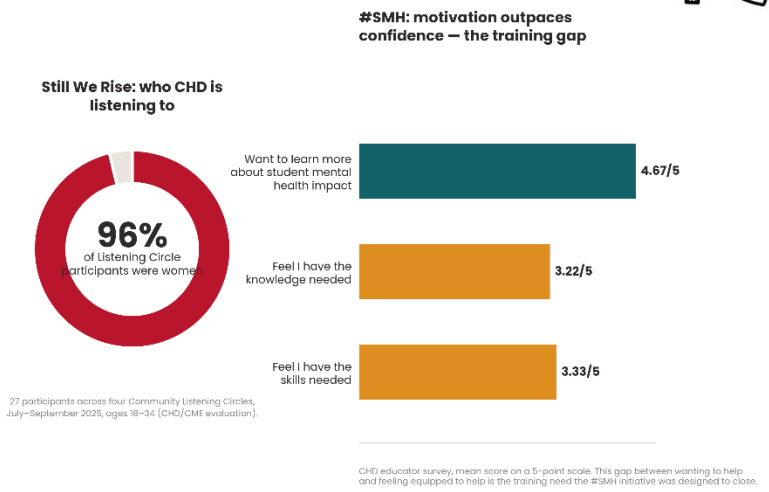
## Still We Rise: Healing Family Violence

CHD's Still We Rise…Healing Family Violence program uses coaching, groups, therapy, and resource connection to help break cycles of family violence. From July to September 2025, CME's Community-Based Program Evaluation approach convened four Community Listening Circles, centering community voice on what safety, healthy communication, and support should look like — findings now shaping CHD's dissemination planning and future programming.

## Culturally Responsive School Mental Health (#SMH)

Building on that partnership, CHD and CME co-developed a proposal to CyncHealth's Midwest Institute for Community Health (MICH) for a Culturally Responsive School Mental Health Training Initiative — a three-part training sequence, delivered by licensed mental health professionals, that prepares local educators, parents, and youth-based organizations to identify and respond to students' mental health needs. In 2025, MICH awarded CHD a $30,000 grant to fund the initiative's launch, and CME designed the Community-Based Program Evaluation layering Participant Training Outcomes with Behavioral and Population Health data across seven Omaha zip codes. The approach builds on a proven track record: a 2021–22 pilot in Allegheny County, PA, found that 100% of participants would recommend the training to a colleague.




*CHD's Culturally Responsive School Mental Health (#SMH) Training Initiative, funded by CyncHealth's Midwest Institute for Community Health.*

**A leadership story, told in data:** that CHD could translate 25 years of community trust into a competitive regional grant — with CME's evaluation design built into the winning proposal — reflects Doris Moore's visionary leadership, and the kind of funder-facing, evaluation-backed partnership CME is proud to help build.

09

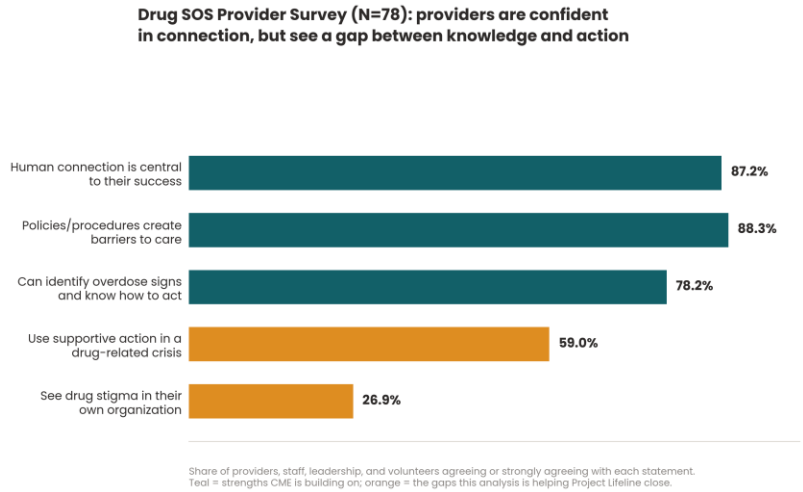
# Featured Analysis: Project Lifeline

Project Lifeline is UNMC College of Public Health's evidence-based Nebraska Overdose Prevention and Reduction Program, led by Director Paul Weishapl — a lived-experience harm reduction leader who now directs the Nebraska Harm Reduction Program after surviving two decades of addiction. Project Lifeline pairs Peer Support Specialists with people at their most vulnerable transition points — leaving the ER, acute psychiatric care, or corrections — partnering with Different Approach's recovery housing system in Omaha to reduce overdose, promote recovery, and increase public safety. CME provides Project Lifeline's data, research, and evaluation support, a direct example of CME's role serving academic and practice units across UNMC, not only external community organizations.

*Paul Weishapl, Director, Nebraska Harm Reduction Program*

## Drug SOS: Establishing an Evidence Baseline

In 2025, CME analyzed provider survey data (N=78) from Drug SOS, a community-based training program supporting staff, leadership, and volunteers who work with people who use drugs.




The clearest signal: providers are confident in the relational, connection-driven model at the heart of both programs, but see a real gap between recognizing an overdose and feeling ready to act on it — a gap concentrated among volunteers.

## From Findings to an Updated Evaluation Plan

CME used these findings to update the Project Lifeline Evaluation Plan with new Patient Access & System Friction and Caretaker Stress & System Strain metric categories, expand the evaluation to two new populations — Medical Residency Pediatrics and community members — and adopt the Peer Support Transition Matrix as a formal tool for measuring the community-support-worker-to-peer-specialist transition at the center of the program.

**Evaluation in service of practice:** Project Lifeline shows how CME's evaluation capacity strengthens UNMC's own public health practice — turning frontline provider data into a sharper, better-targeted harm reduction program for the Nebraskans it serves.

10

# CME Staff

**Brian Carey Sims, PhD**
*Director*

**Krista A. Brown, PhD, MBA, MPH**
*Associate Director*

**Paige Anderson**
*Administrative Associate*

**Kali Ratigan**
*Program Coordinator*

*Dr. Krista Brown, an Assistant Professor in the Department of Environmental, Agricultural, and Occupational Health, took on expanded leadership of CME's operations and strategic planning in 2025 and was named CME Associate Director.*

11

# Looking Ahead

## Opportunities for Growth

**Take-home:** CME's biggest growth opportunity is becoming Nebraska's flagship public health evaluation center, with a genuine shot at national recognition.

Nationally, the top overall university evaluation centers — Western Michigan's Evaluation Center, Claremont Graduate University's Claremont Evaluation Center, and the Brown School Evaluation Center at Washington University in St. Louis — share a common structure: applied research, rigorous graduate training, and hands-on technical assistance delivered under one roof. CME already has the training piece (our “ABCs of Evaluation” modules and guest lectures) and the applied-research piece; what we're missing is the scale of technical assistance contracts that would put us in that tier.

Among centers focused specifically on public health, IHME (University of Washington), the Center for Public Health Systems Science (Washington University in St. Louis), the Evaluation Institute (University of Pittsburgh), Northeastern's Public Evaluation Lab, and the Participatory Evaluation Institute (University of Arizona) combine community-engaged methods with technical assistance to funders and health systems directly, not just to individual grantees. None of them sit in the Great Plains or Central U.S. — that's real white space.

CME's current work already matches this peer group's scale: STAND spans dozens of states and territories, and EMBRACE and PHIG are multi-year, funder-aligned evaluations. What we lack isn't track record; it's formal recognition. Board of Regents Center status would let CME compete directly for funder-facing technical assistance contracts — because funders increasingly want evaluation partners who can act as thought partners across their whole grant portfolio, not a vendor hired one grantee at a time. Nearer-term, we can keep growing our hospital-based/community violence intervention portfolio and our maternal health work through EMBRACE.

## Prioritization Within CME

**Take-home:** In a constrained state-funding environment, prioritize the work that doesn't depend on state dollars and that pays its own way.

CME's core model is largely insulated from Nebraska's current fiscal pressures: more than $2 million in grants and contracts since inception (PHIG, EMBRACE, STAND) that draw on federal, state-pass-through, and health-system dollars — not state appropriations — and that return indirect cost revenue to the College and Dean's Office.

Going forward, CME intends to prioritize continued investment in these funded, multi-year evaluations over new unfunded or single-engagement community projects, unless those smaller engagements are clearly building toward funded relationships, or are mission-critical regardless of size, like our DHHS/NALHD partnership on PHIG. New hiring will stay focused on roles that directly expand fee-for-service and grant-funded capacity.

## Opportunities to Work Together

**Take-home:** Rather than one more unit competing for the same evaluation work, CME can become the coordinating hub for it.

At least seven other UNMC, UNL, and UNO units already do some form of program evaluation or evaluation-adjacent training: Munroe-Meyer's Education and Child Development Program, the College of Nursing's Office of Continuing interProfessional Development and Innovation, UNL's Bureau of Sociological Research and Public Policy Center, the NEAR Center, MERC, UNO's STEPs, and NeCVIP. Right now, that work is mostly happening in parallel.

**Table 1. Existing Nebraska University System Program Evaluation Units by Focus Area**

| Program Evaluation Unit | Focus Area | | | | | | |
|---|---|---|---|---|---|---|---|
| | Data Inquiry | Resources & Sustainability | Interdisciplinary Approach | Community Engagement | Education & Training | Research Communications | Nebraska Public Health Infrastructure Support |
| Center for Metrics and Evaluation (CME) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Education and Child Development Program | ✓ | | | | | | |
| Office of Continuing interProfessional Development and Innovation | ✓ | | | | | | |
| Bureau of Sociological Research | ✓ | | | | | | |
| Nebraska Evaluation and Research (NEAR) | ✓ | | | | | | |
| Methodology and Evaluation Research Core (MERC) | ✓ | ✓ | | ✓ | ✓ | | |
| Public Policy Center | ✓ | | | | | | |
| Support and Training for the Evaluation of Programs (STEPs) | ✓ | | ✓ | ✓ | | | |
| Nebraska Collaborative for Violence Intervention and Prevention (NeCVIP) | ✓ | | ✓ | ✓ | ✓ | | |

'Data Inquiry' includes: data collection, analysis, management and reporting

*Table 1. Existing Nebraska University System program evaluation units by focus area — from CME's Board of Regents application.*

In 2026 CME will formally apply for certification from the Nebraska Board of Regents, a designation that would let CME formalize a coordinating role — sharing methods, referring work by specialty, and presenting funders and legislators with one coordinated NU System evaluation capacity — rather than waiting for that alignment to happen on its own. The clearest near-term fit is closer collaboration with NeCVIP in the College of Medicine as CME's CVI portfolio grows; our existing relationships with the Great Plains IDeA-CTR Tracking and Evaluation Core and Nebraska Extension offer additional working models. Within COPH specifically, CME is already positioned to support faculty and students directly — reviewing evaluation plans in faculty grant proposals, and providing capstone and APEX support for students, at no additional cost to those units.

*Drs. Charity Evans and Brian Sims at a Nebraska Collaborative for Violence Intervention and Prevention Community Meeting in Omaha.*

**CME's growing CVI portfolio already runs through this room:** CME Director Dr. Brian Sims and Dr. Charity Evans at a Nebraska Collaborative for Violence Intervention and Prevention (NeCVIP) community meeting in Omaha — the same relationship this section recommends CME formalize as its CVI portfolio grows.

*Ashley Campbell, Violence Intervention Program Supervisor, Encompass Omaha and Dr. Ashley Williams Hogue, USA Health Trauma Surgeon and Director, Center for Healthy Communities*

**Growth, discipline, and collaboration point in the same direction for CME:** formal recognition that lets us compete for the funder-facing contracts we're already qualified to hold, while doing it in a way that's financially self-sufficient and additive to the rest of the College and University system — not duplicative of it. In 2025, the communities and partners in this report reminded us why that foundation is worth building.

# We See You.

Center for Metrics and Evaluation
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