1. Introduction

11%

Welcome to the DELTA FOCUS Program Evaluation Survey! The survey is being administered in compliance with the DELTA FOCUS cooperative agreement (FOA-CE13-1302). As the SDVC Executive Director, the SDVC DELTA FOCUS coordinator, the project coordinator of a funded CCR, or SDVC empowerment evaluator you were sent a direct link to this survey. This survey is part of the DELTA FOCUS program evaluation and is being conducted for programmatic improvement. The survey will not be used as a means of reducing or canceling funding.

We know your time is valuable. In designing the survey we made every effort to limit the questions to those most essential to evaluating the implementation of DELTA FOCUS. The survey is expected to take 30 minutes to 1 hour to complete. The survey will assess:

a)Satisfaction with each bi-directional communication and support channel,
b)Program and strategy implementation factors,
c)Prevention knowledge and use of the public health approach, and
d)Sustainability of prevention activities and successes.

Responses to the survey will be treated in a secure manner and any findings will be reported in the aggregate. If you have immediate questions about navigating the survey or technical issues please contact, XX. If you are unable to complete the survey please have the primary SDVC contact notify the assigned project officer.

THANK YOU for completing this survey and being a part of the DELTA FOCUS Program!

OMB Approval Number 0920-XXXX
OMB Expiration Date X/X/2016

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

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2. Survey Terminology

	22%

A word about the terms used in this survey.

SDVC refers to state domestic violence coalitions.
CCR is the local coordinated community responses, or a local coalition funded by the SDVCs.

EE refers to the empowerment evaluators hired by the SDVCs. ED refers to executive director of the SDVC.

MIS is the management information system.

Project coordinator is used to refer to the primary program manager of DELTA FOCUS at the state and local levels even if there actual title differs.

IST refers to the Implementation Support Team which includes SDVC leadership, leadership from CCRs, SDVC policy staff, SDVC prevention personnel, and the contracted/hired Empowerment Evaluator.

Leadership team is comprised of all members of the IST and other pertinent stakeholders from various sectors, e.g., state health departments, local health departments, community organizing networks, local youth-based community organizations, state sexual violence coalitions, CDC-RPE (Rape Prevention Education) recipients, etc.

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DF Draft Program Evaluation Survey

3. Screening Questions

1. Which SDVC funds or supports your role in the DELTA FOCUS Program (select one)?

[▼]

2. What is your role in the DELTA FOCUS Program (select one)?

[▼]

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4. Communication and Support

44%

This section asks about whether the nature of communications, the means of communicating, and technical assistance has been successfully provided at every level of the DELTA FOCUS program.

3. Please indicate how successful CDC has been for each of the following communication and support activities (response options: not successful, somewhat successful, successful, very successful, completely successful or N/A). Please select one option from the drop down menu.

	Response
a. Conference calls	▼
b. Grantee meeting	▼
c. Support for using PhConnect	▼
d. Support for the MIS	▼
e. Support for reporting (e.g. providing templates)	▼
f. Technical assistance and subject matter expertise on implementing DELTA FOCUS (i.e. grantees' statewide efforts, grantees' provision of TA, training and monitoring to the CCRs on local efforts, and grantees' evaluation efforts)	▼
g. Technical assistance and subject matter expertise on evaluation (i.e. evaluability assessments, evaluation plans, data-to-action process)	▼
h. Sharing how data collected by CDC is/will be used	▼
i. Facilitating a collaborative learning environment among grantees	▼
j. Facilitating collaboration for all state domestic violence coalitions	▼
k. Collaborating to align state, local, and national level evaluation plans	▼
l. Facilitating a collaborative learning environment among EEs	▼

4. Please indicate how successful the SDVC has been for each of the following communication and support activities (response options: not successful, somewhat successful, successful, very successful, completely successful or N/A).

	Responses
a. Creating an action plan	⌄
b. Creating an evaluation plan	⌄
c. Strategy implementation and evaluation (i.e. technical assistance, training, coaching)	⌄
d. Facilitating a collaborative learning environment among CCRs	⌄
e. Facilitating CCR participation in CDC sponsored collaborative learning opportunities	⌄
f. Facilitating and supporting the EE to work with CCRs	⌄

5. Please indicate the amount of support you provide to SDVCs for each topic below by selecting none at all, a small amount, a fair amount or a great deal; also please share your opinion on whether CDC should be providing greater support to SDVCs on these topics by selecting yes, no, or don't know.

	EE Support	CDC Support
a. Program or strategy goal setting	⌄	⌄
b. Developing SMART objectives	⌄	⌄
c. Creating logic models	⌄	⌄
d. Aligning work plans with goals, strategies, timeline, and logic model	⌄	⌄
e. Conducting evaluability assessments	⌄	⌄
f. Developing evaluation plans	⌄	⌄
g. Identifying data sources	⌄	⌄
h. Identifying indicators	⌄	⌄
i. Developing evaluation questions	⌄	⌄
j. Collecting data	⌄	⌄
k. Managing data (i.e. cleaning and storing)	⌄	⌄
l. Analyzing data	⌄	⌄
m. Using data to make adjustments in implementation	⌄	⌄
n. Sharing findings	⌄	⌄

Other (please specify)

[text box]

6. Please indicate the amount of support you provide to CCRs for each topic below by selecting not at all, a small amount, a fair amount or a great deal; also please share your opinion on whether CDC should be providing greater support to CCRs on these topics by selecting yes, no, or don't know.

	EE Support	CDC Support
a. Program or strategy goal setting	[dropdown]	[dropdown]
b. Developing SMART objectives	[dropdown]	[dropdown]
c. Creating logic models	[dropdown]	[dropdown]
d. Aligning logic model with action plans	[dropdown]	[dropdown]
e. Conducting evaluability assessments	[dropdown]	[dropdown]
f. Developing evaluation plans	[dropdown]	[dropdown]
g. Identifying appropriate data sources	[dropdown]	[dropdown]
h. Identifying indicators	[dropdown]	[dropdown]
i. Developing evaluation questions	[dropdown]	[dropdown]
j. Collecting data	[dropdown]	[dropdown]
k. Managing data (i.e. cleaning and storing)	[dropdown]	[dropdown]
l. Analyzing data	[dropdown]	[dropdown]
m. Using evaluation findings for program improvement	[dropdown]	[dropdown]
n. Sharing evaluation findings	[dropdown]	[dropdown]

Other (please specify)

[text box]

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5. Program and Strategy Implementation

56%

This section asks about implementation factors that support competent and sustainable program delivery.

7. Which factors below are contributing most to deciding on which strategies to implement? (Select 3 maximum)

- [ ] a. Evaluability assessments
- [ ] b. SDVC vision and mission
- [ ] c. Priorities of partners/partner recommendation
- [ ] d. CDC project officer
- [ ] e. Community needs assessment
- [ ] f. Health impact assessment
- [ ] g. Existing local programs
- [ ] h. Existing local data (judicial, medical, or educational)

Other (please specify)

[   ]

8. Which factors below are contributing most to deciding on which strategies to implement? (Select 3 maximum)

- [ ] a. Evaluability assessments
- [ ] b. SDVC vision and mission
- [ ] c. Priorities of partners/partner recommendation
- [ ] d. CDC project officer
- [ ] e. Community needs assessment
- [ ] f. Health impact assessment
- [ ] g. Existing local programs
- [ ] h. Existing local data (judicial, medical, or educational)

Other (please specify)

[   ]

9. Which of the trainings topics below are needed to prepare staff to implement the selected strategies? (select all that apply)

- [ ] a. The selected strategies did not create a need for training
- [ ] b. Public policy strategies (non-lobbying)
- [ ] c. Evaluating evidence-based strategies
- [ ] d. Working with boys or men
- [ ] e. Social determinants of health
- [ ] f. Bystander strategies
- [ ] g. Youth engagement or leadership
- [ ] h. Promoting healthy relationships
- [ ] i. Teen dating violence
- [ ] j. Risk and protective factors for IPV

Other (please specify)

[text box]

10. Which procedures has the IST put into place to check the progress or needs of staff implementing the selected strategies? (Select all that apply)

- [ ] a. Regular meeting updates
- [ ] b. Regular progress reports
- [ ] c. Regular visits
- [ ] d. Informal opportunities (hallway conversations, phone calls, etc.)
- [ ] e. No formal or informal procedures

Other (please specify)

[text box]

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6. "Big Picture" Implementation Factors

67%

This section addresses barriers and facilitators for strategy implementation, an externally and internally "hospitable" environment for strategy implementation, promotion of collaboration, and ensuring strategy implementation runs smoothly.

11. Please indicate the degree to which the Leadership Team has participated in each of the activities below from the following response options: yes, fully; yes, but in a limited way; not at all; not applicable. Please select choice from the drop down menu.

a. Developing the State Action Plans	[▼]
b. Reviewed existing state plans for IPV prevention	[▼]
c. Updated existing state plans for IPV prevention	[▼]
d. Addressed barriers to implementation	[▼]
e. Ensured linkages between state prevention strategies and prevention strategies implemented across the state at local levels	[▼]

12. Is the State Action Plan used by any position listed below to monitor and evaluate progress of implementing DELTA FOCUS at the state level? Please provide a response of yes, no, or don't know from the drop down menu.

	Response
a. Leadership Team	[▼]
b. IST	[▼]
c. ED	[▼]
d. SDVC PC	[▼]
e. CCR PC	[▼]
f. EE	[▼]

Other (please specify)

[   ]

13. Is the Community Action Plan used by any position listed below to monitor and evaluate progress of implementing DELTA FOCUS at the state level? Please provide a response of yes, no, or don't know from the drop down menu.

	Responses
a. Leadership Team	[▼]
b. IST	[▼]
c. ED	[▼]
d. SDVC PC	[▼]
e. CCR PC	[▼]
f. EE	[▼]

Other (please specify)

[_____]

14. What opportunities for the coalition are created by the implementation of selected strategies? (Select all that apply)

- [ ] a. No opportunities were created by the implementation of selected strategies
- [ ] b. Established new partnerships with new sectors (e.g. housing, transportation, city or state planners, faith institutions, parks, or business)
- [ ] c. Increased coalition visibility
- [ ] d. Greater emphasis on prevention
- [ ] e. New or strengthened relationship with [state or local] public health department
- [ ] f. New or strengthened relationship with elected community leaders
- [ ] g. New or strengthened relationship with CDC-RPE recipients
- [ ] h. Identified new community resources

Other (please specify)

[_____]

15. What barriers for the coalition are created by the implementation of selected strategies (Select all that apply)

☐ a. No barriers were created by the implementation of selected strategies

☐ b. Lost support of traditional partners

☐ c. Perceived loss of focus on providing victim services

Other (please specify)

[text box]

16. Provide one specific example of a procedure or regulation within a community (neighborhood, region, county, or city) or institution (e.g. school, church, hospital, community center, or agency) that changed to support the implementation of the selected strategies. (If nothing changed write "no changes were made" in the box below)

[text box]

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7. Prevention Knowledge and Public Health Approach

78%

17. In the past year, how has your coalition provided opportunities for staff (beyond DELTA FOCUS-funded personnel) and board members to train on concepts related to preventing intimate partner violence? (check all that apply)

☐ a. My coalition has not provided opportunities for training on IPV prevention in the last year

☐ b. Conducted in-person workshops

☐ c. Allowed staff to attend trainings conducted outside the coalition

☐ d. Encouraged board members to attend training conducted outside the coalition

☐ e. Held retreats that included IPV prevention topics

☐ f. Incorporated prevention topics into staff or board meetings

☐ g. Distributed written information

Other (please specify)

[   ]

18. We know that all efforts to prevent IPV and address its consequences are important. Currently, how would you say the [state or local] coalition prioritizes "working to stop intimate partner violence before it starts" relative to victim services and advocacy? (Select one)

○ a. Not a priority at all

○ b. Less of a priority than victim services and advocacy

○ c. About the same priority as victim services and advocacy

○ d. Higher priority than victim services and advocacy

○ e. Don't know

19. Please indicate the degree to which the (state or local) coalition has engaged in each of the activities below. Select one of the following response options: yes, fully; yes, but in a limited way; not at all; not applicable/don't know.

	Response
a. Identified risk and protective factors of intimate partner violence	▼
b. Collected their own data on intimate partner violence risk and protective factors	▼
c. Used publicly available data to track and monitor risk and protective factors	▼
d. Identified programs, practices, or strategies that are based on the best available evidence to prevent intimate partner violence or social determinants of intimate partner violence	▼
e. Examined scientific and programmatic literature to identify programs, practices, or strategies that have shown positive effects in reducing or preventing intimate partner violence or social determinants of intimate partner violence	▼

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89%

20. In addition to evaluating the outcomes of the selected strategies, is the coalition collecting process data? (Select one)

○ yes

○ no

○ not familiar with process data

21. Which types of changes has the coalition made in how the selected strategies are implemented? (Select one)

○ a. No changes were made

○ b. All changes were made based on available data (performance assessment, process data, community data)

○ c. Some changes were made based on anecdotal information

22. Which of the changes below were made to the implementation of the selected strategies based on available data (performance assessment, process data, or community data)? (Select all that apply)

☐ a. Selected different partners

☐ b. Modified which risk or protective factors will be changed

☐ c. Moved the location of the program or strategy

☐ d. Added or decreased size of population to be affected by the strategy (e.g. District-wide policy to middle schools only)

☐ e. Shifted the focus to address a population with the greatest burden (e.g. immigrant, racial or ethnic group, youth)

☐ f. No changes were made

Other (please specify)

[   ]

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9. Sustainability

100%

This section will address general organizational capacity, prevention capacity, and evaluation capacity which are all necessary for 1) implementing and evaluating any kind of intervention and 2) maintaining the momentum to collaboratively sustain prevention outcomes and programmatic changes.

23. In the past year, what other types of violence did your organization seek to prevent besides intimate partner violence? (Check all that apply)

- [ ] a. None
- [ ] b. Sexual violence
- [ ] c. Child maltreatment
- [ ] d. Bullying
- [ ] e. Teen dating violence
- [ ] f. Youth violence other than bullying and teen dating violence
- [ ] g. Suicide
- [ ] h. Gun violence

Other (please specify)

[   ]

24. Please provide your opinion on the successfulness of the coalition for each of the organizational characteristics below by selecting: not successful, somewhat successful, successful, very successful, completely successful, or N/A, from the drop down menu.

	Response
a. Clear communication network between the coalition and the broader community	[▼]
b. Use of media to promote awareness of coalition goals and accomplishments	[▼]
c. New members are welcomed to the coalition	[▼]
d. Interest in participating is generally high	[▼]
e. The coalition has made efforts to sustain itself over time	[▼]
f. The coalition has had success in generating resources for itself	[▼]
g. The coalition has made contributions to intimate partner violence prevention	[▼]
h. Youth are actively engaged	[▼]
i. The coalition has survivor participation	[▼]
j. Organizational practices are culturally competent and relevant	[▼]

25. Please indicate the extent to which the coalition has personnel who can successfully do the following by selecting yes, fully; yes, but in a limited way; not at all; not applicable from the drop down menu.

a. Explain the benefits of evaluation to coalition partners	[▼]
b. Effectively overcome barriers to internal participation in evaluations	[▼]
c. Effectively overcome barriers to community participation in evaluations	[▼]

26. Currently, what are the primary ways your coalition disseminates information to IPV prevention stakeholders (not to include your membership)? (Select top two)

- [ ] a. Coalition website
- [ ] b. Electronic listserv
- [ ] c. Social media (e.g. Twitter, Facebook)
- [ ] d. Conferences/workshops
- [ ] e. Webinars
- [ ] f. Mailings

Other (please specify)

[   ]

27. Indicate the strength of partnership with each type partner listed below (response options: new and developing, strong, needs improvement, none or N/A)

	Response
Academia/Education	[▼]
Business/For Profit/ Consultant	[▼]
Coalition/Alliance	[▼]
Community Based Organization	[▼]
Commuity Member	[▼]
Elected/Appointed Official	[▼]
Foundation/ Philanthropic	[▼]
Government Organization	[▼]
Public Health Organization	[▼]
Public Relations/ Media	[▼]
Rape Prevention Education (RPE) Program	[▼]
Tribal Government Organization	[▼]

Other (please specify)

[   ]

28. Is there a sustainability plan in place to promote and support intimate partner violence prevention efforts on an ongoing basis? Please select one.

○ yes

○ no

○ don't know

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