# Attachment 5a. Prevention Infrastructure

# Assessment (PIA) DELTA AHEAD Category B

Form Approve
OMB No: xxxx-xxxx
Exp. Date: xx-xx-xxxx



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| **Recipient:** | |
| **Reporting Period:** | |
| **Contact Person:** | |

## INTRODUCTION

***Information for Recipients:***
Please note that the term "Coalition" refers to your State Domestic Violence Coalition (SDVC). This survey has been sent to you as the Project Lead on the DELTA AHEAD project for your SDVC. However, you may complete the survey with any other Coalition staff that you feel would be appropriate. Please submit only ONE survey per Coalition.

***Primary Prevention*** *refers to activities and strategies that keep intimate partner violence (IPV) or domestic violence (DV) from* ***first*** *occurring.*

***Community and Societal Level IPV Prevention*** *refers to prevention strategies that are designed to impact characteristics of the settings (e.g., school, workplace, and neighborhood) in which social relationships occur, or social and physical environment factors such as reducing social isolation, improving economic and housing opportunities, and improving climate within school and workplace settings. This is different from individual level strategies (usually designed to promote attitudes, beliefs, skills, and behaviors) and relationship level strategies (focus on parenting, family, mentoring, or peers to reduce conflict, foster problem-solving skills, promote healthy*

*relationships, and address factors related to the social circle, peers, partners, family members and other adult allies who influence an individual behavior and experience).*

***Program staff*** *refers to any staff at your coalition that work on any programs, practices or policy efforts of the coalition including response. It would not include staff that are only involved in administrative or operational tasks at the Coalition*

***Risk factor*** *refers to a characteristic that increases the likelihood of a person becoming a victim or perpetrator of violence. Factors that put individuals at risk for perpetrating IPV include (but are not limited to) demographic factors such as age, low income, low educational attainment, and unemployment; childhood history factors such as exposure to violence between parents, experiencing poor parenting, and experiencing child abuse and neglect. Relationship level factors include hostility or conflict in the relationship, aversive family communication and relationships, and having friends who perpetrate/experience IPV. Community and societal level factors include poverty, low social capital, low collective efficacy in neighborhoods, and harmful gender norms in societies.*

***Protective factors*** *are characteristics that decrease the likelihood of a person becoming a victim or perpetrator of violence because they provide a buffer against risk. Factors associated with lower chances of perpetrating or experiencing IPV include high empathy, good grades, high verbal IQ, a positive relationship with one's mother, and attachment to school. Community and societal factors such as lower alcohol density, community norms that are intolerant of IPV, and increased economic opportunities may also be protective against IPV.*

***Health Equity*** *refers to the attainment of the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions. Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health (CDC). Achieving heath equity means valuing everyone equally with focused efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of health and healthcare disparities.*

***Social Determinants of Health*** *refers to the conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Healthy People 2030 groups social determinants of health into 5 domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.*

**It should take you about 30 minutes to complete this survey**.

In what state is your coalition? _____

## COMMUNITY AND SOCIETAL PRIMARY PREVENTION

### EXPERTISE AND KNOWLEDGE

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 1. At this point in time, how knowledgeable would you rate your Coalition program staff overall about preventing domestic violence from first occurring (primary prevention)? (1=lowest, 5=highest) | | | | | |
| 2. How well do Coalition program staff understand the difference between the primary prevention of IPV and the secondary prevention of IPV (response and advocacy after IPV has occurred)? | | | | | |
| 3. In general, how knowledgeable are Coalition program staff about primary prevention at the community and societal level? | | | | | |
| 4. How well do Coalition program staff understand the difference between primary prevention approaches at the individual/relationship level and at the community/societal level? | | | | | |
| 5. In general, how knowledgeable are program staff about the risk and protective factors that IPV shares with other types of violence? | | | | | |

| | 0% | LESS THAN 25% | BETWEEN 25%-50% | BETWEEN 51%-75% | MORE THAN 75% |
|---|---|---|---|---|---|
| 6. What percentage of your program staff have previous experience planning and <u>implementing</u> community and societal level primary prevention? | | | | | |
| 7. What percentage of your program staff have previous experience <u>evaluating</u> community and societal level primary prevention? | | | | | |
| 8. What percentage of your program staff has expertise or knowledge in the area of social norms change (efforts to change group-level beliefs and expectations behavior)? | | | | | |
| 9. What percentage of your program staff has expertise or knowledge in the area of environmental change (efforts to make a physical or material change to the economic, social, or physical environment)? | | | | | |
| 10. What percentage of your program staff has expertise or knowledge around policy change related to IPV prevention?<br><br>*This includes: analyzing data to identify areas where policy change may be needed, analyzing and understanding policy options, collaborating with stakeholders to educate about policy issues, providing evidence and education to key stakeholders and* | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| *policymakers, educating the public about existing policies, or evaluating the impact of policies* | | | | | |

11. Is there anything else you would like us to know about the expertise of your Coalition staff as it relates to Community and Societal Level Primary Prevention?_____

## TRAINING OPPORTUNITIES

| Question | Response Options |
|---|---|
| 12. To what extent is information or training about community and societal level primary prevention included in new program staff orientation/onboarding? | • Not included at all<br>• We have started discussing this kind of change, but no formal changes to training yet<br>• Community and societal level primary prevention is included in trainings, but is not as much of a focus as other areas of training<br>• Community and societal level primary prevention is included above or at the same level as other areas of training |
| 13. If this information is included in new staff orientation or onboarding, is it only provided to program staff that will be directly involved with Community or Societal Level Primary Prevention? | • It is provided only to staff who will be working directly on community or societal level primary prevention<br>• It is provided to staff working on any kind of prevention<br>• It is provided to all staff regardless of if they are working on prevention or response<br>• N/A – Information is not included in new staff orientation or onboarding |
| 14. To what extent is ongoing training or professional development related to community and societal level primary prevention offered to coalition program staff? | • Not offered at all<br>• We have started discussions, but no formal changes to training yet<br>• Community and societal level primary prevention is included in trainings, but is not as much as other areas of professional development/training<br>• Community and societal level primary prevention is included above or at the same level as other areas of professional development/training |
| 15. Are these training opportunities only available to program staff that are directly involved with Community or Societal Level Primary Prevention? | • It is offered only to staff who are working directly on community or societal level primary prevention<br>• It is offered to staff working on any kind of prevention<br>• It is offered to staff regardless of if they are working on prevention or response<br>• N/A – Training opportunities are not offered |

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## LEADERSHIP SUPPORT AND PRIORITIZATION

| | A lot lower | Somewhat lower | About equal | Somewhat higher | A lot higher |
|---|---|---|---|---|---|
| 16. How much does leadership at the Coalition support IPV prevention efforts compared to other Coalition priorities? | | | | | |
| 17. How much does leadership at the Coalition support IPV prevention at the community and societal levels compared to other Coalition priorities? | | | | | |

| | 0% | LESS THAN 25% | BETWEEN 25%-50% | BETWEEN 51%-75% | MORE THAN 75% |
|---|---|---|---|---|---|
| 18. Across all staff at your Coalition, approximately what percentage of program staff work on primary prevention (versus response) at any level (individual, relationship, community or societal)? | | | | | |
| 19. Across staff at your Coalition, approximately what percentage of program staff work on primary prevention at the community and societal levels? | | | | | |
| 20. What percentage of the total programs or policy efforts that the Coalition funds or implements focus on primary prevention? | | | | | |
| 21. Of the primary prevention programs or policy efforts that the Coalition funds or implements, what percentage focus on community and societal levels (versus individual/relationship level)? | | | | | |

22. Is there anything else you would like us to know about prioritization of Community and Societal Level Primary Prevention at your Coalition? _____

## STRUCTURES AND PROCESSES

| Question | Response Options |
|---|---|
| 23. Does your Coalition mission statement include primary prevention? | • Yes<br>• No |

| | |
|---|---|
| 24. To what extent does your Coalition's strategic plan (or equivalent document) include discussion of primary prevention? | • Not at all<br>• We have started discussions, but no formal changes yet<br>• Prevention is included, but is not as much of a focus as other work of our coalition<br>• Prevention is included at the same level of focus as every other focus of our coalition<br>• Prevention is included more than other focus areas of our coalition<br>• Unsure |
| 25. Does the strategic plan include specific goals or action steps related to primary prevention at the community and societal level? | • No<br>• We have started discussions but no specific goals or action steps at this time<br>• Yes<br>• Unsure |
| 26. Is a shared risk and protective factor framework used when planning the Coalition's work? | • No<br>• Yes<br>• Unsure |
| 27. To what extent is your Coalition's strategic plan aligned with the state-level priorities identified in the State Action Plan (SAP)? | • No alignment<br>• Our plan is aligned with a few of the SAP priorities<br>• Our plan is aligned with many of the SAP priorities<br>• Our plan is aligned with all of the SAP priorities<br>• Unsure |

28. Please mark whether your Coalition has done any of the following IN THE PAST YEAR: (check all that apply)
    - ☐ Included primary prevention messages in promotion materials (e.g., newsletter, web site)
    - ☐ Made primary prevention resources available (e.g., curricula or materials in resource library, web site)
    - ☐ Distributed written materials specific to primary prevention to your membership agencies
    - ☐ Trained local programs (e.g., victim service providers) on primary prevention
    - ☐ Provided technical assistance to local programs related to primary prevention
    - ☐ Implemented or coordinated online trainings specific to primary prevention of IPV (e.g. webinars, web conferences)
    - ☐ Implemented or coordinated a statewide or regional primary prevention campaign
    - ☐ Implemented or coordinated regional trainings specific to the primary prevention of IPV
    - ☐ Initiated and/or participated in a campaign to secure more state resources or influence statewide policies to promote primary prevention of IPV
    - ☐ Served as IPV prevention representative/expert on state task forces or committee
    - ☐ Added questions concerning IPV risk and protective factors to statewide health survey

| **Question** | Response Options | | | | |
|---|---|---|---|---|---|
| 29. To what extent does your Coalition use data (such as publicly available data, surveys, interviews, reports, focus groups) in planning prevention efforts? | To no extent | To little extent | To some extent | To a large extent | To a very large extent |
| 30. To what extent does your Coalition track risk and protective factors related to IPV at the state and/or local level? | To no extent | To little extent | To some extent | To a large extent | To a very large extent |

| | | | | | |
|---|---|---|---|---|---|
| 31. To what extent does your Coalition collect information about the outcomes of the primary prevention programs or activities it implements? | To no extent | To little extent | To some extent | To a large extent | To a very large extent |
| 32. To what extent do Coalition staff have adequate access to data needed for planning community and societal level IPV primary prevention activities? | To no extent | To little extent | To some extent | To a large extent | To a very large extent |

33. Is there anything else you would like us to know about the structure and processes related to primary prevention at your Coalition?_____

## COORDINATED COMMUNITY RESPONSE TEAMS

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 34. In general, how knowledgeable is the Community Coordinated Response Team(s) (CCRT) about preventing intimate partner violence from first occurring (primary prevention)? (1=lowest, 5=highest) | | | | | |
| 35. In general, how knowledgeable is the CCRT(s) about community and societal level primary prevention? | | | | | |
| 36. In general, how would you rate the willingness or openness of the CCRT(s) to implement community and societal level primary prevention? | | | | | |
| 37. In general, how would you rate the capacity of the CCRT(s) to implement community and societal level primary prevention? | | | | | |
| 38. In general, how would you rate the capacity of the CCRT(s) to evaluate community and societal level primary prevention? | | | | | |

| | A lot lower | Somewhat lower | About equal | Somewhat higher | A lot higher |
|---|---|---|---|---|---|
| 39. How much do CCRT(s) support primary prevention efforts at the individual or relationship levels compared to other priorities? | | | | | |
| 40. How much do CCRT(s) support community and societal level primary prevention efforts compared to other priorities? | | | | | |

41. Is there anything else you would like us to know related to primary prevention at CCRT(s)?_____

## HEALTH EQUITY

| **Questions** | Response Options |
|---|---|

| | | | | | |
|---|---|---|---|---|---|
| 42. To what extent do coalition staff have a clear understanding of health equity concepts? | To no extent | To little extent | To some extent | To a large extent | To a very large extent |
| 43. To what extent do coalition staff have a clear understanding of the social determinants of health that impact intimate partner violence? | To no extent | To little extent | To some extent | To a large extent | To a very large extent |
| 44. To what extent do coalition staff have experience with providing programming or services for populations disproportionately impacted by violence? | To no extent | To little extent | To some extent | To a large extent | To a very large extent |
| 45. To what extent is coalition leadership committed to advancing health equity? | To no extent | To little extent | To some extent | To a large extent | To a very large extent |
| 46. How, if at all, does your coalition provide training to staff on health equity? | | | | | |
| 47. Is achieving health equity an explicit goal of your coalition (e.g., is included in the mission statement or strategic plan)? | No | | Yes | | Unsure |
| 48. Does the coalition currently have a dedicated arm for health equity (such as a health equity team, advisory group, etc.)? | No | | Yes | | Unsure |

## SUMMARY

What do you see as the major barriers or challenges to increasing capacity, resources and prioritization of community and societal level primary prevention of IPV?

Is there anything else you would like to share with us?_____