

# Best Practices and the Path Forward for Measuring Prevention of Interpersonal Violence

Prepared for the  
Contra Costa County  
Alliance to End Abuse

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## INTRODUCTION

In February 2020, the Alliance to End Abuse (“the Alliance”) launched Contra Costa County’s Call to Action: Preventing Interpersonal Violence. This comprehensive framework (hereafter, “Call to Action”) brings together numerous evidence-informed strategies that individuals, organizations, and the community at large can pursue to realize the vision of Contra Costa County as “a diverse and culturally rich community where all people thrive free from violence and the threat of violence.”<sup>1</sup> Among other things, this framing document outlines four sets of goals and strategies integral to these efforts. Briefly, the goals include building infrastructure for prevention, fostering family and early childhood development and resilience, encouraging community trust and connectedness, and improving economic opportunity and stability. Careful considerations of implementation and operationalization of these four areas using data will be central to successfully implementing the myriad strategies related to each of these goals.

***This document provides a roadmap for connecting the values, vision, and goals of the Call to Action with best practices for performance measurement... [and] an inventory of Alliance partner organizations’ data capacities and existing data sources that speak to prevention goals.***

This document provides a roadmap for connecting the values, vision, and goals of the Call to Action with 1) best practices for performance measurement in general and specifically for violence prevention, 2) an inventory of Alliance partner organizations’ data capacities and existing data sources that speak to prevention goals, and 3) suggested next steps for implementation. These recommendations are drawn from a synthesis of theoretical frameworks and empirical studies of violence prevention in the United States and internationally; a survey and follow-up phone interviews with the Alliance’s Core Project Team organizations conducted between December 2019-February 2020; and the well-established literature on outcome-focused performance measurement in human service organizations.

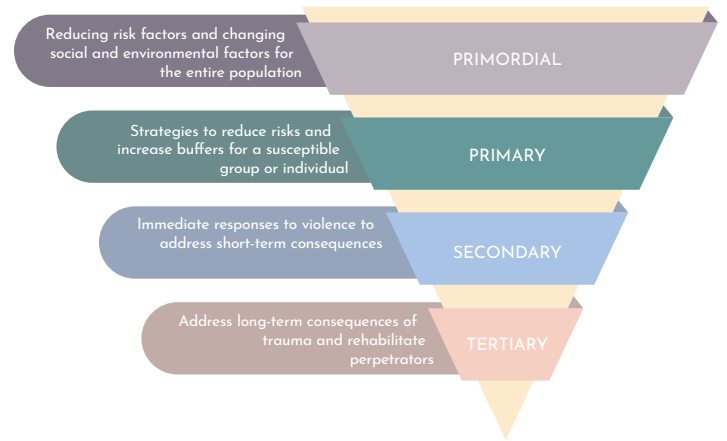
## FRAMEWORK FOR VIOLENCE PREVENTION MEASUREMENT

The Call to Action embraces a public health approach to violence prevention, focusing on upstream factors related to interpersonal violence and fostering environments that promote violence-free communities. This represents a fundamental paradigm shift from historical approaches that have relied on intervention, and is in line with current best practices drawn from research and policy.<sup>2,3</sup> The Call to Action embraces key tenets of this reorientation: shifting the narrative of violence from inevitable to preventable, recommending increases in funding directed to prevention, and advancing a comprehensive primary prevention approach.<sup>4</sup>

This last point is worthy of further discussion as it directly relates to the measurement of prevention efforts. Within the public health approach, primary prevention encompasses efforts to stop violence before it occurs.<sup>5</sup> However, research and practice have increasingly differentiated between primary and primordial prevention. The former tends to focus on a susceptible group or individual, while the latter is targeted to the entire population. Primordial prevention efforts entail reducing risk factors and changing social and environmental factors, and are the earliest point on the prevention continuum<sup>6,7</sup> (see Figure 1). This distinction can be illustrated with an example from strategies within the Call to Action: improving economic opportunity and stability can be accomplished through paid and job-protected leave for the population of caregivers (primary prevention), while attention to community norms around gender equity change the environment within which leave policies are implemented (primordial prevention).

The Call to Action notes that upstream efforts to prevent violence must be balanced with attention to ameliorating the impact of violence after it has occurred and reducing the likelihood of future violence (e.g., secondary and tertiary prevention).<sup>8</sup> As such, the discussion of data capacity and collection that follows will address all levels of prevention, as is recommended for any robust violence prevention strategy.<sup>9,10</sup> The inventory of data sources and suggestions for next steps will primarily focus on primordial and primary prevention due to the disproportionately high cost and diminishing effectiveness of investments at later stages of the prevention continuum.<sup>11</sup> This rebalancing is particularly needed due to the relatively small proportion of interpersonal violence perpetrated by individuals already identified as offenders. For example, research has found that only about 5 percent of all new sex crimes are committed by recidivistic sex offenders.<sup>12</sup> Intimate partner violence recidivism rates specifically for domestic violence offences are higher in the sample of studies reviewed, ranging from 8 percent within 24 months in an Australian cohort<sup>13</sup> to 18 percent within 36 months for offenders arrested for a domestic violence offense in Washington State.<sup>14</sup>

Figure 1: Levels of Violence Prevention



Adapted from Centers for Disease Control and Prevention, *Veto Violence* (<http://vetoviolence.cdc.gov/levels-prevention>)

Even at these prevalence levels, the available evidence does not support the disproportionate focus, time, and funding devoted to secondary and tertiary prevention at the expense of upstream approaches.

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### **BEST PRACTICES FOR PERFORMANCE MEASUREMENT**

A review of the literature highlights best practices for performance measurement. Performance measurement is broadly understood as setting goals and then using measures to drive progress toward these goals.<sup>15,16</sup> In the absence of clear goals or indicators of progress, the best intentions and intensive collaborative efforts can stagnate or fail. At the same time, leaders should foster a culture of learning<sup>17</sup> so that efforts to achieve measurable improvements are not undermined by a blind focus on compliance or empty indicators that do not reflect meaningful, positive change for the communities of interest.

Establishing and reaffirming shared values, principles, and goals prior to embarking on measurement activities is particularly important for collective impact initiatives. Organizations and individuals with very different objectives, funding sources, and accountability mechanisms are likely to generate fragmented results without a “shared aspiration” - a more powerful alternative to the typical focus on a common agenda.<sup>18</sup> With a clear aspiration in mind, collective impact performance measurement should assess systems changes and capacity as well as constituent organizations’ contributions toward a set of shared outcomes.<sup>19</sup> This approach, in the context of outcome-focused performance measurement described below, will create an environment where the focus is on strategic learning, timely feedback on progress toward goals, and robust processes for evidence-informed decision-making.<sup>20</sup>

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Agreement on shared principles will provide a solid foundation to relatively arcane (but equally vital) discussions of high-quality measurement drawn from widely-accepted social science research methods<sup>21</sup> and guidance regarding continuous quality improvement in human services.<sup>22</sup> The points below are primarily drawn from research conducted in the child welfare system because the long history of public accountability processes and extensive literature on performance measurement developed in this service system provide a wealth of guidance to on this topic. The high-level principles

may be generalized to related service systems, though specific guidance on interpersonal violence prevention is discussed in the next section.

Briefly, some key best practices include:

- Performance measurement should be informed by research and evidence.<sup>23</sup> Evidence use is not passive, but rather requires active efforts to acquire or generate evidence, evaluate its relevance to the question at hand, and apply to decisions within the policy context.<sup>24</sup>
- The data gathered should be used to develop a theory of change that outlines high-level strategy and a clearly-specified logic model to outline programmatic investments and expected outcomes.<sup>25</sup>
- Data used in performance measurement should be high-quality, valid, reliable, and representative of the population of interest. Data quality is an ongoing process rather than an outcome, and requires sustained attention.<sup>26</sup>
- Addressing disproportionality requires investments in training, attention to equity, capturing and reporting disaggregated data by race, gender, sexuality, and other dimensions, and partnering with community members to recommend policy changes that promote equity and inclusion.<sup>27</sup>
- Measures must be good proxies for the desired construct(s)<sup>28</sup> and the sample needs to be appropriate to the questions being asked.<sup>29</sup> For example, in the recidivism examples discussed in the previous section, measurement of repeat offenses could vary widely depending on whether the sample was drawn from all offenders charged or convicted in a given year versus those who had a repeat conviction during that same year. Although the former cohort is more often appropriate to assessing the impact of program or policy changes, a clearly-defined question should be the determining factor in selecting the appropriate sample.

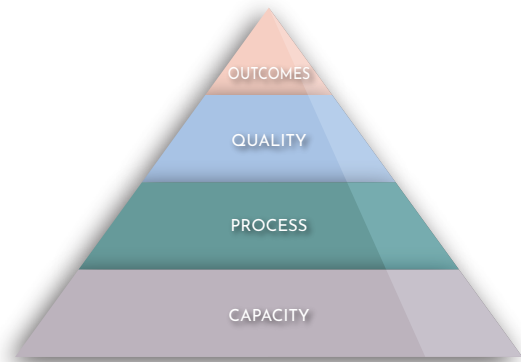
Although discussions of performance measurement are often driven by government agency staff with methodological expertise,<sup>30</sup> it is critical to have active participation by those with intuitive knowledge of the experience of receiving services from or working on the front lines of the systems that respond to interpersonal violence.<sup>31</sup> A community-engaged approach to performance measurement recognizes the value of insights from people with lived experience and “practice wisdom” developed by professionals,<sup>32</sup> while also ensuring hypotheses drawn from individual experiences are rigorously tested using evidence. A balanced approach will monitor outcomes while also measuring and providing feedback on elements of practice and consumer experiences that may be levers for improving outcomes.<sup>33</sup> This inclusive approach will sustain the strong commitment to community engagement that characterized the Call to Action planning process. It will also support meaningful progress in preventing interpersonal violence guided by inclusive and transparent processes that transform decision-making and resource allocation power structures.<sup>34</sup>

Some key terms for different types of measurement will be used throughout the recommendations below, drawn from a research synthesis that sought to create a common language for performance measurement.<sup>35</sup>

- Outcomes are things that individuals or families experience throughout their interactions with the interpersonal violence service system, and may be things that the system wants to prevent or promote.
- Process measures speak to how much an agency is doing and whether organizations adhere to expectations related to their work.
- Quality measures assess how well an agency is doing its work, including the degree to which work follows best practices or established guidelines.
- Capacity measures capture the resources an organization or collective brings to efforts to implement processes and practices that improve outcomes.

Process and quality measures operate in related but separate spaces. An agency may have strong processes but poor quality practices, or vice versa. Either situation may compromise efforts to achieve desired outcomes. At the same time, an organization may have strong processes, but fail to meet important outcomes or meet quality standards because of a lack of capacity. (A poorly-specified theory of change is likely to blame in the rare cases where outcomes improve while there are consistently poor performances on process, quality, and capacity indicators.) For this reason, process, quality, and capacity measures together form the foundation for outcome measures, as shown in Figure 2. Performance measurement should address each of these dimensions to increase the likelihood of targeting the levers that are associated with improved outcomes.

**Figure 2: Key Terms in Performance Measurement**



Other terms can be differentiated for their attention to the predictive nature of linked measures. For example, lead measures are influenceable and predict performance on lag (or outcome) measures.<sup>36</sup> Identifying overarching goals will inform the selection of process, quality, and capacity measures that become the lead measures related to each goal. This is crucial, as tracking data elements that influence and predict the desired outcome can provide early indicators of progress and an opportunity to change course if needed.<sup>37,38</sup> For lag measures, the result has already occurred by the time data are available; the point(s) of intervention must be further upstream.

Finally, the concept of balance measures will be used to identify and counteract unintended consequences.<sup>39, 40</sup> This could include preventing an overcorrection toward one of multiple acceptable outcomes (e.g., increasing the number of child care slots versus improving child care quality) or a single-minded focus on a desired goal at the expense of negative downstream consequences (e.g. increasing the number of vouchers without addressing underlying lack of affordable housing). Another area where balance measures are useful is in weighing short- and long-term measures, such as immediate efforts in increasing the number of partners in coalition-building and how it relates to the effective prevention of interpersonal violence.

## **BEST PRACTICES FOR VIOLENCE PREVENTION MEASUREMENT**

While the methodological considerations discussed above apply generally to using data to guide improvements in human service systems, experts have weighed in on best practices specific to measuring interpersonal violence prevention. Existing public health approaches to violence prevention typically involve tracking violence trends, conducting research on factors that decrease or increase risk, and then developing, implementing, and evaluating prevention approaches in specific settings.<sup>41</sup> Public health surveillance can appropriately measure the prevalence of violence, but a more proactive, strengths-based approach is appropriate for primordial and primary prevention efforts to foster environments that contribute to safety. Community input gathered for the Call to Action specifically called for capturing information about positive “indicators related to thriving and fairness, as well as effectiveness,” instead of conceiving of prevention as a reduction in crime.<sup>42</sup>

*Public health surveillance can appropriately measure the prevalence of violence, but a more proactive, strengths-based approach is appropriate for prevention efforts to foster environments that contribute to safety.*

With this goal in mind, Alliance partners should review and select outcomes that assess progress toward increasing resilience. Some commonly used measures in sexual violence prevention include attitudes and behaviors associated with preventing violence, beliefs about gender roles and gender equity, positive bystander behavior, and development of skills for respectful relationships.<sup>43</sup> Additionally, the focus on primordial and primary prevention encompasses community resilience, which includes the social-cultural environment, the physical/ built environment and the economic environment.<sup>44</sup> Effective violence prevention also requires mitigating risks (which may sometimes be done through increasing resilience), so it is crucial to seek to influence and track progress on both risk and protective factors.<sup>45</sup>

**Figure 3: Social-Ecological Model**



Source: Niolon, P.H., et al. (2017). Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Another direction would be to measure primordial prevention, through social and environmental determinants of health and safety at the system level, for example.<sup>46</sup> Unlike measurement of primary prevention strategies, this type of measurement is best positioned to capture changes in community-wide norms or policy changes that foster gender equity or wellness, as called for in the Call to Action.<sup>47</sup> Both of these approaches are responsive to calls for more and better measurement of efforts at the community- and policy levels of the social-ecological model (see Figure 3).<sup>48</sup>

At the other end of the spectrum, measurement of secondary and tertiary prevention outcomes can benefit from an infusion of the principles of resilience and risk discussed above. Rather than focusing only on typical indicators of referrals, program completion, client satisfaction, attitude and behavior change, or recurrence of violence,<sup>49,50</sup> measurement should also assess the degree to which these downstream efforts have fostered resilience in key areas such as economic security, physical and mental health, and social capital for both offenders and survivors.<sup>51,52</sup> At this stage, it is particularly important to include measures that are informed by and capture elements that are important to survivors<sup>53</sup> and to consider whether elements of restorative justice may be appropriate to the program or setting.<sup>54,55</sup> Evaluations should also assess the comparative effectiveness and interrelated nature of prevention for particular aims or populations.<sup>56,57,58</sup>

After selecting key outcomes to guide prevention efforts, attention should turn to identifying appropriate process, quality, and capacity measures that influence the chosen goal(s), as discussed above. Given what is known about the complex interrelationships between causes and correlates of different forms of interpersonal violence,<sup>59,60</sup> a comprehensive approach to measuring prevention is needed. Tracking key risk and protective factors simultaneously will allow for measurement of the effectiveness of a combination of evidence-informed strategies that may have a synergistic effect on preventing violence.<sup>61,62</sup> This approach differs substantially from the usual guidance to limit the number of performance measures being tracked at a time. While attempts should of course be made to eliminate duplicative or poorly-specified measures, evaluations of Call to Action priorities should include data elements that speak to each of the key drivers attached to violence prevention goals. Should the number of measures become unwieldy, prioritization could reflect the standard of evidence underpinning each measure,<sup>63</sup> for example, while still allowing some flexibility to develop the evidence base for emerging domains.

***Given what is known about the complex interrelationships between causes and correlates of different forms of interpersonal violence, a comprehensive approach to measuring prevention is needed.***

Other best practices related to measuring interpersonal violence prevention include trauma-informed practices and improving the quality and usefulness of data in this particular domain. Key recommendations include:<sup>64</sup>

- Elevating the voices and experiences of survivors of interpersonal violence;<sup>65</sup>
- Ensuring that all data collection activities are preceded by trigger warnings and followed by the offer of comprehensive debriefing;<sup>66,67</sup>
- Using culturally- and behaviorally-appropriate language to operationalize measures of interest;<sup>68</sup>
- Detecting nuance through using frequency-based response rather than binary yes/no options;<sup>69</sup>
- Using mapping to visualize how communities differ in regard to risk and protective factors, policies, and outcomes;<sup>70</sup>
- Measurement of complex and interconnected traumas experienced by survivors;<sup>71,72</sup>
- Concurrent assessment of perpetration and victimization for each respondent and increasing the use of anonymous surveys to improve reliability of self-reported measures;<sup>73</sup> and
- Data collection and analysis that addresses race, gender, sexuality, ability, language barriers, and other dimensions that can illuminate inequitable outcomes across each level of the social-ecological model.<sup>74,75</sup>



**ALLIANCE TO END ABUSE PREVENTION DATA:  
FINDINGS AND RECOMMENDATIONS**

**Survey**

A survey of the Alliance’s Core Project Team assessed the availability of prevention data within partner organizations that were responsive to prevention goals, target groups (e.g., offender, survivor, family members, provider), and data management tools (e.g. paper, Excel, proprietary databases). A total of 14 individuals responded, representing 12 government, community-based organization, and consultants that participate in the Alliance (see Table 1). While this represents a 56 percent response rate based on the 25 members currently identified as belonging to the Core Project Team, it is difficult to determine if and when it was appropriate for multiple individuals from a single organization to complete the survey. Additional follow up and outreach attempts will be made to capture a more comprehensive view of Alliance partners.

Although brief, this survey revealed that at least one organization across the Alliance is already collecting data in each of the four domains related to the Call to Action (see Table 2). Three respondents identified other available data related to prevention, but the responses were closely related to the existing categories (e.g., housing security, health access, open space) or spoke to intervention data (e.g., supervision and surveillance of offenders).

**Table 1: Organization and Service System Types**  
(n=14)

	N
<b>Organization Type</b>	
Government	8 (57%)
Community-Based Organization	5 (36%)
Consultant	1 (7%)
<b>Service System</b>	
Justice	5 (36%)
Interpersonal Violence	4 (29%)
Health	2(14%)
Other Human Services	2 (14%)
Education	1 (7%)

**Table 2: Domains of Prevention Data**  
(n=8, categories not exclusive)

	N
Infrastructure	4 (50%)
Family/early childhood development and resilience	1 (13%)
Neighborhood/schools/community trust	2 (25%)
Family/community economic opportunity	3 (38%)
Other	3 (38%)

As shown in Table 3, the most frequently-reported group that data were collected from or about offenders. This likely reflects the high proportion of justice-related organizations that responded to the survey as well as overarching challenges in collecting information from or about survivors. Half of the respondents identified collecting information from or about service providers, which is often required for funding reports or government accountability processes.

**Table 3: Groups Included in Prevention Data\***  
(n=10, categories not exclusive)

	<i>N</i>
Offenders	6 (60%)
Service providers	5 (50%)
Survivors	3 (30%)
Survivors' family members	2 (20%)
Other	1 (10%)

\*Note: responses include both organizations that did and did not identify having any prevention data.

The capacity of the partner organizations to collect, manage, and report data varied widely (see Table 4). While the majority of those that responded identified proprietary databases, half (n=5) of the individuals who responded to this question used some combination of proprietary databases, Microsoft Excel, and/or paper records. No respondents identified using cloud-based data management tools such as Air Table, Qualtrics or REDCap, which could provide significant benefits for organizations currently managing all data through paper records and Microsoft Excel.

**Table 4: Prevention Data Management\***  
(n=10, categories not exclusive)

	<i>N</i>
Proprietary Database	7 (70%)
Paper records	4 (40%)
Microsoft Excel	4 (40%)
Other	2 (20%)
Microsoft Access	0 (0%)
Airtable/Qualtrics	0 (0%)

\*Note: responses include both organizations that did and did not identify having any prevention data.

## Interviews

Each individual who completed the survey was asked to identify a person responsible for maintaining data within their organization who could participate in an approximately 30-minute follow up phone conversation. Interview topics included data availability, sources, and public access for the domains identified in the survey. The interviews completed to date (n=11) offer some additional insights regarding the data noted above. For example, some individuals who did not endorse that their organization held prevention data on the survey were able to identify one or several data sources when questions were framed in the context of the organization's funding sources or specific federal, state, or county programs. Additionally, the data collected from different groups may offer opportunities to gain additional insights. For example, service provider data may include tracking of process or quality measures in case management that could be relevant to understanding the experiences of survivors, offenders, or community resources generally.

***Organizations may categorize their work as intervention, but these activities constitute primary prevention of interpersonal violence.***

Another key finding was that organizations may categorize their work as intervention (e.g, preschool programs), but these activities constitute primary prevention of interpersonal violence as it relates to the goals and strategies described by the Call to Action. Future outreach should increase Alliance partner's understanding of the thinking underlying the Call to Action. Technical assistance specific to data management and performance measurement can also assist partner organizations in operationalizing prevention goals based.

## Recommendations for Prevention Performance Measurement

After reviewing the survey responses, the interview concluded by discussing existing data sources and reporting that could be responsive to the Call to Action goals and best practices laid out in this document. A high-level overview of the types of measures currently available to Contra Costa County prevention efforts is provided in Table 5 below.

**Table 5: Prevention Data Inventory\***  
Topics Addressed by Existing Prevention Data

Domain	Topic
Infrastructure	<ul style="list-style-type: none"> <li>Collaborative services (ATEA)</li> <li>Community outreach events (BL)</li> <li>Coordinated Community Response (ATEA)</li> <li>Multidisciplinary team meeting connections (FJC)</li> <li>Partnership survey (FJC)</li> <li>Staffing and funding maintained in grant reports, staffing matrices, and 990 forms</li> <li>Training (ATEA)</li> </ul>
Family/Early Childhood Development and Resilience	<ul style="list-style-type: none"> <li>Adverse Childhood Experiences (HS)</li> <li>Child care affordability, cost (DDK, COE)</li> <li>Child care capacity and unmet need (COE)</li> <li>Child Opportunity Index (DDK)</li> <li>Children with exceptional needs enrolled in preschool, transitional kindergarten, and child care settings (DOE)</li> <li>Early Start, Head Start, and Early Head Start enrollment (DOE)</li> <li>Head Start neighborhood availability (DDK)</li> <li>Multidisciplinary team meeting parent and children goal achievement (FJC)</li> <li>Nurse Family Partnership, Black Infant Health (HS)</li> <li>Preschool enrollment (COE, HPI)</li> <li>Preschool supply and demand (COE)</li> <li>Proximity to quality early childhood centers (DDK)</li> <li>School performance data (COE, ED)</li> </ul>
School/ Community Trust and Connectedness	<ul style="list-style-type: none"> <li>Access to exercise opportunities, physical inactivity (CHR)</li> <li>Business registrations (IRS)</li> <li>Census participation (CB)</li> <li>Clean air, safe drinking water (HPI)</li> <li>County business patterns (CB)</li> <li>Disconnected youth (CB)</li> <li>Nonprofit organizations (IRS, NCCS)</li> <li>Park access, supermarket access, tree canopy, retail density (HPI)</li> <li>Poor mental or physical health days (CHR)</li> <li>School climate, connectedness, antibullying climate, safety, positive behavior (CSCHLS)</li> <li>School engagement and supports, social-emotional learning supports, caring adults, parental involvement, instructional equity, respect for diversity, fairness (CSCHLS)</li> <li>Social associations (CB)</li> <li>Youth substance use and mental health (CSCHLS)</li> </ul>
Economic Opportunity and Stability	<ul style="list-style-type: none"> <li>Disconnected youth (CB)</li> <li>Employment of women, unemployment, weekly pay (BLS)</li> <li>Food insecurity (CHR)</li> <li>Health insurance coverage (HPI, CB)</li> <li>Home ownership, habitability, housing burden, uncrowded housing (HPI)</li> <li>Multidisciplinary team meeting safety net goal achievement (FJC)</li> <li>Pay and benefits for working parents (DDK)</li> <li>Poverty rate, housing insecurity, and other measures of economic stability (CB, HPI)</li> <li>Title X reproductive health services (HS)</li> <li>Working adults who are eligible for and can afford FMLA leave (CB)</li> <li>Youth education and employment rate, credential attainment, measurable skill gain (WDB)</li> </ul>

Table 5 (continued)

\* Acronyms:

ATEA = Alliance to End Abuse

BL = BayLegal

BLS = Bureau of Labor Statistics

CB = CB Bureau

CDC = Centers for Disease Control

CHR = County Health Rankings

COE = Contra Costa County Office of Education

CSCHLS = California School Climate, Health, & Learning Surveys

DDK = diversitydatakids.org

EDO = ed-data.org

FJC = Family Justice Center

HPI = Healthy Places Index

HS = Contra Costa Health Services

IRS = Internal Revenue Services

NCCS = National Center for Charitable Statistics

NRCRD = Northeast Regional Center for Rural Development

WDB = Workforce Development Board of Contra Costa County

A few contextual notes are in order. The elements included in the table encompass measures maintained by Alliance organizations and publicly-available data. Specific datasets or organizations are identified as the source for each set of topics, except for broad indicators that may be reported by all Alliance partners (e.g., staffing and funding). Some data sources and/or indicators are not reported every year or have a substantial delay in data reporting, as is the case

with the social associations measure derived from the Census Bureau. Many of the suggested elements from public data sources can also be disaggregated by race/ethnicity, gender, and age. Several measures are available that speak to ability status, particularly in early childhood and school settings, but overall this dimension requires more attention across the life course. An additional limitation is that very few data sources provide breakdowns for sexual orientation.

## CONCLUSIONS AND NEXT STEPS

The inventory of data source and topics above addresses demonstrates actionable, measurable directions for implementing the Call to Action. Elements touch on each level of the social-ecological model, and, for the most part, provide strengths-based ways to measure community resilience and protective factors, rather than risk or violence surveillance. Detailed datasets are available for many measures that will allow disaggregation and analysis by key demographic categories to support conversations that highlight disproportionality and provide information on levers that can foster equity. Community-wide norms and values are balanced with behaviorally-appropriate language for youth and other groups. Some datasets are available at the sub-county level, enabling mapping and place-based approaches at the school district, neighborhood, zip code, or census tract level.

There were some Call to Action strategies for which data were not available through public sources or the Alliance partners that have participated in the inventory to date. For example, details about healthy relationship skills and sexuality are not available in the existing Healthy Kids questions maintained by California School Climate, Health, and Learning Surveys, and no centralized data source was identified that covers workplace climate. Another gap is the dearth of measures addressing systemic changes to the policy context that reflect primordial prevention. Some nuance and the willingness to measure effort as well as progress will be required to capture policy advocacy seeking to provide paid and job-protected family leave policies, reduce the demand for cheap labor and exploitation, and increase financial security through safety net programs. Additional data collection may be needed to standardize reporting of prevention infrastructure and capture

the multiplicative effect of collective impact initiatives across Core Project Team members. The Alliance may also consider how to use novel methods (e.g., social network analysis) and data sources (e.g., NextDoor, Facebook) to assess population-level changes in norms, empowerment, and connectedness. Alternately, an online survey of resilience and violence prevention could provide a wealth of useful information if geofencing procedures were used to ensure responses reflect only those in the county.

The inventory remains in development pending participation and feedback from the remaining Alliance member organizations. Other important next steps include implementing data capacity training that will provide a foundation for developing a theory of change and logic model. With this framework agreed upon and in place, further refinement of the performance measures will provide the first important step in measuring and, ultimately, ending violence in Contra Costa County.

## Endnotes

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