

Primary Prevention Capacity Assessment Tool

Program Name: _____ Assessment Team: _____ Assessment Date: _____

Is this an Initial Assessment _____ OR Annual Assessment _____ Overall Score = _____ (90 is max score)

Section 1. Program Characteristics				Section Score = /35	
Low (Minimally includes the Characteristics of Primary Prevention)		Moderate or Mixed		High (Includes the Characteristics of Primary Prevention)	
1	2	3	4	5	
Not Comprehensive:		Moderately Comprehensive:		Comprehensive:	
Strategies/activities are offered only at the individual level of the Spectrum of Prevention & are limited to presentation style education settings or information “fairs.”	Strategies/activities are not linked OR do not support each other; The activities address only 2 levels of the Spectrum of Prevention effectively and/or the strategies/activities are not offered in multiple settings.	Strategies/activities work at 3 levels of the Spectrum of Prevention effectively or cover more than 2 levels, but in an incomplete manner; such as in limited settings &/or content addresses common set of risk/protective factors and prevention messages between participant groups are somewhat connected.	Strategies/activities work at 3 or more levels of the Spectrum of Prevention effectively, are offered in multiple settings, & each of the components is designed to complement each other to reinforce primary prevention messages.	Strategies/activities work at 3 or more levels of the Spectrum of Prevention effectively, are offered in multiple settings, & include policy level efforts that reinforce primary prevention messages.	
Singular Teaching & Learning Methods:		Moderate:		Varied Teaching & Learning Methods:	
Strategies/activities use singular teaching & learning methods such as “assembly-style” lectures or presentations focused on knowledge change & do not provide opportunities for participants to acquire or practice new skills.	Strategies/activities incorporate varied format, but only minimal opportunity for skill development. Most of the activity/strategy’s focus is on knowledge or awareness change.	Strategies/activities use varied formats & include some opportunity for group participation & acquiring new skills including time for processing potential skills; but are heavily dependent on lecture format.		Uses teacher-learner models; emphasis on active/interactive approaches, practicing skills, modeling; group participation is highly valued & frequent, allows time for processing & role-playing.	Strategies/activities emphasize skill development & incorporate peer modeling and/or club formats to extend learning & skill development.

Does Not Promote Protective Factors:		Partially Address Protective Factors:	Promotes Protective Factors:	
Strategies/activities focus primarily on avoidance behaviors & are not informed by a social justice perspective.	Strategies/activities do not promote protective factors that support the development of healthy relationships, but focus on the risk factors for perpetration without linking risk to social justice/oppression.	Strategies/activities partially address protective factors that support healthy relationships, sexuality or positive social outcomes, but generally focus on risk factors for negative behaviors.	Strategies/activities promote & sustain development of healthy sexuality, healthy relationships among peers, role models & adults; but do not integrate information/skills for developing social justice.	Strategies/activities promote & sustain development of healthy sexuality, healthy relationships among peers, role models & adults; & integrate information/skill development to promote social justice.
Does Not Provide Sufficient Dosage:		Mixed Dosage Provided:	Provides Sufficient Dosage:	
Single opportunity for exposing the same participants to prevention messages; examples include assembly presentations, one-time short duration workshops; community proclamation events without participant follow-up.	Two to three offerings for the same participants; but does not follow the evidence base & does not include follow-up with participants to determine skill acquisition/use.	Strategies/activities provide several opportunities for message/skill exposure with same participant groups, but the frequency/duration has been shortened; minimal follow-up is provided to reinforce messages/skills learned at initial activities.	Strategies/activities provide several opportunities for message/skill exposure with same participant groups within a concentrated time frame as the evidence based practices but do not include follow-up activities to reinforce messages & new skill development/use.	Strategies/activities provide several opportunities for message/skill exposure with same participant groups within a concentrated time frame as the evidence based practices & provide opportunity for participant follow-up activities that are specifically for reinforcing messages and new skills.

Not Theory Driven:		Mixed Theory Base:	Theory Driven:	
No theory or purposeful, logical rationale underlies the strategies/activities.	Strategies/activities are based on a causal foundation that is not well-established & are not informed by a strategic plan with clear achievable goals, activities & outcomes.	Some program components/activities appear to be based on a sound causal foundation &/or the program is informed by a strategic plan, but it is difficult to determine how the components/activities are connected to the overarching theory of change.	Strategies/activities are based on purposeful, logical rationale of risk/protective factors, change theory or process theory of prevention of initial perpetration & the evidence base for primary prevention of violence. Program components are clearly linked through the theory of change to which the program prescribes.	Strategies/activities are based on purposeful, logical rationale of risk/protective factors, change theory or process theory of prevention of initial perpetration. All components are based on a sound common causal foundation and are informed by a well-articulated theory of change.
Not Integrated into Agency Mission:		Moderate Integration:	Integrated into Agency Mission:	
SV/IPV primary prevention is outside the scope of the agency & does not seem to be a good fit for the agency based on organizational history, mission & service provision.	Primary prevention is a fit with the agency/ organization mission, but is not included in the agency mission because the agency is mostly focused on other types of service provision.	Some primary prevention concepts are reflected in the agency's mission, strategic plan, & practices, but primary prevention is not funded in proportion to other services provided, & is not considered during strategic planning.	The agency demonstrates a commitment to primary prevention of SV/IPV, but primary prevention is not part of the organizations' strategic plan & resources are not allocated proportionately to prevention & other services.	The agency demonstrates a commitment to SV /IPV primary prevention, prevention is part of the agency's strategic plan, & resources are allocated to prevention in proportion to other services.
Do Not Model Positive Relationships:		Moderate Modeling:	Positive Relationship Modeling:	
Strategies/activities focus only on avoidance behaviors in informational presentations such as risk reduction or safety awareness building to prevent violence.	Strategies/activities focus primarily on avoidance behavior in relationships & do not offer opportunities for positive relationships to be modeled or practiced.	Strategies/activities provide information & skill building in positive relationships, but may be facilitated by only one presenter without opportunity to model positive relationship building. *Note: A co-presenter may include partners other than staff such as participants, school staff and/or other community educators.	Strategies/activities provide exposure to adults & peers that support building healthy relationships through role play & problem solving with peers, at least one session is taught by co-presenters* who model positive healthy relationships.	Strategies/activities provide exposure to adults & peers in a way that promotes strong relationships & supports positive outcomes. Multiple sessions co-taught by diverse presenters who model healthy relationships.

Section 2. Matching Program with Participants			Section Score = /10	
Low-Minimal Timing for Primary Prevention:		Moderate or Mixed Characteristics of Timing for Primary Prevention:	Highly Appropriately Timed:	
1	2	3	4	5
The strategy/activity materials use a one size fits all approach, they are intervention oriented, and are not developmentally relevant for the participants.	The strategy/activity materials are intervention focused and are not appropriately timed for participant age or socio-emotional development stage.	Strategies/activities work with more than one age group, including focusing on risk & protective factors relevant to early adolescents or younger; program content & format has been somewhat modified to fit the selected group that participates in the program, but is not totally adapted for the participants.	<i>Most</i> of the strategies/activities focus on risk & protective factors & begin in middle school or younger & are developmentally relevant for the majority of participants.	<i>All</i> strategies/ activities are developmentally relevant; begin prior to the emergence of unhealthy behaviors, & curriculum materials match the participant cognitive & social development.
Low Socio-cultural Relevancy:		Moderate Socio-cultural Relevancy:	High Socio-cultural Relevancy:	
Strategy/activity does not consider socio-cultural relevance to participants & was developed without input from community stakeholders or your intended audiences. Content/format is narrow & operates from one set of beliefs, practices or norms.	Strategy/activity was selected/developed without involvement of diverse community stakeholders or intended audience, but literature was consulted to assist in the development of the activities/strategies. Content & format are aligned with literature base.	Program selection/development involved diverse stakeholders, but their input was not thoroughly integrated & the content/ format only somewhat reflect the contributions & interests of various cultural/social groups.	<i>Most</i> activities/strategies reflect the diversity of the participants and are developed using community and other prevention specialists'/educators' input.	<i>All</i> strategies/ activities are developed in collaboration with diverse community members and prevention specialists'/educators input, are inclusive of diverse cultural beliefs, practices & reflect community norms.

Section 3. Implementation & Evaluation			Section Score = /45	
Low (Minimally includes the Characteristics of Primary Prevention Evaluation Capacity)		Moderate or Mixed	High (Includes the Characteristics of Primary Prevention Evaluation Capacity)	
1	2	3	4	5
Low Organizational Support for Evaluation		Moderate Organizational Support for Evaluation	High Organizational Support for Evaluation	
Evaluation is not a priority for our agency's work, there is not support for staff using time to increase evaluation capacity. We also do not have any funding allocated to support evaluation of prevention strategies.	Our organizations does have some support for evaluation, there is minimum agency support for staff using time to increase evaluation capacity. We have limited resources for evaluation of prevention strategies.	Our organization supports evaluating our prevention efforts. Staff are encouraged to build evaluation capacity by monitoring & tracking prevention efforts, but it is unclear if the results are used to inform organizational practice. We have some funding for building evaluation capacity and leadership does permit us to attend free training opportunities to build evaluation capacity.	Our organization & leaders view evaluation as an agency priority & have mechanisms in place to integrate evaluation into the various aspects of our work. The leadership has some resources available to increase staff evaluation capacity & supports us in attending evaluation training & technical assistance.	Our organizational leaders believe evaluation benefits the organization, support using staff time to increase evaluation capacity, ensure there are resources for evaluation of prevention strategies including contracting with external evaluators. Leadership considers evaluation a priority for improving our ongoing work.

Low Logic Model Development/Use:		Moderate or Mixed Logic Model Development/Use:	Highly Developed & Used Logic Model:	
No logic model was developed or used to guide program activities and focus staff on program goals, objectives and outcomes.	Although a logic model was developed, it does not link to realistic goals, outcomes & measures to support theory of change.	Logic model contains theory of change, but outputs & outcomes are not consistent with goals OR the outcomes are unrealistic in that they do not match program resources & timeframe of the program.	The program logic model clearly includes goals, resources & outputs that are linked to realistic outcomes based on the programmatic theory of change, but it is not used to monitor the program implementation or achievement of program outputs & outcomes.	The program logic model clearly includes goals, resources & outputs that are linked to realistic outcomes based on the programmatic theory of change & adheres to the SMART or ABCDE Framework. The logic model is used to monitor implementation & achievement of program outputs & outcomes.
Low Alignment with Needs & Resources Assessment:		Moderate Alignment with Needs & Resources Assessment:	High Alignment with Needs & Resources Assessment:	
No formal needs & resources assessment was conducted.	No formal needs & resources assessment was conducted, although input from community members on SV/IPV needs was gathered.	An informal needs assessment was conducted, but is based on limited data on community needs & does not include community resources regarding comprehensive IPV/SV primary prevention.	Needs & resources assessment data specific to community IPV/SV primary prevention were used in combination with other community resources & needs data such as data from United Way to determine program service priorities.	A formal needs & resources assessment was conducted & the strategies/activities are based on observed gaps in primary prevention of SV/IPV & aligned with other community organization efforts to reduce duplication & increase reinforcement.

Low Process Monitoring & Use:		Moderate or Mixed Monitoring:	Highly Developed & Used Process Evaluation:	
There is no implementation monitoring in place to determine participant satisfaction or ensure program fidelity.	Process evaluation is based on participant satisfaction measures only & no formal implementation monitoring is in place to ensure program fidelity.	Process evaluation is conducted which includes monitoring program fidelity, but the implementation data are only consulted occasionally to improve activity/strategy content & format.	Implementation is monitored regularly for fidelity including dosage, timing & implementation quality measures are in place, but CQI practices have not been fully integrated into practice by program staff.	Implementation is monitored regularly for fidelity including dosage; timing & implementation quality measures are in place & are used by staff to inform program improvements.
Weak Outcome Evaluation Plan:		Moderate Outcome Evaluation Plan:	Strong Outcome Evaluation Plan:	
No outcome evaluation plan is in place to monitor outcome achievement as stated in the logic model OR no measurable outcomes were included in the logic model.	Outcomes are not measured in a systematic manner that aligns them with project implementation & they are not used for program improvement.	Program has an evaluation plan, but the specific measures & infrastructure to support the data collection & analysis are limited by staff resources & skills.	Mechanisms are in place to generate outcome data, but outcome evaluation is not used to monitor program achievement OR used to fine-tune activities due to staff resources/skills.	Mechanisms are in place to generate outcome data including pre/posttests, data analysis & an infrastructure to support continuous quality improvement using outcome data results.
Low Evaluation Use:		Moderate/Mixed Evaluation Use:	High Evaluation Use:	
Evaluation data/results are only used to report to funders upon funder request. No internal mechanisms for sharing evaluation results are integrated into organizational policies & practices.	Evaluation data/results are systematically reported to funders on a quarterly or semi-annual basis, but are not used for other organizational purposes.	Evaluation results are used for reporting to funders & program management, <i>but are not</i> reviewed in a systematic manner to inform program improvement, share with stakeholders or plan for future programs.	Evaluation results are reviewed at least annually and shared with stakeholders such as staff, Board, funders & community members to inform program strategic planning, increase community buy-in & obtain additional resources.	Evaluation is integrated into program structure/process; use is systematic for informing decisions on program change, strategic planning, sustainability, resource allocation, sharing with stakeholders & grant writing.

Weak Sustainability Potential:		Moderate/Mixed Sustainability:	Strong Sustainability Potential:	
Resources beyond the current funding cycle have not been allocated or secured for the program. Program strategies are an add-on to an intervention staff/unit's responsibilities/tasks.	Primary prevention activities, strategies or program components & funding are not integrated into organizational strategic plan and are dependent on only one funding source.	Program components are integrated into organizational mission, policies & practices, but funding post-current funding cycle has not been considered or obtained. *Note: Integration for sustainability can include partnering with other organizations within the community prevention network to integrate sexual and intimate partner violence prevention/healthy relationship protective factors into their work.	Primary prevention activities/strategies are integrated into agency policy & practice and organization strategic plan includes seeking continuation funding for on-going support.	Systems for sustainability are in place for garnering further funding after current funding cycle, primary prevention activities/strategies are supported by multiple funders & program components are integrated into organizational mission & community social service delivery systems*.
Low/Weak Trained Staff:		Moderately Trained Staff:	Well Trained Staff:	
Staff training is intermittent and staff is not well versed in primary prevention methods or the Spectrum of Prevention, but has an understanding of social justice. There is no built-in mechanism to engage in on-going training and technical assistance to increase staff skills set.	Staff training is intermittent and they are not well versed in primary prevention methods or the Spectrum of Prevention, but they do have an understanding of social justice. Opportunities for on-going training and technical assistance to increase skills are very limited.	Staff has a basic understanding of primary prevention, Spectrum of Prevention, and social justice theory and practice. There are some opportunities for on-going training and technical assistance to increase knowledge & skills in primary prevention, but in general these opportunities are limited to local or regional intervention based training.	Staff has a firm foundation in primary prevention, Spectrum or Prevention and social justice theory and practice, but there is no agency policy requiring a specific # of ongoing training hours to increase or maintain primary prevention skills.	Staff has a firm foundation in primary prevention, Spectrum of Prevention and social justice theory and practice & agency policy requires that they engage in a specific # of ongoing training and technical assistance to maintain and/or increase their skills.

Low/Weak Trained Staff in Evaluation:		Moderately Trained Staff:	Well Trained Staff in Evaluation:	
<p>Staff training in evaluation is not a priority. Staff is not well versed in basic evaluation methods. There is no mechanism to provide in-house evaluation training to new staff OR on-going evaluation training to current staff.</p>	<p>Staff has the minimal support for training on evaluation methods and has a basic understanding of how to monitor and track data to measure program implementation & outcomes. Opportunities for increasing evaluation skills are very limited.</p>	<p>Staff has a basic understanding of evaluation and access to free evaluation training & technical assistance in an on-going fashion. There are some opportunities for on-going training and technical assistance to increase evaluation knowledge & skills, but in general these opportunities are limited to local or regional offerings where the primary focus is not evaluation.</p>	<p>Staff has a firm foundation in both process and outcome evaluation. Staff has worked with external evaluators and/or calls on ODH's Empowerment Evaluator on an as needed basis to build evaluation capacity. Staff feels confident in data collection, analysis and reporting for informing practice. Our agency includes evaluation training in our new staff competencies.</p>	<p>Staff has a firm foundation in evaluation methods & knows how to use evaluation findings to inform practice. Our agency policy includes evaluation as part of the mandatory ongoing training Our staff knows how to draw on external evaluation experts appropriately.</p>

Section 4. Barriers/Lessons Learned/Action Plan for Primary Prevention & Evaluation Capacity Building

Barriers/Challenges to Primary Prevention & Evaluation Capacity Building:

Successes/Lessons Learned about Primary Prevention & Evaluation Capacity Building:

Action Plan for Building Primary Prevention & Evaluation Capacity: Include your top 3 priorities for building your primary prevention & evaluation capacity for the upcoming year.