

Community-Level Indicators: Advancements in Evaluating Sexual, Domestic and Other Forms of Violence Prevention

Practitioners and Advocates Featured:

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Decreases in violence are often incremental and require a long-term commitment and comprehensive strategies. Further, rates of violence can fluctuate over time, even while short- and medium-term improvements are being made. Because of this, evaluating progress in violence prevention can seem daunting and not always feasible. Collecting and analyzing data on community conditions can help address these challenges and illustrate the progress being made on the path to violence prevention. Community level indicators look beyond individual behavior changes to describe changes within the community environment that have the potential to shape outcomes for the population as a whole. This evaluation method falls in line with movement in the field to consider and influence factors at the community and societal levels of the [social-ecological model](#). It also aligns with the field's interest in addressing factors across many forms of violence, marked in part by the Centers for Disease Control and Prevention's strategic direction toward [connecting the dots](#) between sexual, domestic and other forms of violence.

WHAT ARE COMMUNITY-LEVEL INDICATORS?

The [research and evaluation](#) work of Dr. Theresa Armstead and her colleagues at the CDC Division of Violence Prevention explores indicators of community-level risk and protective factors for multiple forms of violence. Community-level indicators are measures selected to approximate or "indicate" community constructs, like poverty or gender socioeconomic (in)equality. Indicators themselves are neutral qualities, but different measures can reflect helpful or harmful characteristics in a community. For example, in describing the community construct 'poverty,' Theresa suggests indicators like 'percentage of students qualifying for free or reduced price meals,' or 'percentage of unemployment within the county.' Neither of these indicators is inherently positive or negative, but higher measures of each may suggest high levels of poverty.

Importantly, community-level indicators expand beyond aggregated, or averaged, individual-level measures. In another example, an individual can only either have completed or not completed college, but as a community-level indicator of gender socioeconomic (in)equality, it is possible to measure female to male ratio of college completion for residents of a given county. Wendi Siebold, president and senior research associate for Strategic Prevention Solutions, reminds that when looking at population-level characteristics like community social norms, ideally, prevention practitioners and advocates can find ways to go beyond simply asking community members about their perceived norms and then summing up those individual-level measurements. While population-level data is sometimes unavailable, practitioners can be creative in gathering such data to fully understand specific aspects of the community – not just of the individuals within the community – that may be related to risk or resilience factors.

FIT DATA TO PURPOSE

Practitioners and advocates must carefully consider what they are looking to measure when selecting indicators and collecting data. Chosen indicators say a lot about the way in which community constructs are defined and affects which strategies are prioritized to prevent sexual and domestic violence. For example, community health measured by the percentage of adults with a primary care provider could yield drastically different results than community health measured by the number of liquor stores within a certain radius.

Further, indicators should be selected based on the intention of the evaluation. Community-level indicators may be more appropriate for evaluating progress on a comprehensive set of strategies operating at a neighborhood, city, or county level. The evaluation of a single program tends to involve the use of indicators that are more specific to the program components and their progress in reaching particular outcomes or goals. This type of evaluation provides insights to help improve the program as it continues. And while community-level indicators can help assess the contribution of a specific program, typically these metrics represent a wider group of people than the subgroup reached by a specific program, and look at longer-term community changes – like examining city-wide indicators at multiple points across ten years (as compared to program indicators for a school program measured throughout a semester). Therefore, it may not always be appropriate to use community-level indicators for program evaluation. One benefit of using community-level indicators is their relative public availability since they are often collected routinely, and likely not tied to specific or confidential academic research.

TRY USING SECONDARY DATA

Gathering primary data on community-level indicators can be expensive, time consuming, and complicated. It can be difficult to mitigate measurement concerns such as bias resulting from categorical exclusion or inadequate representation of community members based on time of day or location that data is collected. To address these concerns, it can be useful to seek out relevant data that has already been appropriately collected by other groups. An evaluation can use and interpret existing data that has been collected at state, local, or federal levels. Another option is to secure agreement from surveyors to add new items to existing measurements, like adding a question to an existing survey.

Due to the multitude of risk and protective factors shared by various safety and health outcomes, especially at the community level, it is likely that other organizations and agencies are looking or

have looked at similar community constructs or indicators. For example, diminished economic opportunity is a risk factor for several social, health and safety issues, including sexual and domestic violence. Rather than creating a new survey, it may be possible to reference existing data such as unemployment rates, business presence, or homeownership rates. A good way to locate existing data is by searching through community health dashboards, which are publications of indicator data that quickly and clearly convey progress and impact of active strategies (see Resources below).

PARTNERSHIPS THROUGH DATA

Combined with shared interests in prevention, data sharing can also offer opportunities to form strong and supportive partnerships between organizations. When communities recognize that addressing a single shared risk factor can promote health and safety across outcomes, communities can see a clear motivation for pursuing partnerships across forms of violence and health outcomes, and putting efforts together in favor of a common goal of prevention.

Community dashboards and secondary data sharing are not the only ways to promote partnerships across violence prevention groups. Collaboration can occur during primary data collection as well. Using an example from her own

work, Wendi describes a time when she worked with the Idaho Coalition Against Sexual and Domestic Violence in collaboration with a housing coalition to collect primary data on indicators of collective efficacy. This community construct is defined as the willingness of residents to intervene for the common good. While collective efficacy could be measured by proxy with previously collected records of voter turnout or number of active civic organizations, Wendi and her team saw the opportunity to partner with a housing coalition in Boise that was already trying to promote collective efficacy in the same neighborhood of interest. The coalition organized block parties in the neighborhood and Wendi's team supported the parties and conducted surveys with residents in attendance, gathering information on safe places outside of school and work, and percentage of people who reported they would intervene if they observed bullying, among other indicators. This collaboration was important because it allowed Wendi's team to collect information important to both groups, and additionally advanced understanding of the links between violence, housing insecurity and collective efficacy.



Collective efficacy at the neighborhood level is the willingness of residents to intervene for the common good. This can be measured through primary or secondary indicator data.

Photo provided by Wendi Siebold.

Data collection and evaluation can seem overwhelming at times, especially if those subjects are outside your specialty area. But with collaboration and use of existing data sources, complemented by collection of primary data when appropriate, they can be manageable and very informative. Wendi Siebold emphasizes that there is no need to do the work alone or to start from scratch when data or proxies are available. Gathering indicator information on community-level factors, such as collective efficacy or gender socioeconomic (in)equality, is essential to improving safety and providing evidence of progress in preventing sexual, domestic and other forms of violence. Theresa Armstead encourages researchers and practitioners not to shy away from creativity and innovation in this area, as there is a lot to learn and explore about community phenomena and community-level indicators. As practitioners continue to better understand and measure community-level indicators, the field will be better equipped to communicate the importance and success of violence prevention efforts to policy-makers, funders, communities, and other prevention practitioners.

Wendi L. Siebold, MA, MPH, is President and Senior Research Associate at Strategic Prevention Solutions. She specializes in prevention research, program planning and evaluation, community coalitions and collective impact, assessment of organizational and community capacity for prevention, and evaluating a criminal justice response to intimate partner and sexual violence. Ms. Siebold holds advanced degrees in Health Education & Behavior and Community Psychology, and is recognized as a national expert in the prevention of intimate partner and sexual violence, who for over sixteen years has trained communities to prevent violence while emphasizing scientific rigor within a realistic community context. Ms. Siebold lives in Juneau, Alaska.

Theresa Armstead, PhD, serves as a behavioral scientist in the Division of Violence Prevention at the Centers for Disease Control and Prevention (CDC). She earned graduate degrees in community research and action from Vanderbilt University. Prior to CDC she served as an Assistant Director and evaluator of the University of Iowa Prevention Research Center and held a faculty position in the Department of Community and Behavioral Health. Dr. Armstead is an expert in public health program evaluation having led or supported evaluations in the areas of physical activity, intimate partner violence, youth violence, HIV and AIDS prevention, and the CDC Ebola Response.

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RESOURCES

- [Indicators for Evaluating Community- and Societal-Level Risk and Protective Factors for Violence Prevention: Findings From a Review of the Literature](#)
- [Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence](#)
- [Community Indicators Consortium Indicators Project:](#)
- [Delaware Health Tracker Community Health Dashboards](#)
- [Children Now's California County Scorecard:](#)
- [Alaska Council on Domestic Violence and Sexual Assault 2017 Alaska Dashboard](#)
- [CDC Veto Violence "EvaluAction" tool](#)
- [National Sexual Violence Resource Center's Innovation in Evaluation Report](#)
- [Strategic Prevention Solutions Research & Evaluation Resources](#)

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