Project Connect 2.0: Public Health Partnerships to Prevent Violence Against Women

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- The authors of this presentation have no conflicts of interest to report
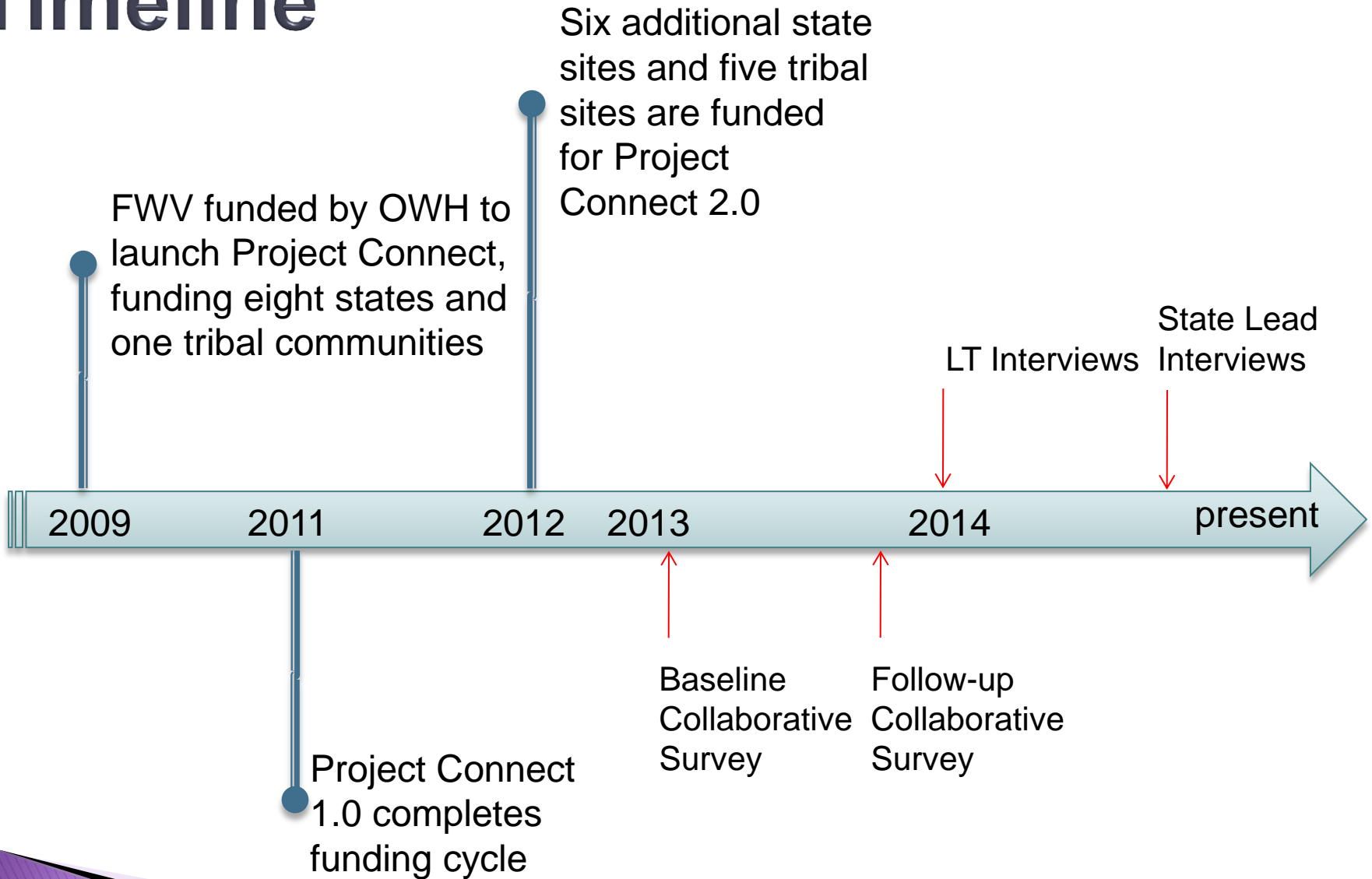- Funding for this project is from the Office of Women's Health to Futures Without Violence

Background

- Public health literature has emphasized integration and collaboration across different sectors but is lacking in IPV and sexual violence literature

- Project Connect is a nationally funded project that aims to develop, implement, and evaluate new ways to identify, respond to, and prevent domestic and sexual violence

- Building state-coordinated Leadership Teams (LT) is a major emphasis of Project Connect

The Leadership Team

▸ Leadership Team (LT) members hold professional roles in:

- ◦ Community-based violence prevention groups
- ◦ State-level domestic and sexual violence coalitions
- ◦ State-level public health departments
- ◦ Community based public health groups
- ◦ Other members of the community

Timeline*

Six additional state sites and five tribal sites are funded for Project Connect 2.0

FWV funded by OWH to launch Project Connect, funding eight states and one tribal communities

LT Interviews

State Lead Interviews

2009   2011   2012   2013   2014   present

Project Connect 1.0 completes funding cycle

Baseline Collaborative Survey

Follow-up Collaborative Survey

*not to scale

Objectives

▸ To examine the emergence of Leadership Teams (LT) in Project Connect 2.0.

- Knowledge Transfer and Sharing
- Formation and Manageability
- Identity Building

Methods

- Anonymous surveys from LT members.
  - 26 item survey based on Mattiesich's survey of collaborative behavior
  - "Baseline" (Spring 2013), n=55; "Follow-up" (Fall 2013), n=64.

- Semi-structured phone interviews with volunteer state site LT members between January and March 2014 (n=19)

- Follow-up phone interviews with State Leads between November and December 2014 (n=7)

Results
The Collaborative Behavior Survey Across All States

Knowledge Transfer and Sharing	Baseline	SD	Follow-up	SD
People in this collaborative group are open to different approaches to how we can do our work. They are willing to consider different ways of working.	3.87	0.68	4.04	0.78
The people who lead this collaborative group communicate well with the members.	3.79	1.00	4.12	0.75
My ideas about what we want to accomplish with this collaboration seem to be the same as the ideas of others.	3.74	0.72	4.08	0.70
There is a clear process for making decisions among the partners in this collaboration.	3.00	0.83	3.23	0.80

Scale 1-5: Strongly disagree to strongly agree

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Results
Leadership Team Interviews
Knowledge Transfer and Sharing

[In discussing medical models at different types of sites]

"… the intersection of intimate partner violence and health is so great and can lead to chronic illness and then we're talking about the mental health as well. So if we don't know those models, then how are we advocating? And that is our job, is to really advocate for survivors, victims and survivors. So we really had to step out … from some of our normal daily job or learning and learn much more about all of the medical models within our community. And Project Connect, again because of the project itself, has been the leading drive for that."

Results
The Collaborative Behavior Survey Across All States

Formation and Manageability	Baseline	SD	Follow-up	SD
The political and social climate seems to be "right" for starting a collaborative project like this one.	4.18	0.57	4.01	0.72
Our collaborative group has adequate "people power" to do what it wants to accomplish.	3.37	0.86	3.41	0.81
All the organizations that we need to be members of this collaborative group are members of the group.	2.90	0.96	3.37	1.01
Our collaborative group has adequate funds to do what it wants to accomplish.	2.74	0.84	3.10	0.92

Scale 1-5: Strongly disagree to strongly agree

Results

Leadership Team Interviews
Formation and Manageability

" *...what I think is the biggest success is just connecting the local clinics with their local advocacy agencies. Most of us are aware of each other but we don't do a lot of kind of group programming and group education and I think that has been super valuable. And in terms of our clinicians having that warm referral to send people to, it's so nice to be able to actually know the people and have a chance to talk to them….another success has been just going to the grantee meetings and connecting other states and learning from past grantee. I think that has been a really valuable thing as well.*"

Results
The Collaborative Behavior Survey Across All States

Identity Building	Baseline	SD	Follow-up	SD
Everyone who is a member of our collaborative group wants this project to succeed.	4.41	0.68	4.66	0.59
People involved in our collaboration trust one another.	3.86	0.72	4.22	0.78
Each of the people who participate in decisions in this collaborative group can speak for the entire organization they represent, not just a part.	3.30	0.92	3.49	1.06
People in this collaborative group have a clear sense of their roles and responsibilities	2.97	0.87	3.42	0.86

Scale 1-5: Strongly disagree to strongly agree

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Results

Leadership Team Interviews
Identity Building

"… there's a lot of pressure for us to do things the way that the main model that's being presented that's more mandatory call in model and I think the Project Connect model has really helped me to inform some of our thinking around why it's a more empowering approach, why it creates better relationships between the organizations (sic) and the police, it creates better relationships between the services (sic) and the victim, it creates better relationships between the police and the victim to have this more outreach plant the seed ... It doesn't seem like it's related at all but it's like the the model itself of that "let me give you the information let me tell you about our services let me plant the seed and then we wait for you to come back to us." It's really the basis of what I think the duty of this whole Project Connect model is."

Results

Leadership Team Interviews
Identity Building

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Discussion

- In "Knowledge Transfer and Sharing"
  - Members were generally open to consider different ways of working and over time.
  - Goals each individual members wanted to accomplish became more congruent with other members of the LT team.
  - Decision making processes were not clear to the entire LT team and should be addressed continuously.

Discussion

- In "Formation and Manageability"
  - Members felt that the political and social climate seemed to worsen between Spring and Fall of 2013.
  - Members felt that over time, there was an improvement in "people power" and that the appropriate people in the community were part of the collaborative.
  - Adequate funding remained a concern.

Discussion

- In "Identity Building,"
  - Members felt strongly that their peers wanted the project to succeed and there was improved trust over time.
  - Assigning clear roles and responsibilities among the LT members may improve with identity building among LTs in the future.

Limitations

▸ The collaborative surveys were anonymous and there was turnover of the LTs, therefore it was not possible to link baseline respondents to individual follow-up responses.

▸ The interviews were anonymous so it was not possible to complete a more in-depth analysis of individual member roles in their organizations context.

▸ The collaborative surveys and interviews were on a voluntary basis with possible bias in speaking about their experience on the LT.

Future Directions

▸ Analysis of State Lead interviews that focused on sustainability of LTs beyond Project Connect and the larger policy changes.

Conclusion

▸ Implementing state-wide multisectoral partnerships to address violence against women is a continuous effort that requires tremendous effort and dedication from those involved.

▸ Like Project Connect 1.0, greater focus on assisting LTs to formalize partnerships, establish clear goals, and delineate mutually agreed upon roles and responsibilities may help LTs be more sustainable.

▸ Multisectoral collaboration can promote continued integration of domestic violence and sexual assault prevention into public health programs, policies, and practices.

Thank you. Questions?

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