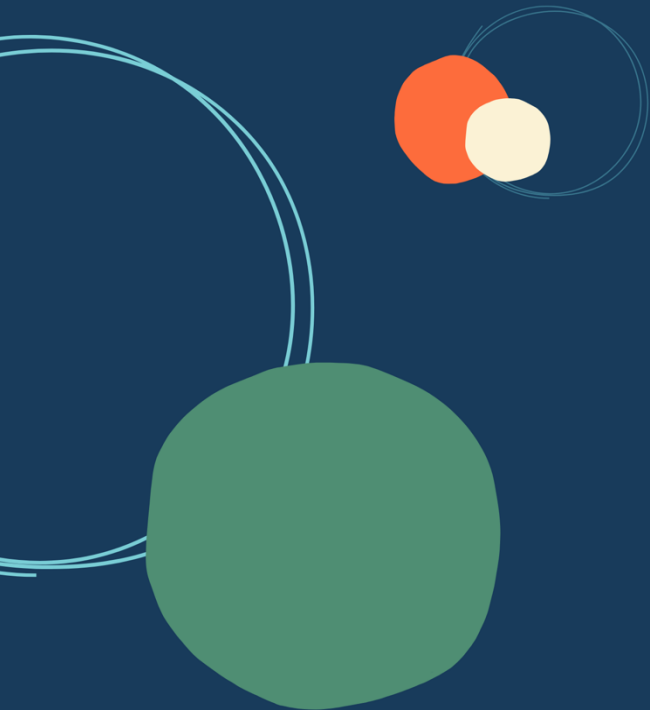


Primary Prevention Programming Grant

End of Year Report

SFY 2024



PREPARED FOR



Alaska's Council on
Domestic Violence
& Sexual Assault

PREPARED BY



STRATEGIC
PREVENTION SOLUTIONS

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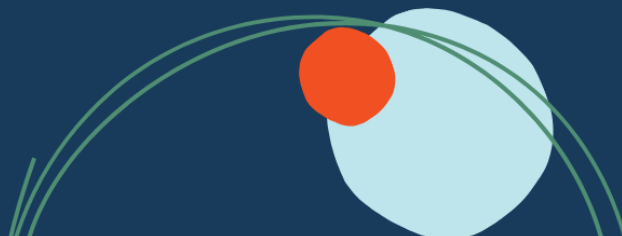
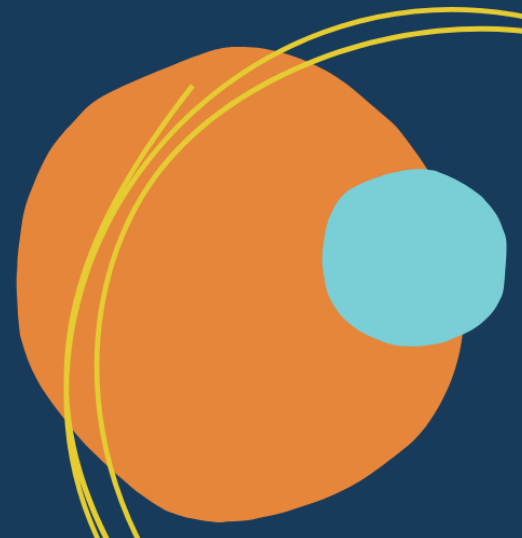
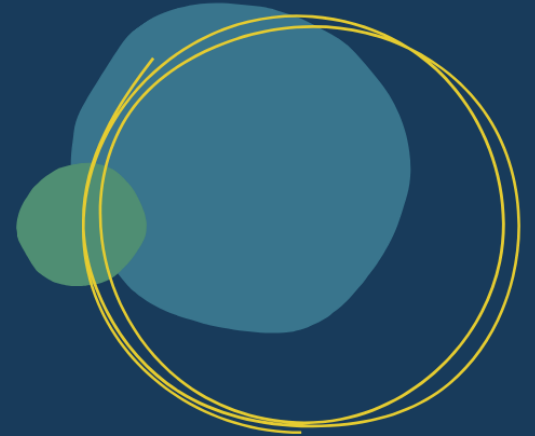
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Evaluation ACKNOWLEDGMENTS

The State of Alaska's Council on Domestic Violence and Sexual Assault and Strategic Prevention Solutions appreciates the prevention coordinators, volunteers, community members, advocates, practitioners, evaluators, technical assistance providers, and funders who supported domestic violence and sexual assault primary prevention initiatives in the state of Alaska.

We recognize the unwavering commitment and dedication of those who contributed their expertise and insights to further this initiative and create profound impacts on countless individuals and families throughout Alaskan communities. It is only through collective effort, integration, dedication, and institutionalization that primary prevention is most effective.

This report was prepared by:

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For more information, please visit [Alaska's Council on Domestic Violence and Sexual Assault](https://dps.alaska.gov/CDVSA/Prevention) at:
<https://dps.alaska.gov/CDVSA/Prevention>

We acknowledge the immense effort required to raise awareness, challenge stigmas, and promote prevention by addressing root causes and fostering a culture of respect and consent, preventing violence from occurring in the first place.

Executive SUMMARY

The Council on Domestic Violence and Sexual Assault (CDVSA) funded 13 Alaskan communities through the Primary Prevention Programming Grant (PPPG) initiative since 2021. This initiative aims to strengthen local community-based coalitions' strategies for the primary prevention of domestic violence (DV) and sexual violence (SV) across Alaskan communities. This funding supports communities in implementing primary prevention strategies to promote social norms that protect against violence, teach skills to prevent DV/SV, and provide opportunities to strengthen leadership and local capacity.



IN SFY 2024, GRANTEEES...

- ✓ Implemented a total of 69 prevention strategies, averaging 5 strategies per grantee.
- ✓ Engaged almost 10,000 Alaskans in programming
- ✓ Built 56 new community partnerships, MOUs, or other agreements



Prevention capacity and infrastructure showed 85% of grantees establishing written evaluation plans and defined goals/outcomes. Grantees reported an average of 2.9 full-time employees dedicated to prevention work, and many incorporated prevention components into staff orientations and job descriptions, particularly for leadership positions.



Coalition building and community engagement were key focus areas. Grantees facilitated 92 coalition meetings throughout the year, expanding membership across diverse community sectors. There was a notable increase in efforts to share ownership of prevention with local partners, with many coalitions focusing on strategic planning and aligning objectives using approaches like Collective Impact.

Executive SUMMARY



Key prevention strategies implemented by grantees included Girls on the Run and LeadOn!, alongside other approaches such as school-based initiatives, youth-centered programming, and skill development. Grantees also prioritized equity, inclusion, and cultural responsiveness. They worked to make their coalitions and staff more diverse, involved youth and community members from underrepresented groups, and made changes to their programs and organizations to ensure fairer, equitable practices and programming.



Technical assistance provided by CDVSA, ANDVSA, and Strategic Prevention Solutions (SPS), were highly valued by grantees. Training on equity and root causes was highlighted as particularly impactful, with grantees expressing interest in additional skills-based, practical training.

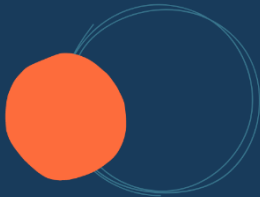
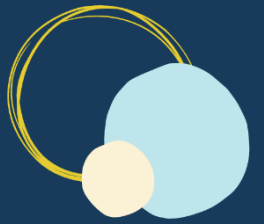


Policy work was a focus for some grantees by working with school districts, changing internal policies, guiding local policies, and advocating for resources. Early positive outcomes include improved awareness, shifts in attitudes, increased youth confidence, and greater collective responsibility for prevention.

While challenges such as staff turnover and reliance on grant funding persist, the PPPG initiative has enabled Alaskan communities to make significant strides in DV/SV prevention. Grantees have expanded programs, enhanced partnerships, and implemented evidence-based approaches, tailoring their efforts to local needs. By building strong community networks and cultivating shared responsibility, grantees are well-positioned to sustain prevention efforts beyond the current funding period, laying a solid foundation for the long-term prevention of DV/SV in Alaskan communities.

Evaluation

INTRODUCTION



The Primary Prevention Programming Grant (PPPG)

In 2021, CDVSA funded 13 Alaskan communities through the Primary Prevention Programming Grant (PPPG) initiative.



The CDVSA PPPG initiative enhances the capacity and strategies of local community-based coalitions to prevent domestic violence (DV) and sexual violence (SV) at the primary-prevention level. This approach aims to benefit whole populations by:

- ✓ Enhancing organizational capacity for primary prevention
- ✓ Promoting equity and inclusion by being culturally responsive
- ✓ Implementing comprehensive prevention programming across multiple levels of social ecology
- ✓ Enhancing coalition efforts to implement strategies that address multiple forms of violence to better align local efforts, leverage limited resources, and achieve greater impacts and sustainability through common goals and strengthened partnerships

This initiative is critical in preventing lifetime occurrences of DV/SV and their harmful consequences.



OVERSIGHT

Alaska Department of
Public Safety: CDVSA



DURATION

Three-year grant
award, 1-year
continuation funding
in SFY2025



SUPPORT

ANDVSA and other
contracted subject
matter experts

PPPG funds are given to 13 Alaskan Communities



PPPG supports existing DV/SV primary prevention programs through two groups, Group A and Group B, characterized by scope and scale. Both groups receive technical assistance (TA) and consultation to support implementation, coalition engagement, and evaluation.

Why Prevention **MATTERS**

Historically, societal and system responses to addressing DV and SV have involved response and crisis intervention. While crisis intervention services are critically important, they alone are not enough to address these complex social issues. A response-only focused approach supports survivors but neglects to address the root causes of violence perpetration. To truly impact levels of DV/SV in Alaska, crisis intervention services must be supplemented by prevention strategies that promote positive behaviors, environments, and social conditions to enhance community wellbeing.

Primary prevention activities are directed at the general population and attempt to reduce and prevent violence before it even occurs. It involves the long-term planning and implementing of multifaceted preventive measures across community settings, fostering protective factors and addressing local needs where individuals live, work, and play. All members of a community have access to and may benefit from these programs.

Primary prevention efforts **complement, not replace**, or take priority over, interventions to respond to those who have experienced abuse and has the potential to reduce cost to individuals, systems, and society in general.

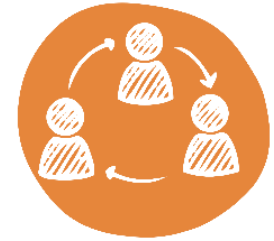
Primary prevention is vital for improving overall health and quality of life in Alaska. These efforts can impact multiple systems, including individual wellbeing, healthcare, criminal justice, education, and welfare systems.

CDUSA PPPG GRANTEES ARE DEVELOPING COMMUNITY-BASED COMPREHENSIVE PREVENTION PROGRAMS INFORMED BY:



- Current prevention science & research
- Evidence-based best practices
- Evaluation & needs assessments
- Coalition & community partnerships
- Tailored TA support

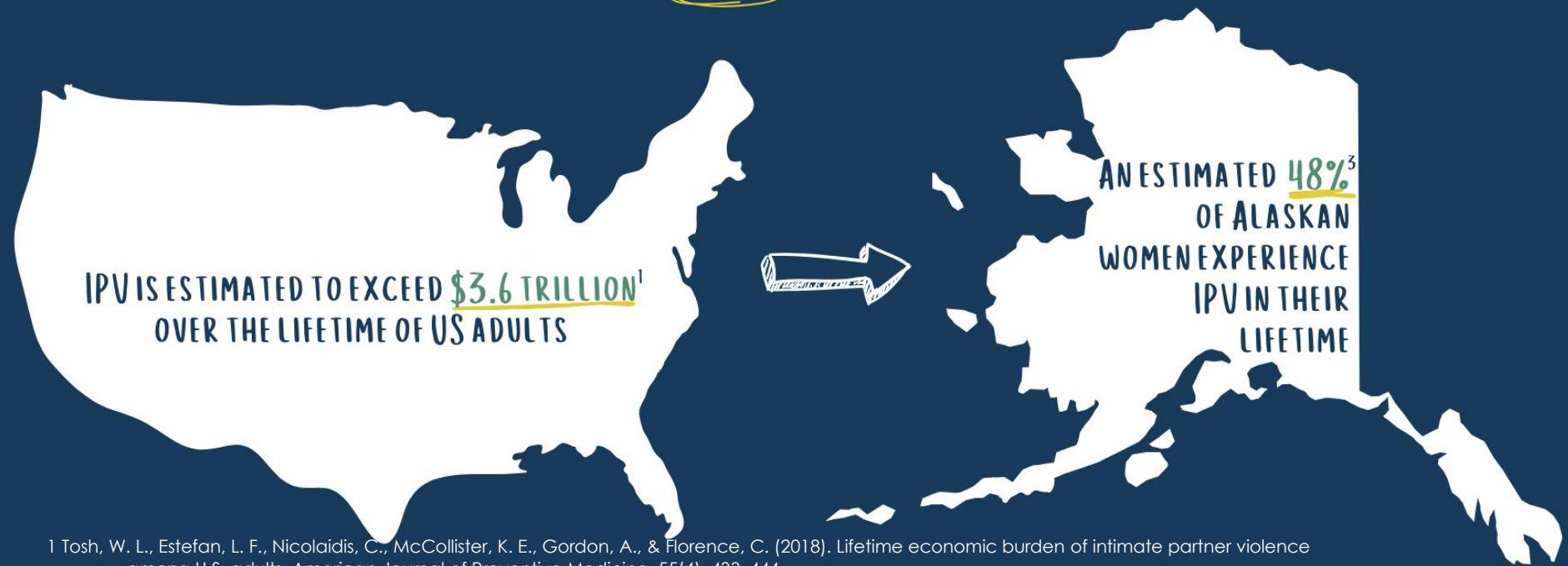
Building prevention capacity takes years, with communities initially focusing on gaining knowledge, building partnerships, and developing organizational capacity. Local, state, and tribal governments are important long-term partners in reducing violence, addressing root causes, and promoting safe communities and policy alignment for nonviolence. Alaska is building prevention capacity with community-centered and place-based initiatives, similar to other states like California, Washington, and Georgia.



Average Lifetime Cost of IPV: \$82K¹

AVERAGE LIFETIME COST FOR MEN: \$24K²

AVERAGE LIFETIME COST FOR WOMEN: \$104K²



1 Tosh, W. L., Estefan, L. F., Nicolaidis, C., McCollister, K. E., Gordon, A., & Florence, C. (2018). Lifetime economic burden of intimate partner violence among U.S. adults. *American Journal of Preventive Medicine*, 55(4), 433–444.

2 The cost disparity reflects women's tendency to experience more severe, prolonged IPV, leading to higher long-term health expenses: National Center for Injury Prevention and Control. (2003). *Costs of Intimate Partner Violence Against Women in the United States*. Atlanta (GA): Centers for Disease Control and Prevention.

3 2020 Alaskan Victimization Study

GROUP A AND B PREVENTION GRANTEES

Both grantee groups have different levels of capacity and resources to implement programming due to their context and readiness. As capacity and resources grow, prevention expands within the community where others, such as schools, public safety, and healthcare, are actively working together to prevent violence. With continued support, communities can begin implementing more comprehensive prevention programming – building and evaluating the effectiveness and guiding their interventions.

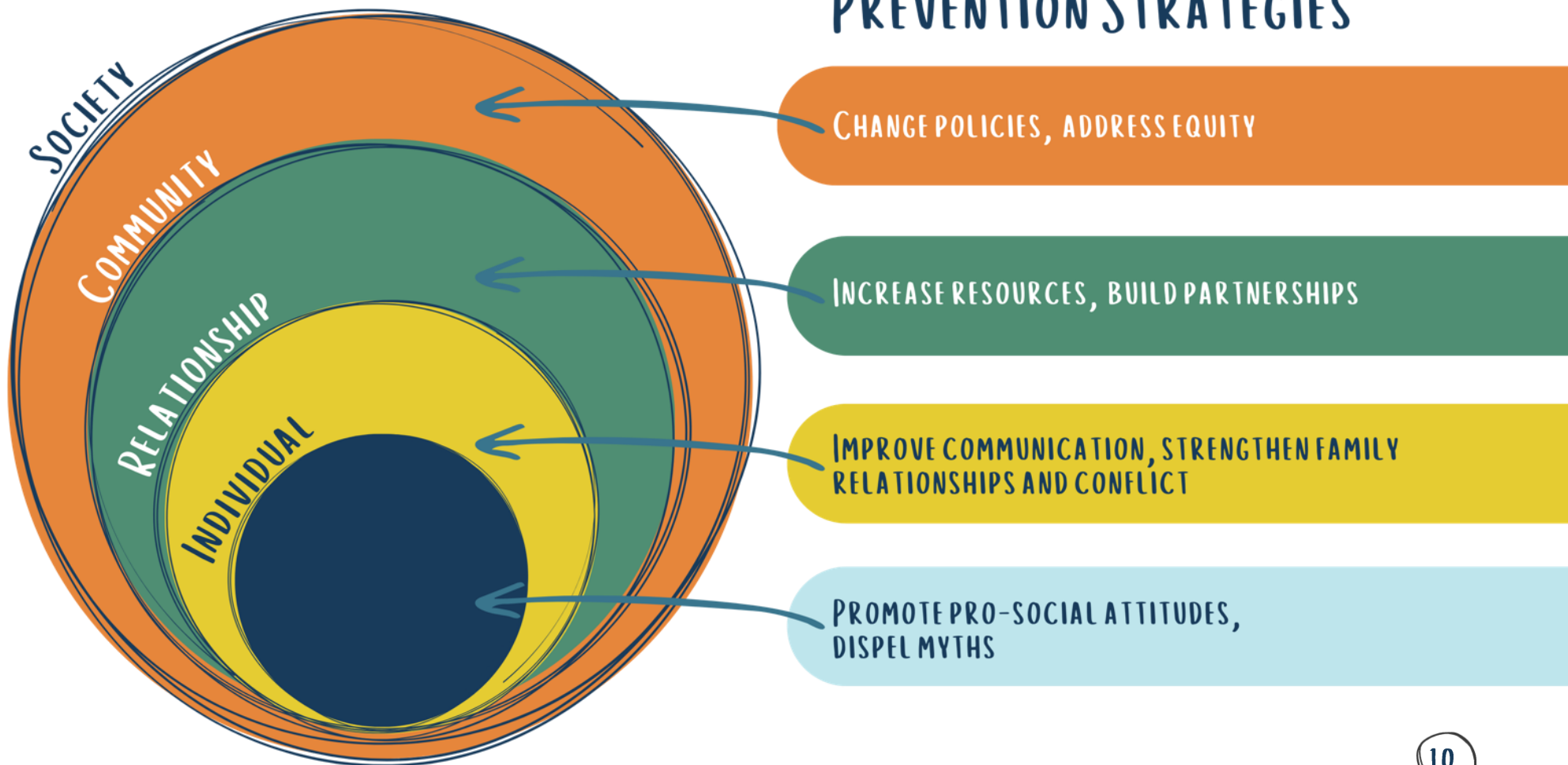
As communities increase prevention resources, their ability to develop and implement comprehensive programming improves, helping reduce violence. Building necessary resources and capacity takes years, with communities initially focusing on gaining knowledge, building partnerships, and developing organizational capacity. PPPG funding supports this growth through two groups: Group A and Group B). With increased capacity and support, prevention efforts expand to include diverse stakeholders working together, enabling communities to implement, evaluate, and guide more comprehensive strategies.

It is of critical importance that comprehensive primary prevention efforts in the state of Alaska remain an ongoing legislative priority to truly impact the incidence of violence. Communities recognize and acknowledge the pervasive problem of DV/SV and the devastating impacts and trauma for survivors, families, and communities. Violence affects so many of our systems – individual and collective well-being, health care, criminal justice, education, and welfare systems. Preventing DV/SV is possible and imperative to reducing unnecessary consequences to our communities.

SOCIAL-ECOLOGICAL MODEL (SEM)

The SEM framework shows how different parts of our lives work together to address factors to prevent violent events and improve health. This framework suggests human development is influenced by a set of systems and influences including social, cultural, economic, and political⁴. It also helps us see how changes in one area can affect others. Prevention strategies aim to target one or more levels of the SEM.

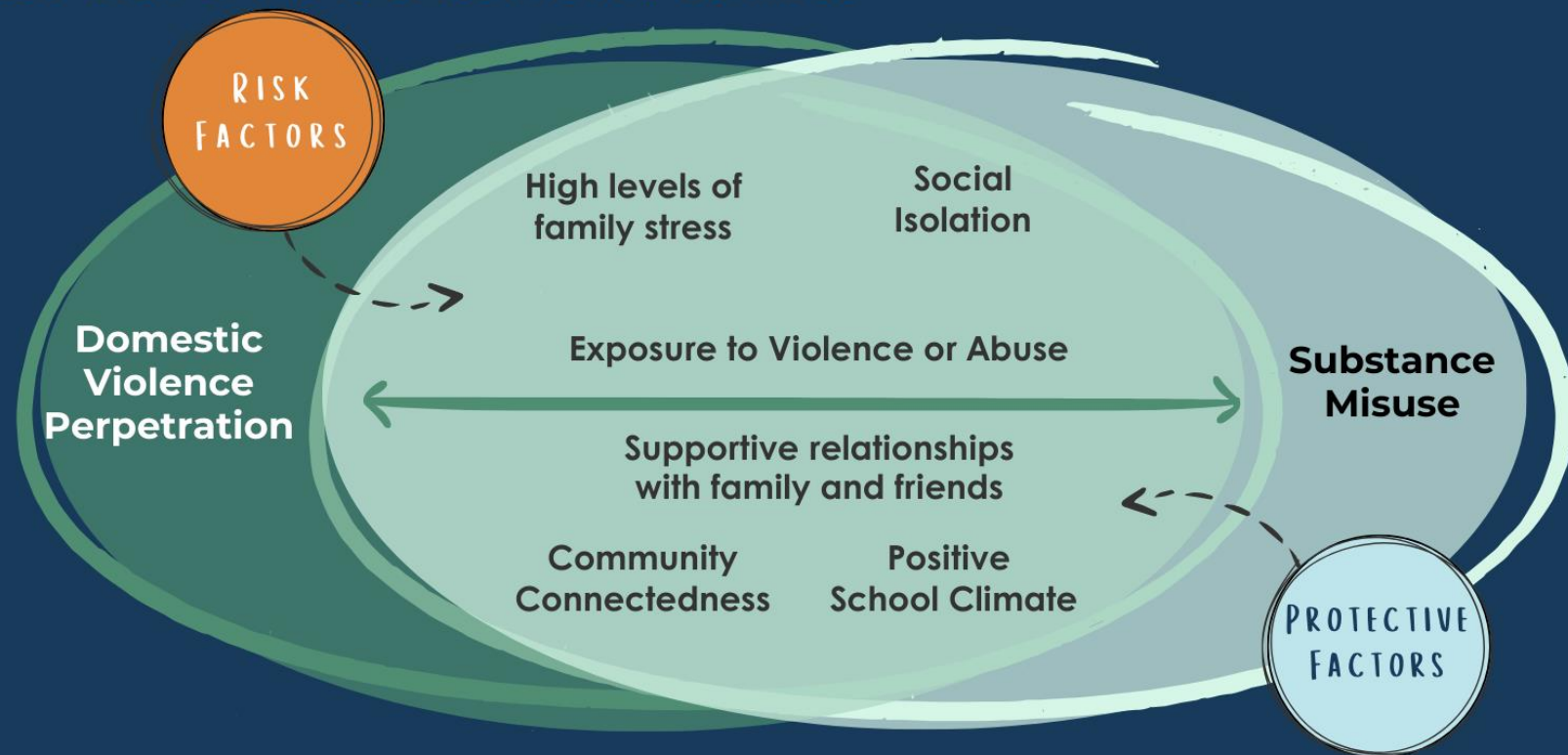
PREVENTION STRATEGIES



Shared Risk & Protective Factors (SRPF)^{5, 6}



SHARED RISK & PROTECTIVE FACTOR EXAMPLE



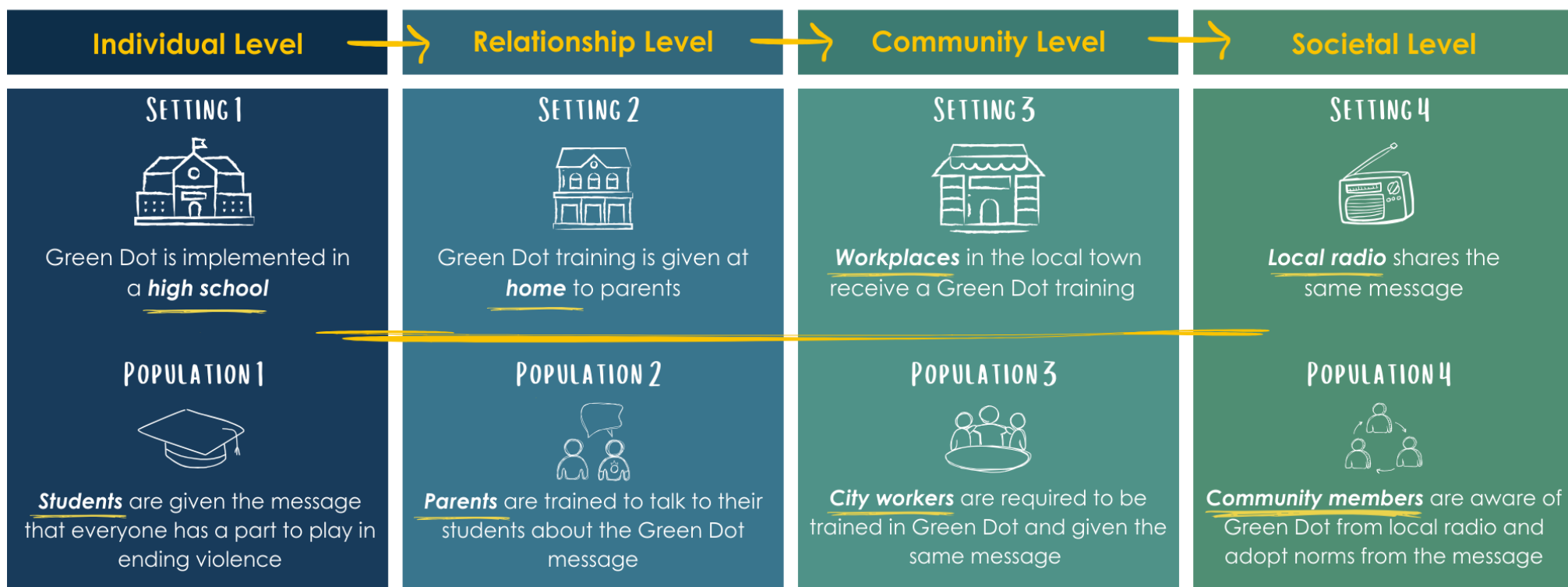
This approach supports coordinated efforts across systems to address the whole person. SRPF can help inform DV/SA prevention strategies so they are culturally relevant, community informed, and consider the contextual factors that impact a person's life.

5 Center for the Study of Social Policy. (2018). About strengthening families and the protective factors framework. <https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf>

6 Siebold, W. (2023). *Program planning and evaluation workbook*. Strategic Prevention Solutions. Juneau, Alaska.

PRIMARY PREVENTION IS COMPREHENSIVE AND DIVERSE

A comprehensive approach ensures that primary prevention programs deliver messaging and activities across various settings, populations, and levels of the social ecology. Prevention initiatives go beyond one-time events and use strategies such as public education, community mobilization, school-based programs, and legislation. Prevention efforts must be recurring, engage the community, and provide sufficient dosage across the social ecology to address the complexity of violence effectively.



Prevention efforts must be recurring, engage the community, and provide sufficient dosage across the social ecology to address the complexity of violence effectively.

FOCUS AREAS OF PREVENTION STRATEGIES

The CDC highlights evidence-based strategies to support communities in preventing violence. PPPG grantees receive coordinated technical assistance in selecting strategies guided by evidence-based research, local knowledge, partnerships, and recent community needs assessments. Information from these assessments and learnings help communities identify and prioritize key issues and challenges, focusing their efforts on the most critical factors to promote wellbeing and reduce local DV/SV risk factors.

Although significant community-wide reductions in violence rates require long-term funding, well-designed prevention strategies targeting interconnected issues with shared root causes, such as youth suicide and substance misuse, have established a foundation for sustainable change. Adopting a shared risk and protective factor approach, grantees are better equipped to prevent violence in all its forms.

PPPG communities utilize needs assessments, evaluations, and collaborative action through coalitions and partnerships to implement programs that address shared factors, build community strengths, promote healthy relationships, and support safety and well-being for all. They increasingly allocate resources to reduce risk factors and enhance protective factors to improve individual and community resilience.

Grantees utilize evidence-based programming, community insights, and effective strategies to implement activities that work in mutually reinforcing ways. These activities emphasize prevention capacity building, youth protective factors, and the promotion of positive social norms.

EXAMPLE STRATEGY



Girls on the Run, a nationwide program implemented by several CDVSA prevention grantees, engages girls, families, and communities through activities designed to encourage healthy relationships, strengthen family connectedness, and enhance social support. The program addresses protective and risk factors across the social ecology, helping prevent teen dating violence, youth violence, suicide, and bullying.

PREVENTION CAPACITY BUILDING & COMMUNITY PARTICIPATION

CDVSA prevention grants aim to build local capacity for preventing DV/SV through coalitions or community prevention teams. These groups offer several strategic advantages:

- Comprehensive understanding of community needs
- Shared resources, enhanced service coordination, and reduced duplication of efforts
- Enhanced capacity through skill-building and knowledge-sharing
- Tailored initiatives addressing local context and risk factors
- Collective response to systems-level issues

Community engagement through these coalitions is a form of social action based on empowerment and local decision-making⁷. By involving diverse stakeholders, coalitions create culturally centered responses to DV/SV prevention⁸. In Alaska, where historical injustices contributed to inequalities, these coalitions are particularly important. They help address root causes of violence and foster safer communities for all Alaskans.

Key benefits of coalition-based prevention efforts:



LEVERAGE RESOURCES & EXPAND STRATEGIES



ADDRESS STRUCTURAL INEQUITIES & HISTORICAL INJUSTICES



INCORPORATE DIVERSE PERSPECTIVES



PROMOTE EQUITY & COMMUNITY CONNECTEDNESS



IMPROVE LOCAL KNOWLEDGE, SKILLS, & READINESS FOR PREVENTION

⁷ National Institute of Health (2011). CTSA Community Engagement Key Function Committee Task Force on the Principles of Community Engagement (2nd ed.) NIH Publication No. 11-7782

⁸ Pathways to Prevention: 2019-2024 Statewide Plan. <https://andvsa.storage.googleapis.com/wp-content/uploads/2020/12/19223654/COMPRESSED-Pathways-to-Prevention-December-2020-version.pdf>



YOUTH PROTECTIVE FACTORS AND ENGAGEMENT

These strategies focus on creating environments that foster healthy relationships and equip young people with skills to navigate conflicts non-violently. Youth protective factors are conditions or characteristics that reduce the likelihood violence will occur by providing a buffer against the risk⁹. Research has shown that preventing teen dating violence is an effective primary prevention strategy for future IPV victimization, particularly when using strengths-based programming that focuses on building youths' skills and capacities for healthy relationships^{10,11}. By intervening early in life, communities can build foundations of wellbeing, disrupt intergenerational cycles of violence, and achieve longer-lasting, far-reaching impacts.

KEY ASPECTS OF THIS STRATEGY INCLUDE:

School-based initiatives: Collaborations with local schools to promote respectful climates and provide opportunities for youth to build relationships with trusted adults.

Youth-centered programming: Engaging young people in activities that facilitate supportive relationships among peers, mentors, and positive role models.

Skill development: Teaching strategies for conflict resolution, interpersonal skills, leadership, and social-emotional learning competencies.

Parental involvement: Supporting positive parent-child relationships through awareness, education, and practice in open communication, boundaries, and emotional support.

By addressing youth protective factors, communities can proactively lay the foundation for healthier individuals, families, and society as a whole.

⁹ Centers for Disease Control and Prevention. Risk and Protective Factors for Sexual Violence. www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html

¹⁰ Exner-Cortens, D., Wells, L., Lee, L. et al. Building a Culture of Intimate Partner Violence Prevention in Alberta, Canada Through the Promotion of Healthy Youth Relationships. *Prevention Science* (2019). <https://doi-org.proxy.consortiumlibrary.org/10.1007/s11121-019-01011-7>

¹¹ Centers for Disease Control and Prevention [CDC]. (n.d.). Promoting respectful, nonviolent intimate partner relationships through individual, community and societal change. Retrieved from https://www.cdc.gov/violenceprevention/pdf/ipv_strategic_direction_full-doc-a.pdf.



PROMOTE POSITIVE SOCIAL NORMS AND HEALTHY RELATIONSHIPS

These approaches aim to influence beliefs, culture, and social context to foster positive interactions and communication, ultimately contributing to well-being and safety.

KEY ASPECTS OF PROMOTING POSITIVE SOCIAL NORMS AND HEALTHY RELATIONSHIPS INCLUDE:

- Encouraging a culture of respect and equality
- Challenging negative stereotypes and attitudes that perpetuate violence, discrimination, or inequality
- Promoting understanding of consent and respect for personal boundaries
- Fostering positive peer influence

Research shows that individuals who adhere to norms and beliefs supportive of violence are more likely to perpetrate it¹². Therefore, promoting positive social norms aims to shift attitudes and behaviors toward beneficial changes¹³.

PPPG grantees have increasingly engaged in community-level communication strategies to promote healthy, prevention-focused messaging. As programming evolves and becomes more comprehensive, grantees are expected to increase their efforts in promoting positive social norms and healthy relationships. This approach involves shaping attitudes, challenging harmful beliefs, and encouraging behaviors that contribute to safer, more equitable communities.

Communication strategies that promote positive social norms and behavior change exist along a continuum:

PUBLIC AWARENESS CAMPAIGNS

Target awareness and address stigma and misconceptions surrounding DV/SV

SOCIAL NORMS CHANGE INITIATIVES:

Target perceptions

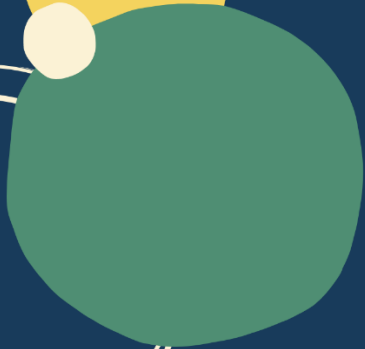
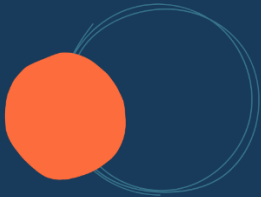
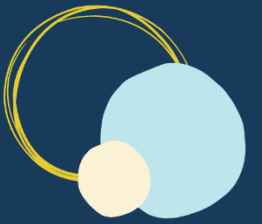
SOCIAL MARKETING CAMPAIGNS:

Target behavior change through persuasive messages, provide alternatives to harmful behaviors, and focus on dispelling misinformation


¹² Salter, M., & Gore, A. (2020). The tree of prevention: Understanding the relationship between the primary, secondary, and tertiary prevention of violence against women. Sydney N. S. W. pp. 67-91.


¹³ VetoViolence. (2010). <https://vetoviolence.cdc.gov/violence-prevention-basics-social-norms-change>


Evaluation METHODOLOGY




Evaluation METHODOLOGY

- 

CDVSA contracted Strategic Prevention Solutions (SPS), an Alaska-based research and evaluation firm, to provide state-level evaluation support. SPS's role includes assistance in identifying and tracking outcomes, managing and maintaining an end-of-year reporting portal, and analyzing and reporting on the end-of-year progress report submissions.
- 

Grantees submit annual end-of-year narrative reports. Additionally, at the end of the funding cycle (i.e., SFY2025), they will also provide individual summative evaluation reports detailing their prevention initiative, successes, challenges, and outcomes.
- 

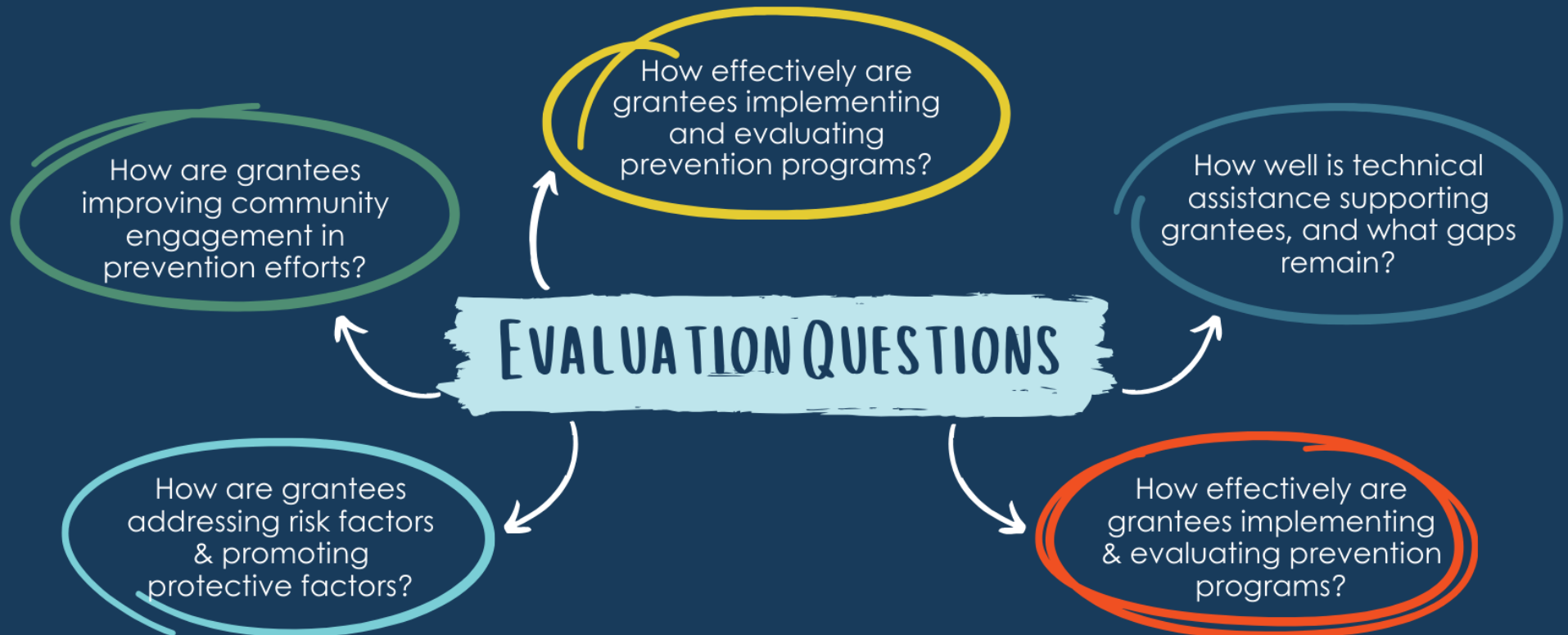
CDVSA, in partnership with prevention-funded communities and with the support of external evaluators, identified key metrics and indicators relevant to progress reporting to inform end-of-year reporting. CDVSA annually reviews progress reports and receives feedback about reporting to make improvements to the approach and ensure meaningful insights and data.
- 

Information was reviewed to support continuous quality improvement (CQI) and assess statewide DV/SV primary prevention efforts. The review focused on changes in grantees' prevention programming capacity, comprehensiveness of their primary prevention programs, program implementation, and outcomes and impacts of these efforts.

EVALUATION QUESTIONS

SPS reviewed grantees' end-of-year reports to identify and highlight unique and complementary outcomes and impacts of grantees' primary prevention programming efforts during SFY2024. This review is primarily summative and not intended to be comparative or a cross-site examination of outcomes and findings. Evaluation questions fall into three categories: general, outcome, and process.

The graphic below represents the guiding questions that shaped this evaluation summary. A full list of the questions is in the Appendix.



DATA COLLECTION AND MANAGEMENT PLAN

SPS managed the maintenance and provided technical support for the online annual reporting system for CDVSA PPPG grantees. Data was compiled in secure, and password protected electronic databases (i.e., Alchemer) to track and maintain over time.

CONTEXT OF THE DATA

Before examining grantees' efforts across various domains, it's important to acknowledge the contextual and external factors that may influence the completeness of results. The evaluation and reporting process faces numerous challenges in accurately capturing the complexities of primary prevention efforts in Alaska. These challenges include:

- Fluctuating community responses and engagement capacity
- Economic and policy shifts
- Blended funding through shared programming and resources
- Unforeseen events
- Limited attribution and clear causal links in efforts across a community
- Complexity of assessing long-term prevention outcomes

Consequently, reported outcomes may not fully reflect the entirety of grantees' efforts, and a standardized reporting approach may not adequately represent the variability across different communities.

CDVSA employs multiple feedback loops and reporting processes, including this annual progress summary, to gain a comprehensive understanding of complex, collaborative community prevention initiatives.

DATA ANALYSIS PLAN

After submission, SPS processes the data through the following steps:

1. Compilation of the data with the reporting period
2. Screening and cleaning to address missing values, inconsistencies, and structural errors
3. Review of distributions, trends, and patterns
4. Qualitative and quantitative analysis, including descriptive statistics (e.g., participant counts and implementation trends), frequency and product counts, averages where appropriate
5. Identification and treatment of outliers
6. Generation of data visualizations and graphs

For SFY2024, no substitutions were made and overall, the responses were complete. The resulting analysis provides a comprehensive overview of both quantitative and qualitative findings.

QUANTITATIVE ANALYSIS:

Results presented in this report were calculated by rounding to a whole number, with .49 and below rounded down and .50 and above rounded up.

QUALITATIVE ANALYSIS:

For open-ended entries, structured theme-mining was employed. This technique grouped responses by similar characteristics or meaning, allowing for description, relation, and interpretation of themes.

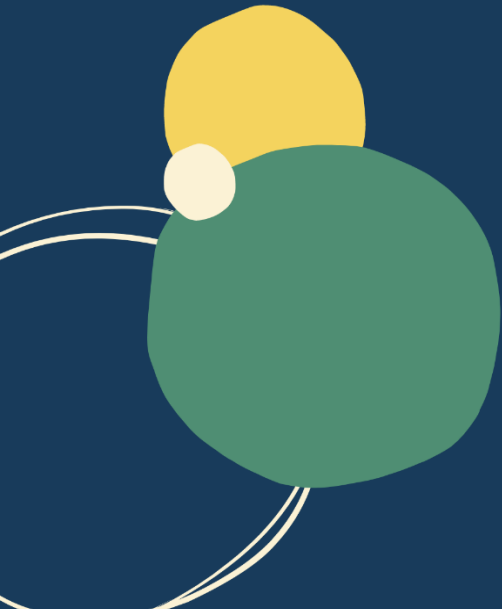
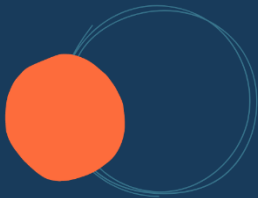
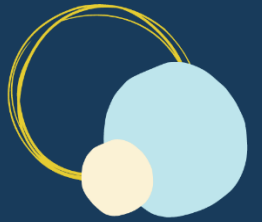


PRIMARY DATA SOURCE: ANNUAL CDVSA END OF YEAR REPORT

During SFY2024, PPPG grantees submitted annual progress reports via an online survey and data management system. Grantees are asked to report on their efforts related to **staffing**, **coalitions** and **partnerships**, **resources**, implementation and evaluation of **programming**, preliminary findings associated with program **outcomes**, **capacity development**, a set of common indicators, and TA **needs**.

Year Three

FINDINGS



Prevention EVALUATION

Evaluation is important for effective primary prevention, as it reveals a program's true impact. Understanding the data and methods informing this report is key to interpreting the grantees' results. Evaluation requires systematic assessment, consistent documentation, and careful planning.

In SFY2024, 85% of grantees had a written evaluation plan (n=11) for measuring and tracking their programming; with 85% of grantees (n=11) having their goals and outcomes written down.

Effective prevention programs use ongoing evaluation to:



MONITOR
PROGRESS



GATHER
FEEDBACK



INFORM
PLANNING



DRIVE CONTINUOUS
QUALITY IMPROVEMENT (CQI)



Half of Grantees Worked with an External Evaluator

In SFY2024 54% (n=7) were working with an external evaluator.

4:  STRATEGIC
PREVENTION SOLUTIONS

2:  GOLDSTREAM
group, inc.

1:  Wellspring Group Consulting
Seldovia, Alaska

Grantees shared their progress in tracking their goals and objectives, such as:

CAPACITY BUILDING



- Community Needs Assessment tracking
- Diversifying funding streams
- Program development progress
- Relationship and partnership building
- Data management and dissemination

PROMOTE POSITIVE SOCIAL NORMS & HEALTHY RELATIONSHIPS



- Knowledge of healthy relationships, emotions, and life skills
- Family connectedness
- Healthy home and school environments
- Healthy masculinity

BYSTANDER ENGAGEMENT



- Community roles and engagement as active bystanders

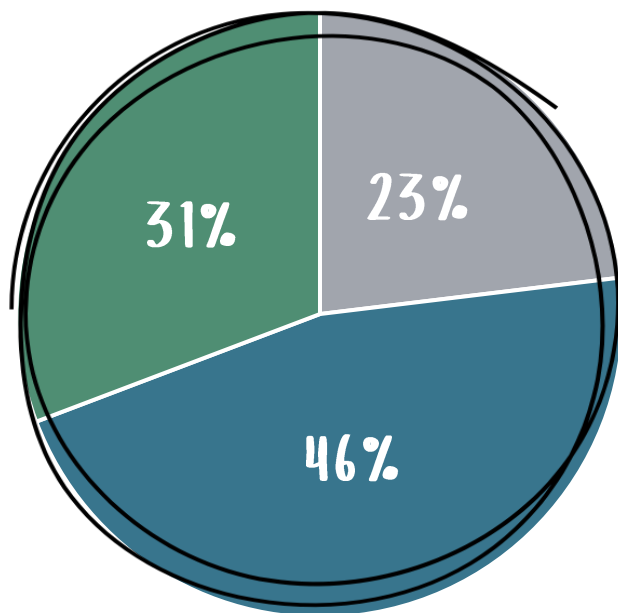
YOUTH PROTECTIVE FACTORS & ENGAGEMENT



- Engagement in prevention programs
- Positive peer culture
- Youth leadership
- Connection to positive adults

Overall, most grantees (n=46%) are measuring the impact of some, but not all programming, including process evaluation of all programming.

DATA COLLECTION



- None or limited process data (e.g., attendance, number of events).
- Measuring impact (outcomes evaluation) of some (but not all) programming; plus process evaluation of all programming.
- Measuring impact & tracking (outcome and process) of most/all programming.

THIS EVALUATION
INCORPORATES
BOTH **PROCESS**
AND **OUTCOME**
MEASURES.

In addition to contracted evaluators, grantees identified additional strategies employed to track and adapt their progress towards prevention goals, including:

- Quantitative data collection (Counts)
- Qualitative data collection (Interviews)
- Specific evaluation tools (Surveys)
- Mixed-methods approach (combining qualitative and quantitative data)
- Reporting and documentation (e.g., EOY Report Tracker)
- Continuous Quality Improvement (CQI; e.g., discussions)
- Program-specific evaluation (e.g., GOTR post-survey)
- Community engagement and feedback (e.g., workgroup)

Almost half of grantees share evaluation findings with coalition members (46%, n=6), community members (38%, n=5), and internally (23%, n=3).

Methods of Dissemination



WEBSITES



NEWSLETTERS



SOCIAL
MEDIA



REPORTS &
INFOGRAPHICS



PRESENTATIONS



"...A recent training where a community partner with the [coalition] asked about sexual violence prevention perceptions in the community. I was able to quote the CNA about how 60% of our community perceives this as a need, which allowed us to steer the conversation into what we should be doing with this understood motivation (also addressed in our CNA). As a result, the [coalition] member requested some time to discuss our data together to see if there are more ways we can overlap our prevention efforts."

Prevention RESOURCES

Effective prevention efforts rely on critical resources: staffing, funding, and robust organizational structures. These elements form the foundation of a grantee's capacity, directly influencing the impact of their initiatives. By strategically allocating these resources, grantees can maximize their potential for sustainable change.

Staffing

Dedicated staff are important to the success of primary prevention initiatives. Without them, a community's efforts to prevent DV/SV are often compromised, lacking continuity, and reducing effective implementation. Staff turnover remains a persistent challenge that significantly impacts on the capacity to deliver sustainable programming.

Just over half of the grantees (n=64%) were supported by volunteers in their community. A total of 177 volunteers assisted with prevention program implementation, such as providing coaching with Girls on the Run.

During SFY2024, grantees reported a total of 43.5 PPG funded full-time employees (FTEs) doing prevention work (average per site: 2.9 FTE, range: 1-6 FTE). The FTE equivalent included any personnel supporting prevention, including advocates. There was a total of 56 people designated to evaluate prevention activities. That is an average of 4.3 people/grantee who support the evaluation of their efforts (e.g., data collection, monitoring, analysis, interpretation of impact, CQI). This is a strong factor in the growing capacity of grantees.

2024 STAFFING NUMBERS

56% 

grantees (n=9) had a
prevention position
terminated or otherwise
transitioned out

82% 

grantees (n=6) hired a
new staff member to fill
a prevention position

Funding

Grant funding, often unpredictable from year to year, directly impacts an organization's ability to maintain consistent staffing for program implementation. This financial uncertainty can lead to fluctuations in organizational capacity and program continuity.

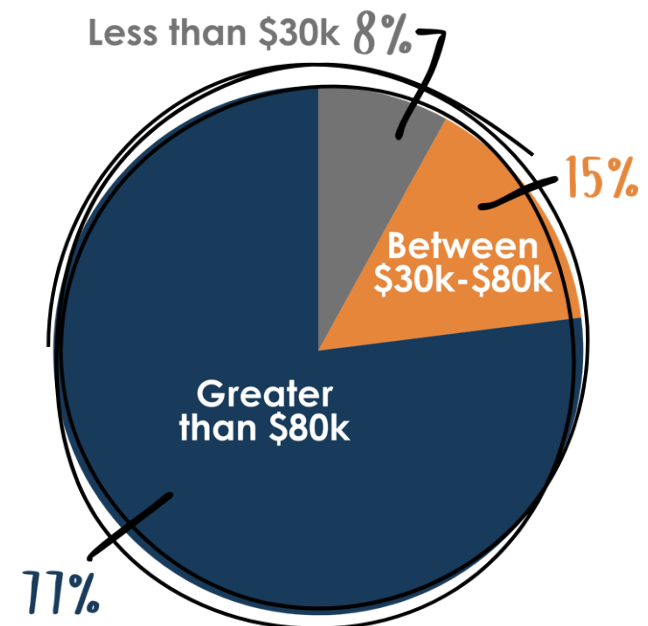
Aside from two grantees where prevention is funded by hard, sustained funding from the agency (i.e., a budget line item), communities rely on multi-year grants to support their primary prevention efforts. One community also receives funding from their city budget, one-time community grants, or donations.



These findings highlight the current importance of CDVSA funding for supporting prevention initiatives in most communities, while also indicating a need for more stable, long-term funding solutions.

Prevention programming in Alaska primarily relies on the CDVSA prevention funding, with 77% (n=10) of programs relying solely on the multiyear grants.

GRANTEE FUNDING ALLOCATED FOR PREVENTION BY THEIR ORGANIZATION



Organizational Structures

Effective DV/SV primary prevention programming relies on well-trained staff, supported by robust organizational practices and structures, both formal and informal. Agency training and orientations on primary prevention help bolster the success of local efforts by ensuring consistent understanding and awareness of prevention. With the turnover of prevention staffing, it is even more critical grantees are supported in institutionalizing prevention and building permanent positions for programming support and continuity over time.

INDICATORS OF PRIMARY PREVENTION INSTITUTIONALIZATION

Staff orientation contains prevention components and/or ongoing trainings on primary prevention are required for all staff.

62%



Prevention present in job descriptions of a significant amount of personnel including the ED and other agency leadership positions.

46%



Prevention present in some **job descriptions outside of prevention staff.**

39%



Optional trainings on prevention are offered to all staff.

39%



Little to no-mention of prevention in job descriptions outside of prevention staff.

16%



Coalitions & PARTNERSHIPS

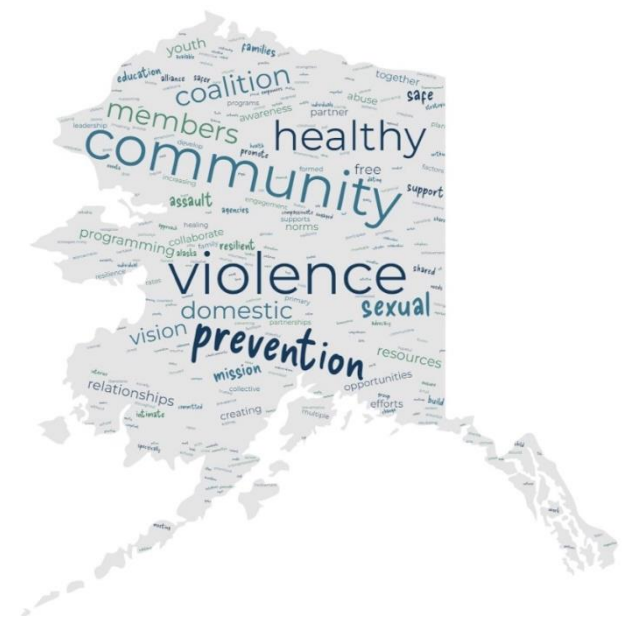
PPPG grantees implement, participate in, or facilitate local coalitions that integrate DV/SV prevention into their core objectives. These grantees have reported on their evolving community engagement efforts for primary prevention, focusing on collaborations beyond their internal teams.

Historically, violence prevention efforts were siloed by topic (e.g., teen dating violence or substance misuse), with separate funding streams, organizational structures, and stakeholder groups. However, guided by the CDC's Shared Risk and Protective Factors framework, grantees have increasingly recognized the interconnectedness of various forms of violence, guiding their partnership with their community.

Coalitions and Community Prevention Team's Goals

Coalitions across Alaska share similar visions for safe, healthy, and thriving communities. The figure to the right is a visual representation of the mission and vision statements of the community coalitions. Key terms like "community," "healthy," and "prevention" prominently feature across these statements, underscoring shared priorities despite each grantee's unique characteristics. This visual highlights the common aspirations of Alaskan communities. Through the concerted efforts of CDVSA grantees, their partners, and community members, these shared visions can become reality.

A few grantees changed their community prevention team. One grantee's team decided to expand their focus to include human trafficking. One group decided to incorporate a 501.c.3. Another decided to disband and merge their community prevention teams due to overlap in efforts with other entities.



Collaboration is at the Root of Prevention

Grantees described some of the progress made to their prevention team/coalition to address shared priorities, including:

REGULAR MEETINGS & COMMUNICATION:

Partners met regularly to share concerns, accomplishments, and events. Meetings allowed for communication among agencies to discuss community trends and service gaps. They also provided space to update progress on strategic plans and tasks.

FOCUS ON SPECIFIC PRIORITY AREAS:

Coalitions identified and focused on key priority areas for their communities. Examples include early childhood programming, substance abuse and recovery, community connectedness, and mental health.

SHARED STRATEGIC PLANNING:

Some coalitions created long-term strategic plans (e.g. 10-year plans) with multiple local groups. Partners aligned objectives and coordinated efforts using approaches like the Collective Impact model and the Shared Risk and Protective Factors Approach.

JOINT PLANNING AND HOSTING OF EVENTS:

Coalitions and their partners collaborated on planning and hosting events to reduce duplicate services. Coalitions organized community events like resource fairs and awareness initiatives.

COMMUNITY PARTICIPATION & AWARENESS:

Coalitions organized events to increase community awareness of services and issues. They worked to boost volunteer engagement and connect resources with community members.

COORDINATING SERVICES & REFERRALS:

Partners worked together to refer community members to the most appropriate services based on their needs. This collaboration helped reduce duplication of services.

TRAINING & CAPACITY BUILDING:

Some partners collaborated to bring important trainings to their communities, like suicide prevention and mental health first aid.

MEETINGS



"Relationships are at the heart of [coalition] – our Coalition represents a diverse network of 32 organizations working to serve communities and people throughout [region] Alaska and beyond. We seek collective impact through our interconnected work: Coalition partners implement programs focused on [Alaska Native] people, culture, and language; Tribal policy and government; education and youth development; violence prevention; and mental health; among others...Community members and Coalition partners offer us reflections of their experiences with [coalition]; in their own words, they celebrate [coalition]'s ability to: "amplify voices of marginalized groups;" "practice community accountability;" "prioritize relationships," and "facilitate opportunities for those with positional power to hear from those with lived experience and expertise." Relationships will continue to be central to our vision of a region free from violence. Together, we believe it is possible."

In SFY2024, there were 92 total coalition meetings

ON AVERAGE, COALITIONS HELD 7 MEETINGS WITH A RANGE OF 0-12

THERE WERE A TOTAL OF 869 ADDITIONAL MEETINGS, WORKSHOP EVENTS, OR DATA MEETINGS TO SUPPORT DV/SA PRIMARY PREVENTION IMPLEMENTATION AND EVALUATION.

In SFY2024, grantees formed **56 new** community collaborations & formal agreements.

Circles represent these partnerships by sector, with totals shown.



Ownership of Prevention is Shared in Community

Shared ownership is imperative to the successful development, implementation, evaluation, and sustainability of prevention efforts and involves engaging community members and organizations. A coalition's ability to share the ownership of prevention efforts with local partners increases their organizational capacity, empowers community leadership, increases cultural relevance, and enhances program comprehensiveness.

Grantees described the ways they actively involve community members and leadership in DV/SV primary prevention efforts:

PROVIDING FUNDING AND OTHER RESOURCES

The most common way grantees reflected shared ownership was through pooling of funds and other resources. This is an integral part of prevention as it alleviates part of the responsibility to provide resources only from one grantee and delegate across a community. Often, one or more partners will cover the costs of supplies, donate participation incentives, provide space, supply volunteers, offer transportation, host fundraisers, pay for advertising, and more.

IMPLEMENTING OR CO-IMPLEMENTING PROGRAMMING

Partners implemented or co-implement primary prevention programming. Partners were also seen housing the programs in their organization, facilitate classes or support groups, assist with tasks on the day of events, and inviting the grantee to support them in their own programming.

SHARING MATERIALS WITH PREVENTION MESSAGES, PROGRAM INFORMATION, AND RECRUITMENT

Grantees described their partner's support with program recruitment by sharing program information, such as posting on their website and social media, sharing through their newsletter, and recruiting participants engaged in their program. Multiple grantees shared their partner's printed materials, such as fliers and brochures, containing prevention messaging. Grantees mentioned that these materials would be posted in local businesses, such as grocery stores or coffee shops, to support the dissemination of prevention messaging more broadly throughout the community.



"Through the coalition partnerships: host regular meetings, host their own programming, support each others programs/events, refer to each other, utilize others programs/events, show up and give information, [grantee] co-presents. It is all interwrapped. We are a small community with a lot of non-profits. No one is interested in re-inventing the wheel, if there is a need or service to provide, it is natural to reach out to our partners. Its a symbiotic relationships. They would also do the same for us as the need arises."

Comprehensive Program IMPLEMENTATION

Primary Prevention Starts with Planning

Grantees develop tailored DV/SV primary prevention plans reflecting local conditions and needs. This draws on recent assessments and local data, considering the community's unique context and priorities. It outlines optimal use of prevention resources to support efforts, including activities and training.

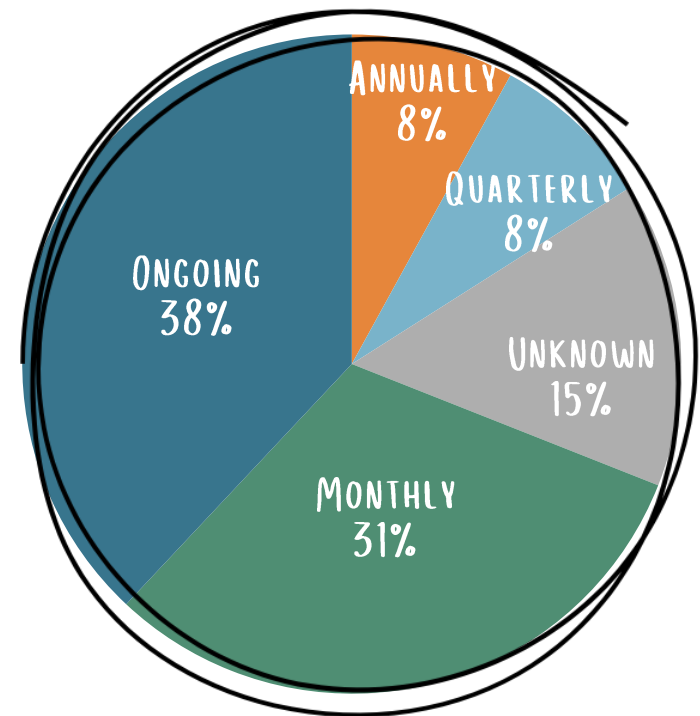
All 13 grantees have active, up-to-date primary prevention plans guiding their efforts. Most used these plans as planning and monitoring tools. Two grantees modified their plans in SFY2024. Those changes included new goals and objectives, altering prevention program implementation, updating data and data tracking, and updating timeline.

GRANTEES USE THE PREVENTION PLAN FOR:



- Program planning and decision-making
- Evaluation and assessment
- Programming guidance
- Training and onboarding
- Grant application and reporting

MOST GRANTEES USED THEIR PREVENTION PLANS THROUGHOUT THE YEAR.



Prevention Strategies Implemented by Grantees

A primary prevention program strategy is a plan or approach to stop DV/SA before it starts by addressing the causes of violence and promoting healthy behaviors and norms from the beginning. The CDC's Technical Packages describe evidence-based and promising strategies and approaches for DV/SV prevention that include teaching healthy and safe relationship skills, promoting social-emotional learning, engaging influential adults, improving school climate and safety, fostering safe physical environments, and parents reinforcing prevention concepts.

Two strategies were implemented the most across all funded communities:

GIRLS ON THE RUN: 54%

Girls on the Run (GOTR) is an empowerment program for 3rd - 8th grade girls. The 10 week/20 lesson afterschool program combines training for a 5k running event with healthy living and self-esteem-enhancing curricula in a positive environment where girls learn to identify and communicate feelings, improve body image, and resist pressure to conform to traditional gender stereotypes.

LEADON!: 31%

LeadOn! for Peace and Equality is a youth leadership strategy that's supports youth to address social norms and behaviors in their communities. You attend a multi-day conference and then return to their communities to complete projects improving Alaskans' health by increasing protective factors and minimizing risk factors. Community projects often uses media campaigns, events, policy changes, and culture camps to share messaging.

In SFY2024, grantees reported that they implemented a total of 69 strategies. On average, grantees implemented about 5 strategies (range: 2-8) during the year.

*Grantees in group A implemented 4 strategies on average (range: 2-6), while grantees in group B implemented an average of 6 strategies (range: 5-8).

YOUTH-SPECIFIC PROGRAMMING

Grantees implemented youth-specific programming, such as girls and boys programs, peer educator programs, and primary prevention education. These programs were implemented with youth 18 years old and under, typically within school settings. Many grantees reference building supportive school and peer relationships through these programs, in addition to supporting youth in building individual skills. In the final funding year (i.e., SFY2025), grantees shared plans to continue current youth programs, with a few looking to implement additional youth leadership and specifically boys' programs.



Girls & youth leadership programs were among the most common implemented by grantees (n=10, 77%).



Girls on the Run

LeadOn!

Let Me Run

Sources of Strength

Alaska Safe Children's Act

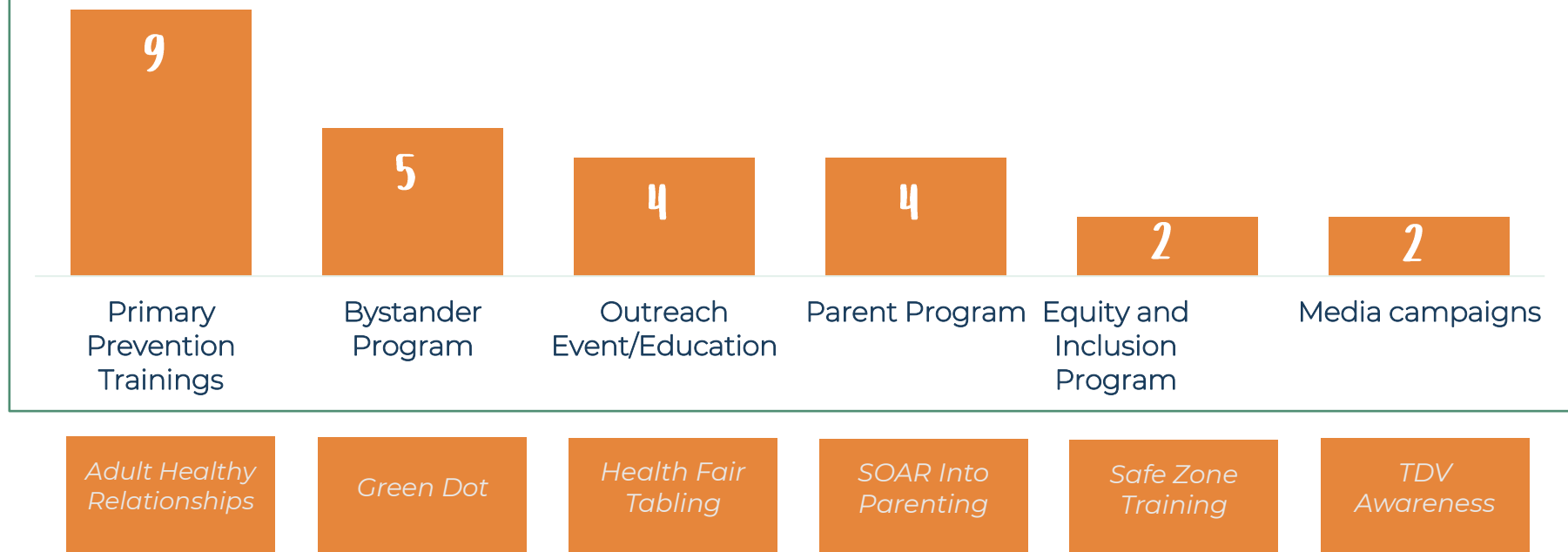
Teens Acting Against Violence

← EXAMPLES OF IMPLEMENTED PROGRAMS BY TYPE →

GENERAL PROGRAMMING

General programming typically focuses on providing programming to all community members, without a focus on age. For instance, grantees provided primary prevention training in schools, at hospitals, and during partner events. In the final funding year (i.e., SFY2024), grantees shared that they plan on continuing their programming, with a few sharing that they would like to implement more bystander and equity and inclusion programs.

Most grantees offered primary prevention activities in their local communities (69%, n=9).



EXAMPLES OF IMPLEMENTED PROGRAMS BY TYPE

Prevention Strategies Address Shared Risk and Protective Factors

THE FOUR MOST FREQUENTLY ADDRESSED **RISK FACTORS** WERE:



13
GRANTEES

Teen dating
violence



12
GRANTEES

Unhealthy gender
norms and beliefs



10
GRANTEES

Mental health
concerns



10
GRANTEES

Child abuse

THE FOUR MOST FREQUENTLY ADDRESSED **PROTECTIVE FACTORS** WERE:



13
GRANTEES

Social-emotional
learning skills



12
GRANTEES

Resiliency



12
GRANTEES

Positive community
norms



12
GRANTEES

Connection to a
caring adult

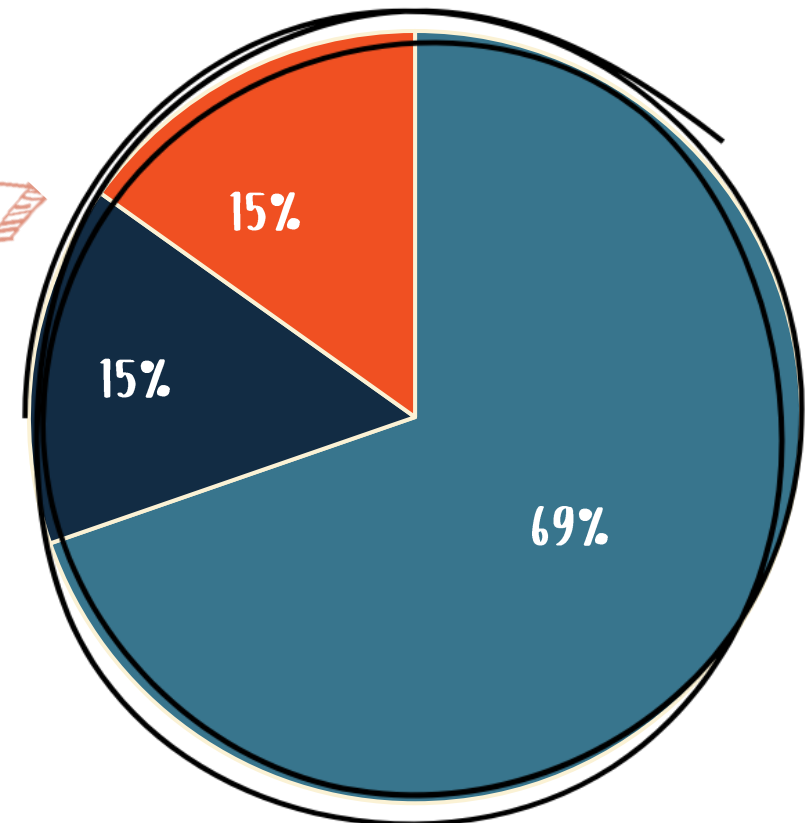
Social Ecology

The social ecology framework helps identify and understand complex relationships between individuals, their personal connections, local communities, and broader societal factors. This approach also serves as a planning tool to pinpoint existing prevention efforts and areas where additional interventions may be necessary.

The PPPG grantees make efforts to improve the comprehensiveness of their prevention programming through their reach across the social ecology.

- Prevention strategies are implemented in different settings of populations (e.g. students, teachers), across most or all levels of social ecology AND reinforce/share messaging.
- Multiple prevention strategies are implemented in the same setting or population (e.g. at school), but reinforce the same message.
- Many implement awareness activities, one-time prevention awareness talks, and/or programs that address only one population within one setting.

COMPREHENSIVENESS



Grantees in Group A reported activities ranging from single events to comprehensive approaches across multiple populations. Two Group A grantees (33%) focused on awareness and one-time presentations. All Group B grantees described comprehensive programming involving multiple strategies across various settings and SEM levels.

Equity, Inclusion, and Cultural Responsiveness

The PPPG grant emphasizes culturally responsive programming to address the disproportionate impact of DV/SV on certain groups due to factors like low income, racism, and strict gender norms. Effective prevention efforts must consider cultural responsiveness and community characteristics to address systemic issues affecting those most impacted. This can include diverse coalition membership, activities centered on local values, accessible communication materials, and economic opportunities.

SHARING DECISION-MAKING POWER

- 1. COALITION REPRESENTATION:** Many coalitions actively seek out and include representatives from diverse groups. For example, one grantee has active participation from both tribal governments in their community. Some coalitions have members specifically focused on the needs of differently-abled individuals. One grantee goes a step further by having a Visionary Council, which is a circle of advisors from diverse cultural and professional backgrounds. This council helps ensure that all coalition decisions are made through an equitable lens.
- 2. SPECIFIC COMMUNITY PARTNER COLLABORATION:** Grantees are forming deep, meaningful partnerships with local organizations representing minority groups. Collaboration with LGBTQ+ organizations is prominent within the cohort. One organization noted to act as fiscal agents for minority-led groups, such as their local Pride Alliance, providing structural support while maintaining the group's autonomy.
- 3. ORGANIZATION STAFF REPRESENTATION:** Many grantees are making efforts to ensure their staff reflects the diversity of their communities. One grantee shared that most of their staff are Alaska Native, mirroring the community's demographics. Organizations are implementing strategies to improve retention and support for employees from minority groups. This includes providing targeted training on diversity and equipping staff to work with diverse populations.

In SFY2024, grantees' approach to equity, inclusion and cultural responsiveness was **grounded in local partnerships and representative leadership to share decision-making power with various groups in their communities.**

- 4. YOUTH ENGAGEMENT:** Many grantees recognize the importance of youth voices, particularly those from minority groups. Multiple grantees shared that their peer education programs and youth leadership groups actively recruit youth from diverse backgrounds, and they intentionally prioritize incorporating youth voice into their work by providing the youth a space to inform and lead their work. One grantee shared how this process looks for their community in the quote below.
- 5. OUTREACH:** Grantees are making concerted efforts to reach underrepresented and minority communities where they are. This includes participating in community events, like Juneteenth. Some organizations are addressing transportation barriers by increasing travel for outreach and advocacy, ensuring that geographic isolation does not hinder engagement. There's a trend towards becoming recurring participants in events hosted by diverse and underrepresented communities, rather than just one-off engagements. This helps build trust and ongoing relationships with these communities.
- 6. SPECIFIC WORKGROUPS AND TEAMS:** Some grantees are participating in or leading multidisciplinary teams that bring together various community stakeholders. These teams often share responsibilities and decision-making power for changes that will impact the whole team and community.



"[Grantee] efforts to support youth leadership include providing teens with a space to inform, direct, and carry out the work of the youth coalition. In partnership with adults who guide the process, youth take the initiative to make decisions about which issues they'd like to address each year and how they'd like to do it."

INVESTMENTS TO ADDRESS EXISTING DISPARITIES

Grantees are addressing disparities through program adaptations, diverse leadership, training, and capacity building. PPPG funding emphasizes tangible, longstanding investments to address community disparities.

Building the capacity to contribute tangible investments to equity and inclusion is an ongoing effort for many grantees. Impactful and effective strategies, such as local policy changes and adopting equitable internal organizational practices, require investments to have the capacity to accomplish.¹⁰

Grantees described how they are building local capacity to invest in decolonized programming with a focus on equity, inclusion, and cultural responsiveness:

- ✓ Create formal documents (e.g., MOUs, agreements) to guide current and future efforts
- ✓ Engage with community members to garner support and buy-in for efforts
- ✓ Work with local partners to identify ways to improve their equity approach
- ✓ Seek additional funding to provide monetary incentives for program participants



“Resources such as brochures, pamphlets are in multiple languages and culturally relevant to the community need. Program activities are accessible for individuals with disabilities by the use of larger font, simple font and emphasizing important information on flyers shared on social media and posted around town.”

In SFY2024, grantees invested:

- FUNDING
- STAFF TIME
- TRAINING
- ORGANIZATIONAL PRACTICES & POLICIES
- PROGRAM ADAPTATIONS
- COMMUNICATION ACCESSIBILITY

CDVSA developed common indicators to consistently and uniformly measure prevention program **outputs** and **indicators** across sites. In SFY2024, grantees provided awareness events reaching nearly 7,400 youth — a 194% increase compared to the prior year (SFY2023, 2,514). There was a decrease in the number of youth activity facilitators and/or peer mentors compared to the previous year (% change = 26%) and 35 fewer youth engaged as co-facilitators, presenters or peer mentors in SFY2024 compared to SFY2023. Conversely, there was an increase in the number of youths represented as coalition members with a 103% increase in SFY2024 (n = 69), compared to SFY2023 (n = 34).



Number of community members who attended & received information about DV/SV Primary Prevention:

BY AGENCY ➡ 7,015

BY COMMUNITY COALITIONS ➡ 2,668



Number of individuals who joined a bystander program:

COMMUNITY MEMBERS ➡ 130

UNIVERSITY ➡ 0

HIGH SCHOOL ➡ 687

PARTNERS PROGRAMMING ➡ 13



Number of people who participated in some type of prevention activity this year:

YOUTH COALITION MEMBERS ➡ 69

ATTENDED A SINGLE OR ONE-TIME PREVENTION PRESENTATION ➡ 7,396

PEER MENTOR OR CO-FACILITATOR ➡ 99

PARTICIPATED IN A PREVENTION STRATEGY ➡ 898

Technical ASSISTANCE

Technical Assistance (TA) offerings available to grantees during the PPPG funding cycle:

- Grounding in Prevention Series: 101 Prevention Training
- Monthly Statewide Prevention Meetings
- EOY Reporting Office Hours
- Annual cohort events
- Online collaboration and resource-sharing
- Tailored 1:1 TA
- Grant administrator Office Hours

TA is valued by grantees, who appreciate support from entities like CDVSA, ANDVSA, and SPS. Initiatives such as SPS Office Hours, monthly calls, and conferences are particularly helpful for staff development. Training on equity and root causes has been impactful, with concepts being applied locally. While grantees feel comfortable seeking help, some are uncertain about all available resources. Overall, TA is effective when used, but clearer communication about offerings could improve utilization.

MOVING FORWARD, GRANTEEES WOULD LIKE TA TO IMPROVE BY:

- Addressing specific training needs: culture change, social media campaigns
- Designing practical application of knowledge: ridge the gap between theory and practice
- Enhance orientation to grant and resource management for new Staff: Access to available resources
- Guidance on rural and small-community strategies : Overcoming barriers to engagement
- Peer networking and connection: Balance in-person and virtual TA opportunities

 "My staff really benefited from the Prevention Conference! They came back full of motivation and ideas, and I know at least two of them felt more comfortable seeking support from ANDVSA after attending."

Progress **UPDATES**

PPPG grantees improved and expanded their program implementation because of this funding, capacity-building efforts, increased comprehensiveness, and enhanced partnerships.

In SFY2024, funding was used to improve and expand programming in the following areas:

- Dedicate staff time to implementation
- Geographical expansion
- Organizational and staff capacity building
- Facilitate and/or engage the coalition
- Enhance partnerships
- Dedicate more time and resources to program recruitment
- Purchase swag, incentives, office equipment, and program supplies
- Create advertisements and media campaigns
- Cultural integration
- Equity and Inclusion initiatives
- Addressing specific community needs

While some programs focused on expanding, others worked to maintain and ensure the stability of their existing initiatives due to various factors, such as staffing turnover. A couple of grantees made strategic decisions to discontinue some programs, and reallocate and redirect resources towards building stronger partnerships and improving program quality.

"This program did not expand this year, but we have continued to implement programming, such as offering a youth group and doing healing through music programs that incorporate culture and youth empowerment."

“We didn’t run our [name] event this year because we didn’t have time to run it well, and we decided it was best not to run a program that wasn’t up to our standards.”

POLICY WORK UPDATES

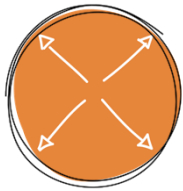
Policy work to address DV/SV creates a framework for sustained action. Grantees across Alaska are making valuable contributions to community safety, health, and resilience. While their approaches vary, most share a common goal: strengthening policy work.

Grantee's policy work takes different forms depending on local needs:



- Working with the local school districts to change policies
- Internal organizational policy changes to address diversity, equity, and inclusion
- Providing information and support to guide local policies
- Advocate for funding and resources locally and within the state

Evaluation **CLOSING**



In SFY2024, Alaskan grantees made significant strides in preventing DV/SV. Grantees expanded their programs, enhanced partnerships, and implemented new approaches like the Icelandic Model and Collective Impact Framework. By focusing on interconnected risk and protective factors, grantees tailored their programming to address local challenges. They delivered numerous prevention presentations, events, and activities targeting youth, adults, and families, promoting protective factors such as social support, coping skills, resilience, and bystander behaviors.



Grantees strengthened community partnerships and increased sector involvement, broadening support for DV/SV primary prevention. They consistently used prevention and evaluation plans, collecting both process and outcome data. By reviewing local information, discussing with partners, and conducting Community Needs Assessments, grantees adapted their programs based on evidence and best practices. To ensure long-term sustainability, they built informed community networks and cultivated shared responsibility and commitment, aiming to extend initiatives beyond the funding period.



Alaskan communities are seeing increasing support and collaboration around primary prevention initiatives. Early positive outcomes include improved awareness about various forms of violence, positive shifts in attitudes, increased youth confidence, enhanced family support and communication skills, and greater collective responsibility to prevent violence. While long-term changes take time to manifest, these efforts are laying a strong foundation for preventing DV/SV in Alaskan communities.

Evaluation RECOMMENDATIONS

The following recommendations are based on the available information and are aimed at strengthening technical assistance delivery, evaluation of grant requirements, and to further enhance and advocate for statewide DV/SV primary prevention efforts.

ENHANCE STATEWIDE COORDINATION

Foster relationships with other prevention initiatives, identify overlaps among state agencies to avoid duplication, and increase community engagement in state-level planning. This approach ensures a unified strategy to address violence prevention and shared risk and protective factors across Alaska.

INCREASE COMMUNITY PREVENTION FUNDING

Advocate for sustainable long-term resources and establish clear, measurable goals for prevention initiatives. Address high turnover due to under-resourced programs. Investing in prevention can reduce the need for other costly services, such as crisis intervention and healthcare to heal from exposure to violence.

PROMOTE BEST PRACTICES AND LOCAL INNOVATIONS

Facilitate knowledge sharing among communities and support the evaluation of evidence-based practices. Continue educating practitioners on effective prevention strategies to ensure programs are comprehensive, appropriately timed, and socio-culturally relevant. Supporting grantees in understanding program theory and describing anticipated links between program activities and outcomes will help disentangle the complexities and strengthen implementation and evaluation.

LAUNCH UNIFIED PUBLIC AWARENESS CAMPAIGNS

Collaborate with grantees on design and promotion of primary prevention messages. Leverage existing materials and effective messages to change social norms and create a culture of prevention across the state.

ADDRESS ORGANIZATIONAL AND SYSTEM FACTORS

Build prevention buy-in and optimize local systems. Support embedding prevention efforts within organizational policies and practices internally, including intersectionality and equity in all prevention efforts. Consider more inclusive training opportunities to include coalition partners and foster more collaboration opportunities, while also increasing exposure to best practice and evidence-based approaches.

IMPROVE OUTCOME MONITORING AND DISSEMINATION

Expand funding for robust data collection and analysis. Provide examples of exemplary program evaluations and support communities in sharing findings with leadership, partners, and communities to direct needs, inform resource allocation decisions, and raise awareness of efforts. A well-defined theory of how the program is expected to work and what outcomes will be achieved can improve the quality of data and monitoring processes. Additionally, these can provide indications of what concrete, measurable outputs and outcomes are collectively possible and allow for cross-site tracking.

INCREASE ENGAGEMENT AT THE SOCIETAL LEVEL OF THE SOCIAL ECOLOGY

Increase the capacity of prevention programs to educate and inform policymakers. Encourage grantees to focus on policy education and multi-sectoral partnerships to create systemic change.

ENHANCE THE COMPREHENSIVENESS OF PREVENTION PROGRAMMING

Support evidence-based and locally tailored approaches by focusing on core program components and essential features necessary for achieving outcomes. Expand efforts to targeted populations and different SEM levels to promote cultural, normative, and systemic shifts for healthier relationships and overall community wellbeing. For example, zero grantees reported implementing programming at colleges or universities during SFY2024, so this population is an area for future consideration. Adaptations to local context might include adapting language, replacing images or messages that resonate with the intended population, and addressing barriers to participation (e.g., providing transportation).

Evaluation APPENDICES

Outcomes and Indicators Tables

	Awareness	
	How many community members attended and received information about DV/SV Primary Prevention?	
Grantee	By Agency	By Community Coalition
1	117	130
2	13	2
3	841	841
4	2,250	170
5	431	331
6	5	n/a
7	28	5
8	153	217
9	2,610	0
10	61	972
11	0	0
12	49	0
13	457	0
Total	7,015	2,668

	Bystander Programming			
	How many individuals joined a bystander program?			
Grantee	Community Members	High School	University	Partners Programming
1	0	0	0	0
2	0	237	0	0
3	34	0	0	0
4	0	0	0	0
5	25	0	0	0
6	5	0	0	0
7	0	0	0	0
8	0	0	0	0
9	0	0	0	0
10	66	450	0	13
11	0	0	0	0
12	0	0	0	0
13	0	0	0	0
Total	130	687	0	13

	Youth Engagement			
	How many youths (under 18 years of age) participated in some type of prevention activity this year?			
Grantee	Youth Coalition Members	Peer Mentor or Co-facilitator	Attended a single or one-time prevention presentation	Participated in a prevention strategy
1	0	0	628	57
2	0	0	0	0
3	3	28	586	246
4	20	6	230	14
5	0	0	275	138
6	0	0	3,708	0
7	0	0	3	5
8	14	14	750	77
9	4	28	330	274
10	4	1	44	16
11	0	10	28	10
12	0	1	383	38
13	24	11	431	23
Total	69	99	7,396	898

Evaluation Questions

- Process evaluation questions examine the implementation of grantee programs and interventions, providing insights into how these activities support prevention efforts.
- Outcome evaluation questions focus on the results and impacts of grantees' programs and interventions.
- General evaluation questions address overarching aspects of the evaluation.

GENERAL EVALUATION QUESTIONS

1. To what extent is the capacity to implement and evaluate prevention programming increasing?
2. To what extent are grantees increasing community awareness and the exchange of primary prevention ideas?
3. To what extent are communities partnering with local initiatives to address shared priority areas?
4. To what extent are grantees implementing primary prevention strategies effectively?
5. To what extent are grantees addressing risk and protective factors?
6. To what extent are grantees redesigning and incorporating aspects of equity into systems to promote inclusivity and equitable outcomes?
7. To what extent are grantees collecting and using evaluation results to improve implementation?
8. To what extent is technical assistance supporting grantees and what needs remain?

OUTCOME EVALUATION QUESTIONS

1. What were the changes in capacity or program implementation?
2. To what extent did grantees increase their capacity to evaluate DV/SV primary prevention programming?
3. Have communities seen an increase in opportunities for youth to be involved in DV/SV primary prevention programming?
4. In what ways are grantees utilizing opportunities and resources to increase capacity to implement programming?
5. Has community leader and/or agency representation expanded to be more inclusive and/or representative of the community?

6. What, if any, policy and/or practice changes to support primary prevention took place?
7. What does the data tell us about short term and intermediate outcomes (by the end of the CDVSA funding period) that can lead to longer term impact (beyond end of the CDVSA funding period) across grantees?
8. What impact did programming have on participants?

PROCESS EVALUATION QUESTIONS

1. How many new or returning partnerships contributed to implementation?
2. What specific risk and protective factors were focused on in grantees' programming?
3. What populations were reached?
4. How many community members were exposed to DV/SV prevention messaging?
5. How many community members received bystander training?
6. How many youths were engaged in primary prevention?
7. To what extent did primary prevention programming include content related to equity and inclusion?
8. How are CDVSA grantees working to assess the implementation, outcomes, and impact of their prevention programming?



STRATEGIC
PREVENTION SOLUTIONS