SFY2023

Primary Prevention Programming Grantees

End of Year Report

Prepared for:

CDVSA

Alaska's Council on
Domestic Violence
& Sexual Assault

Prepared by:

STRATEGIC
PREVENTION SOLUTIONS

Table of Contents

List of Tables

List of Figures

Acronyms, Abbreviations, and Terminology

BIPOC	Black, Indigenous, and people of color
CDC	Centers for Disease Control and Prevention
CDVSA	State of Alaska Council on Domestic Violence and Sexual Assault
PPPG	CDVSA Primary Prevention Programming Grantees
CNA	Community Needs Assessments
CRA	Community Readiness Assessment
CQI	Continuous Quality Improvement
DV	Domestic Violence: *Domestic violence is perpetrated by romantic partner(s), household or family members and includes a pattern of violent, controlling, coercive behaviors intended to punish, abuse, and control the thoughts, beliefs, and actions of the victim*
GD	Green Dot
GOTR	Girls on the Run
LGBTQ+	Lesbian, gay, bisexual, transgender, queer (or sometimes questioning), and others
IPV	Intimate Partner Violence: *Any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship*
SPS	Strategic Prevention Solutions
SA	Sexual Assault: *Sexual assault occurs any time a person is forced into a sexual act through physical violence, verbal threats, manipulation, abusing authority, or other ways that a person cannot and does not consent to sexual acts*
SV	Sexual Violence: *Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advanced, acts to traffic, or otherwise directed against a person's sexuality, using coercion, threats of harm or physical force, by any person, in any setting*
TA	Technical assistance
TDV	Teen Dating Violence

Acknowledgements

The State of Alaska's Council on Domestic Violence and Sexual Assault and Strategic Prevention Solutions appreciate 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 to 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. We acknowledge all the work 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

Executive Summary

In 2023, thirteen grantees funded by the State of Alaska's Council on Domestic Violence and Sexual Assault (CDVSA, Council) completed their second year in a three-year funding cycle to enhance primary prevention programming of domestic violence and sexual violence (DV/SV) across Alaska.

This document summarizes end of year progress reporting submitted by CDVSA Primary Prevention Programming grantees' (PPPG) to highlight key areas of capacity change and prevention activities implemented during SFY2023 and provides aggregate summarizes of grantees' progress and efforts. In addition to making notable efforts to build prevention capacity at their organizations, in SFY2023, grantees':[1]

- ✓ Facilitated 110 coalition/prevention team meetings

- ✓ Established 43 new community agency partnerships, MOUs, or other informal or formal agreements for community-based primary prevention efforts

- ✓ Implemented 57 primary prevention strategies and activities across communities, including Girls on the Run, Green Dot, and Lead On!

- ✓ Provided information about DV/SV to 3,532 community members

- ✓ Facilitated a bystander program with over 1,006 individuals, including 66 community members, 560 high schooler students, and 15 university students

- ✓ Welcomed 34 youth (under 18 years of age) as members to their local coalitions

- ✓ Recruited over 130 peer mentors and youth peer co-facilitators

- ✓ Provided prevention-focused presentations and one-time events to roughly 2,500 youth

A review of reports submitted by grantees indicated they experienced numerous successes and worked to overcome challenges related to efforts to improve their capacity for primary prevention. Gains in cultivating community partnerships, facilitating community coalition engagement, and implementing programming has been sustained through year 02. There were fewer youth provided one-time events or presentations compared to what was reported in year 01, but more community partnerships and peer mentors were reportedly engaged this year. Grantees invested in community-level engagement through coalitions to build greater cohesion and investment in violence prevention strategies. Grantees, with community partnership, adapted programming to accommodate and meetcurrent community needs and increase their own and partnerships awareness and familiarity with equity and inclusion frameworks. During this second year, grantees, building off of their previous efforts, focused

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[1] When indicated, more information about these values is provided in the relevant sections of this report.

largely around partnering across sectors and creating sustainable, meaningful organizational relationships while making purposeful actions to welcome marginalized or missing voices and strive for inclusivity.

This year, DV/SV primary prevention in grantee communities, and in technical assistance activities (e.g., Prevention Summit 2023), emphasized a focus in a shared risk and protective factor approaches and enhancing programming through increasing communications among coalition partners, community entities (e.g., schools), and state level changes. Grantees shared increased efforts to educate community members and increase awareness to understanding of the complex nature of DV, root causes, and risk factors. Several referenced utilizing statewide survilleance to support a knowledge foundation, decision-making, and communicate the importance of primary prevention and its benefits. There is also evidence that grantees broadened the comprehensiveness of their prevention efforts. Some grantees expanded youth-based educational programming, while others expanded opportunities for families to access education and resources. A small group of grantees reported progress related to intentional efforts to shift power around social change and primary prevention efforts in their communities by creating media campaigns on prevention messaging.

These implementation efforts are consistent with best practices, and over time will continue to have a positive effect on reducing violence in Alaska.

Introduction

The aims of the PPPG initiative are to strengthen and enhance local capacity and comprehensiveness of existing community-based, coalition-driven strategies that address the primary prevention of domestic violence (DV) and sexual violence (SV). Other forms of violence and terms associated with DV/SV include intimate partner violence (IPV), teen dating violence (TDV), and sexual assault (SA). Importantly, the language and terminology used in violence prevention is nuanced and variations in terminology can greatly influence how the issues are conceptualized, discussed, researched, and reported (e.g., incidence, prevalence).

Prevention strategies aim to benefit whole

> Primary prevention consists of activities aimed to prevent harmful outcomes and conditions, such as IPV, from occurring in the first place.

populations or groups by limiting risks and increasing or enhancing conditions that prevent harm and promote health and wellness.[2,3] In DV and SV prevention, this means reducing and eliminating the incidence and factors that facilitate DV and SV by implementing comprehensive prevention programming.[4] A comprehensive prevention program addresses factors across multiple levels of the social ecology, simultaneously, and is comprised of strategies that are complementary.

Lifetime Cost of IPV

IPV is estimated to exceed **$3.6 trillion** over the lifetime of US adults[*]

$3,600,000,000,000

According to the 2020 Alaska Victimization Study it is estimated that roughly **48%** of Alaskan women experience IPV in their lifetimde—or roughly 127,000 women

48%

Average Lifetime Cost of IPV

$82,000

Average Lifetime Cost for Men

$24,000

Average Lifetime Cost for Women

$104,000

[*]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.

Figure 1: Lifetime cost of IPV

2 Department of Health and Human Services: Delaware. Prevention Definitions and Strategies: Institute of Medicine Classification System. Retrieved from: https://www.dhss.del

3 Kisling LA, M Das J. Prevention Strategies. [Updated 2021 May 9]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan. Available from: https://www.ncbi.nlm.nih.gov/books/NBK537222/

4 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. Retrieved from: https://doi.org/10.1016/j.amepre.2018.04.049

PPPG funds were awarded to programs in 13 Alaskan communities

Abused Women's Aid in Crisis (AWAIC) – Anchorage
Advocates for Victims of Violence (AVV) – Valdez
Aiding Women in Abuse and Rape Emergencies (AWARE) – Juneau
Cordova Family Resource Center (CFRC) – Cordova
Safe and Fear Free Environment (SAFE) – Dillingham
Sitkans Against Family Violence (SAFV) – Sitka
Southern Pinneinsula Coalition (SPC) – Seward
South Peninsula Haven House (SPHH) – Homer/Kenai Peninsula
The Interior Alaska Center for Non-Violent Living (IAC) – Fairbanks
The LeeShore Center (LSC) – Kenai
Tundra Women's Coalition (TWC) – Bethel
Women in Safe Homes (WISH) – Ketchikan
Working Against Violence for Everyone (WAVE) – Petersburg

★ Group A
★ Group B

Figure 2: PPPG grantees across the state

The Primary Prevention Programming Grant (PPPG) provides community programs with existing DV/SV primary prevention programming to further advance these community-grounded, collaborative efforts. Grantees are funded under two groups, characterized by scope and scale (i.e., Group A, Group B, see Figure 2). The primary aims of Group A is to enhance organizational capacity and expand implementation efforts of primary prevention strategies. Group B focuses primarily on increasing comprehensiveness of program efforts to reinforce complementary messaging across all levels of the Social Ecological Model (SEM).

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.

Both groups participate in various technical assistance (TA) and consultation opportunities to help support DV/SV primary prevention implementation, coalition engagement, and evaluation throughout the funding period.

Preventing DV and SV is possible and a critical endeavor for preventing aversive harmful sequelae or lifetime occurrences of DV and SV. The three-year grant awards are overseen by Alaska's Department of Public Safety: Council of Domestic Violence and Sexual Assault (CDVSA) and supported though technical assistance and consultation by the Alaska Network on Domestic Violence and Sexual Assault (ANDVSA) and other contracted consultants and subject matter experts.

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 comprehensively address these complex social issues as little to no focus has been directed to the conditions that preceded it. A response-only focused approach supports survivors, but neglects to address and eliminate the root causes of perpetration. Primary prevention aims to reduce and prevent future occurrences. To truly impact levels of DV and SV in Alaska, crisis intervention services must be augmented by implementing initiative-taking prevention strategies that focus on promoting positive behaviors, environments, and social conditions to enhance overall well-being.

This approach, incorporating primary prevention, is valuable and can affect the overall health and quality of life for all individuals[5]. In Alaska, we are building comprehensive prevention programming in communities, informed by existing and emerging primary prevention science and research. This includes promoting, using, and providing technical assistance to CDVSA DV/SV prevention funded communities around prevention theory, research-based models and strategies for prevention, and evidence-based best practices.

During the first year of funding, PPPG grantees focused on the following tasks:

- ✓ Implementing one to two strategies from the prevention plan [1]

- ✓ Participating in statewide technical assistance (TA)

- ✓ Increase new or existing coalition efforts to identify prevention strategies for implementation that address multiple forms of violence and/or related social conditions that share common risk and or protective factors with IPV/TDV/SV

- ✓ Enhancing the comprehensiveness of prevention programming

- ✓ Integrating continuous quality improvement (CQI) measures

- ✓ Enhancing organizational capacity for primary prevention

- ✓ Enhancing and sustaining implementation of existing strategy(ies)

- ✓ Maintaining prevention and evaluation plans to guide implementation

- ✓ Regularly review evaluation findings

- ✓ Promote equity and inclusion by being culturally responsive

- ✓ Building, enhancing, or sustaining a local coalition or community prevention teams to address DV/SV prevention

[1] Number of minimum strategies is dependent on if grantee is in Group A (one strategy) or Group B (two strategies)

Figure 3: SFY2023 grantee tasks

5 C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. American Psychologist, 58, 449-456. doi: 10.1037.0003-066X.58.6-7.449.

Primary prevention involves long-term community planning and implementation of preventive measures. A comprehensive primary prevention approach means that communities are implementing activities with the same or similar messaging that take place

> Comprehensive prevention programming helps to ensure that everyone in the community can participate, learn skills, and take an active informed role in fostering safe, non-violent communities.

in various settings, with a variety of populations across the community throughout the year. This contributes to consistent messaging and norm setting that saturate the various levels of the social ecology - so that a person is presented with prevention messaging and activities in multiple settings where they live and throughout their lifetime.

Prevention initiatives are not just one-time events in a classroom or at a community awareness event. They involve planning to understand local conditions and needs, designing initiatives that benefit the overall community and promote factors to protect against negative outcomes. Prevention initiatives encompass a wide range of strategies and activities including public education, community mobilization, violence and school-based prevention programs, and legislation. Violence is complex, and to address it, prevention efforts must be recurring and multifaceted, with sufficient dosage and community engagement across all levels of the social ecology.

SOCIAL ECOLOGICAL MODEL

The Social Ecological Model (SEM) is a theoretical framework used in fields like public health and psychology to show and understand the complex intersection of different factors and societal influences; individual factors (*age, education, income*), relationship (*social groups, friends, family members*), community (*schools, workplaces*), and societal factors (*health, economic, and social policies*).[6] The SEM (Figure 4) helps to identify and understand the complex relationships between an individual, their interpersonal relationships, the local communities, and groups of which they are a part, and the larger societal factors that influence their life. This model is particularly useful in [understanding risk and protective factors and how these relate to violence across the social ecology](), and the Centers for Disease Control and Prevention (CDC) have compiled a list of these factors and how they correspond to each level of the SEM.

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6 Center for Disease Control and Prevention (2021). The Social-ecological model: A Framework for Prevention. Retrieved from: https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html

The SEM provides a framework for conceptualizing factors and needed changes at different levels that work separately and collectively to prevent violence and that influence behavior and health. The model recognizes that health outcomes are shaped by the interplay of these factors, across levels, and can be influenced by changes at other levels. For example, implementing programming at the individual level can promote pro-social attitudes and dispel myths about violence. Attending family-focused programming, such as family nights, can help strengthen relationships between youth and parents, improve communication, and reduce family conflict. Changes in local or state policy can strengthen community resources or lower violence rates by addressing equity.[7]

SOCIAL ECOLOGICAL MODEL

Society
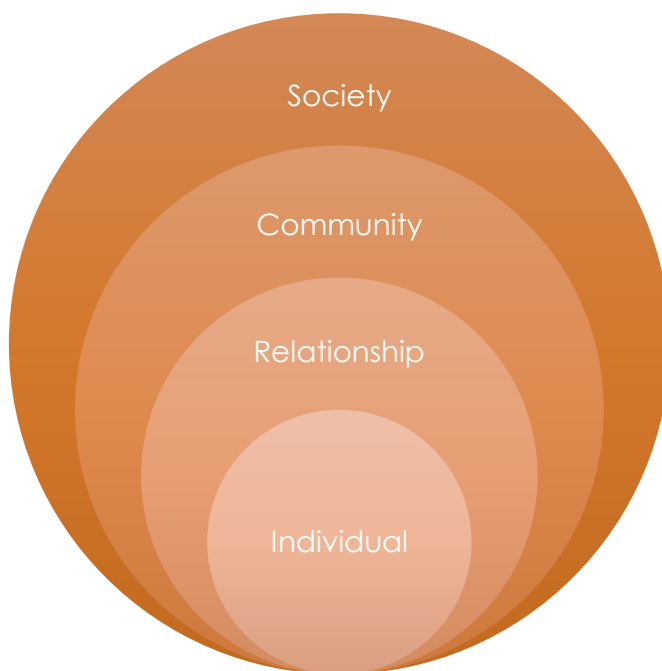
Community

Relationship

Individual

Figure 4: Social ecological model

As communities increase resources for prevention, their ability to implement comprehensive prevention programming improves. Thus, improving their ability to effectively impact and reduce violence in their communities. It takes years for communities to establish the needed resources and capacity for comprehensive prevention[8]. The first few years of prevention programming are often dedicated to gaining knowledge and building community partnerships, internal organizational capacity, and community capacity for prevention. Ergo, the PPPG funding has two groups. Group B must have implemented two strategies for at least four years, while Group A must have implemented one strategy for two years.

Both groups have different levels of capacity and resources to implement programming due to their established preconditions. As capacity and resources grow, prevention expands within the community such that schools, organizations, tribes and tribal agencies, public health professionals, law enforcement, mental health professionals, youth mentors, and others 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.

7 C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. American Psychologist, 58, 449-456. doi: 10.1037.0003-066X.58.6-7.449.

8 Stachowiak, S., & Gase, L. (2018). Does Collective Impact Really Make an Impact? Stanford Social Innovation Review. https://doi.org/10.48558/6GD9-MB47

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 devasting 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. *Learn more about the [care costs of DV/SV at Futures Without Violence]*. Local and state governments are crucial long-term partners in reducing violence, addressing root causes, and promoting safe communities and policy alignment for nonviolence. Like other states, such as California, Washington, and Georgia, Alaska is building prevention capacity with community-centered and place-based initiatives.

OVERVIEW OF PREVENTION STRATEGIES

The CDC highlights strategies from the best available evidence to support states and communities in preventing violence;[9] several of these are presented in Figure 5. PPPG grantees are supported through various TA and coordinated state training opportunities in identifying and selecting strategies. These strategies are informed by local knowledge, partnership with others, and a community needs assessment completed within the last five years, which helps equip grantees with information relevant to the unique needs of the community, region, and populations served. Community needs assessments help communities identify and prioritize the key issues and challenges so they can focus their efforts on the most relevant and critical factors to promote community well-being and reduce risk factors for DV/SV.

Although it will take many years of funding to see a significant reduction in community-wide rates of violence, these well-designed and targeted prevention strategies have laid the foundation for continued progress and sustainable change. One of the ways that grantees are striving to make prevention strategies more applicable and effective is to identify and target issues that are relevant to the community, interconnected, and share the same root causes with DV/SV (e.g., youth suicide, substance misuse[10]). When communities and coalitions work from a shared risk and protective factor approach, which connects overlapping causes of violence, and things that can prevent or subvert violence, grantees and communities are better equipped to prevent violence in all its forms.[11]
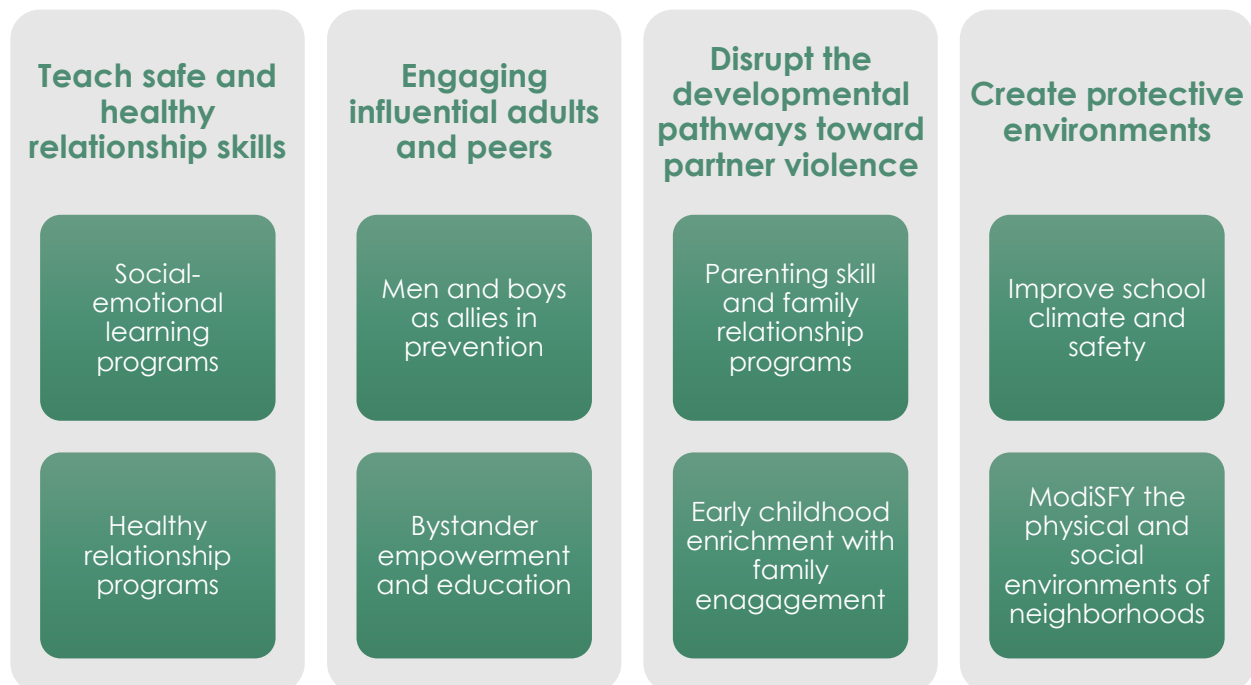
Teach safe and healthy relationship skills	Engaging influential adults and peers	Disrupt the developmental pathways toward partner violence	Create protective environments
Social-emotional learning programs	Men and boys as allies in prevention	Parenting skill and family relationship programs	Improve school climate and safety
Healthy relationship programs	Bystander empowerment and education	Early childhood enrichment with family enagagement	ModiSFY the physical and social environments of neighborhoods

Figure 5: Prevention strategies

9 Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

10 Wilkins N, Myers L, Kuehl T, Bauman A, Hertz M. Connecting the Dots: State Health Department Approaches to Addressing Shared Risk and Protective Factors Across Multiple Forms of Violence. J Public Health Management Practice. 2018 Jan/Feb;24 Suppl 1 Suppl, Injury and Violence Prevention. doi: 10.1097/PHH.0000000000000669.

11 National Center for Injury Prevention and Control, Division of Violence Prevention. (January 2021). https://www.cdc.gov/violenceprevention/about/connectingthedots.html

PPPG communities utilize information (i.e., needs assessment, evaluation) and collaborative action (i.e., coalition, partnership) to identify and implement a program that addresses shared factors to build community strengths, promote healthy development and relationships, and establish conditions to support safety and well-being for all.

PPPG communities in their planning have increasingly moved to allocating resources towards shared risk and protective factors approaching – looking to collaborative build prevention initiatives that focus around prominent root causes of violence (i.e., risk factors) and promote factors that enhance the resilience of people and their communities (i.e., protective factors). An example of this is Girls on the Run, a prevention strategy being implemented by several CDVSA prevention grantees. This nationwide program engages with elementary school-aged girls, as well as their families and communities. It addresses a multitude of protective and risk factors across the social ecology via activities intended to improve girls' self-esteem, encourage healthy relationships, strengthen family connectedness, and enhance social support. The impacts of these activities are far-reaching, helping to address and prevent several issues simultaneously, including teen dating violence, youth violence, suicide, and bullying.[12]

Grantees utilize evidence-based programming, community insights and strengths, and other strategies found to be effective in preventing DV/SV to implant diverse activities. Many of these initiatives emphasize one or more areas: prevention capacity building, youth protective factors, and the promotion of positive social norms. These areas and practices work in ways that are mutually reinforcing.

Prevention Capacity Building

CDVSA prevention grants are intended to build and enhance the capacity of the funded entity and local communities in advancing DV/SV prevention. Each PPPG grantee developed, convened, participated in, and/or maintained engagement with a community coalition. A primary prevention initiative implemented through a community coalition offer several strategic advantages including:

★ a more comprehensive, inclusive, and holistic understanding of community needs and input;
★ allowing for shared resources, reducing duplication of efforts, and leveraging collective strengths;
★ enhancing capacity through skill-building, training, education, and shared knowledge beyond the life a specific activity and/or program;
★ allows for greater understanding of unique characteristics of a community for tailoring initiatives to the local context, needs, and specific risk and protective factors;
★ greater engagement and ability for a collective response to address systems level factors.

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12 US Department of Health & Human Services. (n.d.). Discover connections. Connecting the Dots. https://vetoviolence.cdc.gov/apps/connecting-the-dots/content/discover-connections

Community engagement is a form of social action, based on principles of empowerment, authenticity, and community decision-making.[13] Broadly, the aim of coalitions is to engage community members, local organizations, agencies, faith-based, and tribal entities in building or enhancing the appropriate community-based and culturally centered responses to DV/SV primary prevention. Multisector community collaborations, and coalitions, help to expand and leverage resources, implement, evaluation, and expand strategies, and enhance local capability to achieve outcomes that would otherwise be difficult for a single entity alone.[14] PPPG grantees' participation in local coalitions, a form of community engagement, is to promote and advocate for primary prevention of DV and SV. Through this collaborative endeavor, communities streamline and leverage their knowledge, resources, and networks to improve health and wellbeing for all. By initiating primary prevention programming through a coalition, communities can coordinate and align efforts for greater impact.

Comprehensive prevention efforts by community coalitions are also empowered to address structural inequities which can include historical, political, economic, and social structures that perpetuate violence or harm. Coalitions have the potential for greater inclusivity, consideration, and incorporation of diverse perspectives to successfully address the needs and preferences of the community. Alaska has great diversity and historical injustices, such as colonialization and discriminatory practices, which contribute to structural inequalities faced by many.[15] By continuing to build the capacity to address those root causes of violence grantees support more equitable institutionalized practices and approaches to foster safer and healthier communities for all Alaskans.

Grantees build organizational and local capacity through impactful partnerships and engagement in community coalitions. Prevention grantees contribute to growing local capacity and readiness to implement comprehensive programming, promote equity, and emphasize community connectedness. A capacity building and collaborative approach has been shown to improve knowledge and a sense of community, increase skilled and knowledgeable preventionists, enhance coordination and social service availability in the community, encourage local investment in prevention, and improve safety.[16]

Youth Protective Factors and Engagement

Addressing youth risk and protective factors is an important component of many communities DV/SV primary prevention initiatives. It involves intervening early in a person's life by focusing on creating environments that foster healthy relationships and equip young people with skills to navigate conflicts in non-

13 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.

14 Prevention Institute. 2017. How community safety and early childhood development practitioners can collaborate with community development. Cradle to Community: Multiplying Outcomes in Place-based Initiatives. https://www.preventioninstitute.org/publications/multiplying-outcomes-place-based-initiatives-how-community-safety-and-early-childhood

15 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

violent ways. Youth protective factors are conditions or characteristics that reduce the likelihood violence will occur by providing a buffer against the risk.[16] Prevention coordinators and coalitions consider local conditions and protective factors to inform their efforts and focus, and what strategies might be most effective in supporting their aims. By focusing on youth protective factors, we can be proactive and build foundations of well-being and non-violence, disrupt intergenerational cycles of violence, and have an impact that is likely longer lasting and further reaching. Research has found preventing teen dating violence is an effective primary prevention strategy for IPV victimization,[17,18] specifically, strengths-based programming that focuses on building youths' skills and capacities for healthy relationships.

Many grantees are striving to establish collaborative opportunities with local schools and expand prevention activities in school-based settings. This promotes respectful school climates and affords youth opportunities to build relationships with trusted adults and experience a sense of belongingness. Engaging and centering youth in programming facilitates supportive relationships among peers, mentors, and other positive role models. These programs can strengthen opportunities for positive parent-child relationships and commonly include positive caregiver involvement – intended to support awareness, education, or practice in engaging in open communication, boundaries, and emotional support. Youth programming often teaches young people strategies for conflict resolution, interpersonal skills, and social-emotional learning competencies (coping). These skills are learned and essential for navigating challenges and stress as well as managing non-violent, respectful relationships throughout a person's life. Addressing youth protective factors in primary prevention of DV/SV gives focus and lays the foundation for healthier individuals, families, and communities.

Promote Positive Social Norms and Healthy Relationships

Promoting positive social norms and healthy relationships involves awareness, learning, and encouragement of behaviors, attitudes, and expectations that contribute to well-being and safety. In this type of approach, the activity or message is seeking to influence the culture and social context in a way that fosters positive interactions and communication. Some key aspects of positive social norm and healthy relationship is that:

★ they encourage a culture of respect and equality,

> Healthy relationships are respectful, autonomous relationships where decision-making is shared, and conflict is negotiated in effective, non-violent ways.[15]"

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

17 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

18 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.

★ aim to challenge or change negative stereotypes or believes and attitudes that perpetuate violence, discrimination, or inequality,

★ promote understanding of consent and importance or respecting personal boundaries,

★ promote positive peer influence where individuals uplift one another.

Research indicates that those who adhere to norms and beliefs that are supportive of violence are more likely to perpetuate violence;[19] thus, promoting positive social norms involves motivating individuals and groups to adopt social norms that result in positive changes.[20] Promoting positive social norms is multifaceted and involves shaping attitudes and challenging enduring harmful beliefs. There are different types of communication strategies that exist along a continuum of behavior change – from public awareness (targeting awareness) to social norms change (targeting perceptions) to social marketing (targeting behavior change).[21] Public awareness campaigns are a common strategy employed in primary prevention to address stigma and misconceptions surrounding issues of DV/SV. Social marketing campaigns are also employed, disseminating persuasive messages informed by stakeholders, providing alternatives to behaviors, or focusing on dispelling misinformation related to DV/SV.

As capacity and comprehensiveness of prevention programming evolves, PPPG grantees have and will continue to increase exerted effort in this domain; indeed, during SFY2023, several grantees reported that they were engaging in various community-level communication strategies as part of their programming to promote healthy prevention-focused messaging. These strategies included enhancing agency social media presence to disseminate information and resources, developing public awareness and media campaigns, including prevention content on the agency website, and facilitating community outreach and awareness events.

19 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.

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

21 Violence Prevention Technical Assistance Center. Community-level change: A communications perspective.

Methodology

METHODOLOGY

CDVSA contracted a local research and evaluation firm, Strategic Prevention Solutions (SPS), to provide state-level evaluation support including assistance 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 also receive ongoing support for strategic planning and evaluation through collaboration with hired evaluators, as well as technical assistance leads provided by ANDVSA and CDVSA. Grantees complete an end of year reporting narrative each year, and at the end of the funding cycle (i.e., SFY2024) will also submit summative evaluation reports to detail their prevention initiative outcomes.

Information was reviewed with a focus on documenting and interpreting changes in grantees' capacity for and the comprehensiveness of their primary prevention programming. The findings are used to support continuous quality improvement (CQI) efforts, as well as assess and report on statewide DV/SV primary prevention capacity, program implementation, and the outcomes and impacts of the 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 SFY2023. This review is primarily summative and not intended to be comparative or a cross-site examination of outcomes and findings.

The following page lists the guiding questions that led this evaluation summary. Questions are divided into three categories: General evaluation questions, outcome evaluation questions, and process evaluation questions. The process evaluation questions focus on implementation of programming or grantee interventions as they help to provide insights into how programming is supporting prevention. The outcome evaluation questions focus more on the results or impacts of grantees' programs or interventions.

General Evaluation Questions

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

Outcome Evaluation Questions

- What were the changes in capacity or program implementation?
- To what extent did grantees increase their capacity to evaluate DV/SV primary prevention programming?
- Have communities seen an increase in opportunities for youth to be involved in DV/SV primary prevention programming?
- In what ways are grantees utilizing opportunities and resources to increase capacity to implement programming?
- Has community leader and/or agency representation expanded to be more inclusive and/or representative of the community?
- What, if any, policy and/or practice changes to support primary prevention to took place?
- 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?
- What impact did programming have on participants?

Process Evaluation Questions

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

Data Collection and Management Plan

SPS managed the maintenance and provided technical support of 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.

PRIMARY DATA SOURCE:

CDVSA END OF YEAR REPORT

During SFY2023, 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**.

Considerations

Prior to reviewing grantees' efforts in each of these domains, it is important to consider various contextual and external factors that may be influencing the completeness of the results. There are many potential challenges encountered in evaluation and a reporting process to ensure accurate, meaningful, and reflective understanding of all the complexities involved in primary prevention efforts. Some the known challenges include grantees' need to navigate fluctuating community responses and capacity to engage in prevention, economic and policy changes, unforeseen events, limited attribution and clear links, and the complexity of assessing prevention outcomes over time. Responses may therefore not accurately display the totality of the grantee's efforts and a one-size fits all reporting approach does not present the variability in outcomes across different communities. CDVSA relies on numerous feedback loops and reporting processes to learn from communities, as do grantees. This annual summary of progress is one of those tools used to understand complex collaborative community prevention initiatives.

Data Analysis Plan

CDVSA in partnership with prevention funded communities and with 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.

After submission, SPS undertakes the compilation of data to ensure complete submissions and alignment with the reporting period. Data is screened and cleaned prior to process to address missing values or inconsistencies. SPS reviews the submissions to gain an understanding of the distribution, trends, and patterns. Data analysis includes descriptive statistics such as observed counts of participants, trends of implementation information (e.g., demographics, attendance, challenges), frequency and product counts, and averages when appropriate. In summary the following steps were taken:

1. **Examine the data for incomplete, duplicative, anomalous, or superfluous responses**

2. **Remove duplicative and partial responses and fix structural errors (i.e., fix conventions such as "N/A" and "Not Applicable")**

3. **Review item variance and outliers**

4. **Perform intended analysis**

5. **Generate data visualization and graphics**

No substitutions were made and overall, the responses were complete. Results presented in this report were calculated rounding to a whole number. For instance, values .49 and below were rounded down, values .50 and higher were rounded up. Substitutions of narrative for numeric entries and deductions were at times made to utilize whole numbers. For qualitative data collected (i.e., open-ended entries), responses were organized and analyzed using structured theme-mining. This technique allows us to analyze the narrative information, grouping by similar characteristics or meaning (i.e., themes), to describe, relate, and interpret.

Year 2 Findings

This section provides an overview of grantees' progress on their primary prevention goals, including evaluation support, partnerships, organizational capacity, implementation practices, and overall progress of efforts.

EVALUATION

Evaluation is a vitally important component of effective primary prevention, as it is through the process of evaluation that a program or strategy's effectiveness can be fully understood and substantiated. It is also important to understand the factors (e.g., data collection) that the data in this report is grounded in to tell the story of these grantees. Evaluation involves systematic assessment that requires consistent documentation and planning to execute.

By the end of SFY2023, **62%** (*n*=8) of grantees were working with an external evaluator.

4 Strategic Prevention Solutions

3 Goldstream Group

1 McKinley Research Group

In SFY 2023, **92%** of grantees had a written evaluation plan for measuring and tracking their programming; with **85%** of grantees having their goals and outcomes written down.

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

Bystander Engagement

❖ Community roles and engagement as active bystanders

Promote Positive Social Norms and Healthy Relationships

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

Youth Protective Factors and Engagement

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

Effective prevention programs incorporate evaluation strategies for ongoing monitoring, feedback, and planning processes - using the information for CQI. This includes both process and outcome measures. Overall, most grantees (*n*=54%) are measuring impact and tracking most, if not all of their programming to evaluate their prevention activities.

Data Collection

Legend:
- Measuring impact and tracking (outcome and process) of most/all programming.
- Measuring impact (outcomes evaluation) of some (but not all) programming; plus, process evaluation of all programming.
- None or limited process data (e.g., attendance, number of events).
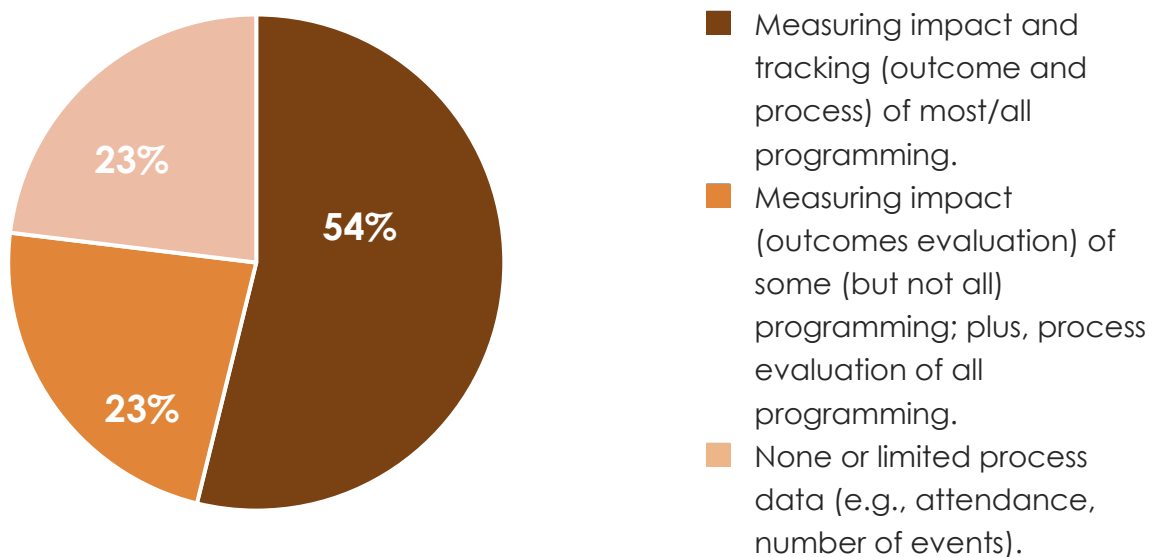
Figure 6: Data collection

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

❖ Revisiting planning documents, reviewing and making adaptations to prevention goals to ensure they are realistic and attainable
❖ Shared ownership of data and measures with partners
❖ CDVSA End of Year Reporting Tracker [Excel workbook]
❖ Attendance and event counting
❖ Monitoring progress on addressing shared risk and protective factors
❖ Data Dashboards

About half of grantees share evaluation findings are with community members (62%, *n*=8), coalition members (46%, *n*=6), or other partners (46%, n=6).

RESOURCES

Resources, such as staffing, funding, and organizational structures (e.g., training), enable prevention efforts to take place. **The resources of a grantee are a multi-faceted and dynamic element contributing to the impact of their primary prevention.**

Staffing

Staff are one of the most important contributors to the success of primary prevention initiatives. **Without dedicated staff to implement prevention programming, a community's progress to prevent DV/SV is significantly delayed and/or compromised in its continuity and implementation.** Historically, staff turnover has been a dominant factor related to the capacity to implement impactful prevention programming. This remains a consistent challenge faced by communities.

Just over half of the grantees were supported by volunteers in their community. A total of 102 volunteers assisted with their program implementation, such as providing mentorship or coaching with Girls on the Run and Let Me Run.

During SFY2023, grantees reported a total of 32.3 PPPG 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 and VISTAs. Within these organizations, there was a total of 57 people designated to evaluate prevention activities—not other programming. That is an average of 4.4 people/grantee who have the capacity to support evaluation of their efforts. This is a strong factor in the growing capacity of grantees.

SFY2023 STAFFING NUMBERS

46% of grantees (n=6) had a prevention position terminated or otherwise transitioned out

100% of grantees (n=13) hired a new staff member to fill a prevention position.

Figure 7: SFY2023 staffing numbers.

Funding

Aside from three 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. Some communities also receive funding from their city budget, one-time community grants, or donations. Grants are funding streams that are not guaranteed year to year. This variability contributes to fluctuating organizational capacity to continue implementing programs with consistently paid staff. These findings reinforce the role of CDVSA funding as vital to the long-term sustainability of these prevention initiatives.

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

$ **Less than $30k per year**

15%

$$ **Between $30k-$80k per year**

15%

$$$ **Greater than $80k per year**

69%

Figure 8: Funding allocated to prevention

Organizational Structures

Implementing effective DV/SV primary prevention programming requires well-trained staff who are supported by their organization through formal, or informal, practices and structures.

Only about one-third of grantees report their agency emphasizes prevention across all positions and offer prevention training opportunities beyond staff orientations. Ten grantees (77%) report agency trainings and orientations on DV/SV primary prevention which helps bolster success of local efforts by ensuring consistent and stable understanding and awareness to prevention. With 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

Indicator	Percentage
Incorporate **primary prevention into board development** discussions	100%
Staff orientation contains prevention components and/or ongoing trainings on primary prevention are required for all staff	77%
Prevention present in some **job descriptions outside of prevention staff**	46%
Prevention present in job descriptions of a significant amount of personnel including the ED and other agency leadership positions	39%
Little to no-mention of prevention in job descriptions outside of prevention staff	23%
Optional trainings on prevention are offered to all staff	23%

Figure 9: Indicators of institutionalization

COALITIONS AND PARTNERSHIPS

In congruence with best prevention practices, PPPG grantees implement, participate in, or facilitate a local coalition that incorporates DV/SV prevention in its goals and objectives. Grantees were asked to share information regarding their ongoing collaborations and/or coalition work outside of their internal prevention team. They shared changes, updates, and shifts in their community engagement efforts for primary prevention. Historically, violence prevention efforts were incredibly siloed by topic (e.g., TDV or substance misuse) with separate funding streams, organizational structures, and stakeholder groups.[22] Informed by the CDC's Shared Risk and Protective Factors framework, grantees have increasingly understood and approached ways various forms of violence are interconnected. This understanding led grantees to collaborate with other practitioners to **coordinate and implement efforts across historical siloes, streamline initiatives, and scale up prevention efforts to better address all forms of violence**.

Coalitions and Community Prevention Teams

Coalitions across the state of Alaska have similar missions and overall visions of what a safe, healthy, and thriving community looks like. Figure 10 displays an image of each community coalitions mission/vision statement designed into a word cloud. As shown, words like "community," "healthy," and "prevention" are shared throughout the various statements. While each community is individually unique, Figure 10 highlights the common vision of what communities in Alaska hope to look like. With the dedicated efforts of CDVSA grantees, their partners, and community members, these visions can grow into reality.

Figure 10: Grantee mission and vision word cloud

22 Wilkins et al., 2018.

Non DV/SA Community Org	4	
University / Education	4	
Child Development -Related	2	
Hospital / Medical	2	
Military	2	
Other DV/SA Organization	2	
Public Safety	2	
Alaska Native Group	1	
Economic Development	1	
Government	1	
Hospitality / Service Industry	1	
LGBTQ2+	1	
Media	1	
No New Partners	3	

New Partnerships

Membership within coalitions represent diverse sectors and groups in communities, such as local government and leadership, healthcare, nonprofit agencies, education, businesses, parent groups, individuals, and tribal entities. In SFY2023, there were 43 new community partnerships, MOUs, or other formal and informal agreements. Figure 6 reflects the various new disciplines participating this SFY.

There were a few grantees who shared that they did not have new partners this year. This was for various reasons, such as capacity or the organization being long established in the community, creating little opportunity for new partners. In this instance, this community focused on deepening their current partnerships or supporting the development of their partners relationship with others. It is also not always necessary or possible to expand partnership.

A few grantees shared challenges creating new partnerships due to staff turnover, but convey the importance of partnership and outreach. One shared:

"High turnover among partners makes it challenging to move forward as it takes a fair amount of time to onboard new partners to the work of the coalition, and when people transition out in just a few months, it means we are often stuck in a pattern of constantly bringing the group up to speed and establishing relationships among workgroup members. However, partners are also critical to building systems that allow for sustainability of the work and in [community], many partners on the steering committee, workgroups, and as implementers carry a fair amount of the workload, so spending the time to onboard and build connections pays off in the long term."
– PPPG Grantee

Meetings and Collaboration

Grantees described some of the efforts and progress made related to their prevention team/coalition, including:

- ❖ Meeting regularly with their workgroups and building relationships among members

- ❖ Establishing new leadership teams and training opportunities

- ❖ Using frameworks (i.e., Collective Impact Framework; Shared Risk and Protective Factors framework) to align goals, outcomes, and programming across partner agencies and track progress toward overlapping objectives

- ❖ Focusing coalition structure and efforts around prevention goals specific to the community

- ❖ Establishing targeted workgroups to strengthen communication within the coalition and support outreach, evaluation, and resource development efforts

- ❖ Collaborating on updating their community needs assessments

Meetings

In SFY2023, there was a total of 110 coalition meetings

100

(average: 9, range: 1-12)

Additional Meetings

There were a total of **695** additional meetings, workgroups, plannings and workshop events, and/or data meetings to support DV/SV primary prevention implementation and/or evaluation

695

(average: 53, range: 0-318)

Average Number of Meetings

Excluding one grantee who reported over 100 additional meetings, the average additional meetings events by grantees was **21**

21

(range: 0-94)

Figure 11: SFY Meetings

Shared Ownership of Prevention

Shared ownership is imperative to the successful development, implementation, evaluation, and sustainability of prevention efforts and involves engaging community members and organizations. A coalitions ability to share the ownership of prevention efforts with local partners increases their organizational capacity, cultivates community leadership, increases cultural relevance, and 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 this shared ownership was through contributions to funds and other resources. This is an integral part of prevention as it alleviates part of the responsibility to provide resources from the 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. One grantee reflected on some of the contributions of their partners:

> *"The [name] school district provided rental of the elementary school gym and commons free of charge for Girls on the Run 5k celebration. They also provided hot lunches for [grantee name] summer camps."*

Implementing or co-implementing programming
Partners were noted to implement or co-implement primary prevention programming. Partners were also seen housing the programs in their organization, leading family engagement (e.g., making calls to parents), facilitate classes or support groups, assist with tasks on the day of events, and inviting the grantee to support them in their own programming. Some grantees described:

> *"[Youth Advocacy Group] provided coach support as well as providing behavior management support and coordinating practice logistics"*

Distributing materials with prevention messaging, program information, and recruitment
Grantees described how their partners support them with program recruitment by distributing program information, such as posting on program information on their website and social media, sharing programming through their newsletter, and recruiting participants who are currently in their program. Multiple grantees also shared that their partners shared materials, such as fliers, brochures, and other media pieces, containing primary 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. For instance, grantees shared:

> *"Partners distribute IPV materials such as brochures, [program] cards, and informational leaflets at events, and in their waiting areas. Community partners such as grocery stores, coffee shops, and the post office display flyers and/or goodie baskets with IPV materials (brochures and swag.)*

> *"Both the elementary school and high school newsletters provide tips for parents that promote inclusion, connection, recognizing bias, and resiliency."*

Other ways that grantees demonstrated shared ownership throughout their community was through:

- ❖ Attending and supporting events or activities
- ❖ Sharing administrative tasks (e.g., note taking, document sharing)
- ❖ Lead/co-lead coalition meeting
- ❖ Providing guidance to plan primary prevention programming
- ❖ Providing trainings and workshops

COMPREHENSIVE PROGRAM IMPLEMENTATION

This section provides an overview of grantees' progress on their comprehensive programming including efforts to address shared risk and protective factors, equity, inclusion, and cultural responsiveness efforts, program planning, and progress made on implemented strategies.

Program Planning

Grantees undertake strategic planning to develop a DV/SV Primary Prevention Plan informed by local conditions and needs. This process, informed by past CNA, CRA, and local evaluation data, considers the unique features of a given community and outlines how prevention resources (e.g., funding, staffing, volunteers, partnerships, communal spaces) are best utilized to support prevention efforts (e.g., activities, events, trainings). Each of the 13 grantees have an active and up to date primary prevention plan to guide their efforts. Most grantees utilized their prevention plans throughout the year as a planning and monitoring tool (see Figure 12). No grantee made any significant changes to their plans during SFY2023.

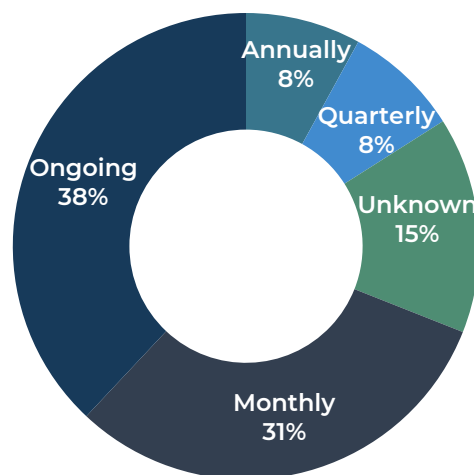### Most grantees utilized their prevention plans throughout the year.

Annually 8%
Quarterly 8%
Unknown 15%
Ongoing 38%
Monthly 31%

Figure 12: Prevention plan utilization

Grantees used prevention plans for…

Prevention Planning

Programming Guidance

Evaluation

Monitoring CQI

Identifying Risk and Protective Factors

"In order to ensure that we meet our goals and objectives, we have implemented a comprehensive prevention plan that spans over a period of 5 years. This plan involves closely monitoring our progress and making any necessary adjustments to ensure that we stay on track and achieve our desired outcomes. By utilizing this approach, we are able to proactively identify and address any potential obstacles or challenges that may arise, thereby increasing our chances of success."
- PPPG Grantee

Implemented Strategies

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 and will be reviewed in greater detail; these are:

In SFY2023, grantees reported implementing a total of 57 strategies. On average, grantees implemented about 4 strategies (range: 1-8) during the year.

*Grantees in group A implemented 2 strategies on average (range: 1-3), while grantees in group B implemented an average of 6 strategies (range: 4-8).

Girls on the Run — Implemented by 54%

Girls on the Run (GOTR) is an empowerment program for 3rd - 8th grade girls. The program combines training for a 5k running event with healthy living and self-esteem enhancing curricula. GOTR instills confidence and self-respect through physical training, health education, life skills development, and mentoring relationships. The 10 week/20 lesson afterschool program combines life lessons, discussions, and running games in a fun, encouraging, girl-positive environment where girls learn to identify and communicate feelings, improve body image, and resist pressure to conform to traditional gender stereotypes.

Lead On! — Implemented by 31%

LeadOn! for Peace and Equality is a youth engagement strategy based on a model that identified, trains, and enlists the help of key opinion leaders to change social norms and behaviors. The program is based on effective behavioral change theory. Youth who attend Lead On! Are considered popular opinion leaders who return to their communities to complete a community-based project to improve the health status of Alaskans by increasing protective factors and minimizing of risk factors for teen dating violence, sexual assault, teen pregnancy, and bullying. Programming in communities often uses media campaigns, community events, policy changes, and culture camps to share protective factors and minimize risk.
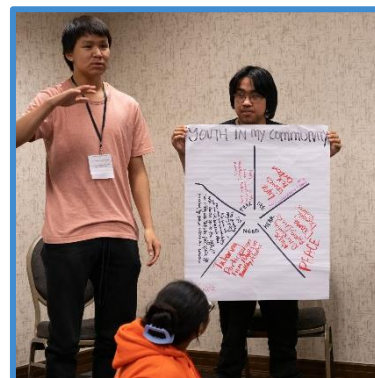
Grantees implemented numerous other programs, activities, and events, such as parent programs, bystander programs, and primary prevention presentations. Programs like the Green Dot bystander program or the Sources of Strength suicide prevention and social norms program were commonly referenced by grantees. The tables below show the number of programs that grantees implemented over SFY2023, by type:

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 (SFY2024), grantees shared plans to continue current youth programs, with a few looking to implement additional youth leadership and specifically boys' programs.

Girls programs and youth leadership programs were among the most common.

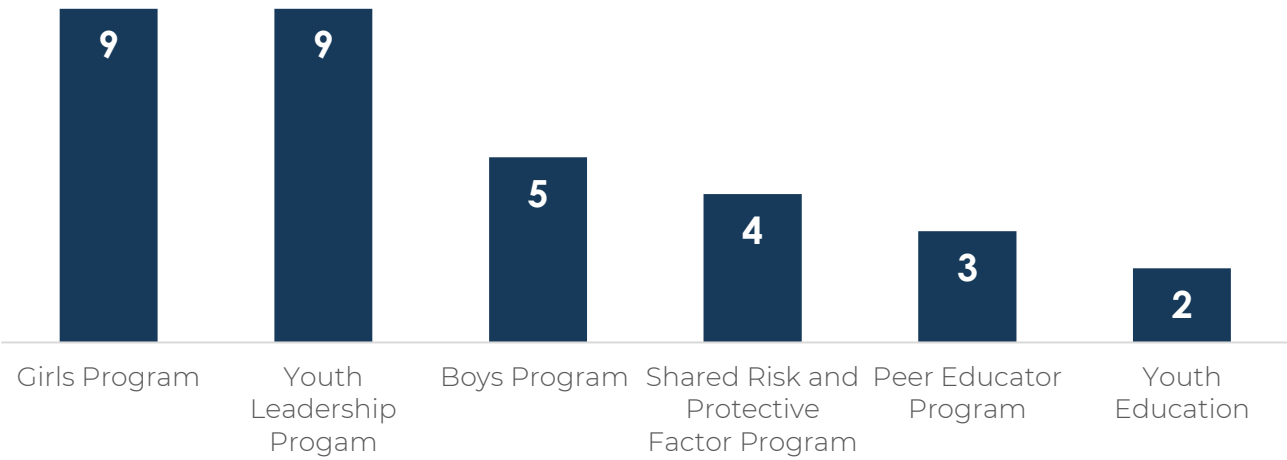| Girls Program	Youth Leadership Progam	Boys Program	Shared Risk and Protective Factor Program	Peer Educator Program	Youth Education
9	9	5	4	3	2

Figure 13: Programs implemented by grantees in SFY2023

"Girls on the run incorporates lessons on traditional gender norms, teaches girls to be healthy, active, and resilient … Lesson topics include connecting as a team, self-talk, expressing emotions, empathy, choosing friends, resolving conflict, and standing up for others. The season ended with a community 5k race."

- PPPG Grantee

General programming

General programming typically focused 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 (SFY2024), grantees shared that they plan on continuing their programming, with a few sharing that they would like to implement more bystander programs.

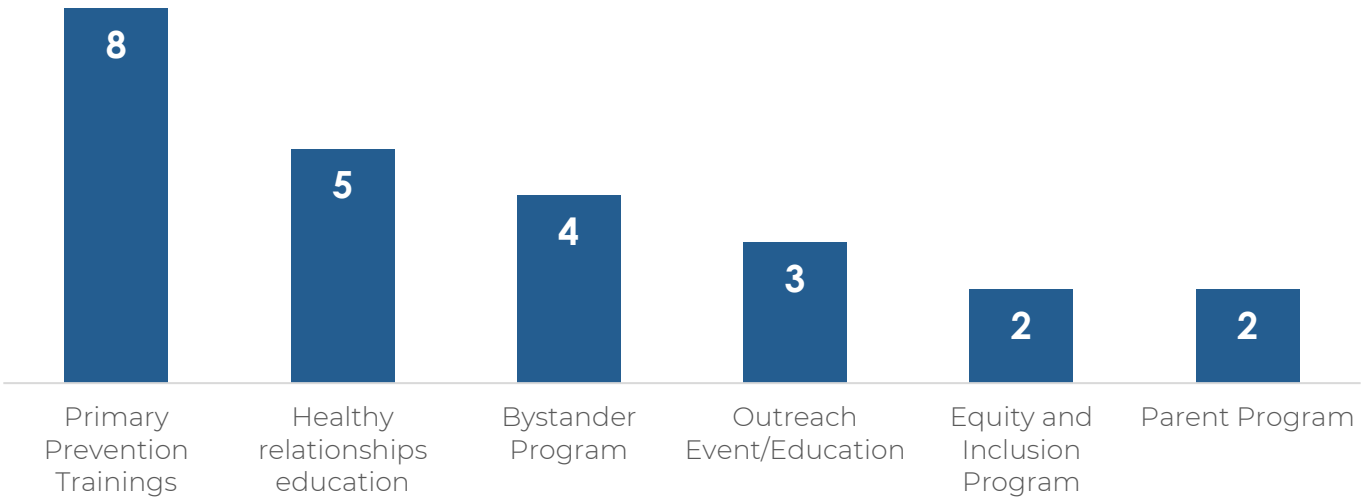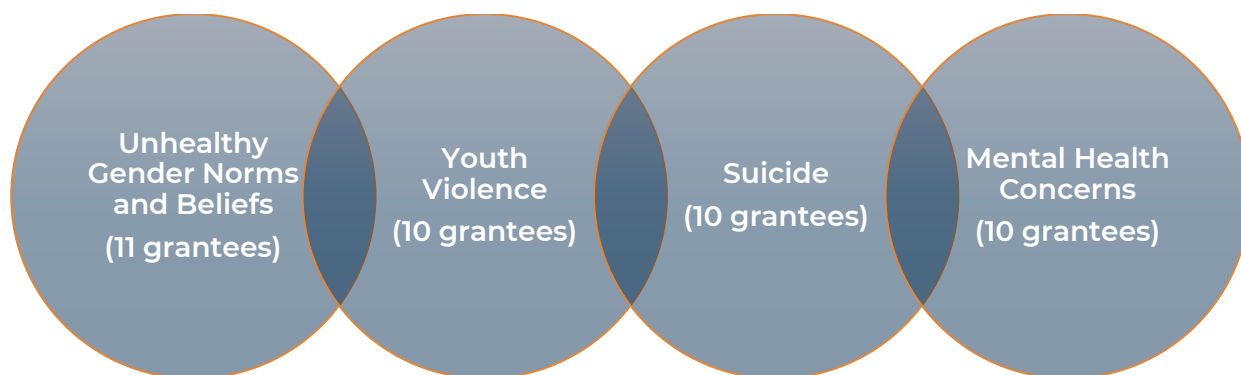## Most grantees offered primary prevention trainings in their local commuities (62%, *n*=8).

Figure 14: Types of general programming implemented among grantees

"It has been a great opportunity to get back out in the community and start connecting with community members."
- PPPG Grantee

Shared Risk and Protective Factors

Grantees indicated which protective/risk factors they were attending to through implementation of various prevention strategies, in other words, a substantial portion of the current prevention programming being undertaken by grantees is intended to address these specific factors.

The four most frequently addressed risk factors were:

Unhealthy Gender Norms and Beliefs (11 grantees)

Youth Violence (10 grantees)

Suicide (10 grantees)

Mental Health Concerns (10 grantees)

Conversely, the four most commonly address protective factors were:

Resiliency (13 grantees)

Connection to a caring adult (13 grantees)

Positive community norms (12 grantees)

Cultural connectedness (11 grantees)
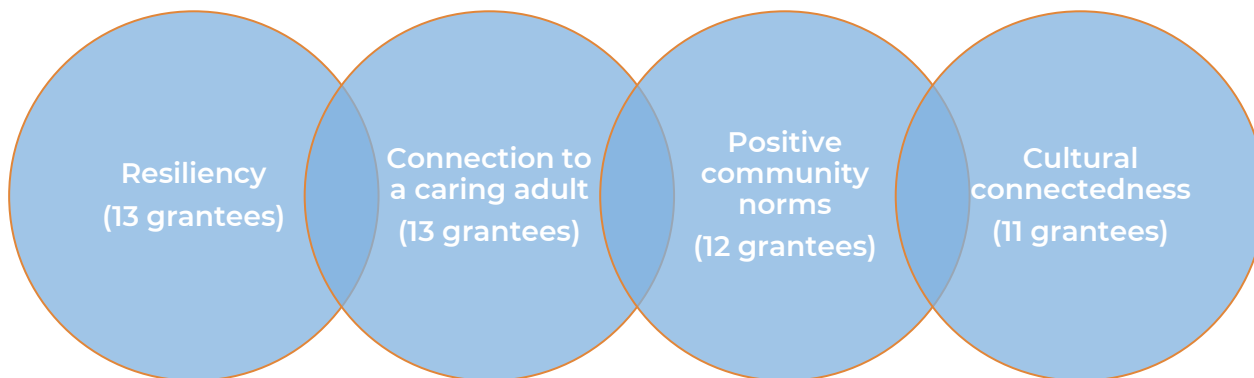
Social Ecology

As described previously, the social ecology helps to identify and understand the complex relationships between an individual, their relationships, the local communities, and the larger societal factors that influence their life. This also serves as a planning tool to identify where prevention efforts exist and may be needed.

At the time of this report, over three quarters of grantees (*n*=77%) self-evaluated the comprehensiveness of their efforts as high, with multiple strategies sharing similar messaging implemented in different settings or populations, across most levels of the social ecology. Approximately one-third of grantees are implementing awareness activities or some prevention strategies, but these do not necessarily reinforce the same message or reach multiple populations or settings. While individual knowledge and skills have demonstrated positive effects in preventing DV/SV, comprehensive programming has the greatest impact.

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

Comprehensiveness

- **(dark blue) 77%** — Prevention strategies are implemented in different settings or populations (e.g., students, teachers, parents), across most or all levels of social ecology (includes community and societal levels) AND reinforce/share messaging.

- **(orange) 15%** — Multiple prevention strategies are implemented in the same setting or population (e.g., a school), but reinforce the same message.

- **(teal) 8%** — Many implement awareness activities, one-time prevention awareness talks, and/or programs that address only one population within one setting.
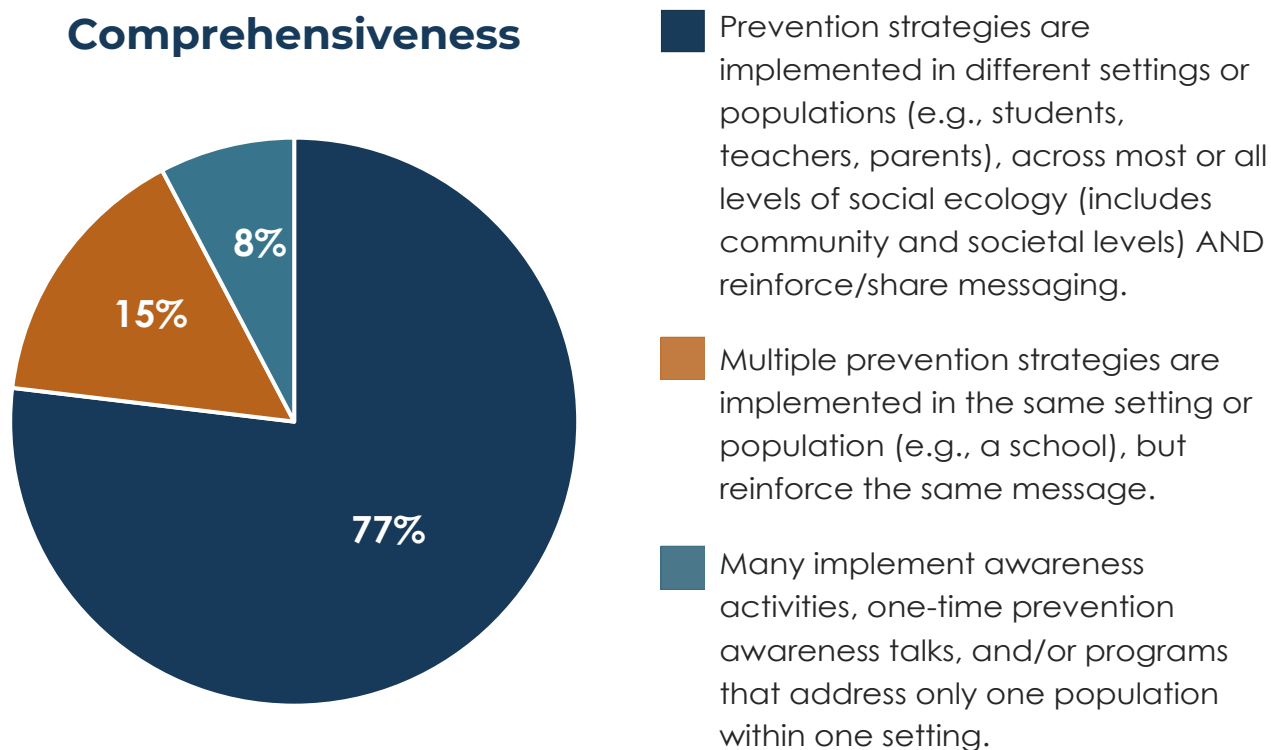
Figure 15: Comprehensiveness of prevention strategies

Equity, Inclusion, and Cultural Responsiveness

As part of the PPPG funding cycle, there is an emphasis on promoting equity and inclusion, including increasing cultural responsiveness and contextually relevant programming. The impact of DV/SV is not shared equally across groups; some are disproportionately affected and impacted more greatly due to certain risks (e.g., low income, low collective efficacy, racism, strict gender norms). For DV/SV prevention efforts to be successful, cultural responsiveness and community characteristics must be considered in the planning and evaluation of efforts to best address larger systemic issues contributing to violence and safety factors for those historically most impacted.

Addressing culture and the specific needs of community members in prevention can look like having diverse and representative membership in the coalition, activities centered on the local traditional values, offering materials in multiple languages, championing economic opportunities, and other sanctions against those using violence against others in the community. Grantees are expected to thread this cultural and equitable lens into their implementation efforts in a way that best represents the community and their needs.

In SFY2023, 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**.

Approach to Equity in Prevention Programming

Findings highlighted that communities focus an emphasis on the ways in which they partner with local organizations, such as tribal entities, religious entities, or LGBTQ2+ organizations, to guide decision-making, review materials, identify gaps in programming, and facilitate programming:

> *"Through [Peer educator program] and [youth leadership program], [grantee] invites youth to have input on the programs [grantee] provides for youth…These relationships built with youth also allow [grantee] staff to better understand the challenges youth experience in the community, especially youth who have marginalized identities, which [grantee] staff then takes into all work…"*

> *"As an agency as a whole we work closely with the [Indigenous tribe] regarding collaboration of service provision. We also work closely with [disability service agency] to address the needs of persons with disabilities and have reached out to service providers in the deaf and LGBTQ communities to Increase our working relationships."*

> *"We know that culture is our greatest protective factor and pathway for healing, so [our coalition] prioritizes opportunities across the community to heal through culture together."*

Complementary to their partnerships with local entities, grantees expressed their priority to ensure that their coalition and programming is representative of the community they are in. **Grantees achieved numerous efforts over SFY2023 to ensure that prevention programming leadership is diverse in a way that includes BIPOC, LGBTQ+, survivors, disabled, youth, seniors, immigrant, and other underrepresented communities.** The capacity of this representative involvement informing programming, decision-making, goals, and values, and contributing feedback. One grantees reflected:

> *"[Grantee] senior leadership is diverse, with both senior staff and board members reflecting the makeup of the community. This allows [grantee] to have continuous conversations around how programs are culturally responsive."*

Interweaving Equity into Prevention Programming

Through these approaches to equity, inclusion, and cultural responsiveness, grantees have facilitated various conversations and have made decisions in their programming to reduce inequities. Various grantees described their ongoing conversations within their organization, partners, and with community members to better understand the environment in which inequities are taking place. Some grantees have specific workgroups and subcommittees dedicated to facilitating these decisions. Some questions grantee shared that guide the discussions are:

- ❖ What forms and which populations are experiencing violence?
- ❖ How can the grantee ensure that all programs and materials are accessible?
- ❖ What is inclusion and why does it matter?

Results of these discussions lead to grantees participating in more trainings, program access adaptations (e.g., when and where), infusing decolonized and equity-based practices into their work, officially stating this as a priority area, allocating resources, and changing policies/practices. Some key takeaways from grantees:

> *We offer camps that are free for families during summertime, as well as free programs and opportunities during the school year.*

> *We currently have a Diversity, Equity, and Inclusion subcommittee that focuses on making decisions and adaptations to programming to seek to reduce inequities.*

> *Resources such as brochures are provided in multiple languages and are culturally relevant. Program materials are designed to be accessible for individuals with disabilities by using large & simple font, emphasizing by underlining, and high contrast colors. When designing marketing materials gender-neutral, and cultural inclusion is incorporated.*

Programming adaptations are the most common ways that grantees interweave equity into their work. In SFY2023, adaptations focused mainly on expanding programming to include more populations and adapting the language or framing used during the program to be more inclusive. For example, one grantee analyzed the language they were using during training and updated it to be inclusive of various populations' life experiences. Another grantee implementing a boys program curriculum is working to adapt the program to be more culturally relevant and gender inclusive. One grantee shared a decision they made to adapt their programming to be welcoming and inclusive for all populations:

> *"Safe locations that are non-judgmental are also an important consideration and we often avoid hosting activities or events in spaces that might make someone uncomfortable attending. An example of this would be our local churches, even though most have community spaces, several of our churches have spoken publicly against our LGBTQIA community which makes them not feel welcome in the church spaces. Because of this we do not use any church community spaces for events or activities, knowing the space is a triggering space for people."*

SFY2023 also had a focus on increasing decolonized and equitable practices internally. For a few grantees, they worked on increasing staff training on DEI and decolonized practices, having meeting practices with land acknowledgements, reviewing job descriptions, and more. One grantee shared an example of the ways they are incorporating decolonized and equitable practices within their organization:

> *"Our program is specifically taking charge of a staff wellness initiative that is prioritizing de-colonizing practices as a way to foster wellness. We are actively making decisions to slow down, set stronger boundaries, say no when we are already at capacity, and use collaboration with community partners to work smarter not harder. As a program, we have been extremely flexible with scheduling and accommodating priorities outside of work life, and we have found ways to support asynchronous and work from home preferences when appropriate."*

While grantees are working diligently to ensure equity, inclusion, and cultural responsiveness are interwoven into their programming, there is still a large emphasis on capacity building for this topic. Slight adaptations have been made, however, there is a notable gap in long-term and influential changes to account for the differences among community populations. The areas in which grantees are working on capacity building are the following:

❖ Bringing awareness on the need to adapt programming
❖ Continuing to facilitate workgroups to advance the vision of equity and inclusion
❖ Attending local events to show support and commitment to equity and inclusion
❖ Generating decision-makers buy-in through consistent invitations and reoccurring relationship building efforts

Investment to address existing disparities

As alluded to above, grantees are working diligently to address existing disparities through program adaptations, leadership representation, training, capacity building, and more. The PPPG funding has an emphasis of understanding the ways that grantees have made tangible investments to further address disparities in the community and/or programming. These tangible investments, such as resources, policy changes, and time allocations) are **longstanding and measurable** items that are deliberately allocated to further equity and inclusion in their communities. In SFY2023, grantees invested:

Time	Funding	Training	Organizational Practices	Partnership Development

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,[23] require investments to have the capacity to accomplish. Grantees described the ways in which 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
❖ Work with local partners to identify ways to improve their equity approach
❖ Engage with community members to garner support and buy-in for efforts
❖ Seek additional funding to provide monetary incentives for program participants

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[23] Social and Economic Costs of Violence: Workshop Summary, Investing in Prevention (2012)

OUTPUTS AND COMMON INDICATORS

CDVSA developed and identified a set of common indicators that provides a consistent means of measuring outputs and impacts of prevention programming across sites. Counts from grantees' efforts on the current iteration of the common indicators will be reviewed at this point.

Grantees promoted the prevention of DV/SV in part through the education and training pertaining to the **promotion of healthy, respectful, and nonviolent relationships and communities**. Awareness and informational sessions provide opportunity for grantees to engage influential community members, leaders, and adults in prevention efforts. In SFY2023, grantees delivered or supported DV/SV primary prevention focused awareness or training events reaching over 10,000 community members.

	Awareness	
	How many community members attended and received information about DV/SV Primary Prevention?	
Grantee	**By Agency**	**By Community Coalition**
1	0	0
2	934	0
3	477	500
4	6	0
5	68	0
6	65	164
7	7	10
8	61	41
9	118	62
10	140	114
11	123	0
12	113	0
13	529	0
Total	**2,641**	**891**

Table 1: Awareness indicators

Bystander Programming

How many individuals joined a bystander program?

Grantee	Community Members	High School	University	Partners Programming
1	0	0	0	0
2	28	137	15	345
3	0	200	0	0
4	0	0	0	0
5	0	0	0	0
6	0	0	0	20
7	0	0	0	0
8	0	0	0	0
9	14	93	0	0
10	0	0	0	0
11	0	0	0	0
12	0	0	0	0
13	24	130	0	0
Total	66	560	15	365

Table 2: Bystander programming indicators

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	3	345	453
2	3	56	84	137
3	0	0	522	0
4	0	3	0	4
5	0	0	0	902
6	1	3	280	14
7	0	0	150	
8	10	11	723	77
9	1	2	257	269
10	2	32	90	0
11	0	6	53	39
12	0	0	0	14
13	17	18	10	1492
Total	**34**	**134**	**2,514**	**3,401**

Table 3: Youth engagement indicators

PPPG PROGRESS UPDATE

PPPG grantees were able to improve and expand their program implementation because of this funding, capacity building efforts, increased comprehensiveness, and enhanced partnerships. In SFY2023, funding was used to improve and expand programming in the following areas:

- ❖ Deepen and expand partnerships
- ❖ Contribute more staff and staff time to implementation
- ❖ Facilitate and/or engage the coalition
- ❖ Implement and expand new or existing programs
- ❖ Reach new populations
- ❖ Dedicate more time and resources to program recruitment
- ❖ Purchase swag, incentives, office equipment, and program supplies
- ❖ Create advertisements and media messages
- ❖ Evaluate and collect data for CQI
- ❖ Conduct community needs assessments

One grantee described how they were able to expand their programming in ways that have never been done before:

> *"Building up on the success of last year, [grantee] continued to expand in-class presentations in the School District with Alaska Safe Children's Act compliant lessons for kindergarten through 12th grade students. In-class presentations have been steadily expanding for the past few years, and this year [grantee] staff gave lessons to nearly every classroom in the district. For the first year, all high school students in [community] received at least one dating-violence prevention lesson from [grantee] staff. [Grantee] continued to expand the [peer educator program]. [Peer educator program]hosted more in-class lessons this year, including expanding their lessons to the 8th grade, as well as 10th-12th grades.*

Another grantee reflected on their ability to enhance their program by expanding to new populations and purchasing items vital to their work:

> *"We were able to reach new populations, such as the youth at [local club], due to our funding. This allows us to start with primary prevention at a high risk group. We were able to purchase educational materials and to support staff in outreach with materials that the community actually wanted. We also purchased equipment that was needed to ensure that our team could work efficiently and in meetings with community partners away from the office."*

Policy Work

The efforts made by grantees are valuable steps to creating safe, healthy, and resilient Alaskan communities. However, an area of capacity building that almost every grantee is working towards is policy work. These efforts are demonstrated differently throughout the state. Many grantees advocate at the local level for existing statewide policies to be implemented in their communities, while others focus on increasing funding and resources for primary prevention. Only two grantees mentioned they supported the development of new policies, but nearly all grantees reported they leveraged the influence of their coalitions and partnerships to support advocacy efforts. Additionally, several grantees noted they are focusing on internal or organizational policies, such as increased support for primary prevention and more robust and competitive benefits for staff. Some examples of specific policy work include:

- ❖ Supporting youth driven advocacy that focuses on resolutions that create restorative and responsive prevention cultures
- ❖ Pushing for organizational policies that sustain primary prevention staff
- ❖ Increasing mental health access and services for youth within in the school district
- ❖ Testifying for increased funding and resources for the primary prevention of DV/SA both locally and within the state
- ❖ Incorporating prioritized policies into coalition-driven prevention

Due to the potential that policy action can do to prevent violence, among other public health concerns, it is imperative to continue supporting grantee efforts to create this lasting change. **Grantees leverage their partnerships to address cross-cutting risk and protective factors that DV/SV share with other forms of violence and have interest in building safe, more equitable communities.** Programming narrative updates indicate grantees have established collaborative relationships with many prevention partners and experts - it can be successful in stimulating further change through prevention policies. Grantees current strategies heavily address individual- and relational-level factors, primary school-based and early-childhood or socio-emotional focused. Additional support around economic conditions and policies that promote family stability and economic security could empower coalitions to direct efforts towards shared community-level characteristics and impact factors associated with risk of DV/SV perpetration and victimization.

CLOSING

In SFY2023, grantees expanded their programs, enhanced their partnerships, and contributed to long-standing changes to prevent DV/SV. They have integrated new approaches, such as SRPF and collective impact, to leverage resources and increase community ownership. By focusing on the interconnectedness of risk and protective factors, communities find they are increasingly tailoring their programming to address local challenges. Coalitions and community partners developed and delivered numerous DV/SV prevention presentations, events, and activities to impact the lives of youth, adults, and families in their community. Grantees are actively promoting and strengthening protective factors including social support, coping skills, resilience, and bystander behaviors.

Grantees also invested in building and strengthening relationships, community partnership, and sector involvement to broaden inclusiveness and support for DV/SV primary prevention programming. Grantees demonstrated consistent utilization of prevention and evaluation plans to monitor and evaluate their programming, including process and outcome data. Many communities substantiated their prevention plans and strategic direction, ensuring their plans were relevant and responsive to emerging trends. Communities undertook reviews of local information, CNAs, health assessments, and engaged in data-informed discussions. Through observations and other data collection methods, communities are leveraging evidence to adapt to changing circumstances and aligning their work to best practices. Review of progress indicates grantees increasingly built informed community networks to enhance the long-term sustainability of prevention programs and are cultivating commitment and shared responsibility. This is likely to bolster success and ensure initiatives last beyond the funding period.

Alaskan communities are seeing increasing support and collaboration around primary prevention initiatives. While outcomes of primary prevention programs take time to manifest, sustained effort is necessary to achieving that long term change. Grantees are sharing the successes of their programs. Among year 02 findings reported by grantees, communities with primary prevention funding are demonstrating improved awareness and recognition about violence and its various forms, positive shifts in attitudes, more youth with greater confident in themselves, families feeling more supported and building healthy communication skills, and increased collective responsibility and mobilization to prevent DV, and all violence in its forms.

RECOMMENDATIONS

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

1. **Identify opportunities for greater statewide coordination and engagement.** Extensive capacity building at all levels – individual, organizational, community, and statewide is necessary for effective DV/SV primary prevention implementation. Foster relationships with other statewide initiatives surrounding violence prevention and risk and protective factors work to increase support for prevention initiatives. Greater statewide coordination will ensure a consistent, unified, and coherent approach to addressing this issue. Identify key overlaps in efforts among state agencies with a similar focus to sustain a connected prevention workforce and avoid duplication of efforts. PPPG communities offer unique opportunities for community engagement and learning – grantees share these local needs and priorities. Increasing opportunities for statewide coordination can help ensure communities across Alaska are heard and incorporated into state-level planning, while also taking a more comprehensive approach to addressing system inequities. Coordinating efforts to address statewide risk factors and promote protective factors will also create more safety and reduce risks of someone experiencing violence. Greater opportunity for collaboration among state agencies, departments, and communities with primary prevention initiatives through mechanisms for information sharing and joint initiatives would enhance the impact of prevention programming.

2. **Increase funding for community violence prevention efforts.** Local communities are increasingly pooling resources and taking a coordinated, holistic approach to addressing DV and other forms of violence. PPPG efforts are increasingly exploring the interconnectedness of DV prevention with other issues and implementing holistic, sustainable solutions. By investing in prevention, Alaska communities can reduce the need for costly crisis intervention services, healthcare, and other expenses associated with responding to incidents of violence and enhance the overall well-being of those living in the state. Communities can be further supported at the state level by further promoting calls to action, advocating, and allocating sustainable, long-term funding for primary prevention, and establishing clear and measurable goals for primary prevention initiatives. CDVSA creates opportunities for grantees and community partners to participate in primary prevention engagement and empowerment through annual training and professional development opportunities. However, high turnover sometimes attributed to low resourced programs, positions, and noncompetitive wages leaves our prevention efforts under equipped and less effective than its potential. It's vital the state continue to increasingly fund prevention to mitigate these costs and prevent further incidents, while fostering a culture of respect and nonviolence.

3. **Strongly promote best practices and learn from local innovations.** Communities involved in primary prevention are benefiting from capacity-building initiatives and sharing preliminary findings about the effectiveness of their interventions and innovations. Facilitating opportunities for communities to share the advances and findings of their programs would increase awareness of the valuable insights' communities are gaining and would support refining strategies that bring the greatest impact. Continue to educate practitioners and support the evaluation of grantees' implementation of evidence-based practices and programs . Effective primary prevention programming is comprehensive, appropriately timed, of sufficient dose, administered by well-trained staff, socio-culturally relevant, theory-driven, and utilizes varied teaching methods. Grantees benefit from continued support in increasing knowledge, skills, involvement, and capacity for primary prevention of DV/SV.

4. **Support communities in addressing organizational and system factors to promote primary prevention.** Organizational and system factors contribute to the broader context for which DV occurs and can influence community dynamics and prevention initiatives. Support communities in building prevention buy-in and optimize local systems to ensure they are actively working towards prevention. Effective resource allocation, planning, implementation, and quality improvement are optimized in communities where the workforce is supported by leadership and prevention-specific policy and practices. Support grantees in creating organizational environments, like embedding prevention efforts within structures and practices of community partner organizations, promoting norms supportive of prevention, engaging and training organizational leadership about the benefits of prevention, policies, and resources. Moreover, the state is uniquely positioned to consider intersectionality and equity and ensure efforts are inclusive and address the unique needs of diverse groups throughout Alaskan communities. 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.

5. **Promote public awareness campaigns.** Many grantees are engaging in awareness raising and utilizing media campaigns to promote healthy relationships, raise awareness about the impacts of violence, and inform the local community about resources and activities for prevention and intervention. Statewide primary prevention efforts may benefit from a unified campaign informed by grantees and collaboratively designed and promoted. Leverage existing grantee materials and increase the prominence of key and/or effective DV/SV messages, while promoting ''champions' of promising Alaska-based adaptations. These campaigns have the potential to change social norms, raise awareness, and create a culture of prevention.

6. **Provide continuous guidance for monitoring and sharing about outcomes of prevention efforts.** Grantees are increasingly demonstrating capacity to undertake evaluation and are employing various techniques and methods to monitor and evaluate their

programming progress and impact. They are continuously report on ways they learn and adjust programming from community input to improve quality, reach, or increase effectiveness. They should continue to be supported in using data to make informed decisions and align their programming to the needs and values locally, however time, funding, and capacity are often cited as barriers. CDVSA assisted local initiatives in developing time helpful monitoring tools and strategies, such as with the end of year reporting tracker and reporting office hours resources. However, grantees employ and collect a mix of quantitative and qualitative information and engage in ongoing dialogue – as different communities use different indicators. They are increasingly recognizing and refining relevant context-specific indicators and meaningful data but are challenged with limited funding and resources dedicated to robust data collection and analysis. To further support monitoring and evaluation, CDVSA should expand funding to account for a specified budget allocation to effectively assess and learn from the outcomes of programming. Grantees, particularly newly funded prevention communities, may also benefit from examples of 'exemplar' program evaluation and end of year reporting submissions (e.g., community prevention plan, annual progress report submission, and summative final evaluation report). Lastly, supporting communities in sharing with leadership local findings will help decision-makers determine how and to what extent prevention resources should be allocated.

7. **Increase engagement at the societal level of the social ecology by increasing capacity of prevention programs to educate and inform policy makers.** Prevention programs have a strong track record of programming at the individual and relationship levels of the social ecology. Unfortunately, current economic conditions are increasing systemic vulnerability in communities around the state. The lack of affordable housing, childcare, and mental health services, coupled with rising rates of addiction and the increasing cost of food, is increasing risk factors across the board. CDC grants are now shifting more focus to prevention strategies aimed at root causes and the societal level of the social ecology. In this landscape, Alaska prevention programs should have the skills to articulate these risks, to raise awareness, and to inform local policy makers. This will help us address root causes and leverage shared risk and protective factors across the community. Policy approaches benefit most from multi-sectoral partners and our programs have demonstrated growth in that area during this grant cycle. Understanding policy advocacy, approaches for raising awareness, and education about the importance of primary prevention efforts and their impact is an essential component of comprehensive primary prevention that can be addressed in technical assistance sessions.

8. **Support communities in increasing the comprehensiveness and effectiveness of community primary prevention programming.** Effective and comprehensive primary prevention approaches are selected because of their evidence and likelihood to impact the local conditions that contribute to violence. Moreover by integrating strategies for a more comprehensive, targeted approach to address the interconnected and unique factors locally, they can be more effective. Support grantees in applying evidence and

evaluation findings to monitor and adjust programming to align to best practices. For many PPPG communities, programs are expanding through assessment and collaboration – with prevention strategies largely for universal or selected groups (i.e., programs or strategies designed for the public or those deemed to be at risk). Providing additional support for enhancing the comprehensiveness of programming and expanding to indicated populations or broader social ecologies (e.g., promote equitable structures and processes; civil and criminal law reform) can lead to cultural, normative, and systemic shifts to promote healthier relationships and well-being while also ensuring different groups needs in the community are met.

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