2023 Alaska Primary Prevention Summit Evaluation Summary & Trend Report

March 2023



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Acronyms & Terms

CDC - Centers for Disease Control and Prevention

CDVSA - State of Alaska Council on Domestic Violence and Sexual Assault

CPT – Community prevention team

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.

PPPG - Primary prevention programming grant

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.

SEM - Social ecological model

SPS – Strategic Prevention Solutions

TA – Technical assistance



Acknowledgments

For many years, Alaska's Council on Domestic Violence and Sexual Assault (CDVSA) has contributed, alongside other state and national partners, support for building and enhancing community and prevention team capacities for planning, implementing, and evaluating domestic violence and sexual assault (DV/SA) primary prevention programming. As part of the capacity building strategy, CDVSA funds and hosts a bi-annual statewide gathering to support CDVSA grantees and community prevention teams (CPTs).

This report aggregates and summarizes feedback about attendees' experiences at the 2023 Prevention Summit. The Summit aims to enhance knowledge and skills related to best practices in primary prevention of violence, including programming implementation, coalition building, and evaluation capacity. The investment in professional and workforce development, promotion of best practices, and technical assistance is made possible through collaborative effort, led by CDVSA, and with the support of many partners, agencies, and individuals, <u>including speakers at this event</u> and host planning partners including:

Alaska's Council on Domestic Violence and Sexual Assault

Ann Rausch

Alaska Network on Domestic Violence and Sexual Assault

Ray Romberg, Esther Smith, & Doug Koester

Northwest Strategies

Brennon Land, Brianna Crane, Erin Messmer, & Anthony Lekanof

Strategic Prevention Solutions

Wendi Siebold, Emily Singerhouse, Brittany Freitas Murrell, & Lexi Prunella

We also extend gratitude to the numerous individuals and entities who have dedicated their efforts towards eliminating violence and promoting protective environments where communities thrive.

About

Alaska's Council on Domestic Violence and Sexual Assault¹ is housed within the Alaska Department of Public Safety, is a state council that provides the coordination of statewide prevention and intervention services. CDVSA also supports the coordination of government funding related to DV/SA.

Strategic Prevention Solutions² is a small research firm that meets the research, evaluation, planning, and training needs of public and non-profit entities nationwide. We specialize in

² Strategic Prevention Solutions https://www.strategicpreventionsolutions.com





¹ CDVSA https://dps.alaska.gov/CDVSA/Home

working with communities, states, Tribes, and national entities to address and prevent social and health problems, including interpersonal violence, youth violence, and substance abuse.

In accordance with our contract for professional services, SPS presents this document titled Alaska Primary Prevention Summit 2023 Evaluation Report. This document contains a summary of findings from a survey completed by 2023 Prevention Summit ("Summit") attendees. It also contains comparisons across key domains between this and previous Summit evaluations. The views expressed in this document do not necessarily represent the position or policies of CDVSA.

Our team holds close to the values of community, relationship, culture, and empowerment, all of which serve as the foundation for SPS's approach to our work. We would like to thank CDVSA for the opportunity to serve the State of Alaska and our local communities. We welcome the opportunity to share findings that provide insight into respondents' perceptions regarding the content, process, and impact of this year's Prevention Summit.





Executive Summary

In January 2023, Alaska's Council on Domestic Violence and Sexual Assault (CDVSA) hosted the seventh Primary Prevention Summit, Building Effective Prevention Programs through Meaningful Partnerships, a biennial event hosted virtually by CDVSA this year. The Summit was established to provide training and support to community-based prevention teams (CPTs) as they develop and implement primary prevention strategies related to domestic violence (DV), sexual assault (SA), dating violence, and stalking in their communities. The Summit aims to enhance knowledge in primary prevention, including programming implementation, coalition building, and evaluation. To evaluate its overall impact, as well as gather feedback from attendees about their experiences, CDVSA contracted with Strategic Prevention Solutions (SPS) to complete an external evaluation of attendees experience and learning at the Prevention Summit.

Following the event, the evaluation survey asked respondents to reflect on their experiences before and after attending the Prevention Summit (a retrospective pre-post design). The questions included a variety of multiple-choice and open-ended questions to gather attendees' perceptions. Respondents provided demographic and work setting information, as well as answered questions about their experiences working with their community prevention team, satisfaction with the overall Prevention Summit, and the quality, learning, and usefulness of the sessions.

Key Learnings

Survey respondents represented a wide range of communities, organizations, and levels of experience. Most of the feedback related to the overall Prevention Summit, as well as the individual sessions, was positive. Several respondents indicated deep appreciation and reflection on the learning that took place during the Summit. Additionally, comparisons with prior Prevention Summits revealed several positive and encouraging trends.

- * Slightly less than half of the respondents were attending the Prevention Summit for the first time in 2023. More than a third of respondents reported they have been working in the violence prevention field for less than three years, and almost a quarter reported they considered themselves new to prevention. This is consistent with the induction of a new cohort of violence prevention grantees and may also reflect the continued challenge of staff turnover faced by many of the grantees.
- * More than a third of respondents indicated they can spend more than 75% on working on violence prevention, and slightly more than a quarter are spending less than 25%, of their time engaged in violence prevention work. A continued upward trend is noted in the amount of time spent on prevention since the 2017 Prevention Summit, suggesting that grantees are increasingly able to focus their time and efforts toward prevention. This may reflect increased stability of available resources, as well as an increase in the value placed on prevention by community-based agencies.





- * Most respondents indicated their CPTs met regularly and engaged in prevention efforts representing a medium to high level of comprehensiveness. Respondents also noted expectations of improved abilities related to planning comprehensive programming, building partnerships with others who should be involved in violence prevention work, supporting healthy socio-emotional environments, incorporating health equity concepts, and evaluating and using evidence to inform prevention programming. Similarly, most respondents indicated their team was ready to continue higher-level discussions related to their prevention efforts following the Summit. Most commented that increased education (e.g., ACEs), awareness (protective/risk factors), and funding for prevention work within agencies has led to more partnerships (de-siloing) and efforts to approach prevention work more intentionality (e.g., men's engagement, cultural/traditional ways of healing).
- * The most frequently mentioned actions and learnings expressed by attendees were gaining stimulating ideas and creativity for implementing prevention learnings and evaluation into their programming and improving organizational resilience. They reported a new perspective on the benefits of evaluation and accountability for the organization (e.g., surveying, reporting). They also increased their knowledge on important topics to share back with the community (e.g., consent, community involvement, coalition/relationship building). Another frequent mention was learning about grind culture and the importance of care culture.
- * Most of the feedback from the respondents for the Summit was expressing the wish to gather in-person, improved logistics for virtual attendees, and suggestions for more informative sessions. They expressed technological challenges with the virtual platform, the need for more accommodation for a virtual setting, such as increased breaks between sessions, more movement breaks, or disappointment at having multiple valuable sessions occurring at the same time. A couple of people did not find some of the sessions as helpful as they thought they would be (e.g., wanting more focus on education and resources instead of organizational history).
- * Overall, respondents expressed appreciation for and satisfaction with this year's Prevention Summit, despite the challenges associated with participating virtually and being unable to come together in person. Almost all respondents indicated this year's Summit is one they would recommend to others. The session-specific feedback was largely positive in nature as well with many finding the sessions to have been appropriate, feeling the content enhanced their knowledge, and/or was relevant to their prevention work.





Key Lessons

The findings from the 2023 Alaska Primary Prevention Summit evaluation can be used to guide decisions and efforts related to primary prevention across the state in several ways, including:

- * Help shape future iterations of the Summit to support the needs of attendees. Several respondents encouraged a return to in-person as barriers created by the pandemic have lessened for many. Considering the evolution of the pandemic, many wished for the opportunity for more of their staff to attend and more engagement.
- ** Engage in continuous quality improvement related to the evaluation process. It may be of benefit to revisit the content of the evaluation survey and determine whether any changes should be made to the process or content. The length of the survey may still be a point of consideration, as many respondents could not be included because they did not proceed past the first page, and the partial surveys included had relatively early drop-off rates. It may be that some sections could be changed or removed to more closely align with current needs related to the Prevention Summit evaluation. Consider additional strategies for increasing response rates (e.g., evaluation time in the agenda, incentivizing via monetary and non-monetary ways, segment for targeted outreach).
- * Make decisions about training and technical assistance needs and offerings. Respondents provided feedback on where they are still having difficulties, possible training topics, and presenters they would like to see at the Summit. Many respondents seemed to be more knowledgeable and active in prevention work this year. The Summit may need to include more application and resource sessions to continue strengthening the field of prevention. Alternatively, there could be more range in the offerings at the Summit that accommodate different levels of prevention experience.
- * Consider focusing on the integration and implementation of learnings and sessions on increasing connections and partner engagement in future Summits. Although the overall Summit was well-received, it was clear that where respondents struggled the most was how to integrate their newfound knowledge and ideas into programming and prevention. It was clear they left with ideas and inspiration, but they may encounter issues moving to the next step. This can be due to several reasons that are not answered by this survey. However, one reason could be organizational issues outside of their control such as staff turnover, the most cited challenge by respondents. A few also mentioned that despite doing their best to partner, they still struggled to engage their partners and communities.



Background

Alaska's Council on Domestic Violence and Sexual Assault (CDVSA) hosted their seventh Alaska Primary Prevention Summit, "Building Effective Prevention Programs through Meaningful Partnerships" on January 24-26, 2023. The intention of this year's Prevention Summit was to provide community teams from across the state the opportunity to share their expertise in building effective prevention programs for domestic violence, sexual assault, and other social and health-related challenges through meaningful partnerships.

Summit workshops were designed to share and build knowledge in primary prevention work related specifically to DV, SA, dating violence, and stalking.

This year, Summit topics included:

- Using a shared risk and protective factors framework
- Healthy, equitable agencies and practices
- Community needs assessments
- Sexual health, wellness, and consent
- Building and strengthening community-based prevention and indigenous strategies
- Engaging youth and men in prevention work
- Evaluating programs and accessing data
- CPTs action planning

Funding for this year's Primary Prevention Summit was provided by CDVSA in partnership with the Alaska Network on Domestic Violence and Sexual Assault, the Department of Education and Early Development, and the Division of Public Health, Section of Women's, Children's, and Family Health. To learn more about CDVSA's Prevention Summits, visit:

https://dps.alaska.gov/cdvsa/prevention/summit









Definitions

Below are several key concepts and definitions to terms used throughout this report.

Prevention

Public health classifies prevention efforts into three levels (see CDC's Beginning the Dialogue³):

- Primary prevention approaches aim to stop violence before it occurs by preventing initial victimization and perpetration;
- Secondary prevention approaches are immediate responses to violence that deal with short-term consequences; and
- * Tertiary prevention approaches are long-term responses to violence to deal with lasting, long-term consequences.

While it is important to work across all levels of prevention, historically prevention has taken place at the secondary and tertiary levels. Primary prevention efforts address the root causes of violence and focus on acting before a problem occurs. In line with public health, this approach shifts the responsibility of prevention to society. These efforts seek to bring about change in individuals, relationships, communities, and society to effectively address the root causes of DV/SA.

Social Ecological Model

The Social Ecological Model (SEM), or social ecology, is a four-level model that demonstrates how human behavior (e.g., perpetration of violence) is influenced by the complex interplay of



individual, relationship, community, and societal factors. The perpetration of violence occurs for a wide variety of reasons, and as a result of many different influences on an individual's life – from personal factors to the influence of friends, or families, sometimes factors associated with groups and communities we belong, to the norms and policies that govern individuals lives. To change behavior and conditions, we need to consider all factors and influence, only then can we develop a strategic and comprehensive plan to address and prevent factors contributing to high rates

³ Centers for Disease Control and Prevention. Sexual violence prevention: Beginning the dialogue. Atlanta, GA: Centers for Disease Control and Prevention; 2004. Retrieved from https://www.cdc.gov/violenceprevention/pdf/svprevention-a.pdf

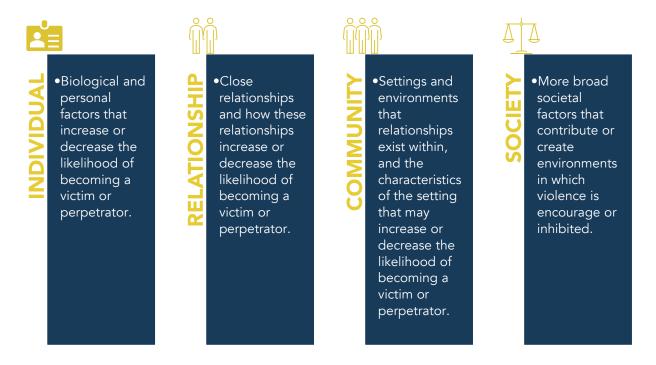




of violence. The SEM, in congruence with other public health models, appropriately pivots the responsibility of prevention to society and off individuals.

The social-ecological model provides a framework for understanding the various risk and protective factors, their relationship to one another, and how they influence violence prevention efforts across the social ecology⁴. This model is commonly used for comprehensive prevention programming.

Levels of the SEM⁵



Risk & Protective Factors

Risk and protective factors, in terms of DV/SA, are conditions or factors that make it more likely a person, or people, will experience and/or perpetrate violence. Examples of risk factors for DV/SA include rigid social norms and beliefs around what it is to be "feminine," or "a man," lack of job opportunities, presence of family conflict, or lack of access to affordable housing. Examples of protective factors for DV/SA include connection or relationship to a caring adult, access to mental health services, and cultural connectedness.

Equity

As part of building comprehensive primary prevention capacity, CDVSA in collaboration with it's partners is expanding and promoting equity and culturally responsive programming – that

⁵ Adapted from Alaska's Pathways to Prevention: Statewide Plan





⁴ CDC. (2022). Connecting the Dots. VetoViolence. Retrieved from https://vetoviolence.cdc.gov/apps/connecting-the-dots/

programming and planning identify and strategize ways to address oppression, inequity, or injustice. For communities to address and prevention violence, efforts must include strategies for bolstering equity and inclusion. Communities with shared beliefs, inclusive practices, and confidence in plans for improvements tend to overcome more challenges and experience greater effectiveness, this includes efforts to address and prevent violence⁶.



Prevention Across Alaska: Valdez, AK
Photo courtesy of Advocates for Victims of Violence
(AVV)





Equity: Equity is the practice and approach of recognizing the historical marginalization, structural inequalities, and differences in circumstances in needs of different groups by investing in resources and opportunities for them to thrive.^{7, 8}

Inclusion: Authentically bringing traditionally excluded individual and/or groups into processes, activities and decision/policy making in a way that shares power.⁹

Cultural Responsiveness: "Effective cultural responsiveness addresses the culture and needs of the community where prevention efforts are taking place, which can include but are not limited to, the diversity of coalition members, education and activities centered on the community's traditional and cultural values, and communication that includes the community's traditional languages and the people of the community".¹⁰

¹⁰ SOA, FY2020, Comprehensive Behavioral Health Prevention and Early Intervention Services.





⁶ Sampson RJ, Raudenbush SW, Earls F. Neighborhoods and violent crime: a multilevel study of collective efficacy. Science. 1997 Aug 15;277(5328):918-24. doi: 10.1126/science.277.5328.918.

⁷ Pathways to Prevention: Statewide Plan (2020). Accessed from: https://andvsa.storage.googleapis.com/wp-content/uploads/2020/12/19223654/COMPRESSED-Pathways-to-Prevention-December-2020-version.pdf

⁸ United Way of the National Capital Area. (2021). Equity vs. Equality: what's the difference – examples & definitions. Accessed from: https://unitedwaynca.org/blog/equity-vs-equality/

⁹ University of Pittsburg, Office of Equity, Diversity, & Inclusion. Diversity, Equity, and Inclusion Glossary.

Comprehensive Prevention Programming

A comprehensive primary prevention approach describes communities implementing activities that take place across settings, with a variety of populations, through the community, and during the year. This contributes to consistent messaging and norm-setting that saturates and exposes an individual to prevention activities at multiple levels of the social ecology throughout their lifetime.

With comprehensive prevention programming, prevention activities are not just one-time events in a classroom or at a community health fair. 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. As communities increase resources for prevention, their ability to implement comprehensive prevention programming improves; this enhances their ability to impact and reduce violence in their communities. It takes time, upwards of eight years, for communities to establish the needed resources and capacity for comprehensive prevention.

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 related to prevention theory, research-based models and strategies for prevention, and best practices to CDVSA-funded agencies engaged in prevention work across the state. Due to the eight years needed for communities to establish resources and capacities for comprehensive prevention, it is of critical importance that comprehensive primary prevention efforts in the state remain an ongoing legislative priority to truly impact the incidence of violence in Alaska. State investment in prevention is necessary to continue making meaningful progress in preventing violence in the state, as well as supporting local communities to collaborate to reduce all forms of harm and violence.







Findings

A retrospective pre-post survey design utilizing a variety of open-ended and forced choice items was used to gather respondents' perspectives on the impact of the Summit and their overall experience. A survey link was sent via the WHOVA virtual event management platform¹¹ to individuals registered for the Prevention Summit inviting them to complete the survey within two weeks following the event. A reminder to fill out the survey was sent a week after the event.

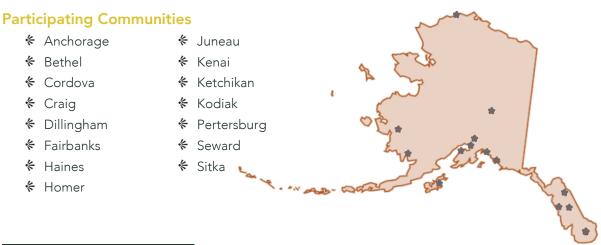
This section opens with an overview of survey respondents. We collected background information, such as the type of organization they represent and whether they have previously attended the Prevention Summit. Next, we provide respondents' feedback on their experiences with their CPT, the overall Prevention Summit, and Prevention Summit sessions.

Throughout the report, narrative feedback is presented in framed boxes alongside a microphone icon, indicating quotes from respondents. Finally, we conclude with a series of comparisons between this and prior years' Prevention Summit data (i.e., 2013 – 2023) and general trends.

Participant Information

This year's Summit marked the attendance of 130 registered individuals for the Summit, including presenters and CDVSA staff. A total of 19 complete surveys were received and 8 partially completed surveys were received; in these cases, respondents did not answer all the questions for which a response was expected¹². The analysis included partial and complete responses for this report (n = 27). In cases where there were notably fewer responses to a particular item, the number of respondents is noted. CPT items were asked only to respondents who indicated they were a PPPG receipt.

This year the Summit hosted representatives from 15 Alaskan communities and organizations. Slightly more than half of the respondents (52%) had previously attended a Prevention Summit.



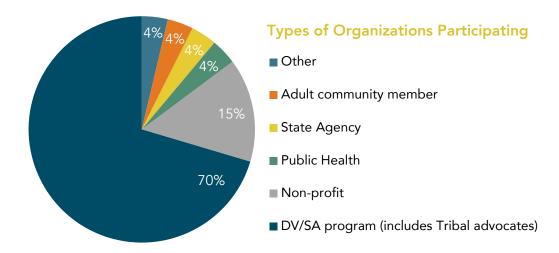
¹¹ What Is Whova? | Whova FAQ. (n.d.). Whova. Retrieved February 9, 2023, from https://whova.com/faq/what-is-whova/

¹² Overall, the response rate for the 2021 Prevention Summit Evaluation Survey was 21%; this includes partial responses.





Many respondents were Primary Prevention Program Grant (PPPG) recipients or partners (84%) and most would describe themselves as the funded agency (88%) rather than a partner of a CDVSA-funded agency. Of those respondents representing a DV/SA program, including tribal advocates, 63% had attended a CDVSA Prevention Summit previously.



Violence Prevention Experience

A little more than half of the respondents were somewhat experienced with prevention work. Most respondents identified themselves as being somewhat experienced with prevention (52%). About one-quarter of respondents stated they were very experienced with prevention (26%). Less than a quarter of respondents considered themselves new to prevention (22%).

More than half of respondents indicated they considered themselves to be somewhat experienced with prevention work.

New to prevention 22%	Somewhat experienced 52%	Very experienced with prevention 26%
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Nearly equally represented were individuals newer to prevention work or having half a decade or more of experience. In terms of time working on violence prevention in their community, about one-third (30%) of respondents reported having worked in the field for less than one year, a couple stated having only been involved in this work for one to two years (7%), and about a quarter (26%) for more than three years. Many respondents (37%) reported having worked to prevent violence for more than five years.





More than a third of respondents have been working in violence prevention for more than 5 years.

Less than 1 year 30%

3 - 5 years More than 5 years 26%

37%

Making Time for Prevention

Most respondents can take time to work on planning, partnering, or programming related to DV/SA primary prevention. Among respondents working in DV/SA programs (including Tribal advocates), non-profit, public health organization, behavioral health organizations, or coalition work, almost all could make time for prevention work. Only a couple of respondents reported being unable to spend time on prevention work (8%), almost half could make time for prevention when not called away to do advocacy work (42%), and half could dedicate as much time to doing prevention work as they felt was needed (50%). Specifically, less than one-quarter of these respondents (23%) reported spending less than 25% of their time on DV/SA primary prevention work, one-third (31%) stated between 25% and 50% of their time was dedicated to prevention efforts, a few reported between 51% and 75% of their time (8%), and more than a third (35%) of respondents reported they spend more than 75% of their time on prevention work.

Of those respondents who indicated they represent a DV/SA program (n = 19), over a third (37%) report spending over 75% of their time on prevention work, another 11% spends between 51% and 75% of their time, 32% spend between 25% and 50% of their time, 16% of respondents said they spend less than 25% of their time on prevention, and the remaining 5% indicated they spend no time on prevention.

In the respondents' opinion, their community prioritizes the importance of violence prevention (compared to other issues, such as advocacy) to some degree. Most respondents felt their community somewhat prioritized the prevention of violence (44%). Very few felt their community did not prioritize violence prevention (4%) and a third felt it prioritized violence prevention a little (30%). Less than a quarter felt their community prioritized violence prevention over other issues a great deal (22%).

Great job - we appreciate everyone's work in putting this [Prevention Summit] together and for supporting all of us!

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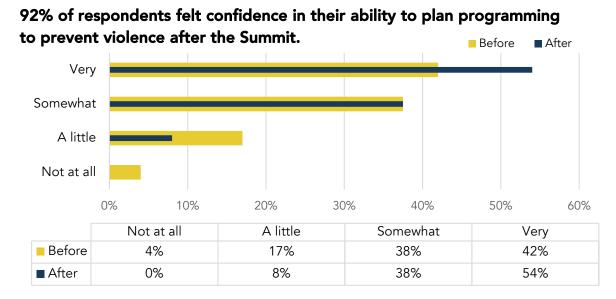
Personal Confidence in Prevention Efforts

Overall, respondents reported improvements in their confidence across most domains, especially in their ability to plan programming, explain, and work within ecological frameworks to prevent violence, and their ability to confidently use data and evaluation. A total of 24 respondents shared their personal feelings of confidence related to planning programming toward violence prevention efforts. Their changes in confidence are shared below for each domain.

Planning Programming

Prior to attending this year's Summit, 21% of respondents reported feeling not at all or a little confidence in their ability to plan programming to prevent violence in their community; this decreased to 8% of respondents after attending the Prevention Summit. The number of respondents reporting feeling somewhat or very confident increased from before to after the Summit.





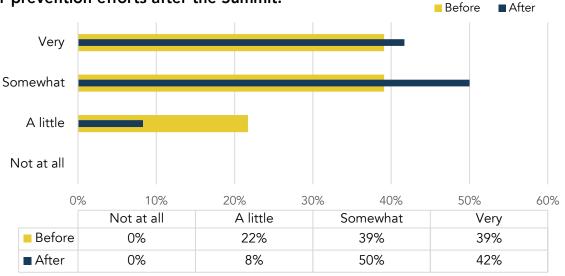
Accessing Data

Prior to attending this year's Summit, almost 22% of respondents reported feeling little confidence in their ability to access data to inform prevention efforts, such as identifying risk factors and prevalence; this number decreased to 8% of respondents after attending the Prevention Summit. The number of respondents reporting feeling somewhat or very confident increased from before (78%) to after (92%) the Summit.





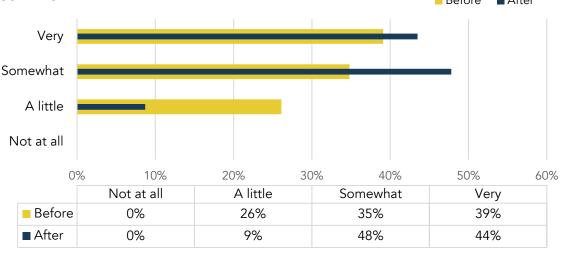
92% of respondents felt confidence in their ability to access data to inform their prevention efforts after the Summit.



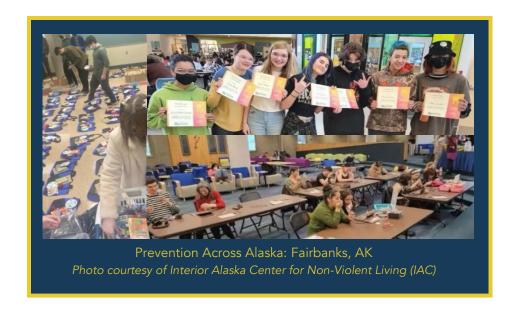
Explaining the Ecology of Prevention

Almost 26% of respondents initially reported feeling little confidence in their ability to explain the connection between their current prevention programming and the outer levels of the social ecology. After attending this year's Prevention Summit, this number decreased by more than half to 9%. The number of respondents reporting feeling somewhat or very confident in this domain increased slightly after attending this year's Prevention Summit.

92% of respondents felt confident they could explain connections between their current programming and the outer levels of the social ecology after the Summit.



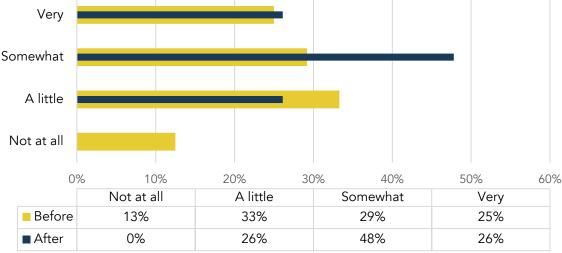




Working on the Ecology of Prevention

Nearly half of the respondents (46%) reported feeling not at all or little confidence in their ability to work at the outer levels (e.g., community, societal) of the social ecology prior to attending the Prevention Summit; afterward, this number decreased to a little over a quarter of (26%) respondents. The number of respondents reporting feeling somewhat or very confident increased by almost a quarter from before (54.2%) to after the Summit (74%).





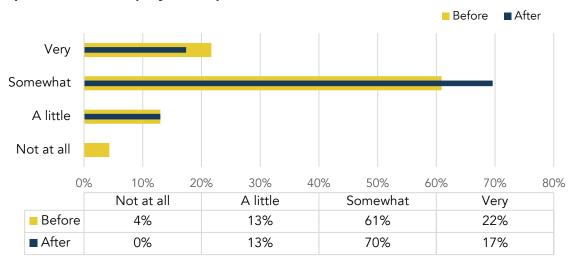
Incorporating Health Equity Concepts and Frameworks





A few of the respondents (17%) initially reported feeling not at all or a little confidence in their ability to incorporate health equity concepts and frameworks. After attending this year's Prevention Summit, this number decreased slightly to 13%. The number of respondents reporting feeling somewhat or very confident in this domain increased slightly after attending this year's Prevention Summit.

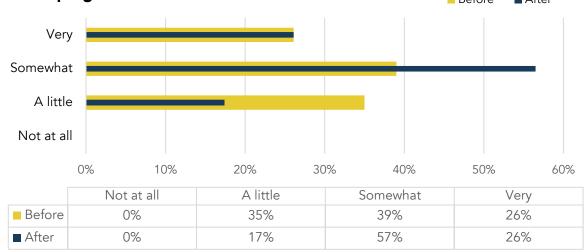
87% of respondents felt confident in their understanding of how to incorporate health equity concepts and frameworks after the Summit.



Evaluating DV/SV Preventions Programs

More than a quarter of respondents (35%) initially reported feeling little confident in their ability to evaluate DV/SV prevention programs. After attending this year's Prevention Summit, this number decreased by half to 17%. The number of respondents reporting feeling somewhat or very confident increased from before (65%) to after the Summit (83%).

Respondents became somwhat more confident in their ability to evaluate DV/SV prevention programs after the Summit.

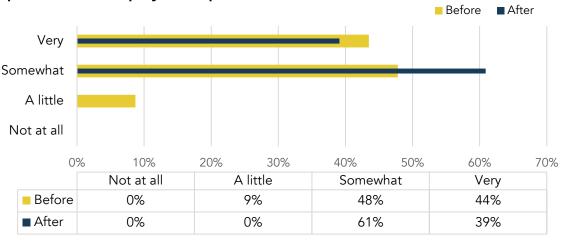




Using Evidence to Inform Prevention Program Planning

A few of the respondents (9%) initially reported feeling not at all or having little confidence in their ability to use evidence to inform prevention program planning. After attending this year's Prevention Summit, this number decreased to none. The number of respondents reporting feeling somewhat or very confident in this domain increased slightly after attending this year's Prevention Summit.

87% of respondents felt confident in their understanding of how to incorporate health equity concepts and frameworks after the Summit.



An additional means by which respondents related to the theme of this year's Prevention Summit was via "Gift of Place" packages distributed prior to the Summit. These packages, which were received by just less than half of respondents (40%), and included teas, salves, and other self-care items.



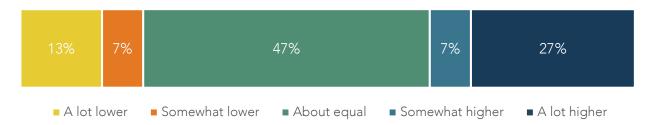
Community Prevention Teams

A total of 15 respondents provided feedback related to their community prevention team's (CPTs) prioritization of prevention efforts, comprehensiveness of prevention programming, ability to build partnerships, promotion of healthy socio-emotional environments, and meeting content and processes.

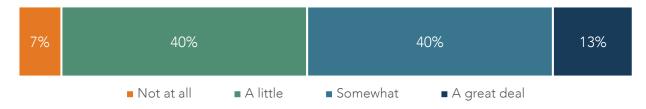
Prioritization of prevention efforts

Most CPT respondents reported a high prioritization of prevention efforts before the Summit that was likely to continue or increase following the Summit. Almost half of the respondents (47%) reported that prior to attending this year's Prevention Summit, their CPT prioritized their efforts on violence prevention about equally compared to other issues. This was followed by more than a quarter of respondents (27%) who felt their CPT's efforts were a lot higher for prevention than other issues. Respondents equally expected their team's prioritization of primary prevention of violence would be at least somewhat (40%) or a little (40%) affected by their participation in the Prevention Summit, while another 13% reported expecting their team would be affected a great deal in this domain. A few felt there would be no change (7%).

About 80% of respondents reported their team prioritized prevention efforts at a level equal to or greater than other issues.



Nearly 53% of respondents expected their team's prioritization of primary prevention to be affected somewhat or a great deal as a result of their participation in the Prevention Summit.





Respondents feel there is more awareness, funding, and partnerships that are changing how they prevention work is perceived in their communities. Respondents reflected on how the perception of prevention work in their community changed over time and what has been contributing to these beliefs. Most commented that increased education (e.g., ACEs), awareness (protective/risk factors), and funding for prevention work within agencies has led to more partnerships (de-siloing) and efforts to approach prevention work more intentionality (e.g., men's engagement, cultural/traditional ways of healing).



I can see the perception of prevention work changing in individuals over time as they learn and engage more with the work. I also recognize the growth in our coalition's prevention work and understanding, recognition of shared risk and protective factors, and use of the collective impact approach.

- **We have a new understanding of the importance of culture and traditional ways of healing.**
- * I think that in our community coalition the perceptions of partners have changed around what prevention work really looks like and how we can come together to shoulder the burden so it is not on one organization. The work and relationship building that has been happening for a long time is what allowed us to be here as a community. As far as the larger community, I think we are slowly showing people that our specific organization does more than just shelter and direct services, which has been the perception for a while and that is leading to more visibility and recognition of prevention.
- Our community has become more collaborative. I think the helping agencies here have been successful in raising awareness of issues facing us today (although there is still much work to be done in terms of addressing misconceptions and raising awareness in different communities).

Respondents felt more informed and inspired after participating in the Summit. When asked how their beliefs and ideas on prevention have been impacted because of their participation in the Summit, some respondents gained more ideas on how to implement their work creatively (e.g., being culturally relevant), they learned new things about prevention work, and due to the Summit appreciated discussing self-care as a factor in making this work sustainable. A few were mostly inspired by the speakers and sessions and became motivated to continue this work. A few did



- * I really enjoyed the focus on slowing down and self-care as a major theme of the Summit. It is so easy to want to take on too much which is not sustainable.
- **♦ Lots of new ideas from the summit to implement in my work.**
- * The session on evaluation really pulled the work of prevention and outcomes together.
- * I think there were a couple of helpful sessions that brought new things to light for me or challenged my thinking in certain areas.





not perceive much of a change due to the Summit because they were already involved in prevention.

Respondents felt unsure about the impact of the Summit or expressed frustration at not being able to act on their learnings because their organization does not have the right support. Survey respondents provided additional feedback related to the impact of this year's Prevention Summit on their team's prioritization of primary prevention. A few respondents commented that they cannot yet see the impact the summit will have on their organization, one felt they were well-positioned for this work, and a couple felt their organizations were not well-staffed or supported internally for this work.



- I think everyone is focused on crisis intervention. With consistent staff turnover, it is hard to lift prevention. Hopefully with the new staff members, we will be able to prioritize prevention as equally as we prioritize intervention.
- * I see how little attention and funding it receives statewide and am grateful for a community that has made it a priority.
- Our agency over the years have increased awareness due to having funding for programs and staff. I don't feel that many people understand the purpose of our prevention efforts. I feel that our community does not want to acknowledge that IPV is part of a bigger picture and should be addressed. I feel that people in the community continue to feel that it is a private matter and don't intervene.
- Prevention has always taken a backseat, in healthcare, insurance and even more so in violence prevention. Planning consistency in prevention will save money in intervention and create healthy communities to continue to do the work in maintaining the community priorities.



Prevention Across Alaska: Kenai, AK Photo courtesy of The LeeShore Center (LSC)





Comprehensiveness of Prevention Programming

Survey respondents described a range of comprehensiveness in their existing prevention programming.

Most teams are struggling with organizational stability and development and pandemic-related challenges in their efforts to improve primary prevention. When asked about challenges their team or organization faced in improving their primary prevention efforts in their community this year, most noted low capacity of staffing challenges, such as turnover (77%) and pandemic-related challenges (62%). Other highly reported challenges were insufficient funding (54%) and difficulty coordinating with other organizations, such as schools (46%). Over a third mentioned experiencing the need for additionally trained implementers, such as coaches (31%) and low community commitment and/or engagement (39%).

Most respondents feel their teams have comprehensive prevention programming. About 47% of these respondents reported their programming was at a medium level of comprehensiveness (i.e., programming includes prevention strategies in different settings or with different populations, and the same message is reinforced across those settings), while the remaining 40% reported a high level of comprehensiveness (i.e., programming includes prevention strategies in different settings or populations, across most or all levels of the social ecology, including community and societal).

87% of respondents have a high or medium level of comprehensiveness in their programming.

Low	Medium	High
13%	47%	40%

Most respondents felt the Summit will have some type of impact on their team's ability to build comprehensive prevention programming. A third of respondents equally reported their belief that attending the Summit would somewhat impact their team's ability to plan comprehensive prevention programming (33%) or a little (33%), with an additional 27% reporting they believed their team would be affected a great deal. One participant did not believe their team would be affected in this domain as a result of attending the Summit. Some survey respondents provided additional comments related to the expected impact of the Prevention Summit on their team's ability to plan comprehensive prevention programming; for example, several described having been given a different perspective on prevention work and networking opportunities that helped to rekindle interest and efforts in building comprehensive prevention programming.

A couple of respondents provided feedback on comprehensiveness or capacity related to DV/SV prevention programming and mentioned they may need additional training or resources on how to reach community at the societal level and another expressed feeling overwhelmed.

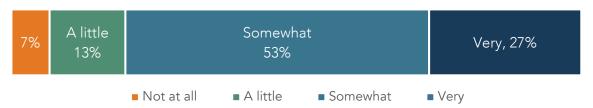




Ability to Build Partnerships

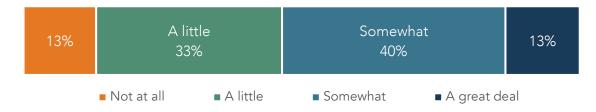
A total of 15 respondents provided feedback related to their community prevention team's ability to build partnerships and the anticipated impact of the Summit on their team's abilities in this domain. Partners could include people or organizations in their community who could play a role in preventing violence.

More than 80% of respondents reported it is somewhat or very easy for their CPT to establish partnerships.



Prior to attending this year's Summit, more than 80% of respondents reported it is somewhat or very easy for their CPT to establish partnerships. Nearly 87% of respondents reported a belief that attending the Prevention Summit would impact their team's ability to easily build partnerships with people or organizations to some degree, with under half anticipating their team would be affected somewhat, and 13% stating their team would likely be affected a great deal. About 13% of respondents reported they did not expect the Prevention Summit to impact their team's ability in this domain; a review of the data indicates at least some of these individuals feel their teams are already engaging in a high level of partnership with people or organizations in their community to prevent violence.

About 86% of respondents expect their team's ability to build partnerships will be impacted by having attended the Prevention Summit.



Partnerships seem to be a strength for respondents, however, some still struggle with true engagement from partners beyond collaborations. Survey respondents also provided additional feedback related to the anticipated impact of the Prevention Summit on how easily their team is able to build partnerships with people or organizations. Some indicated challenges facing their team, such as a need for adequate, consistent funding. Others indicated that partnering and collaborating is an area in which their community prevention team currently thrives.





Survey respondents also commented they were divided between confidence in their work and uncertainty about whether they could apply what they have learned and its impact. Others felt they have partnered well with partners and the community but still struggled to engage people to attend events and meetings.

Promotion of Healthy Socio-Emotional Environments

A total of 15 survey respondents provided feedback related to their community prevention team's support of healthy socio-emotional environments through practices such as inclusion and equity. Prior to attending this year's Prevention Summit, 80% of respondents reported their team supported these environments somewhat or a great deal.

Prior to this year's Prevention Summit, all respondents reported their CPT supported healthy socio-emotional environments to some degree.



More than half (53%) of respondents reported a belief that their team would be affected somewhat or a great deal in this domain as a result of their attendance at the Prevention Summit. The remaining respondents (47%) reported their team would be a little or not all impacted regarding their ability to promote healthy socio-emotional environments.

53% of respondents felt the Summit will affect how they support healthy socioemotional environments like inclusion and equity.



A couple of survey respondents commented they felt they were missing the skills and power to change dynamics and another felt they were dedicated to equity and inclusion.

Prevention Team Processes

A total of 20 survey respondents provided feedback related to their community prevention team meetings, including their frequency, level of discussion, content, and overall process. Prior to attending this year's Summit, just over two-thirds (65%) of respondents reported they were scheduled to meet with their team on a regular basis (i.e., weekly, monthly, or quarterly) to plan how to prevent violence in the community. Among those who were not meeting regularly, about 30% had met with their team at least once.





Prior to this year's Prevention Summit, more than two thirds of respondents reported their CPT was meeting on a regular basis.

5% 10% 20% We were scheduled to meet regularly, 65%

- We had not yet met as a team
- We met once or twice
- We met more than twice, but did not have regularly scheduled meetings
- We were scheduled to meet regularly

Of those attendees who indicated they were a PPPG recipient (n = 16), 13% had only met once or twice with their CPT prior to attending the Summit, another 19% indicated they'd met more than twice, but were not currently regularly scheduled to meet with their CPT. Most PPPG-funded respondents, (69%) indicated they were meeting regularly.

Several respondents provided additional feedback related to the ways in which attending this year's Prevention Summit would impact the way their team meets or collaborates to plan violence prevention efforts in their communities. Most comments did not feel there would be many changes to what they were already doing as they met regularly. A couple mentioned it provided them with more content to discuss at their meetings or that they were unsure what the impact of the summit will have on their meetings or collaborations.



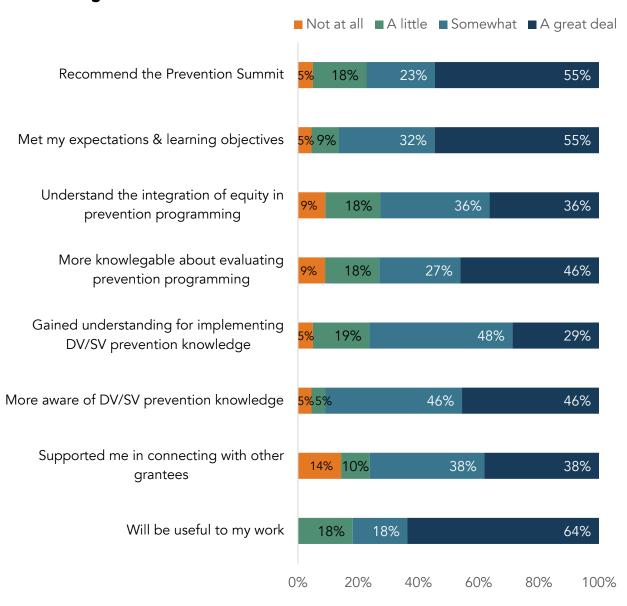




Overall Prevention Summit Feedback

A total of 17 respondents provided feedback related to their overall perceptions about the Summit. Nearly all of the respondents agreed somewhat or a great deal with the following statements:

Overall agreement this Prevention Summit...





Learnings from the Summit

The most important "aha" moments and top learnings respondents mentioned centered on realizing the importance of program accountability, gaining prevention knowledge to share with their community, and understanding the detriments of grind culture. Survey respondents provided descriptions of changes they experienced base on their perspective on prevention as a result of attending this year's Summit. The most frequently mentioned learnings by attendees were gaining perspective for the benefits of evaluation and accountability for the organization (e.g., surveying, reporting). They also increased their knowledge on important topics to share back with the community (e.g., consent, community involvement, coalition/relationship building). Another frequent mention was learning about grind culture and the importance of care culture.



I learned more about how valuable and useful evaluation and data can be to an organization. It changed my perspective and motivated me. I also think an another aha moment was the man box. I have heard of the concept before, but I was not able to fully grasp it. Very powerful session!!

- * AHA! I am stepping back to realize I need to make more time for building relationships. AHA! The updated consent laws! I have ideas about how I can share this with others in my community!
- * Project accountability and different ways of looking at our reporting.
- * I really liked the session, "Co-Creating the Care We Dream Of (for Everyone)," especially the piece about discerning that it's not that I don't have accessibility needs, but that they are already being met (in terms of this zoom meeting).
- * Talking with my own group of staff to talk about our next steps--specifically in creating some surveys for outreach and programs.

Specific actions or next steps respondents want to take from the Summit and bring to their work were largely ideas for implementing prevention learnings and evaluation into their programming and improving organizational resilience. Considering actionable items that were taken away from this year's Prevention Summit, survey respondents most frequently referenced ideas to implement prevention in their own programming (e.g., more youth, art, engaging men). Respondents also highlighted the importance of evaluating and using data to assess and improve their programming. Others talked about improving their programming and organization by using better promotion strategies, prioritizing self-care, and becoming more inclusive (e.g., bringing in land stewards).

- * I need to focus on building relationships.
- *** Thinking about how to better prioritize self-care in this work.**





Here are a few additional actions inspired by the Summit respondents shared intentions about:



- Step up our game in social media with teen presence and bring more men into prevention work!! I would like a community prevention program that involves more men in our community.
- **Use music, art & spirituality as prevention; help youth develop a connection to nature and a sense of purpose.**
- Make sure that we are updated on the changes to the curriculum we share in schools so that we can take this new information and maximize its impact in prevention.
- * Doing a deep dive into our current programs to evaluate where we might be missing a need.
- * Seeing what other organizations in our community have done a needs/resource assessment or are collecting data that could be useful for the one that we are doing.

Recommendations for Future Summits

Most improvement suggestions from respondents were around wishing to gather in person and improved logistics for virtual attendees, and more informative sessions. When asked about recommended improvements to this year's Prevention Summit, survey respondents provided a variety of suggestions. They frequently mentioned their wish for the Summit to have been held in-person and several alluded to in person environments as more conducive to learning and forming lasting relationships. Others expressed the need for more accommodation for a virtual setting, such as increased breaks between sessions, more movement breaks, or disappointment at having multiple valuable sessions occurring at the same time. A couple of people did not find some of the sessions as helpful as they thought they would be (e.g., more focus on education and resources instead of organizational history; more choice; more informative community planning sessions). Overall, respondents' feedback on the Summit was good, with most wishing it was in person, and that they could attend more sessions. One person wanted more educational sessions, and fewer organization-focused sessions because they felt that organizations were already aware of each other and there needed to be more learning on prevention work.

- Having consistent breaks is helpful zoom meetings can be tiring.
- * How to improve existing programs through adding trauma informed approaches. The intersection with human trafficking. How to build relationships. Give us training on 1:1s.
- I wish I could have attended all of them. As this was online, I wish it was longer so I could attend every workshop. I am motivated by envisioning a new way of approaching DVSA, by digging into power and control (including in the workplace) and I wish we were able and supported in doing this."





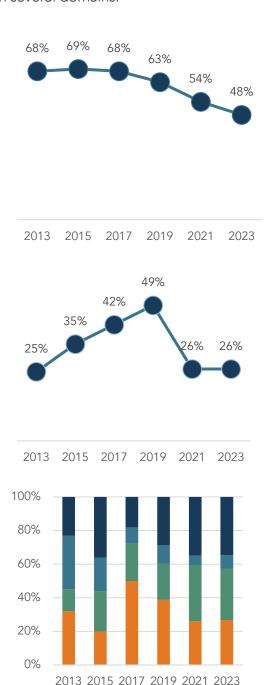
Most future topics of interest were focused on learning more prevention frameworks to work with key populations and more resources for improving organizational functioning. Survey respondents also provided feedback related to topics that they would like to see offered at future Prevention Summits. Most respondents indicated an interest in specific topics, such as how to implement prevention frameworks (e.g., trauma-informed; counters to white supremacy) with important populations (e.g., youth, local neighborhoods, village). Others would like to learn more about how to improve and create relationships with important partners, and resources for improving organizational functioning (e.g., more on data collection, applying for grants).





Comparisons with Prior Prevention Summits

Since the inception of the Summit, we have asked respondents questions that we can track over time. While some changes to survey design and question-wording over time prevent a full, direct comparison between respondents' feedback between years, general comparisons are available in several domains.



<25% ■25-50% ■51-75% ■>75%

Fewer first-time attendees at the Summit.

Compared to previous years, a lower percentage of respondents reported that it was their first time attending the Prevention Summit. This suggests individuals attending the Prevention Summit are becoming more aware of the Summit as a supportive resource, along with increased familiarity with prevention efforts being conducted across the state.

The level of experience with prevention has remained steady.

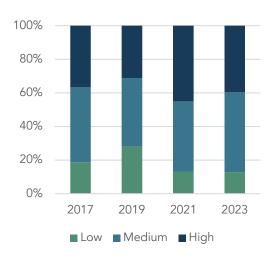
Compared to previous years, a similar percentage of respondents indicated that they were "very experienced" with prevention work. Importantly, this question was changed in 2021 to separate out perceived experience level and the number of years engaged in prevention efforts; this may have contributed to the change in ratings by respondents.

Almost half are spending half or more of their time on prevention.

Among respondents actively engaged in prevention work, compared to previous years, more respondents indicated they spent more than 75% of their time on prevention efforts, and fewer reported they spent less than 25% of their time doing prevention work. This suggests that overall, more people across the state are spending a greater portion of their time engaged in prevention efforts.

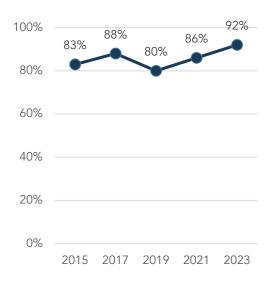






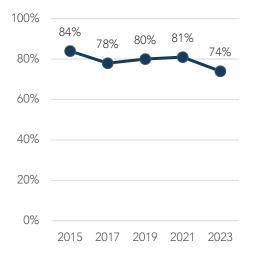
There is increasing level of comprehensiveness in current prevention programming.

Increasingly over the years, a greater percentage of respondents indicated their current prevention programming was at a medium or high level of comprehensiveness, and fewer reported that their current programming was at a low level. This suggests that overall, some progress has been made toward increasing the comprehensiveness of programming.



Increasing personal confidence in ability to plan violence prevention programming in the community.

Compared to previous years, the percentage of respondents indicating they felt somewhat or very confident in this domain has increased more than in previous years. This suggests that individuals remain relatively confident in their ability to plan comprehensive programming for community-based violence prevention efforts.

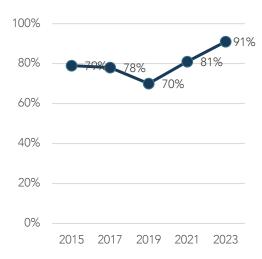


Personal confidence in their ability to work at the outer levels of the social ecology dipped from previous years.

Compared to previous years, the percentage of respondents indicating they felt somewhat or very confident in this domain has remained within a 10-point range established in previous years. Despite improvements from the Summit, this year's respondents felt less highly confident to work at the outer levels of the social ecology than in other years. This could be due to the ongoing challenges they shared, such as staff turnover.







Personal confidence in the ability to explain the connection between current prevention work and the outer levels of the social ecology has improved by 10%.

Compared to previous years, a greater percentage of respondents indicated they were somewhat or very confident in their ability related to this domain. This year represents the **highest confidence ratings** for this domain since it was included in the Prevention Summit evaluation.



Appendix

Prevention Summit 2023 Agenda

DAY 1 –	January 24, 2023	
Time	Session Title & Speakers	Description
	WHOVA Support	
8:30- 8:45am	Brianna Crane Anthony Lekanof Northwest Strategies	
	Welcome, Introduction of	Summit, Land Acknowledgement
8:45- 9:00 am	Ann Rausch Alaska's Council on Domesti Ray Romberg Alaska's Network on Domes	ic Violence & Sexual Assault tic Violence & Sexual Assault
	Naomi Michalsen Kaasei Training and Consulti	ing
	Morning Plenary: A Walk in Time	This session is a "Walk in Time" from the perspective of long time rural advocates Lenora (Lynn Hootch and Tamra (Tami) Jerue) in regards to the domestic violence movement in
9:00- 9:50 am	Tami Jerue Alaska Native Women's Resource Center	Alaska. This gives a short history, root causes, and key issues that have impacted safety in villages around the State. We will give a perspective of our hopes for the future and the changes that still need to happen to improve the high rates of violence
	Lenora Hootch Yupik Women's Coalition	still happening in our communities. Ultimately, discussing policy issues and how that impacts domestic violence in Tribes or villages.
10:00- 10:55am	Co-creating the Care We Dream Of (for everyone) Jessica Lawmaster Adana Protonentis Kindred Leaders	What if we applied our radical imaginations to crafting a new vision of what it can look and feel like to be at work? Bayo Akomolafe says, "The times are urgent; let us slow down." But what does that mean in practice? How do we create the space to give and receive the care we need (and deserve!), to be discerning about pace, to create conditions to be soft with ourselves and each other? If "care work is the work that makes all other work possible" (Ai-jen Poo), what does it take to make care work possible and what is made possible when care is centered?
		Leaning into wisdom from the Disability Justice movement, we'll deepen our understanding of the forces that nudge us toward





		grind culture and learn more about how to nurture workplace cultures rooted in care. We'll learn more about what gets in the way of self, organizational, and structural care, and share ideas, strategies, and tactics for nurturing the liberatory care-centered work cultures of our dreams. This session is designed for folks in all types of positions and roles.
10:55- 11:05am	Break	
11:05am-	Using Evaluation Beyond Reporting Wendi Siebold Brittany Murrell Strategic Prevention Solutions	Did you know that evaluation is supposed to improve your programming? This workshop is for those who want to use more of their evaluation findings but haven't found the time or figured out how to dive in to start this rewarding journey. We'll have an honest conversation about the resources needed to use more of your evaluation data, and help you find ways to not just cherry pick your best findings to put into funder reports. We've all done it, and we can do better! ;) We'll also talk about what to expect from your evaluation consultant, and the kind of information you should be receiving and/or producing as part of your evaluation efforts. Participants will learn what to expect from their evaluation consultant, and the kind of information they should be receiving and/or producing as part of their evaluation efforts Participants will learn about continuous quality improvement and practice building a process for program improvement. Participants will gain access to easy tools to start using their evaluation results to improve their programming.
12:00pm	Shifting our Organizational Lens to Expand Community Based Prevention Efforts Arika Paquette Women in Safe Homes Katie Cornwell Seward Prevention Coalition	We all know the greater effort and resources we put into Prevention work, the more likely we are to change culture, break generational trauma cycles, and create thriving community members. In order to be effective, we must expand our prevention efforts to meet the scope of the problem. But how do we achieve this when funding feels limited? Join us in learning how our organizations expanded our prevention efforts through shifting focus, diversifying funding streams, and developing positions fully committed to prevention. We will share how our programs are funded, the lessons we have learned, and recommended next steps for expanding your organizations Prevention Work.
	Co-Creating the Care We Dream Of (for ED's) Jessica Lawmaster	What if we applied our radical imaginations to crafting a new vision of what it can look and feel like to be at work? Bayo Akomolafe says, "The times are urgent; let us slow down." But what does that mean in practice? How do we support our teams in creating the space to give and receive the care we need (and





	Adana Protonentis Kindred Leaders	deserve!), to be discerning about pace, to create conditions to be soft with ourselves and each other? If "care work is the work that makes all other work possible" (Ai-jen Poo), what does it take to make care work possible and what is made possible when care is centered? Leaning into wisdom from the Disability Justice movement, we'll deepen our understanding of the forces that nudge us toward grind culture and learn more about how to nurture workplace cultures rooted in care. We'll learn more about what gets in the way of self, organizational, and structural care, and share ideas, strategies, and tactics for nurturing the liberatory care-centered work cultures of our dreams. This session is designed for ED's and will center the experiences of folks in those roles.
12:00- 1:15pm	Lunch break	
1:15- 2:40pm	Community Planning Time Exploring the Intersections: Equity & Community Prevention Planning Brittany Murrell, Wendi Siebold, & Emily Singerhouse Strategic Prevention Solutions Esther Smith Ray Romberg Alaska's Network on Domestic Violence & Sexual Assault	Do you find yourself with the same group of prevention-minded members and leaders year after year? Is your prevention programming informed by those who it is intended to impact and benefit most? Community participation and ownership of prevention programming is critical – those living in the conditions you seek to change should have an equal understanding, voice, and decision-making power to plan and implement. Theories, models, strategies, activities – these are guides and tools – very helpful things - but they are only useful and effective when selected by those needing the building and living inside. Participation and ownership are keys to your programming's effectiveness. In this facilitated session, Brittany Murrell from Strategic Prevention Solutions, with assistance from Wendi Siebold and Emily Singerhouse, as well as our friends at ANDVSA – Ray Romber and Esther Smith, will lead a semifacilitated session to explore local opportunities for enhancing context, equity, and improving community prevention collaboration and ownership.
	Sexual Health and Wellness Education and Resources Hanna Warren Jennifer Williamson	By the end of this presentation, attendees will be able to: Understand the risk of teen pregnancy and HIV/STI transmission Recognize strategies to prevent teen pregnancy and HIV/STI transmission Learn best practices for engaging in sexual health and wellness education with youth
2:45- 3:00pm	Alaska Native Tribal Health Consortium Close - Reflection and Cor	Gain knowledge of resources for prevention and testing nnection





	Ray Romberg		
	Esther Smith		
	Alaska's Network on Domes	tic Violence & Sexual Assault	
	DAY 2 – January 25, 2023		
Time	Session Title & Speakers	Description	
	Whova Orientation		
	Brianna Crane		
8:30-	Anthony Lekanof		
9:00am	Northwest Strategies		
	Esther Smith		
		tic Violence & Sexual Assault	
0.00	Welcome		
9:00- 9:15am	Ann Deven		
7.13dill	Ann Rausch	c Violence & Sevual Assault	
	Alaska's Council on Domestic Violence & Sexual Assault Music Prevention Slide Show		
9:15-	ividsic i revention sinde sin	OW _	
9:30am	Esther Smith		
		tic Violence & Sexual Assault	
	T .1 .14/	Haa Tóoch Lichéesh Coalition is an organized body of change-	
	Together, We are	makers that work together seeking decolonization and anti-	
	Imagining and Creating a Community Free From	racism by addressing inequity through healing and accountability	
	Violence	measures. We envision a socially just community in a reciprocal, healthy relationship with the land and with each other. HTL	
9:30-	Violence	Visionary Council members and Coalition staff are honored to	
10:30am	Ati Nasiah	facilitate this dialogue with Statewide Prevention partners on the	
	Cecelia Westman	work of honoring good connections between people, land, and	
	David Abad	culture. We will explore how doing the work of creating healthy	
	Haa Tóoch Lichéesh	relations can inform prevention strategies that address	
	Coalition	colonization, white supremacy and violence prevention. https://www.htlcoalition.org/	
10:30-	D 1	neeps.// www.neessancom.org/	
10:45am	Break		
10:45-	Making the Most of Your	Do you wonder if you are making the most of your program's	
12:00pm	Community Needs	Community Needs Assessment? Or how your Community	
	Assessment	Needs Assessment can support your program's current goals	
		and objectives? Do you know what data will be the most useful for updating your assessment and what tools are easily available	
	Lexi Prunella	to reduce overburdensome data collection and analysis?	
	Emily Singerhouse	Presenters Lexi Prunella and Emily Singerhouse from Strategic	
	Strategic Prevention	Prevention Solutions will help guide you through some common	
	Solutions	methods for finding accessible data and discuss how to use your	





		Community Needs Assessment to engage with partners to address gaps and meet shared needs.
		Learning Objectives.
		Participants will learn about three common methods for data collection (community surveys, SWOT analysis, and community surveys/interviews)
		Participants will review some publicly accessible online resources and databases
		Participants will learn about leveraging community partnerships to support updating community needs assessments for addressing shared risk and protective factors
		Attendees should come to this session prepared with the following:
		Their current Community Needs Assessment Their Community Prevention Plan
		Reflection on: Where do you currently go for information on needs and gaps in your community? Who are current and potential partners in your community? What questions do you want to answer about your community's needs and resources?
1	Strengthening Prevention Efforts through Indigenous and Community led Strategies	During this workshop, the presenter will share examples of real life experiences of local community and indigenous led prevention efforts. In addition, the presenter will share issues that can arise when local communities and indigenous peoples are not at the forefront of planning, policy and program development to identify and address related forms of harm including environmental harm.
l	Panganga Pungowiyi Indigenous Environmental Network	
	Connecting the Dots Jessica Lawmaster Adana Protonentis Kindred Consultation	In this connecting-the-dots session, we will hold space for folks to share the insights, reflections, questions, and curiosities that have come up after experiencing our 'Co-creating Care' session. We will spend this time holding a gentle space to explore more deeply, think through strategies, share wisdom, and imagine together how we might build the structures to support the carecentered workplaces we envision. Bring your dreams, hopes, practical considerations, tactical ideas, and everything in between!
		This session is open to all and will be fully interactive with breakouts, group discussion, and reflection opportunities.
12:00 – 1:15pm	Community Lunch	





1:15-		Are you exploring what makes the most sense for your
3:00pm	Community Planning	prevention planning moving forward? Do you have consensus
	Time:	and support from the community around what needs to change
	Capacity & Community	for violence to end? Have you revisited your community
	Planning	capacity and strengths to help you know where your time,
		resources, and effort is best spent to make those changes?
	Brittany Murrell Wendi	
	Siebold	ANDVSA will share a recent overview of statewide DV/SV
	Strategic Prevention	primary prevention capacity, as well as share individual
	Solutions	summaries with participating programs funded by CDVSA who
		undertook a capacity assessment this past year. Later in the
	Esther Smith	session, Brittany Murrell, with Strategic Prevention Solutions, will
	Ray Romberg	guide participants through understanding how capacity
	Alaska's Network on	compels community planning and action for successful
	Domestic Violence & Sexual	prevention programming. This is an interactive session that will
	Assault	involve community breakout sessions for focused planning and
		shared ideation.
	Shared Risk and	Do you know how our individual, relationships, community, and
	Protective Factor Panel	societal experiences contribute to how we can live a full and
		healthy life? In what ways do you understanding the role of
	Mollie Rosier	shared risk and protective factors (SRPF) can help understand
	SOA-Public Health	what impacts the prevalence of multiple forms of violence and
		other social and health-related outcomes? In this panel
	Emily Singerhouse	discussion, hosts Mollie Rosier from the Alaska Department of
	Strategic Prevention	Health: Division of Public Health, Lori Grassgreen from the
	Solutions	Association of Alaska School Boards, Emily Singerhouse from
		Strategic Prevention Solutions, and Lillian Yang from Youth
	Lilian Yang	Alliance for a Healthier Alaska will discuss SRPF across the Social
	Youth Alliance for a	Ecological Model, share helpful resources & strategies, and
	Healthier Alaska	answer questions on approaches to integrate the SRPF
		approach in your work.
	Lori Grassgreen	
	Association of Alaska	
	School Boards	
3:00-	Close-Connection and Re	flection
3:15 pm	2.200 20300011 and No.	
'	Ray Romberg	
	Esther Smith	
	Alaska's Network on Domest	ric Violence & Sexual Assault
		DAY 3 – January 26, 2023
Time	Session Title & Speakers	-
	Whova Orientation & Att	
8:30-	THOU SHORING ALL	
9:00am	Brianna Crane	
	Northwest Strategies	
	1.10.4	





	T	
	Esther Smith	
		etic Violence & Sevual Assault
	Alaska's Network on Domestic Violence & Sexual Assault Welcome	
9:00-	weicome	
9:00- 9:10am	A.z.z. Davisala	
7.10aiii	Ann Rausch	tia Vialanaa 9 Cannal Aasault
0.10		tic Violence & Sexual Assault
9:10-	The Man Box and	The Man Box identifies the limitations on what a man is
11:30am	Unboxing Masculinity	supposed to be and what he believes. These expectations are
		taught to men – sometimes unconsciously – and reinforced by
	Doug Koester	society. In the Man Box, women are objects, the property of
	Joshua Medina	men, and of less value than men. The teachings of the Man Box
	Alaska's Network on	allow violence against women, girls and other marginalized
	Domestic Violence &	groups to persist. However, it is also important to acknowledge
	Sexual Assault	that while most violence is perpetuated by men, most men do
		not perpetuate violence. These harmful norms are the problem,
	Doug Modig	not men. It is important, though, for men to play a bigger role in violence prevention. This workshop will examine how men can
		subvert these harmful norms and not only take part in stopping
	Naya Indira	violence, but also emerge as leaders. In doing so, we want men
		to learn how to be their whole selves rather than role selves.
	Gene Tagaban	to learn now to be their whole serves rather than role serves.
	Native Wellness Institute	
		This workshop will include an overview of HB5 that was passed
		by our 32nd Legislature and made into law effective January 1,
		2023. In our time together, we will discuss these changes to the
		statutes and introduce the ETR Affirmative Consent curriculum
	Affirmative Consent	supplement. Affirmative Consent is all about bodily autonomy
	Allimative Consent	and means that each person clearly and freely agrees to engage in sexual activity. In order to do this:
	January Dalaan	All parties involved need to be awake, aware and able to make
	Jenny Baker SOA-Public Health	decisions.
	SOA-Fublic Health	Consent can be positively expressed through words or actions,
		as long as those words or actions are freely given and clearly
		communicate willingness and permission within a totality of
		circumstances.
		Consent must be ongoing and can be withdrawn at any time.
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	Protective Factors within	
	Plant Teachings of	Respectful Harvesting Guidelines
	Alaska	
		How can plants teach us to care for ourselves and build healthy
	Naomi Michalsen	relationships? Alaskan Native Elders share that plants are our
	Kassai Training &	teachers and our relatives and should be gathered with respect.
	Consulting	Our Elders spoke about a time of the past when there was an
		abundance of traditional foods, plants, and natural medicines.
	George Holly,	Plants adapt, collaborate with others, assert boundaries, and
	1	1,





	Haandei I Jin	model generosity. The traditional values within each unique community can become the tools that support, strengthen, and
	Yuxgitsiy Andriana Moss	sustain individuals, families, and communities in helping to prevent violence. These values are inherent to Indigenous cultures.
		We honor the past by taking time to share and reflect on the powerful teachings and messages we have been given by our ancestors. Together we will (re)discover the power of indigenous plants and how their teachings can help to bring balance to our lives. Join us in this workshop and celebrate the beauty that we are all so fortunate to be surrounded by.
	Closing	
11:45am-		
12:00pm	Ann Rausch	
	Alaska's Council on Domestic Violence & Sexual Assault	









