

Community Based Primary Prevention Programs & Community Readiness Grantees

Year 2 Evaluation Report



Alaska's Council on
Domestic Violence
& Sexual Assault



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EXECUTIVE SUMMARY

Executive Summary

Twelve grantees who are receiving funding from Alaska's Council on Domestic Violence and Sexual Assault to improve their primary prevention efforts recently completed their second year in a three-year funding cycle. This evaluation report provides an overview of the Community Based Primary Prevention Programs (CBPPP) and Community Readiness and Capacity Building (CR) grantees' quarterly reports during this year (FY19), highlighting key capacity development efforts and prevention activities that were documented, applied, and implemented. During FY19, in addition to making notable efforts to build prevention capacity at their organizations, grantees:

- Facilitated 238 coalition/prevention team meetings
- Established 106 new community agency partnerships, MOUs, or other informal or formal agreements for community-based primary prevention efforts
- Dedicated, on average, 115 hours per week to the primary prevention of domestic violence and sexual assault (DV/SA) among agency staff and coalition partners
- Provided more than 100 presentations and community activities that included a conversation on equity and/or inclusion, which are strong protective factors
- Trained over 10,800 community members on DV/SA awareness, resources, and prevention programming; of those who attended trainings and were asked, an average of 72% reported an improvement in their awareness of/access to community resources for DV/SA
- Trained more than 1,300 Alaskans in Green Dot or another bystander program, including 496 community members, 476 high school students, and 350 university students
- Facilitated prevention activities (e.g., presentations, equity dialogues, community meetings, specific prevention activities, coalition involvement) for more than 13,100 youth
- Implemented 24 unique primary prevention strategies in 11 communities, including Girls on the Run, Green Dot, Boys Run, the Fourth R, and Let Me Run¹

The quarterly reports submitted by grantees indicate that they are having success with their efforts to improve their community capacity for prevention programming through agency leadership, increased staffing, and community events and training that either introduce or strengthen existing prevention messaging across settings and populations. Their organizational and implementation efforts are consistent with best practices, and over time will continue to have a positive effect on reducing violence in Alaska.

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

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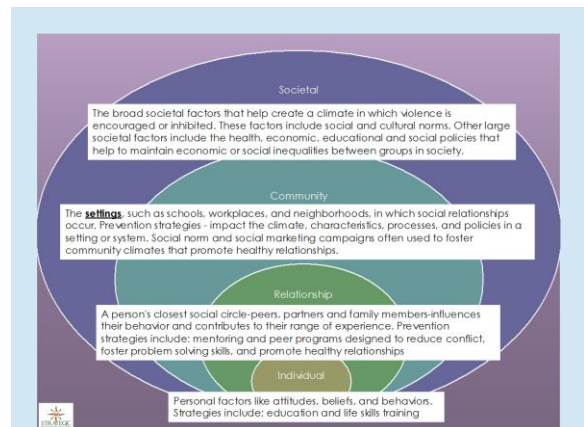
Introduction

The purpose of the Community Based Primary Prevention Programs (CBPPP) and Community Readiness and Capacity Building (CR) grants was to strengthen and enhance existing community-based, coalition-driven strategies that address the primary prevention of domestic violence (DV; also referred to as interpersonal violence [IPV]), teen dating violence (TDV), and/or sexual assault (SA). These grants provide opportunities for community programs with and without primary prevention program experience. Those community agencies newer to primary prevention programming receive funding through the CR grant to conduct community-level assessments, establish or integrate primary prevention into existing coalitions, and develop customized prevention plans for program implementation. For communities with existing prevention plans, the CBPPP grant provides support for enhanced comprehensiveness (i.e., expanding to reach new populations, settings, and levels of the social ecology) of these existing prevention efforts.

Community Based Primary Prevention Programs (CBPPP) funds were granted to programs in five Alaskan communities:

- Aiding Women in Abuse and Rape Emergencies (AWARE) – Juneau
- Cordova Family Resource Center (CFRC) – Cordova
- The Interior Alaska Center for Non-Violent Living (IAC) – Fairbanks
- Sitkans Against Family Violence (SAFV) – Sitka
- South Peninsula Haven House – Homer/Kenai Peninsula

Community readiness grantees are tasked with developing strategic planning models as well as identifying prevention programs and initiatives for their local communities, guided by findings from a community needs assessment. Strategic planning is supported through collaboration with evaluators, as well as technical assistance provided via ANDVSA, CDVSA, and prevention retreats and gatherings.



The Social Ecological Model (SEM), or social ecology, 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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Community Readiness and Capacity Building (CR) funds were granted to programs in seven Alaskan communities:

- Abused Women's Aid in Crisis (AWAIC) – Anchorage
- Advocates for Victims of Violence (AVV) – Valdez
- The LeeShore Center – Kenai
- Tundra Women's Coalition (TWC) – Bethel
- Safe and Fear Free Environment (SAFE) – Dillingham
- Women in Safe Homes (WISH) – Ketchikan
- Working Against Violence for Everyone (WAVE) – Petersburg

The three-year awards were overseen by the Council on Domestic Violence and Sexual Assault (CDVSA). CDVSA contracted with a local research and evaluation firm, Strategic Prevention Solutions, to provide state-level evaluation support. This included tasks such as identifying common indicators, tracking outcomes across grantees, and providing technical assistance at grantee meetings and summits. During the second year of funding, CR grantees focused on the following tasks:

- Completing a prevention plan
- Participating in statewide TA
- Hiring an evaluator
- Building or enhancing a coalition
- Selecting strategies for implementation
- Implementing one strategy from the prevention plan

CBPPP grantees focused on these tasks during their second year of funding:

- Continuing implementation of existing strategy(ies)
- Continuing with existing evaluation plan
- Starting to integrate continuous quality improvement measures
- Meeting regularly with evaluator to review findings

WHY PREVENTION MATTERS

Historically, societal responses to DV, TDV, and SA have frequently centered around crisis intervention. While crisis intervention services are critically important for individuals and families

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impacted by these issues, they alone are not enough to comprehensively address these complex social issues. To truly impact levels of domestic violence and sexual assault in Alaska, crisis intervention services must be complemented by proactive prevention strategies. This is supported by literature that began emerging in the 1990s which suggests that prevention is valuable and can affect the overall health and quality of life for individuals². In Alaska, we are building comprehensive prevention programming in communities. This means that prevention activities take place:

- in various settings,
- with a variety of populations,
- across the community, and
- throughout the year.

Comprehensive prevention programming helps to ensure that everyone in the community has the opportunity to participate. Prevention activities are not just one-time events in a classroom or at a community awareness event. Violence is complex, and in order to address it, prevention must be recurring and multifaceted.

OVERVIEW OF PREVENTION STRATEGIES

Grantees implemented a variety of strategies intended to support reductions in the occurrence of IPV, TDV, and SA. These programs were identified largely on the unique needs of the communities and populations served, as well as the available evidence and resources for implementing the programs with fidelity. Although it may take many more 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.

The vast majority of grantees' prevention strategies emphasize one of the following domains:

- Capacity building
- Youth protective factors
- Bystander engagement

² Veto Violence, n.d.

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Capacity Building

Nearly every CR and CBPPP grantee developed and maintained a community coalition. The goal of these coalitions is to engage community members, local organizations, agencies, as well as faith-based and tribal entities in building or enhancing culturally appropriate responses to DV/TDV/SA primary prevention in their local communities. Community engagement is a form of social action, based on principles of empowerment, authenticity, and community decision-making³. The CBPPP and CR grantees' coalitions, one form of community engagement, focus on primary prevention of DV, TDV, and SA. Through this process, communities combine and leverage their knowledge, resources, and connections to improve health and wellbeing within the community.

Youth Protective Factors

Protective factors are conditions that decrease the likelihood of violence because they provide a buffer against risk⁴. Protective factors are useful and inform prevention programming for grantees, helping coordinators and coalitions to consider how and where their efforts should be focused, and what strategies might be most effective in supporting their aims. Among youth populations, effective programs provide opportunities for participants to build positive relationships with each other and program staff. Many of the grantees worked to identify collaborative opportunities with local schools, or developed partnerships to expand prevention activities into school-based settings. This aids in creating a school climate that promotes respect and provides youth with opportunities to build relationships with trusted adults and experience a sense of belongingness.

Bystander Engagement

Bystander interventions are increasingly promoted in primary prevention work as effective⁵⁶. These approaches emphasis education, understanding barriers to intervening, debunking misinformation, building confidence, and teaching skills for intervening. Common bystander approaches include Green Dot Violence Prevention Strategy and Bringing in the Bystander.

³ 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.

⁴ Centers for Disease Control and Prevention. Risk and Protective Factors for Sexual Violence. Retrieved from: www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html

⁵ Coker, A.L., Fisher, B.S., Bush, H.M., Swan, S.C., Williams, C.M., Clear, E.R., & DeGue, S. (2015). Evaluation of the Green Dot bystander intervention to reduce interpersonal violence among college students across three campuses. *Violence Against Women*, 21(12), 1507-1527.

⁶ Katz, J. & Moore, J. (2013). Bystander education training for campus sexual assault prevention: An initial meta-analysis, *Violence and Victims*, 28(6), 1054-1067.

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Year Two Findings

This section provides an overview of grantees' progress and end-year status in relation to the various primary prevention efforts being tracked. These include evaluation support, organizational capacity, common indicators, and prevention strategies being implemented.

EVALUATION SUPPORT

CR grantees are required to hire an evaluator as part of their capacity development, whereas CBPPP grantees are encouraged to consult with or hire an evaluator to assist them with evaluating their programs/strategies. 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 validated. By the end of FY19, 10 of 12 grantees reported working with an external evaluator. As part of an open bid process, seven grantees were contracted with Strategic Prevention Solutions, two with Goldstream Group, and one with Agnew::Beck.

Community Readiness Assessments & Strategic Plans

A primary task for CR grantees during their first funding year was completing a community readiness assessment (CRA) and strategic plan for their primary prevention efforts. Every community has unique features – demographics, resources, strengths, problems, and so on. To most efficiently use their prevention resources, communities must match prevention strategies to the specific characteristics, resources, and needs of the local community. CRAs can be a strong support in this process; moreover, they have the capability to function as both a planning tool and a snapshot of the local systems, policies, and strategies currently underway⁷.

Of the six CR grantees who reported their status on this task, all completed the CRA and four completed the strategic plan. The remaining two grantees were working on finalizing their strategic plan by the end of FY19. Two grantees also stated they were working to develop a community prevention plan based on the findings of their CRA and strategic plan, and eight other grantees reported having already completed their prevention plan. This is a critical step in their prevention planning efforts. For those communities who have developed a strategic prevention plan, they have synthesized the information from the CRA, prioritized the needs of their community, and have identified strategies for addressing these needs.

⁷ CDC, 2013

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Community Coalitions & Partnerships

Eleven of the grantees reported on their progress forming a community coalition or partnering with an existing coalition. Members of the community coalitions represented different sectors of the community including local government leaders (e.g., Valdez had members of city council), health care, nonprofit agencies, education, media, corporations, and tribal entities. During FY19, grantees held a total of 238 coalition/prevention team meetings (average per site: 19.8, range: 5-84). They described some of the progress and challenges related to getting their prevention team/coalition started and organized, including their outreach, engagement with other community coalitions, training, involvement/consultation with Tribal entities and organizations, and recruitment. The grantees' efforts include:

- Developing mission, vision, values, goals, bylaws, policy and procedures, prevention plan (a shared vision and mission are vital to focusing the group, generating interest, and promoting buy-in⁸)
- Hiring prevention staff
- Meeting regularly with workgroups
- Attending the Primary Prevention Summit
- Working actively with local schools, coalitions, agencies, communities
- Increasing diversity and sector representation among partners
- Strengthening partnerships
- Planning to increase comprehensiveness of prevention programming

Some of the grantees' reported challenges related to their efforts to get their prevention team/coalition started and organized this year include:

- Inconsistent attendance at coalition meetings, especially during times of year important for subsistence activities in rural communities
- Lack of representation from some sectors
- Difficulty developing outcomes, despite focused efforts to do so
- Managing competing expectations, needs, and requirements with coalition partners
- Difficulty getting in contact with and maintaining the engagement of coalition members

⁸ Atwater, D. & Bass, B. (1994). Transformational leadership in teams. In B. Bass & B. Avolio (Eds.), *Improving organizational effectiveness through transformational leadership* (pp. 48-80). Thousand Oaks, CA: Sage.

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Additional Evaluation Support

Ten grantees described additional support they received from their external evaluator. This support typically involved tasks such as:

- Developing a comprehensive primary prevention plan
- Writing mission and vision statements, goals, and objectives
- Developing a logic model
- Aligning goals and objectives across different grants
- Providing technical assistance to collect, organize, analyze, and use data efficiently
- Assisting with meeting final reporting requirements

ORGANIZATIONAL ASSESSMENT

A primary area of focus for the CR and CBPPP grantees is organizational capacity and their efforts to build and enhance that capacity. Grantees reported on their progress and end-year status in five capacity domains:

- Leadership
- Structures & Processes
- Staffing
- Partnership Development
- Resource Development

These will be reviewed in turn; tables showing the specific areas of change that were selected by grantees, as well as their reported status at the end of FY19, are available in the appendix.

Leadership

The leadership domain refers to the level of support for and prioritization of primary prevention among an organization's Executive Director, senior management, and Board members. Five grantees (3 CR, 2 CBPPP) reported on their efforts to improve capacity in this domain; one of these grantees chose to do so each quarter during FY19. The specific capacity changes grantees endeavored to make include the following (a full list is available in the appendix):

- Our Board members [vote] on adapting the organization's [mission statement, strategic plan, training materials, etc.] to include primary prevention
- Our Organization has a board member with primary prevention experience/expertise

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- Our Organization has established ongoing training for organization leadership about primary prevention
- Primary prevention is integrated in Executive Director orientation training

Overall, grantees described a variety of ways in which their primary prevention efforts have been supported and prioritized by their organization's leadership. These include:

- Incorporating prevention into the organization's strategic plan, mission statement, and agenda items
- Integrating prevention education into the local school district curricula
- Discussing prevention efforts and information during Board meetings
- Developing a training on primary prevention
- Participating in prevention coalitions and organizational Boards

Structures and Processes

The structures and processes domain refers to the incorporation of primary prevention in the way an organization formally organizes and operates. Five CR grantees reported on their efforts to improve capacity in this domain; three of these grantees chose to do so each quarter during FY19. The specific structures and processes capacity changes grantees made efforts to achieve include the following (a full list is available in the appendix):

- Our Organization has revised mission/vision statements to include the goal of primary prevention of IPV
- Our Organization has added a section to the organization website about prevention of IPV, TDV and SA
- Our Organization utilizes data and/or theory to establish an evidence base that will inform the organization's primary prevention
- Our Organization has weekly prevention check ins to help identify and prioritize prevention goals

Grantees described a number of ways in which they have incorporated primary prevention into their structures and processes. For example, grantees reported:

- Revising their mission and vision to include primary prevention
- Including information related to IPV, TDV, SA, and/or prevention on the website and other materials

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- Including primary prevention in legislative talking points
- Adding prevention topics to the training received by all newly hired staff
- Including prevention resources in the organization's library

Staffing

The staffing domain refers to the integration of primary prevention in the way in which staff members are trained, organized, and operate within the organization. All seven CR grantees reported on their efforts to improve capacity in this domain; five of these grantees chose to do so each quarter during FY19. Over the course of the year, five grantees reported staff were hired to fill a total of 21 positions, while staff in 16 positions were terminated or otherwise transitioned out. The specific staffing capacity changes grantees worked to complete include the following (a full list is available in the appendix):

- Our Organization incorporates IPV, TDV, and/or SA prevention topics into regular staff meetings
- Our Organization added a staff member whose primary work is in primary prevention of IPV, TDV, and/or SA
- Our Organization revised all organization job descriptions to include prevention activities for staff members work on
- Our Organization includes primary prevention components in standard staff orientation materials

Grantees described several of their efforts to make improvements in their staffing capacity. These efforts include:

- Offering primary prevention training and information at general staff meetings
- Adding primary prevention to the training topics for all new staff and volunteers
- Increasing access to current research related to IPV and prevention
- Updating employee and volunteer job duties to focus on prevention
- Hiring new prevention-focused staff or increasing them to full-time positions
- Providing organizational leadership with training on primary prevention
- Increasing outreach efforts to engage community members and partners

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Resource Development

The resource development domain refers to grantees' efforts to pursue and attain funding or in-kind support for primary prevention work. Five CR grantees reported on their efforts to improve capacity in this domain; three of these grantees chose to do so each quarter during FY19. The specific resource development capacity changes grantees endeavored to make include the following (a full list is available in the appendix):

- Apply for/receive funding specifically for IPV prevention activities
- Partners provide [name in-kind resources] to the organization to support primary prevention work
- Designate a percentage of general funds raised to support primary prevention initiatives
- Incorporate primary prevention as priority for board development (e.g., fundraising area)

Grantees reported a variety of ways in which they have worked to enhance their resource development capacity and attain support for primary prevention work, including:

- Applying for and receiving funding to support DV/SA prevention activities
- Engaging in ongoing recruitment for volunteers to support prevention activities
- Partnering with organizations and coalitions to provide personnel and other resources, including financial support
- Tracking contribution of volunteers who provide coaching and facilitation support
- Enhancing partnerships with MOUs that directly support primary prevention activities

Partnership Development

The partnership development domain refers to the process of engaging new partners or developing existing partnerships for the purpose of building and/or supporting primary prevention work. All seven CR grantees reported on their efforts to improve capacity in the partnership development domain. The specific partnerships grantees reported developing include (a full list is available in the appendix):

- Organizations working with men and boys
- A healthy relationship program
- A mentoring program
- A state workgroup

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Grantees described a number of their efforts to improve capacity related to partnership development, including:

- Establishing new coalition partnerships from a variety of sectors
- Holding regular coalition meetings and inviting all partners to attend
- Emphasizing collaboration and capacity building within coalition
- Engaging with partners to provide the local community with education, support, and access to primary prevention-focused activities

COMMON INDICATORS

In 2018, CDVSA and SPS reviewed the common indicators collected in other states to identify those that aligned with the primary services offered by CDVSA's CR and CBPPP grantees. They also reviewed the grantees' evaluation plans and narratives and used all of the information they obtained to establish a list of initial items that would serve as common indicators. These potential indicators were shared with grantee representatives and refined based on the feedback that was received. During FY19, the indicators were further refined to incorporate additional feedback and observations related to the indicators' performance in the field. Importantly, this did result in the wording of some indicators being modified mid-year; these changes influence the degree to which the data can be compared between quarters. When appropriate, a description of this potential influence is provided in the review of grantees' progress and efforts related to the particular common indicator.

The indicators developed through this process provide CDVSA with a consistent means of measuring the impact of prevention programming across grantee sites throughout the state. They also allow CDVSA and grantees to use the data for continuous quality improvement, strategic planning, technical assistance, and legislative advocacy. Grantees' progress and end-year status on the current iteration of the common indicators will be reviewed in the sections that follow.

New Partnerships

Nine grantees reported establishing a total of 106 (average: 8.8, range: 0-34) new community agency partnerships, MOUs, or other formal or informal agreements developed for prevention efforts during FY19. These new partners included:

- Municipality of Anchorage
- Alaska Native Justice Project
- Planned Parenthood
- Local correctional facilities
- Local school districts and teachers
- Tribal leaders and Elders

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Weekly Prevention Hours

Grantees reported that during FY19, lead agency staff and coalition partners dedicated an average of 115 hours per week (range of averages: 25.5-410) to DV/SA prevention programming. Across all grantees, this equates to an average of 1,325 hours – about the equivalent of 33 full-time positions – being contributed by lead agency staff and coalition partners every week. Importantly, in the quarterly reporting system, this indicator was initially a total of hours from both lead agency staff and coalition partners. After the first quarter, the two categories were separated; however, one grantee collected and reported on this data in the combined format. Reviewing quarters 2, 3, and 4 for the 11 grantees who reported their hours separately, lead agency staff provided an average of 61 hours per week (range of averages: 26-130) and coalition partners contributed an average of 31.3 hours per week (range of averages: 2-186.7).

Weekly prevention hours, by grantee⁹

Range	Average	Total
200-330	287.5	1150
41-51	46.2	184.8
400-420	410	1640
25-70	49.8	199
65-95	72.5	290
55-93	67	268
20-40	30.3	91
17-50	25.5	102
110-160	133	532
4-96	53.3	160
96-120	104.5	418
40-49	45.7	137

Equity

During the first quarter of FY19, 10 grantees reported facilitating 105 presentations or other community activities (average: 8.75, range: 0-36) that included a conversation on equity and/or inclusion. After quarter 1, this indicator was revised to collect the percentage, rather than total

⁹ The values presented reflect a combination of the hours contributed by lead agency staff and coalition partners during FY19.

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number, of activities that included such a conversation. On average, grantees reported during quarters 2, 3, and 4 that about 75% of their overall prevention activities (range of averages: 22-100%) included a conversation on equity and/or inclusion. Importantly, a review of the comments associated with this indicator suggest that some of the numerical values may have been entered incorrectly. For example, in one quarterly report, one grantee reported that 7% of their activities included a conversation on equity and/or inclusion; however, the comments then listed out seven activities – presumably those that included the aforementioned equity conversations. It may be that the numerical value should have been 100% for this item; however, because it is not feasible to verify a value submitted for the 2nd quarter at the time of writing this report, data analysis was completed with the reported values (7% in this instance).

Domestic Violence/Sexual Assault Training

During FY19, a reported 10,823 community members were exposed to a DV/SA training facilitated by grantees or their partnering agencies (total per community range: 18-7,436; please note, these values are cumulative and do not necessarily represent unique individuals engaged in training activities). The participants included students, direct service providers, community partners, and general members of the local community. One grantee reported they were not tracking this indicator's information.

Awareness

During the first quarter of FY19, seven grantees reported a total of 300 people (average per community: 42.9, range: 10-75) attended a training and reported an improvement in their awareness of/access to community resources related to DV/SA (please note, these values are cumulative and do not necessarily represent unique individuals engaged in awareness activities). After quarter 1, this indicator was also revised to collect the percentage, rather than total number, of individuals who attended a training and demonstrated or reported improved awareness of resources. Nine grantees reported during quarters 2, 3, and 4 that an average of 72.4% (range of averages: 21-100%) of people who attended a training demonstrated or reported such an improvement.

Bystander Training

Ten grantees reported a total of 1,322 people were trained in any bystander program (e.g., Green Dot; please note, these values are cumulative and do not necessarily represent unique individuals engaged in bystander training). This included 496 community members (reported by eight grantees; average per community: 62, range: 7-203), 476 high school students (three grantees;

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average: 159, range: 11-401), and 350 university students (three grantees; average: 117, range: 3-190). During the first quarter of FY19, two grantees reported 25 Green Dot trainees shared they had initiated follow-up conversations. After quarter 1, this indicator was revised to collect the percentage, rather than total number, of individuals who initiated follow-up conversations, regardless of which bystander training program they attended. Five grantees reported during quarters 2, 3, and 4 that an average of 41% of people who attended a bystander training (range of averages: 8-100%) described having initiated follow-up conversations with peers, colleagues, family, and/or friends or participated in other active efforts.

Social Emotional Learning in Public Schools

During the first quarter of FY19, four grantees reported a total of 36 teachers were using Social Emotional Learning (SEL)-based curricula in their classrooms; most grantees reported they were not currently measuring this indicator. After quarter 1, this indicator was revised to collect the number of schools at elementary, middle, and high school levels that were implementing elements of SEL curricula (e.g., empathy, goal-setting, social engagement, problem-solving, appreciating diversity and culture, identifying emotions, self-confidence, self-efficacy). During the final quarter of FY19, eight grantees reported that a total of 128 public schools in their service areas were implementing elements of social-emotional learning (SEL) curricula. This included 76 elementary schools, 24 middle schools, and 28 high schools. There was minimal change in the number of schools reported across the different quarters.

Eight of the grantees provided feedback related to the number of public schools in their service area that were implementing elements of SEL-based curricula. Two grantees reported they were not currently collecting data related to this indicator. Several grantees who did provide feedback reported that all public schools in their service area were or should be implementing SEL-based curricula. Some grantees described specific strategies or programs, such as 4th R, that were being planned or implemented. Finally, a few grantees expressed uncertainty related to the status of this indicator in their community.

Youth Engagement

The grantees reported that during FY19, a total of 13,153 youth (range: 46-5,561) participated in prevention activities, such as presentations, equity dialogues, community meetings, specific prevention activities or strategies, or coalition involvement. Please note that this value is cumulative and does not necessarily represent the number of unique individuals who engaged in youth programming.

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Nine grantees reported an average of 83% of youth (range of averages: 68-100%) described feeling like they belong in their community. Importantly, some grantees described using different measures (i.e., other surveys and questions) to indirectly determine youths' feelings of belongingness.

Additional Feedback

Grantees described some of their additional thoughts related to topics such as process, efforts, successes and challenges, the common indicators, programming, reporting, and evaluation. These thoughts include:

- One grantee reported they did not initially realize that an external evaluator would be needed and did not budget for one, noting they hoped to adjust next year's budget to accommodate this requirement
- Several grantees described having some difficulty determining how to integrate the common indicators into their current evaluation processes
- One grantee reported difficulty filling vacant prevention positions, and another described the challenge they experienced coming into a new position and trying to learn about the projects while simultaneously managing them
- Multiple grantees requested support developing tools and processes to measure the common indicators on which they are required to report
- A few grantees described experiencing a decrease in their coalition's activity level during the summer months
- Two grantees reported on the challenges they experienced as a result of their moving to a new physical location during FY19
- A few grantees described their difficulty hiring and retaining qualified prevention workers
- Two grantees shared their uncertainty about the sustainability of existing programming
- A few grantees reported experiencing unexpected delays in the planning and implementation of prevention strategies
- No grantees reported having a grievance or other formal complaint filed against them

Grantees described some of their needs or suggestions for technical assistance topics or areas for discussion during monthly statewide prevention calls, including:

- Facilitation skills to support the coalition
- Strategies for engaging community members outside the coalition

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- Best practices around media presence and public relations
- Effective work group leadership and activities
- Evaluation and planning activities (e.g., developing logic models and prevention plans, building surveys and other tools)
- Realistic sustainability planning
- Building organizational capacity for prevention
- Advocating for prevention needs
- Consistent reporting using the required tools

PREVENTION STRATEGIES

A final area in which the CBPPP and CR grantees have made significant efforts is in the realm of specific prevention strategies. A table showing which grantees reported implementing which strategies is available in the appendix.

Implemented Strategies

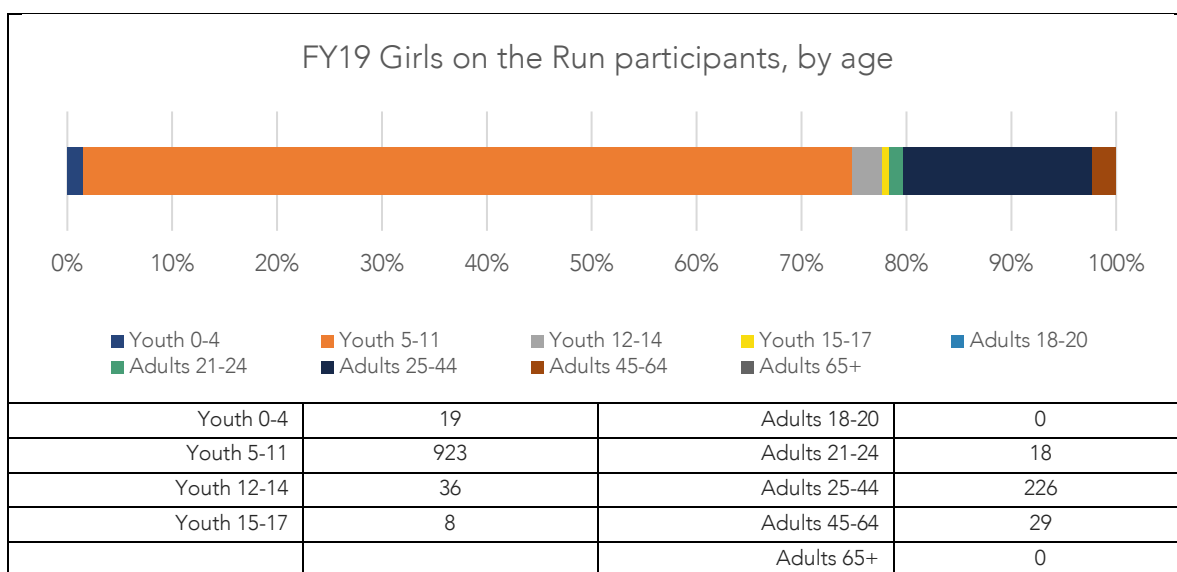
Eleven grantees reported implementing a total of 24 unique primary prevention strategies (average per grantee: 3.6, range: 1-6), with a total of 40 strategies implemented across all of the sites. Grantees reported that more than 5,300 Alaskans were engaged with these prevention strategies, including more than 3,700 youth. Please note, these values are cumulative and do not necessarily represent the number of unique individuals who were engaged. The six strategies that were implemented by more than one grantee will be reviewed in greater detail; these are:

- Girls on the Run
- Green Dot
- Boys Run
- Fourth R
- Let Me Run

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.

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During FY19, nine grantees reported implementing Girls on the Run. Grantees and their community partners had about 215 meetings and facilitated 561 activities to plan and implement this strategy. A total of 986 youth and 273 adults were engaged over the course of FY19 (please note, these values are cumulative and do not necessarily represent the number of unique individuals). A more detailed breakdown of participant ages can be found in the table below. Importantly, one grantee combined their GOTR data with data from other girls' empowerment strategies (i.e., Heart and Sole), which prevented their number of participants from being included in this count.



Girls and coaches who participated in GOTR during FY19 provided a great deal of feedback related to their overall experience with the program. In general, this feedback tended to be very positive and included remarks such as:

- "Girls are nicer and stand up for each other. Some who were being bullies before, are now friends with the youth they were picking on, etc."
- "The energy and the enthusiasm of the girls is contagious. I look forward to every Girls on the Run session. Also, being a GOTR coach motivates me to live a healthier life and be a positive role model for the girls." – Head Coach
- "This is one of the best experiences I have had working with kids. I was very hesitant to coach (mostly because I never saw myself as a "runner"). I am so glad I did and will continue to coach as long as I can. This organization is amazing, from the efficiency and

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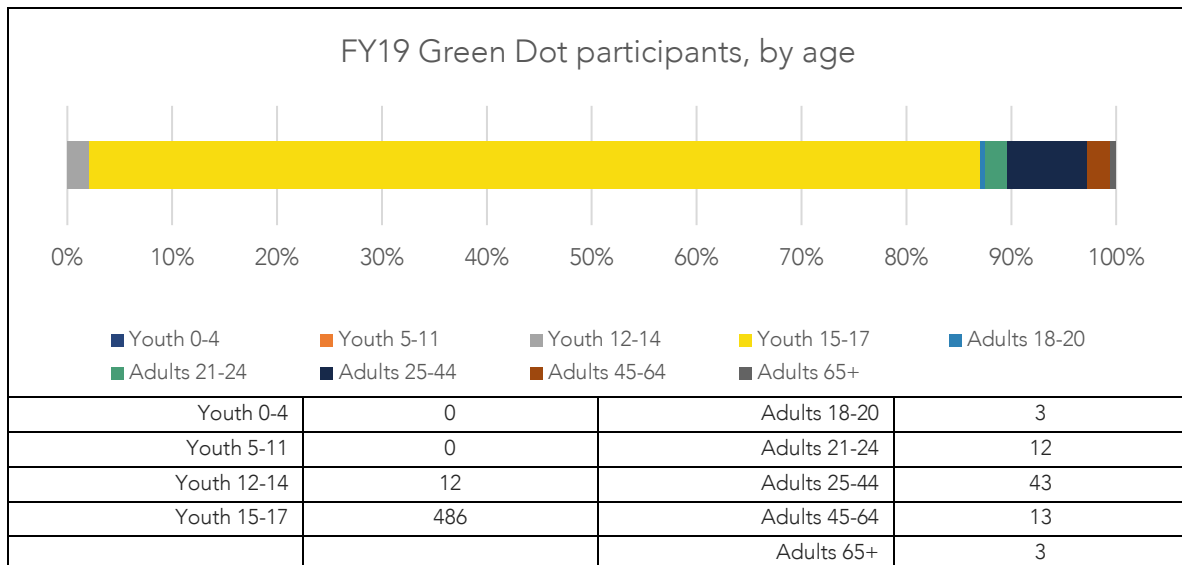
communication of the GOTR staff, to the curriculum taught in practices, this is a great thing for girls." – GOTR Coach

- "I can see since we began there is more engagement than there was in the beginning and especially as we get closer to 5k I think the girls are getting really excited. I have noticed that they are getting a little more into it. Just being a coach, you are one of those supportive adults that they now know and didn't have before. I am one of the protective factors." – GOTR Coach
- "Girls on the Run helps us build our star power and feel more confident" – 4th grade GOTR participant
- "I love the running, the 5k, learning, and the awesome coaches. My favorite day was the day that we played the game where you run to a coach and run through the two lines of girls and they say something positive to you." – GOTR participant

Green Dot Alaska (GDAK) is a nationally recognized bystander intervention program with the goal of preparing organizations or communities to take steps to reduce power-based personal violence, including sexual violence and domestic violence. The "green dot" refers to any behavior, choice, word, or attitude that promotes safety for everyone and communicates intolerance for violence.

During FY19, five grantees reported implementing Green Dot; however, only three grantees recorded this strategy in the strategies section of the quarterly report, while the other two referenced it in their comments for another section. As such, the reporting data (i.e., participant numbers, risk/protective factors addressed) for these grantees are not available and will not be included. Three grantees and their community partners had about 27 meetings and facilitated 12 activities to plan and implement this strategy. A total of 498 youth and 58 adults were engaged in this strategy during FY19. A more detailed breakdown of participant ages can be found in the table below.

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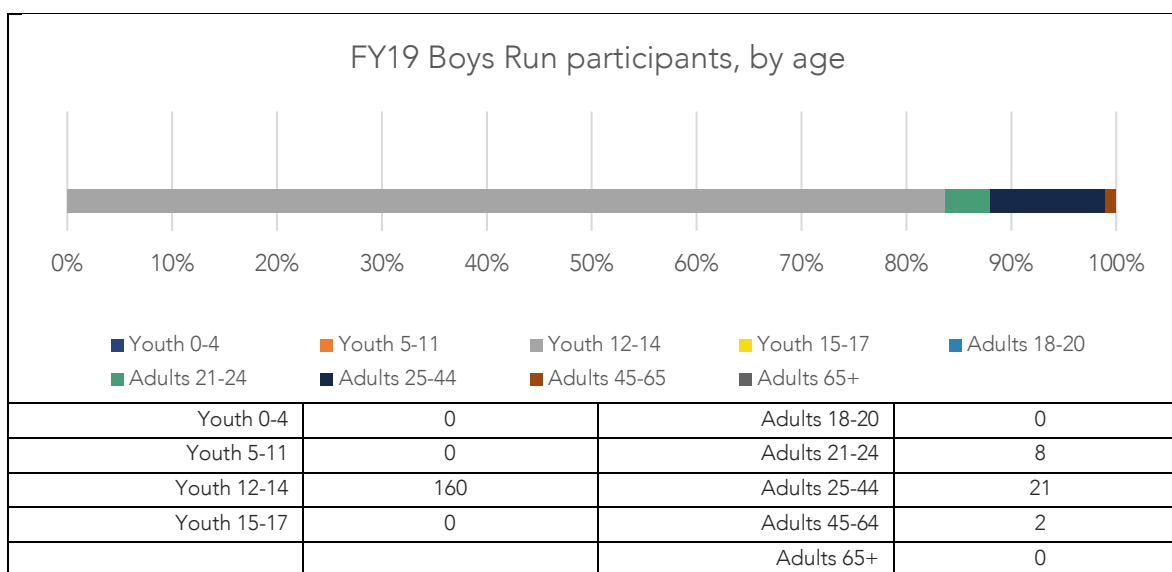
Individuals who participated in Green Dot during FY19 shared some of their thoughts related to their experience with the program. This feedback included comments such as:

- "Inspiring, encouraging, a good reminder to take action and be a part of the solution."
– Green Dot Overview
- "I think people can more easily step in and say something as a result of encouragement and information provided by Green Dot presenters."
- "I learned at Green Dot that there are safe ways to intervene. I expect you to acknowledge that [our community] is not violence free. I believe that our community can have an impact on personal lives through Green Dot." – Survey respondent
- "I think that our leaders did a great job spreading info about the Green Dot program."
– High school student

Boys Run I Toowu Klatseen (BRITK) was co-developed by prevention staff at AWARE in Juneau and SAFV in Sitka and is similarly structured to the Girls on the Run program. Boys Run uses a 10-week, 20 lesson curriculum that teaches boys healthy relationship and lifestyle skills. It emphasizes three core elements: sense of self and knowing one's worth; healthy communication and relationships; and positive decision-making, teamwork, and community. Southeast Alaska Native cultures are interwoven throughout this program and it strives to foster and appreciation for and understanding across cultures for all participants. Boys Run envisions boys growing into confident, compassionate men who help to create a community of respect and nonviolence.

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During FY19, two grantees reported implementing Boys Run. Importantly, one grantee combined their Boys Run data with that of other Engaging Boys and Men programs. While the participant numbers can be accurately reported, other information (i.e., number of meetings with partners or strategy-specific activities) cannot. One grantee and their community partners had about 41 meetings and facilitated 132 activities to plan and implement this strategy. A total of 160 boys and 31 adults were engaged in this strategy (please note, these values are cumulative and do not necessarily represent the number of unique individuals who participated). A more detailed breakdown of participant ages can be found in the table below.



Boys and coaches who participated in BRITK during FY19 provided feedback related to their overall experience with the program. In general, this feedback tended to be positive in nature and included remarks such as:

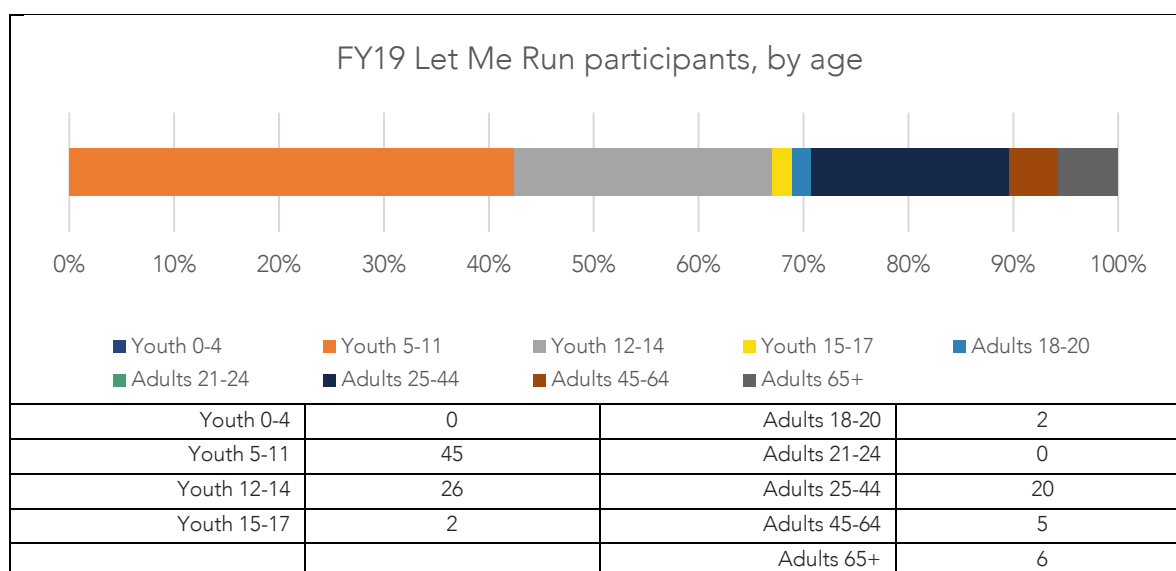
- "Leading people is not just bossing them around, but watching out for them and making sure they are ok"
- "Talking about feelings is important so you don't hit or hurt anyone!"
- "There are many, many, many, many ways to be a strong man emotionally"
- "It's important to listen to your inner voice so you don't get in trouble"

Let Me Run (LMR) is a wellness-focused program for boys in 4th-8th grade. It emphasizes being active, a sense of belonging, and being oneself through a curriculum that encourages boys to be healthy not just physically, but also psychologically, emotionally, and socially. Participants can

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strengthen their confidence, self-expression, and sense of respect for others through running, games, and other activities. The season is led by two trained volunteer coaches and closes with a 5k race.

During FY19, two grantees reported implementing Let Me Run. Grantees and their community partners had about 71 meetings and facilitated 45 activities to plan and implement this strategy. A total of 73 youth were engaged over the course of FY19, along with 33 adults (please note, these values are cumulative and do not necessarily represent the number of unique individuals who participated). A more detailed breakdown of participant ages can be found in the table below.

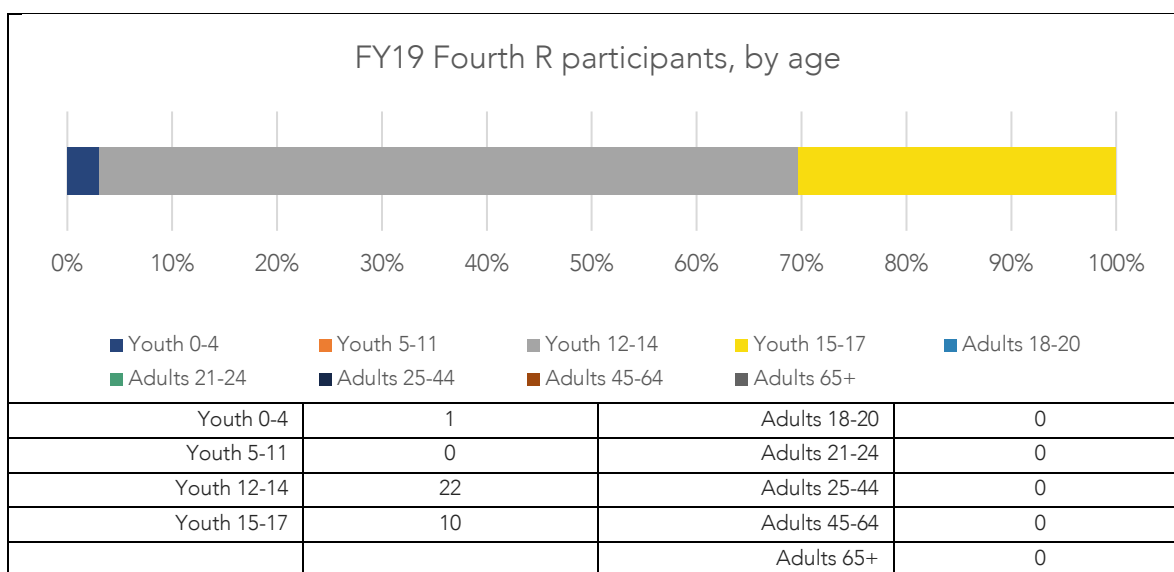


Youth and coaches who participated in LMR during FY19 provided feedback related to their overall experience with the program. In general, this feedback tended to be positive and included remarks such as:

- "My favorite thing is you can make new friends"
- "I loved it"
- "It was jolly good fun"
- "I think the program was great this year! Thank you so much!" – Elementary school principal

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The **Fourth R** is a comprehensive school-based curriculum for 7th-9th graders. Over the course of .21 lessons, this program is designed to promote healthy and safe behaviors related to dating, bullying, sexuality, substance use, and other potential adolescent risk behaviors. The Fourth R is embedded in physical and health education and has been adapted for use in an Alaskan context. During FY19, two grantees reported implementing Fourth R. Grantees and their community partners had five meetings and facilitated three activities to plan and implement this strategy. A total of 33 youth were engaged over the course of FY19. A more detailed breakdown of participant ages can be found in the table below.



Individuals who participated in Fourth R during FY19 shared their thoughts related to their overall experience with the program. These remarks include:

- "The 4th R lesson has helped me realize how I feel about the influence of social media, music, and games on teens is that it affects all of us in different ways. In a way, we're all connected by these three things. Whether we notice it or not, we are all impacted by it in positive and negative ways."
- "Your presentations are wonderful i don't think anything should be changed"
- "Maybe the presenters can start handing out worksheets rather than doing activities? Or just simply add them alongside the activities. I think this will help show each student's individual understanding on the subjects discussed."
- "Talk more about after-effects of dating violence and harm Talk more about lgbtq+ "

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Protective & Risk Factors

Grantees indicated which protective/risk factors they were attending to by implementing different strategies. The five most frequently endorsed factors were resiliency, belief in strict gender roles, gender equity, traditional gender norms, and youth violence. In other words, a notable portion of the prevention programming currently being undertaken by grantees is intended to influence these factors. The five least frequently endorsed factors were poverty, reproductive health, child abuse, academic achievement, and substance use or abuse. Importantly, there were some inconsistencies in the reporting of protective/risk factors associated with each strategy. In a number of cases, the same grantee reporting on the same strategy selected slightly different protective/risk factors than the previous quarter's report. It is unlikely that the overall dataset was strongly affected by this, but it was worth noting.

Additionally, three of the five most frequently endorsed protective/risk factors – belief in strict gender roles, gender equity, and traditional gender norms – are related concepts that exist at the outer levels of the social ecology (i.e., societal/cultural). This suggests that grantees are making efforts to increase the comprehensiveness of their programming by attending to those outer levels with their selected strategies.

Social Ecology

As described previously, the social ecology 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. It also serves as a planning tool to identify where prevention efforts exist and are needed. The CBPPP grantees, in particular, are making efforts to improve the comprehensiveness of their prevention programming, and looking at their reach on the social ecology is one way to evaluate this.

Of grantees' reported strategies across all quarters, 99% of those strategies attended to the individual level of the social ecology, and 98% to the relationship level. Somewhat fewer strategies (82%) focused on the community level, and as expected, the societal level was attended to by the fewest strategies (39%). This may be an area to offer additional, targeted support to grantees as they consider which strategies could be implemented that focus on the outermost level of the social ecology.

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Potential Future Strategies

Finally, grantees described efforts that are being considered, planned, or are currently underway to begin implementing new prevention strategies, such as:

- Preparing to develop a proposal that will engage teen peer educators
- Developing a Spanish Fourth R curriculum
- Meeting with potential partners to offer youth-focused strategies
- Tailoring new campaign content and strategies to the local community

APPENDICES

Appendices

- Grantees' end year status on all capacity domain items
- Grantees' end year status on selected capacity domain items
- Implemented prevention strategies by grantee community

APPENDICES

Grantees' end year status on all capacity domain items¹⁰

Leadership	Yes	No
Our Board members [vote] on adapting the organization's [mission statement, strategic plan, training materials, etc.] to include primary prevention.	100%	0%
Our Organization integrates regular primary prevention agenda items into Board meetings.	70%	30%
Our Organization integrates primary prevention agenda topics in annual executive board retreats.	70%	30%
Our Organization has a board member with primary prevention experience/expertise.	60%	40%
Our Organization has established ongoing training for organization leadership about primary prevention (examples: the public health approach to prevention; root causes of IPV, SV, TDV).	70%	30%
Primary prevention is integrated in Executive Director orientation training.	70%	30%

Structures and Processes	Yes	No
Our Organization has revised mission/vision statements to include the goal of primary prevention of IPV.	100%	0%
Our Organization has updated or created organization communication items/materials with a focus on: primary prevention content; primary prevention frameworks; healthy relationships; working with men and boys; and/or preventing teen dating violence.	80%	20%
Our Organization includes primary prevention in the organization's legislation/advocacy talking points.	80%	20%
Our Organization has added a section to the organization website about prevention of IPV, TDV, and SA.	90%	10%
Our organizational newsletter has a regular section on prevention of IPV, TDV, or SA.	50%	50%
Our Organization incorporates primary prevention materials on regular listserv announcements.	30%	70%
Our Organization utilizes theory to establish an evidence base that will inform the organization's primary prevention efforts.	70%	30%
Our Organization uses data (state healthy relationship data, BRFSS data, prevalence data, demographic data on perpetrators or victims) to inform IPV, TDV, SA prevention priority areas or strategic partnerships.	90%	10%
Our Organization incorporates specific IPV, TDV, and/or SA primary prevention goals/objectives/strategic targets in the organization's strategic plan.	80%	20%
Our Organization has added IPV, TDV, and/or SA primary prevention resources to the organization library.	80%	20%

¹⁰ This measure was completed at the end of the year by all CBPPP and CR grantees.

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Staffing	Yes	No
Our Organization has formed a staff team or workgroup to work on primary prevention of IPV, TDV, and/or SA.	90%	10%
Our Organization has added primary prevention focus to an existing staff work group or planning group within the organization.	40%	60%
Our Organization includes primary prevention goals within staff individual development plans.	50%	50%
Our Organization incorporates IPV, TDV, and/or SA prevention topics into regular staff meetings.	70%	30%
Our Organization revised standard staff training materials to include primary prevention.	70%	30%
Our Organization holds regular staff trainings specifically on IPV, TDV, and/or SA primary prevention.	60%	40%
Our Organization added a primary prevention component to staff training materials.	60%	40%
Our Organization added a staff member whose primary work is in primary prevention of IPV, TDV, and/or SA.	90%	10%
Our Organization revised [AmeriCorps/student intern/volunteer] positions to focus on primary prevention.	50%	50%
Our Organization revised all organization job descriptions to include prevention activities for staff members work on.	20%	80%
Our Organization has revised staff position(s)/name of staff positions to include prevention activities.	70%	30%
Our Organization includes primary prevention components in standard staff orientation materials. ¹¹	50%	40%
Our Organization requires all staff to annually/quarterly/other time frame receive primary prevention training/TA.	60%	40%
Our Organization increased staff access to current research on incidence and prevalence of IPV, risk and protective factors of IPV, and/or best practices for IPV primary prevention.	90%	10%

¹¹ One grantee did not respond to this item, so the percentages do not add up to 100.

APPENDICES

Partnership Development	Yes	No
Organizations working with men and boys	40%	60%
Specifically with men to plan or implement prevention efforts	80%	20%
A healthy relationship program	80%	20%
A mentoring program	40%	60%
A state committee	20%	80%
A state task force	10%	90%
A state workgroup	20%	80%
A different organization interested in or currently conducting IPV/TDV and/or SA primary prevention work (i.e., United Way, ANDVSA, tribal, correctional center, local prevention groups, Neurobehavioral Health & Consultants, 4-H)	70%	30%

Resource Development	Yes	No
Applied for/ received funding specifically for IPV prevention activities.	80%	20%
Partner(s) provide/d in-kind resources to the organization to support primary prevention work (materials, supplies, staff time from partners).	100%	0%
Designated a % of general funds raised to support primary prevention initiatives.	80%	20%
Incorporated primary prevention as priority for board development (e.g., fundraising area).	50%	50%

APPENDICES

Grantees’ end year status on selected capacity domain items¹²

	Leadership						Structures and Processes								Staffing										Resource Development							
	A1. Adapt mission statement, strategic plan, etc.	A2. Integrate prevention agenda board meetings	A3. Integrate prevention agenda board retreats	A4. Board member prevention experience	A5. Established ongoing training for leadership	A6. Integrated in Executive Director orientation	B1. Revised mission/vision statements	B2. Updated or created materials with a focus	B3. Prevention in legislation/advocacy talking points	B4. Add website about prevention	B5. Newsletter section on prevention	B7. Utilizes theory/data to inform prevention	B8. Utilizes data to inform prevention priority areas	B10. Add prevention resources to library	B11. Prevention check in	C1. Form a staff team or workgroup	C2. Focus to work group or planning group	C3. Goals within staff individual development plans	C4. Incorporates prevention topics into staff meetings	C5. Revised standard staff training materials	C6. Staff primary prevention trainings	C7. Added prevention to staff training materials	C8. Added prevention staff member	C9. Revised volunteer positions	C10. Revised job descriptions	C12. Primary prevention in staff orientation	C13. Staff to receive prevention training/TA	C14. Increased staff access to research	E1. Apply/receive funding IPV prevention	E2. Partners provide in-kind resources	E3. % of funds raised support prevention	E4. Priority for board development
Anchorage	C															C			NC		NC											
Bethel							C	NC		C								C			C											
Dillingham	C	C		C				C	C	C			NC		NC	NC	C		C			I	C			I			C	C	C	
Kenai										C	C												C	C					C	C	C	
Ketchikan					C	C																			I			C	C	C		
Petersburg		C		C				C	C	C		C		NC					C	C			C					C				
Valdez	C	C	I				C		C			C										C					C	C	C	C	C	C

C: Complete
NC: Near Completion
I: Incomplete

¹² This measure was completed on a quarterly basis by all CR grantees.

APPENDICES

Implemented prevention strategies by grantee community

	Green Dot	Men at Work	Safe Dates	Girls on the Run	Lead On	Community Restoration Project	BIONIC Peer Helpers	Teens Acting Against Violence	Boys Run	Fourth R	Let Me Run	Teen Speak	Darkness to Light	Make It Your Business	Safe Bars	Youth Engagement	Coaching Boys Into Men	Sitka Youth Leadership Committee	Social Emotional Learning	Family Engagement Workgroup	Building Community Resilience	Compass	Teens Lead Ahead	Athletes as Leaders	TOTAL STRATEGIES PER SITE	Total meetings w Community Partners
Abused Women’s Aid in Crisis (AWAIC) – Anchorage			x	x								x	x	x											5	8
Advocates for Victims of Violence (AVV) – Valdez				x	x					x															2	12
Aiding Women in Abuse and Rape Emergencies (AWARE) – Juneau		x		x		x			x						x	x									6	428
Cordova Family Resource Center (CFRC) – Cordova				x			x			x															3	197
The Interior Alaska Center for Non-Violent Living (IAC) – Fairbanks	x			x													x								3	80
The LeeShore Center – Kenai	x																								1	14
Tundra Women’s Coalition (TWC) – Bethel								x														x	x		3	6
Safe and Fear Free Environment (SAFE) – Dillingham																									--	--
Sitkans Against Family Violence (SAFV) – Sitka				x					x									x	x	x					5	230
South Peninsula Haven House – Homer / Kenai Peninsula	x			x																	x				3	91
Women in Safe Homes (WISH) – Ketchikan	x			x						x	x						x						x		6	216
Working Against Violence for Everyone (WAVE) – Petersburg	x			x							x														3	44
TOTAL # OF SITES IMPLEMENTING STRATEGY	5	1	1	9	1	1	1	1	2	2	2	1	1	1	1	1	2	1	1	1	1	1	1	1	40	1326
