

Communities Building Resilient Youth

Request for Applications
(RFA)



December 2023



Communities Building Resilient Youth

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Table Of Contents

1. Background
2. Overview
3. Expectations for Grantees
4. Roles and Responsibilities of Department of Health
5. Funding Guidance
6. Billing
7. Evaluation and Scoring
8. Application and Submission
9. Definitions
10. Prevention Strategy Resources

Attachments

- **Attachment 1: Applicant Packet** (*Document to submit*)
- **Attachment 2: Budget Template** (*Document to submit*)
- **Attachment 3: Application Scoring Rubric** (*Informational*)
- **Attachment 4: Small Business Self Certification Statement** (*Optional document to submit*)

Exhibits

- **Exhibit A** Diverse Business Inclusion Plan (*Document to submit*)
 - **Exhibit A-1** Diverse Business Inclusion Plan for Subcontractor (*Document to submit if applicable*)
- **Exhibit B** Sample Contract (*B, B-1, and B-2 are Informational*)
 - **Exhibit B-1** General Terms and Conditions
 - **Exhibit B-2** General Terms and Conditions Change Request Form

Communities Building Resilient Youth

Washington Department of Health

Grant Title: Communities Building Resilient Youth

Grant Application Due: January 22, 2024

Anticipated Project Period: March 2024 - June 2025

Grant Budget Period: Date of contract execution through June 30, 2024. DOH anticipates funding an additional budget period of July 1, 2024 – June 30, 2025.

Estimated Total Available Funding Per Year: \$615,000

Estimated Number of Awards: 7 -10

Estimated Award Amount: Range from \$30,000-\$82,000.

Summary Overview: The Washington State Department of Health (DOH) announces a Request for Funding Applications (RFA) for the **Communities Building Resilient Youth** grant. This funding supports community-based organizations using a public health approach to strengthen protective community environments that foster youth mental health and resilience. Community-based organizations that are operated by and for communities that are underserved, lack access to opportunities, and experience health inequities are encouraged to apply. Funds are intended to be used for prevention activities that address gender-based and other forms of violence and harm at a communitywide level. Preventing violence and harm in communities leads to increased youth mental health and well-being. Proposals should be designed to:

1. Involve youth and other community partners in planning and implementation
2. Support health equity
3. Be culturally responsive and tailored to the applicant's community

Eligibility: Eligible applicants are 501 (c) (3) charitable organizations and other nonprofit organizations that support social welfare, tribal organizations, and multisector collaboratives or coalitions led by one of these types of organizations. Applicants may have a fiscal sponsor with a completed sponsorship agreement. A fiscal sponsor is a third-party organization that handles various financial and administrative duties on behalf of another party.

Additional Considerations: Organizations that are operated by and for communities that are underserved, lack access to opportunities, and experience health inequities will be prioritized. Communities may center around:

- race/ethnicity
- gender or gender identity
- immigration status or migrant employment
- indigenous and tribal heritage
- people with disabilities
- people who identify as LGBTQ+
- rural or territorial areas

Note: Section 9 includes definitions of terms used in the RFA and **Section 10** includes online resources related to public health prevention strategies.

Request for Funding Application (RFA) Schedule/Timeline: The terms and dates listed are subject to change at the sole discretion of DOH. DOH reserves the right to change the schedule at any time. Any such amendment will be distributed in the same manner as the original RFA posting. Applicants are welcome to email questions to the Gender Based Violence Prevention program (email address below) at any time, up to 5 p.m. PST on December 27, 2023. Responses will be provided via email on an ongoing basis on or before December 29, 2023.

| Timeline | |
|---|-------------------------------|
| Request for Funding Application (RFA) release date | December 8, 2023 |
| Due date to submit application questions | December 27, 2023 |
| Estimated posting of responses to application questions | December 29, 2023, or earlier |
| Funding application due date | January 22, 2024 |
| Anticipated notification of awards | January 25, 2024 |
| Responses to all applicants | January 29, 2024 |
| Anticipated start | March 2024 |

RFA Coordinator Program:

Gender Based Violence Prevention Program
Email address: IVP-PCH@doh.wa.gov

*Division of Prevention and Community Health (PCH)
Office of Healthy & Safe Communities (OHSC)
Injury and Violence Prevention (IVP) Section*

*All communication about this RFA must be via email and directed only to the RFA Coordinator Program listed above. All email correspondence must include “Communities Building Resilient Youth RFA” in the subject line.

1. Background

Mission

One of DOH's primary goals is to support health equity for all. Health equity means the opportunity for all people to attain their full potential of physical, mental, and social health. DOH promotes upstream prevention efforts (preventing harm before it happens) to support all aspects of health, including youth mental health and well-being. Positive changes in communities can have a large influence on individual behavior. This happens by creating environments that promote positive social norms and social interactions, connectedness, belonging, and support. Upstream public health prevention efforts strengthen protective community environments where individuals, families, and communities can thrive.

DOH also recognizes that social and structural determinants of health are directly connected to achieving health equity for all. These determinants of health are non-medical factors that influence health outcomes. They are conditions in which we are born, live, learn, work, worship, and age, along with the wider set of systems and forces that shape the conditions of our daily lives. Examples include, but aren't limited to:

- economic opportunity
- educational opportunity
- criminal justice systems
- housing access
- health care access
- social care systems
- policies and laws

These determinants also include social norms and discriminatory biases based on:

- gender and gender identity
- race/ethnicity
- physical or developmental ability
- sexual orientation
- immigration status
- income
- age

Data related to social and health outcomes clearly show that some communities are disproportionately burdened with and impacted by negative conditions or risk factors. This leads to some communities experiencing historical and current health inequities.

By addressing the underlying risk factors that impact everyone's wellbeing, we can reduce and prevent

negative experiences. For youth, this can include exposure to violence and harm, such as teen dating violence, sexual coercion or assault, bullying, or trafficking. Public health research shows that effective ways of addressing risk factors include building up community-level protective factors that buffer risk factors. Examples of protective factors include:

- economic stability
- affordable housing
- quality education starting early in life
- connections of youth to caring adults and positive activities
- safe public spaces that foster social interactions and connectedness
- positive social norms related gender
- community disapproval of violence and harm

Gender-based and other forms of violence and harm are rooted in different individual, family, and environmental factors, so the use of one prevention strategy will have limited effects on an entire community. There are many common risk and protective factors related to different forms of violence and harm. Approaches that target multiple factors at the same time can support broad and continued impacts on youth mental health, wellbeing, and resilience.

Find more information about health equity and inequity, social determinants of health, shared risk and protective factors, and community-level prevention strategies in Section 10.

Purpose

DOH seeks community-based, youth-serving organizations that are operated by and for communities that experience the disproportionate burden of risk factors associated with suicide to participate in the Communities Building Resilient Youth grant. Funding is available for community-led **prevention initiatives** that support youth mental health and wellbeing by increasing protective community environments and decreasing risk factors connected to gender-based and other forms of violence and harm. These may include teen dating violence, bullying, sexual coercion or assault, and trafficking. We also recognize these factors intersect with substance use and suicide.

Creating protective community environments in which young people develop and thrive is necessary to support health equity for all. The term communities can include groups (e.g., race or ethnicity, gender or gender identity, LGBTQ+, disability) that have shared experiences and/or environments, such as schools, towns, cities, tribal sovereign nations, or shared physical areas (e.g., parks, business districts, neighborhoods, or rural communities) where people interact. Based on a public health approach, prevention activities that change the characteristics of these places are considered community-level approaches.

All communities have unique cultures, strengths, and resources as well as key insights about the complex and interconnected challenges their community members experience. When planning community-level prevention

activities to support youth mental health and wellbeing, it is important that community members, including youth, participate in assessing current issues, prioritizing issues to act on for community-level change, and co-design community-tailored strategies.

Protective community environments foster protective factors such as economic stability, affordable housing, and quality education starting early in life. For youth, these also include:

- connections to caring adults and positive activities
- safe public spaces that foster social interactions and connectedness
- positive social norms related gender
- community disapproval of violence and harm

Multi-sector partnerships can play key roles in achieving community-wide changes. Involving multiple sectors in prevention strategies can impact various contexts and underlying risks that contribute to negative outcomes for youth and communities. Some examples of sectors include:

- public health
- housing
- social services
- tribal entities
- local government
- nonprofit organizations
- businesses
- health care services
- faith-based organizations
- educational organizations
- justice systems
- charitable foundations

2. Overview

Eligibility

To be eligible to apply for a grant, applicants must meet the following requirements:

1. 501(c)(3) Charitable Organizations and Other Organizations that support social welfare, tribal organizations, and multisector collaboratives or coalitions led by one of these types of organizations.
2. Applicants must be registered with the Washington Secretary of State and located in Washington. Applicants may have a fiscal sponsor with a completed sponsorship agreement. A fiscal sponsor is a third-party organization that handles various financial and administrative duties on behalf of another party.

3. All grantees must abide by state and federal civil rights laws, unless otherwise exempted by federal or state law.

Additional Considerations and Information:

Organizations that are operated by and for communities that are underserved, lack access to opportunities, and experience health inequities will be prioritized. Communities may center around, but are not limited to, race/ethnicity, gender or gender identity, immigration status or migrant employment, indigenous and tribal heritage, people with disabilities, people who identify as LGBTQ+, and rural or territorial areas.

Data sources, such as the following, contain information on disproportionate burdens and health inequity experienced by specific communities or in specific geographic areas:

- [Healthy Youth Survey](#)
- [Behavioral Risk Factor Surveillance System \(CDC\)](#)
- [Risk and Protective Profile for Substance Abuse Prevention](#)

Award Information

The number of awards given will be determined based on submissions received. An estimated 7 to 10 awards will be granted. The range for awards is estimated at \$30,000-82,000 annually.

Project Period

DOH anticipates that project funding will be available starting in March 2024 through June 2025. Funding for the period July 1, 2024, to June 30, 2025 is contingent on availability.

Year 1 Budget Period

The Year 1 budget period is from the start date of the grant-funded contract (estimated to be in March 2024) to June 30, 2024.

Year 2 Budget Period

DOH anticipates that grants will run for an additional year at the same level of funding. If funding is available as anticipated, the Year 2 budget period will be July 1, 2024, to June 30, 2025.

Communities Building Resilient Youth Prevention Initiative Description

Planning and Implementation

To create and implement a prevention initiative, each grant recipient will work with their selected partners, including youth, to:

- Identify community conditions or factors connected to suicidality, gender-based and other forms of violence and harm that impact youth mental health and wellbeing.
- Choose priority areas or issues to address with community-level prevention activities.
- Consider and choose protective and risk factors when planning community-level prevention activities (see **Section 9** for more information) to support communitywide impacts.
- Choose two (2) or more types of prevention activities (see **Section 9** for more information) to create a

community-driven prevention initiative.

- Implement initiative activities with ongoing youth and partner collaboration.
- Assess how activities are going and make improvements that will continue to strengthen youth mental health, wellbeing, and resilience.
- Collect information and data that show the impacts of the prevention initiative.

Prevention Initiative Approach

Grant recipients will aim to implement community-level prevention initiatives that:

- Involve staff, youth, community leaders, community-based partners, and participants from multiple sectors with diverse perspectives, expertise, and skills.
- Work to reduce suicide, gender-based and other forms of violence and harm to increase youth mental health, wellbeing, and resilience in communities.
- Impact communities that are disproportionately burdened by risk factors that contribute to health inequities.
- Ensure activities are culturally and linguistically responsive to the chosen community.
- Involve youth and partners from different local sectors in planning, implementation, and continuous quality improvement activities.
- Address risk factors and increase protective factors that impact youth mental health and wellbeing.
- Implement two or more prevention activities to support community-level change.
- Develop a process to collect and track data related to activities and use data to continually improve implementation activities.

Intended Grant Outcomes

This grant aims to support:

- Increased communitywide knowledge about and use of public health prevention approaches that include:
 - Defining the problem to be addressed,
 - Prioritizing communities that have a disproportionate burden of risk factors,
 - Identifying shared risk and protective factors that impact youth mental health and wellbeing,
 - Implementing effective community-level prevention strategies,
 - Tracking and monitoring the impacts of the strategy, and
 - Ensuring widespread adoption of successful prevention strategies.
- Increased protective community environments that support youth mental health and resilience.
- Decreased community-level risk factors tied to youth suicide, gender-based and other forms of violence and harm.
- Decreased health inequity.

Eligible Activities for Prevention Initiatives

Grant recipients will propose and implement at least two types of activities to support a strong, comprehensive, community-level prevention initiative. The combination of activities should be youth-informed, tailored to the community being served, based on community-driven priorities, and designed to create community-level changes that increase youth mental health and wellbeing. It is not necessary for all activities to be conducted at the community level. A community-level strategy can include a combination of activities, such as:

- prevention education sessions that focus on changing attitudes beliefs (individual-level)
- promoting healthy relationships within groups (relationship-level)
- policy changes and social media marketing (community-level)

All activities must have consistent messaging, align with the overall prevention initiative, and be implemented in the same community. While individual activities on their own may not create community-level impacts, when completed together, they can create increasingly protective environments.

See **Section 10** for resources related to prevention activities and strategies.

Examples of Community-Level Prevention Activities:

Some examples of prevention initiatives are described below. Grant applicant proposals may, but do not need to use the activities described. Innovative and creative approaches are supported.

- Implement environmental design projects in shared or public spaces that are created as a collective effort by community members and are culturally relevant to the community. Environmental design involves considering the physical and social context of the site, as well as the impact of the design on the environment. These factors are balanced to create spaces that foster youth community connections, neighborhood cohesion, mental and physical health, behavioral health resource access, and other benefits. This type of activity could focus on:
 - Accessible community gardens, parks, or green spaces.
 - Shared community spaces created for cultural events or celebrations and performing arts.
 - Community spaces and supplies dedicated to community art creation and display.
- Partner with local media sources and/or other content developers (reporters, writers, videographers, photographers, hosts, etc.). Offer training to content developers in the root causes of suicide, violence, impacts of violence on youth mental health and wellbeing, resources to support local youth. In collaboration with the media source, develop a policy where content related to community violence will be reviewed by a youth serving community-based organization and implement a marketing campaign that addresses the root causes of violence, the impact of violence on youth, and highlights local resources that support youth mental health and resilience.
- Implement neighborhood or rural community outreach activities that connect trained staff with community members to mediate conflicts, promote norms of nonviolence, and connect youth to culturally responsive community services and resources. Outreach efforts could be paired with aligned community education programming or events that aim to change norms by reducing the acceptance of violence or harm like bullying, sexual assault, teen dating violence, suicide, or trafficking.
- In collaboration with a school or youth-serving organization, implement multi-level gender-based violence prevention programming that engages men and boys as allies.

Offer group programming like [Coaching Boys into Men](#) or [Sources of Strength](#) along with supporting activities like a social marketing campaign. Combine the activities to promote gender equity and positive gender norms that reduce gender-based violence and suicide.

- Partner with a local community center, public library, or other type of organization. Examine how policies and practices impact how the organization interacts with their community. Host interactive violence prevention awareness gatherings for staff and community members that include root causes of violence, descriptions of how risk and protective factors impact youth health and wellbeing, and how to impact risk and protective factors. Offer ongoing collaboration and partnership to the organization to support changes in policies and practices.

3. Expectations for Grantees

Grant recipients will:

- submit brief monthly written progress reports
- maintain regular communication and meet monthly with DOH staff
- track and maintain documentation for all billing
- submit billing monthly to request reimbursement for eligible grant-related activities
- update their work plan, as needed

Grantees may be invited to participate in quarterly virtual (or in-person) meetings with other grantees and DOH staff to learn about each other's initiatives, share updates, highlight successes, build relationships, and support each other.

4. Roles and Responsibilities of Department of Health

DOH will support grantees by providing:

- contract oversight and a point of contact for overall prevention initiative coordination
- templates for work plans and monthly progress reports
- technical assistance on meeting prevention initiative objectives and goals
- support to develop and adapt prevention initiative materials
- resources and information related to community-level prevention, shared risk and protective factors, and health equity
- guidance on developing work plans and meeting reporting requirements

5. Funding Guidance

Contracts will be created by DOH with each grant recipient that reflect the activities proposed in the application. The use of contract funds is limited to grantees' approved activities and budget described in the grantee's contract.

Person-to-person prevention initiative activities (e.g., in-person or via interactive technology such as video or phone calls) should represent at least 60% of proposed activities. The estimated maximum funding for each grant is \$82,000. If organizations propose less than 60% of person-to-

person activities, they may apply for up to \$30,000. This amount may increase to \$40,000 if the organization is a small business or a women or minority owned business. To self-certify that your organization meets this criteria, please complete **Attachment 4. Small Business Self Certification Statement**.

The information below provides some guidance on how funding may be used and will help with creating the prevention initiative budget narrative for the application. **Attachment 2** is the budget template for the RFA.

Administrative Costs

Applicants may charge a maximum of 15% of the total grant amount on costs that support the administration of the grant and related activities (e.g., rent, utilities, insurance, administrative support staff time, etc.).

Assistance for Community Members

Direct assistance (e.g., support for community members with housing, transportation, food, and similar costs) may be allowed with a limited percent of the initiative budget and only with prior approval from the DOH contract manager.

Carryover

Funds must be spent within the designated fiscal year. Unspent funds may not be carried over into the next fiscal year.

Community Compensation

Involvement of community members in the planning and implementation of prevention initiative activities is important. Compensation can be provided to community members that provide time to support the initiative as long as their time is not already being funded by an employer. Compensation should follow the Washington State [Office of Equity's community compensation guidelines](#).

Electronic Equipment

Applicants may include the purchase of electronic equipment in their budget if the equipment is essential to the initiative.

Food

Funds may be used to provide food on a limited basis outlined below.

- To provide a light refreshment when a meeting, training, or event lasts two to four hours. Light refreshments cannot exceed \$5.50 per person.
- A meal may be provided when a meeting or training lasts longer than four hours (excluding the mealtime). Meal costs cannot exceed the state per diem rates within the county that the meeting or event takes place. [Find per diem rates here](#).

Incentives

- **Monetary Incentives**- Gift cards as monetary incentives should be used strategically and are limited to 10% of the overall prevention initiative budget. Gift card restrictions that prohibit the purchase of alcohol, firearms, and tobacco must be adhered to. Cash incentives are not allowed.

- **Promotional Items**- Smaller promotional items or “swag” items that include messaging related to the prevention initiative purpose are allowed. Consider items that promote healthy relationships, social connection, physical activity, etc. Some examples include journals, fidget toys, jump ropes, posters, or stickers.

Ineligible Uses of Funding – These include, but are not limited to:

- Research
- Out-of-state travel
- Support of any form of lobbying activity related to legislation, appropriations, regulation, administrative action, or an executive order.

Rental Space for Trainings/Events

Funds can be used to rent space to host trainings, community events, or other types of gatherings.

Subscriptions

Funds can be utilized for subscriptions that will help support community capacity building and prevention initiative implementation. (e.g., Newsletter platforms, website domains, etc.).

6. Billing

DOH awards funding through reimbursement-based billing. Grant recipients will submit invoices monthly based on time, effort, and actual expenses. If a cost supports more than one funded program or initiative, grantees will use a cost allocation plan to determine the portion of the cost funded through this grant.

7. Evaluation and Scoring

After the application due date passes, a committee will review and score all applications received. Incomplete or late applications will not be considered. Applications will be scored based on a scoring rubric (Attachment 3: Application Scoring Rubric).

DOH’s goal is to support access to prevention initiatives in a range of communities and geographic areas across the state. In addition to the scoring rubric, the following factors will also be considered in the selection of grant recipients.

- Types of underserved communities that experience health inequities (e.g., Black, Indigenous and People of Color (BIPOC), LGBTQ+, people with disabilities, etc.)
- Types of violence and other forms of harm being addressed by prevention initiatives
- Geographic location (e.g., rural, territorial, urban, etc.)

Successful applicants will be notified via email by January 25, 2024, and must confirm acceptance of the grant in writing. All other applicants will be notified by approximately January 29, 2024.

8. Application and Submission

Completed applications should be submitted to IVP-PCH@doh.wa.gov by **January 22, 2024, by 11:59 p.m.** with the subject line **“Communities Building Resilient Youth RFA”**. Please use the checklist below to ensure you have completed all application documents and attached all required documentation. Late and/or incomplete applications will not be considered.

Checklist for Submission:

- I. Applicant Packet (Attachment 1)**
 - a. **Application Face Sheet**
 - b. **Applicant Organization Information**
 - c. **Prevention Initiative Narrative Questions**
 - d. **Prevention Initiative Work Plan and Timeline**

Use the template included in the application to create a work plan and timeline that details activities and objectives for each quarter. Grant recipients will work with a DOH contract manager to update the work plan and timeline, if needed.
 - e. **Delegation of Signature of Authority**
- II. Budget Proposal (Attachment 2)**
 - a. Applicants must submit an itemized budget with a narrative for Budget Year 1. Applicants must use the Excel budget template attached to the RFA and should include relevant costs for all proposed expenses. Costs included in the budget should be reasonable and consistent with the purpose and activities included in the application. Please see **Section 5** for funding guidance. The budget must include the following categories. (Each category **does not need** to have a budget allocated):
 - i. Salaries and wages
 - ii. Fringe benefits
 - iii. Equipment
 - iv. Supplies
 - v. Travel
 - vi. Goods and services
 - vii. Contracts
 - viii. Administrative costs
- III. Exhibits: Exhibit A. Diverse Business Inclusion Plan and Exhibit A-1. Diverse Business Inclusion Plan – Subcontractors (if application budget includes subcontracts)**
- IV. Supporting Documents**
 - a. **Letters of support:** All applicants must submit **at least two letters** of support from partners.
 - b. **Optional:** Applicants may submit additional materials that support the application, such as existing agreements/MOUs between relevant partners.

9. Definitions

Activities: The actual events or actions that take place as a part of the initiative.

Award or Grant: Financial assistance that provides monetary and technical support to accomplish a public purpose.

Community: Any group of people who shared characteristics and environments, such as schools, neighborhoods, tribal communities, cities, rural communities, organizations, workplaces, or institutions.

Community-Based Organization: An organization that is representative of a community or significant segments of a community and provides services to individuals in the community.

Community-Driven: An activity or approach is created by and for community members to meet their identified priorities.

Community-Level Prevention: Targets the characteristics of community settings that increase the risk for or protect people from violence or other forms of harm. Particularly refers to social, economic, and environmental characteristics of settings.

Contract: A contract is a legally enforceable agreement between two parties that creates an obligation to perform (or not perform) a particular duty.

Contract Manager: DOH staff member who supports successful applicants in project oversight.

Cultural Responsiveness: This approach enables individuals and organizations to respond respectfully and effectively to people of varying cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientations, and other diversity factors in ways that recognize, affirm, and value their worth.

Evaluation: The systematic collection of information about the activities, strategies, characteristics, and outcomes of programs to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Gender-Based Violence: Any form of violence against a person or group based on sex, gender identity or expression. It can occur across the lifespan through individual relationships, organizational structures, and public policy. This type of violence is rooted in gender-based power differences and can include physical, sexual, and psychological abuse; threats; coercion; restricted access to resources such as education and health care; and economic discrimination.

Gender Norms: Beliefs and expectations held by a group that define the roles and behaviors for what is considered masculine and feminine. Rigid expectations about roles and behaviors can contribute to gender inequity and gender-based violence.

Health Disparities: Differences in health outcomes due to specific factors that directly affect the nature of the outcome among segments of the population as defined by social,

demographic, environmental, or geographic category.

Health Equity: A state in which everyone has a fair and just opportunity to attain their highest level of health. To achieve this, attention is given to the needs of those at greatest risk of harm and poor health outcomes, based on social conditions. [Link to further information](#).

Health Inequity: Systematic, unfair, and avoidable differences in health outcomes and the related factors that affect groups of people differently, such as by race, disability, ethnicity, gender and gender identity, sex, sexual orientation, income, immigration status or geographic location.

Health Outcomes: The length and quality of individuals' lives which are impacted by health behaviors, access to health care services, social and economic factors, and physical environments.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grassroots lobbying includes efforts that direct or encourage members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA):

Document that describes an agreement between one or more parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest. It is not organized for profit and uses net proceeds to maintain, improve, or expand the operations of the organization.

Prevention Levels: The [Social Ecological Model](#) used in public health defines different levels of prevention including individual, relationship, community, and society. Individual and relationship levels involve biological and personal history factors as well as close relationships, that increase or decrease the likelihood of causing or experiencing harm.

- **Community-level strategies** encompass settings, such as schools, workplaces, neighborhoods, and rural communities in which social relationships occur and focused on specific shared characteristics of groups within these settings that are associated with causing or experiencing harm.
- **Societal-level strategies** involve the broad societal factors that help create a climate or culture

in which violence and other forms of harm are encouraged or inhibited.

Prevention Strategies: Activities that happen before the onset of harm or injury to prevent these issues from occurring. Prevention strategies embed safe and healthy alternatives into individual, relational, community, and societal norms. They are designed to shift the attitudes, behaviors, societal norms, and formal structures that support and perpetuate the root causes of harm or violence.

Protective Factors: Conditions or characteristics at the biological, psychological, family, community, or cultural level associated with a higher likelihood of positive outcomes or that buffer against the impacts of risk factors.

Public Health Approach: Defining and measuring the problem, identifying risk and protective factors, developing, and testing prevention strategies, and assuring widespread adoption.

Resilience: The ability to successfully adapt to difficult or challenging experiences. The mental, emotional, and behavioral flexibility to manage external and internal demands.

Risk Factors: Conditions or characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.

Sexual Assault: Sexual contact or behavior that occurs without explicit consent.

Sexual Coercion: Unwanted sexual activity that happens when one is pressured, tricked, threatened, or forced in a nonphysical way.

Shared Risk and Protective Factors: Acknowledges that risk and protective factors are interconnected, occur at a range of levels from individual to societal, and influence many health and quality-of-life outcomes.

Strategies: Groupings of related activities, usually expressed as general categories (e.g., partnerships, assessment, policy) or as brief statements (e.g., provide information, enhance skills, formulate policies).

Social Determinants of Health: Conditions in the places people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Link to description of [Social Determinants of Health](#).

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by DOH.

Underserved Communities: Groups of people that have limited or no access to resources and opportunities (e.g., education, employment, and affordable health care, housing, and childcare) that are more readily available to other well-served communities within a population. Examples of underserved communities may include but are not limited to individuals from racial or ethnic minority backgrounds, individuals with disabilities,

LGBTQ+ community members, and people living in economically challenged rural or remote geographic areas.

Work Plan: The summary of period of performance activities and objectives, personnel and/or partners who will complete the activities, and the timeline for completion. Work plans outline the details of all necessary activities that will be supported through the approved budget.

Youth: Individuals ages 12-24 years of age.

10. Prevention Strategy Resources

The following are resources developed by the Centers for Disease Control (CDC) to support community efforts that prevent harm and promote health, equity, and wellbeing.

- **Health Equity:** <https://www.cdc.gov/nchstp/healthequity/index.html>
- **Shared Risk and Protective Factors:** *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence*
<https://www.cdc.gov/violenceprevention/about/connectingthedots.html>
- **Social Determinants of Health:** <https://health.gov/healthypeople/priority-areas/social-determinants-health>
- **Social-Ecological Model (SEM):** *SEM - A Framework for Prevention*
<https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>
- **Violence Prevention:** *Veto Violence* prevention strategy information and tools
<https://vetoviolence.cdc.gov/apps/main/prevention-information>

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