DEPARTMENT OF HEALTH

Community-Identified Strategies:

Injury and Violence Prevention

During Times of Compounding Crises

A partnership with:

WE ARE ALL CONNECTED.

Acknowledgements

The project team wishes to express deepest gratitude to the Minnesota injury and violence prevention community, and in particular to the project participants and respondents who graciously gave of their time to share their experiences and wisdom with us. This project would have been impossible without you, just as the work of the Minnesota Department of Health would be impossible without you. Despite physical risk from COVID-19, emotional stress, resource limitations, and social turmoil, your organizations, staff, and volunteers adapted, pivoted, and served your communities with remarkable dedication and resilience. We are inspired and committed to learning from your example and expertise. A special thank you to Keelia Silvis and Emma Cook from the University of Minnesota and Shelly Dieu at the Minnesota Department of Health for their time, energy, enthusiasm, and dedication to this project.

This publication was supported by the National Center for Injury Prevention and Control of the Centers for Disease Prevention and Control (CDC) under award number 6 NU17CE924836-04-02. The content is solely the responsibility of the authors and does not necessarily represent the official views of the CDC.

WE ARE ALL CONNECTED.

A Brief Message from Men As Peacemakers

We are all connected, and in so many ways: through our families, cultures, geographical location, work, identities, beliefs, and interests, and also by our common humanity and desire for safe, healthy, thriving communities. When we recognize that we are all connected, we accept a deep responsibility for the ways our choices impact everyone around us – for good or for harm.

Reflecting on the past year, it is clear that disconnection from our communities results in harm and violence. As one prevention expert in this report puts it: *"2020 lifted up the rug of all the ugliness we've swept under the rug. And it just said, 'You know what? No more rug.'"*[1]

Community-connectedness is one of the most important protective factors against the full spectrum of harm and violence. At Men As Peacemakers, it is our hope that during this year and the coming years both individuals, as well as systems and institutions within our communities, take the necessary steps to rebuild and increase community-connectedness at all levels of society, in order to pave the way to health equity and flourishing communities. We look forward to all the connections, rooted in our common responsibility to one another, that will flourish as we rise to meet the challenges of these times.

A Brief Message from the Minnesota Department of Health

This past year (2020) has provided unforeseen challenges in all areas of public health. It has highlighted in a multitude of ways how our health is impacted by connection. The Minnesota Department of Health is honored to have worked alongside many partners during this time to protect the health of all Minnesotans. We are grateful for the contributions of the injury and violence prevention community in the development of this piece of work that can inform, guide, and support the community as we work together navigating the immediate experience of COVID-19 and the post-COVID world. Thank you for the important work that you do for the state of Minnesota. We look forward to continuing the work together.

[1] This quote was taken from an interview with community-based prevention expert, Brandon Jones M.A., Psychotherapist, Professor, & Consultant with the Jenga Institute.

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Definitions and Shared Understandings

The following terms and acronyms are used throughout *Community-Identified Strategies: Injury and Violence Prevention during Times of Compounding Crises*.

Ableism: Prejudice, discrimination, or antagonism based on a person's physical, mental, and emotional ability or disability

Classism: Prejudice, discrimination, or antagonism based on a person's socioeconomic status

Community: Defined broadly as a specific group of people, often (but not always) living in a defined geographic area, who share a common culture, values, norms, or identity and who are arranged in a social structure according to relationships the community has developed over a period of time

Community-based prevention organizations (CBPO): Public or private nonprofit organization providing prevention-focused educational or related services to a specific community

Community-connectedness: The degree to which a person, group, or organization is socially close, interrelated, or shares resources with other persons, groups, or organizations

Crisis-as-event: A one-time happening that is unexpected and causes upheaval

Crisis-as-process: The characteristics, events, and conditions that make an organization either able or unable to respond effectively to triggering crisis (crisis-as-event)

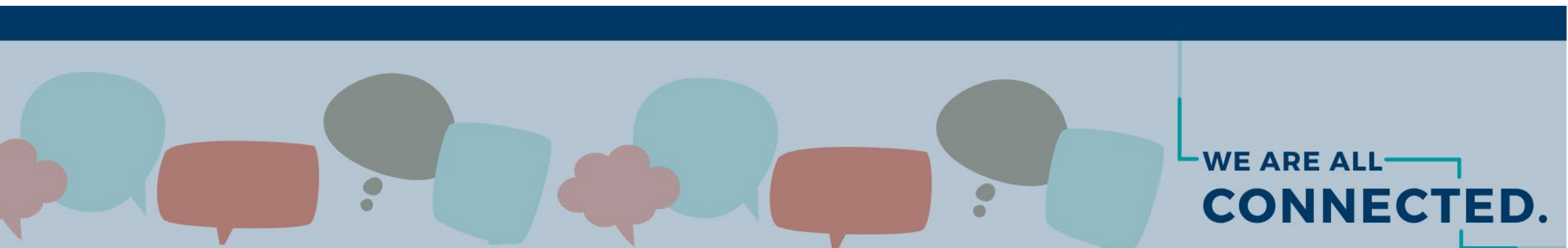
Health equity: Achieving the conditions in which all people have the opportunity to attain their highest possible level of health without limits imposed by structural inequities

Health equity ecosystem: A holistic approach to health equity which recognizes the role that all organizations and systems which impact individual and community health play in eliminating structural inequities

Injury and violence prevention (IVP): Efforts and initiatives to prevent injury and violence

Prevention: Avoiding, mitigating, and/or disrupting the re-occurrence of harm

- **Primary prevention:** Preventing harm before it occurs, and helping communities stay safe and violence-free
- **Secondary prevention:** Redirecting at-risk individuals and groups to safer behaviors and environments
- **Tertiary prevention:** Rehabilitating those engaged in violence and fostering safe re-entry into the community
- **Individual-level prevention:** Prevention strategies aimed at identifying biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence, and which promote attitudes, beliefs, and behaviors that prevent violence



- **Community-level prevention:** Prevention strategies aimed at identifying institutional or societal factors that work to maintain inequalities between groups in society, and which promote policies, practices, and norms that protect against violence and strengthen structural determinants of health

Racism: Prejudice, discrimination, or antagonism directed against a person or people on the basis of their membership in a particular racial or ethnic group

Safe Harbor: Refers to the statewide response to minor commercial sexual exploitation. Per the Minnesota Department of Health, minor commercial sexual exploitation "occurs when someone age 24 and under engages in commercial sexual activity."[2]

Systemic or structural harm or violence: Systems of racism, classism, ableism, and other forms of oppression ingrained in the systems and institutions of a community, government, and/or economy

[2] For more information, visit: Safe Harbor Minnesota (https://www.health.state.mn.us/communities/safeharbor/)

Summary

> *"So really our prevention shifted into… 'what do you need right now? And what is going to be helpful?' It really looked completely different. I mean, we still engaged, but I will be lying if I tell you, yes, we engaged to talk about teen dating violence and healthy masculinity. That did not happen."*

In the past year, **community-based prevention organizations (CBPOs)** throughout the state stepped up when their communities needed them most. Under high-risk conditions and often with limited or uncertain funding and resources, these organizations quickly adapted their internal policies, priorities, and existing prevention programming to better meet the increased needs of their communities. **It quickly became clear that injury and violence prevention during times of compounding crisis is not the same as injury and violence prevention during times of relative stability.**

The term "crisis" has two connotations: **crisis-as-event** and **crisis-as-process**. A crisis described as an event is a one-time happening that is unexpected and causes upheaval. Crisis-as-process looks to the situation before the triggering event (crisis-as-event) and explores the characteristics, events, and conditions preceding the event that make the organization either able or unable to respond effectively to the triggering event.[3]

It is important to acknowledge both the crisis-as-event *and* the crisis-as-process, which together, form the context of this project. The COVID-19 pandemic spread to Minnesota in March of 2020. By the end of 2020, 424,590 Minnesotans had been infected with the novel coronavirus, and 5,323 Minnesotans had died of this virus.[4] At the time of publication of this document, COVID-19 continues to infect and kill thousands of Minnesotans. This crisis event has disrupted every facet of Minnesotans' social, professional, and personal lives, creating a public health crisis unlike anything Minnesota has previously faced.

During the COVID-19 pandemic, there was a tragic increase in domestic abuse and sexual violence.[5] Vulnerable youth, especially youth facing houselessness, have experienced needs beyond the existing capacity of social support systems.[6] The anxiety, depression, and trauma of

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[3] Williams TA, Gruber DA, Sutcliffe KM, Shepherd DA, Zhao EY. Organizational Response to Adversity: Fusing Crisis Management and Resilience Research Streams. Acad Manag Ann. 2017;11(2):733-769. doi:10.5465/annals.2015.0134

[4] Situation Update for COVID-19 - Minnesota Dept. of Health. https://www.health.state.mn.us/diseases/coronavirus/situation.html#death1

[5] Kofman YB, Garfin DR. Home is not always a haven: The domestic violence crisis amid the COVID-19 pandemic. Psychol Trauma Theory Res Pract Policy. 2020;12(S1):S199-S201. doi:10.1037/tra0000866

[6] Cohen RIS, Bosk EA. Vulnerable youth and the COVID-19 pandemic. Pediatrics. 2020;146(1). doi:10.1542/peds.2020-1306

the COVID-19 pandemic have been associated with spikes in mental illness,[7] suicide ideation,[8] and opioid overdose.[9] Racial disparities intersect each of these individual trends,[10] with Black, Indigenous, and People of Color (BIPOC) experiencing increased disease and socioeconomic burden[11] due to the systemic disadvantages caused by structural racism.[12]

Compounding this crisis event are ongoing emergencies of racially-motivated violence, social upheaval, economic hardship, and political instability. These conditions contributed to a crisis-as-process, which not only complicated the delivery of existing prevention programming under the current funding infrastructure, but deeply impacted both the communities being served, as well as the health and well-being of each internal organizational community. **Nevertheless, prevention work continued because it was essential to community health and well-being.**

In this document, CBPOs share their strategies for effectively adapting injury and violence prevention work during times of compounding crisis. In their own words, community-based prevention experts explain that this entailed more than simply shifting existing prevention programming from an in-person format to a virtual setting. Specifically, to continue the work of preventing various forms of injury, harm, or violence, we must address the conditions which allow injury, harm, or violence to happen in the first place - which are only amplified during times of crisis.

The strategies highlighted in this document point to the need for a paradigm shift in how we approach prevention work. Rather than a one-size-fits-all checklist of action steps, these strategies encourage a broader reflection of how CBPOs and supporting partners can increase and leverage community-connectedness. These strategies will help ensure that organizations are in a place of strength and stability, enabling them to respond effectively to community need whenever the unexpected takes place.

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[7] Ettman CK, Abdalla SM, Cohen GH, Sampson L, Vivier PM, Galea S. Prevalence of Depression Symptoms in US Adults Before and During the COVID-19 Pandemic. JAMA Network Open. 2020;3(9):e2019686. doi:10.1001/jamanetworkopen.2020.19686

[8] Ammerman BA, Burke TA, Jacobucci R, McClure K. Preliminary investigation of the association between COVID-19 and suicidal thoughts and behaviors in the U.S. J Psychiatr Res. 2021;134:32-38. doi:10.1016/j.jpsychires.2020.12.037

[9] American Medical Association. Issue brief: Reports of increases in opioid related overdose and other concerns during COVID pandemic. Published online September 8, 2020. Accessed September 28, 2020. https://www.ama-assn.org/system/files/2020-09/issue-brief-increases-in-opioid-related-overdose.pdf

[10] Hardeman RR, Medina EM, Boyd RW. Stolen breaths. N Engl J Med. 2020;383:197-199. doi:10.1056/NEJMp2021072

[11] Gould E, Wilson V. Black Workers Face Two of the Most Lethal Preexisting Conditions for Coronavirus—Racism and Economic Inequality. Economic Policy Institute; 2020. Accessed November 7, 2020. https://files.epi.org/pdf/193246.pdf

[12] Phelan J, Link B. Is racism a fundamental cause of inequalities in health? Annu Rev Sociol. 41:311-320. doi:10.1146/annurev-soc-073014-112305

How to Use This Document

Intended Audience

While the initial aim of this project was to determine what Minnesota Department of Health (MDH) systems and policies are needed to support injury and violence prevention (IVP) operations during times of crisis (specifically when in-person contact is limited or impossible), it quickly became clear that the strategies identified through conversations with community-based prevention experts have broad application and relevance to *all* partners in the prevention community. Below, we have identified two primary audience categories:

Community-Based Prevention Organizations (CBPOs):

Community based programs, including culturally specific service providers, working to prevent harm and violence, build community, and address underlying barriers to health equity

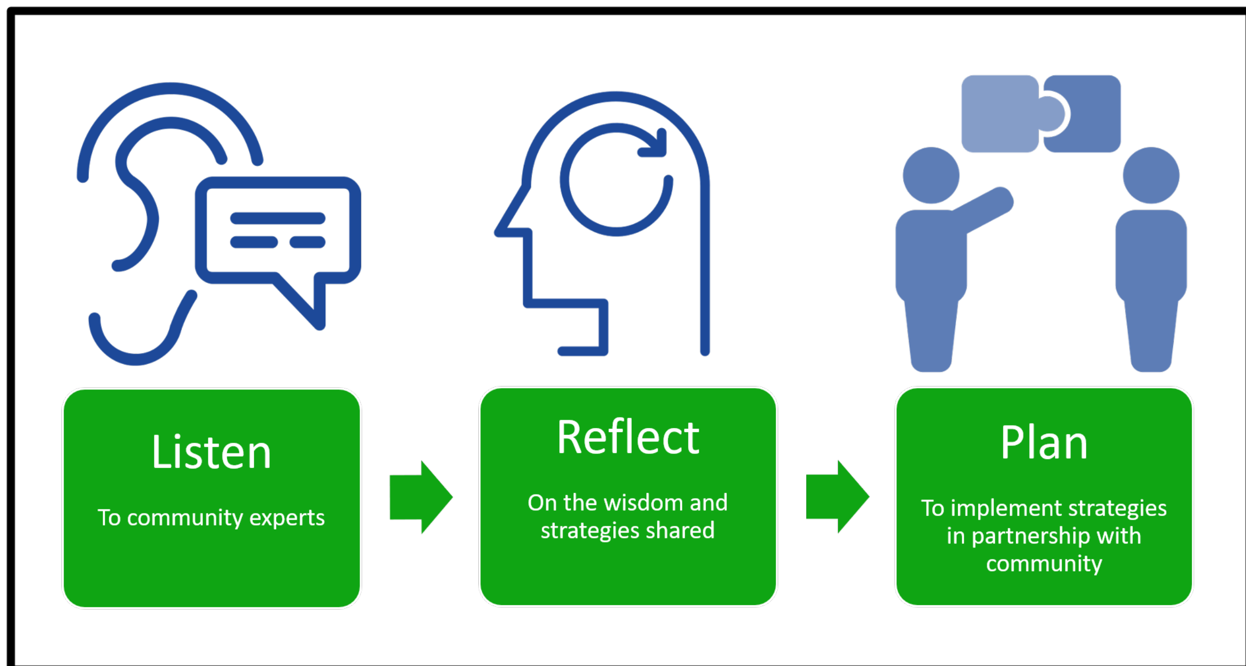
Partners within the Prevention Community:

Funders, government agencies, technical assistance providers, policy-makers, and other programs and experts providing oversight and support to CBPOs

Roadmap

This document reflects a multi-component, community-centered evaluative process (see *Process* section, below) aimed at identifying strategies for continuing prevention work during times of compounding crises, as well as during times of stability. It is arranged to facilitate a process of **listening** (to community experts), **reflecting** (on the wisdom and strategies shared), and **planning** (next steps for implementing these strategies in partnership with community).

Figure 1. Roadmap



The section ***Five Community-Identified Strategies for Prevention*** sets forth the major operational insights and lessons learned from multiple community conversations with a diverse group of MDH IVP grantees and other CBPOs and experts. These strategies are best understood in participants' own words, so this section largely consists of **participant quotes**. The participant quotes are ordered under **sub-strategies,** with some context interwoven to clarify conversation points and protect participant confidentiality.

The section ***Conclusion and Next Steps*** expands on **community-connectedness** as a foundation for prevention and provides a brief overview of the next phase of this project (**Building Preparedness: A Toolkit for Injury and Violence Prevention Organizations**).

Finally, at the end of this document are ***Additional Tools***. First, the **Impact of COVID-19** summary provides a brief window into how COVID-19 impacted MDH IVP grantees across the state; it can be used to provide context in grant reports and applications. Additionally, the tools titled **Implementation Considerations** translates the five major strategies into practical considerations for both CBPOs and supporting partners within the prevention community. Because each community, agency, and program is different, these considerations take the form of "Key Questions" that CBPOs, funders, technical assistance providers, and policy-makers can use to guide their planning process now and into the future.

At a Glance: Five Community-Identified Strategies for Prevention in a Crisis and Beyond

Strategy 1: Expand the understanding of and approach to "prevention" in order to achieve health equity.

- Integrate injury and violence prevention efforts with basic community health and well-being.
- Address both individual and community-level trauma in prevention programming.
- Ensure programming is designed by the community being served. Communities are different, so prevention initiatives cannot be one-size fits all.
- Adopt community-connectedness as the foundation for prevention work.

Strategy 2: Center the voices, leadership, and expertise of those most impacted by the conditions that create barriers to health equity; address systemic conditions that propagate disparities.

- Acknowledge and place into context the barriers to health equity. Crisis events amplify the systemic conditions that CBPOs continue to work to address.
- Assess for the ways prevention efforts inadvertently amplify community harm. When prevention work is disconnected from communities, initiatives are ineffective at best, and may inadvertently exacerbate or create additional harms.

Strategy 3: Support, amplify, and invest in community-based organizations that meet community need and work toward health equity.

- Support community-based prevention organizations to respond to emergent increased community need.
- Support on-the-ground staff who often put themselves in high-risk situations to meet community need.

- Provide sustainable funding models that invest in prevention efforts as essential community services; invest in long-term systems change towards health equity.

Strategy 4: "Pause and pivot" to ensure any adaptations to prevention programming actually meet community need; systems partners need to create and support infrastructures that allow this flexibility.

- Allow time and effort to develop internal policies and practices.
- Engage community members to ensure ongoing alignment between programmatic efforts and community need.
- Allow flexibility for programmatic shifts. Meeting community need entails more than technology or moving to "virtual" programming.
- Ensure funding provides time for pausing and adaptation in partnership with community.

Strategy 5: Adopt community-connectedness as the foundation of prevention.

- Increase community-connectedness within the organization
  - Prioritize the health, safety, and well-being of staff during times of crisis.
  - Communication between leadership and staff is key to successfully adapting to crisis situations.
  - Recognize that CBPO staff and volunteers are a part of the community being served. Impacts of the pandemic, racial injustice, and other persistent systemic violence on the broader community will be felt by them as well.
- Increase community-connectedness within the broader community
  - Show up to support calls for racial justice and systems change as an organization.
  - Provide space and time to connect with and hear back from community.
  - Prioritize efforts to build (or rebuild) trust between the organization and community.
  - Prioritize community-identified needs and solutions to inform and shape prevention work.
- Increase community-connectedness between and among community and systems partners
  - Identify community partners with similar missions and leverage those partnerships to creatively and effectively meet community need.

- Take steps to maintain a consistent presence in the community including identifying opportunities for new collaborations.

Introduction

The Role of Prevention within the Health Equity Ecosystem

Health equity is defined as "the state where all persons, regardless of race, income, creed, sexual orientation, gender identification, age, or gender have the opportunity to be as healthy as they can — to reach their full health potential."[13] Health is cultivated within community, and "all organizations and systems that impact individual and community health", including CBPOs, have a role to play in eliminating barriers to health equity and creating safer, healthier communities.

Preventing injury, harm, and violence has a direct impact on the health of individuals and communities. For CBPOs, addressing the systems of oppression that create barriers to health equity is essential to their prevention work. But funders, technical assistance providers, policy-makers, and others who support prevention work in the state must also play a role in promoting health equity. What begins to emerge is an expanded understanding of prevention. This broadened view incorporates clear connections between prevention and health equity, guidance around the roles that both CBPOs and partners play in cultivating a Health Equity Ecosystem,[14] and the role that structural oppression has played in the current crisis (or crisis-in-process).

What is Prevention?

Minnesota's prevention community is vibrant, passionate, and resilient. MDH's diverse grant-funded IVP organizations, CBPOs and programs, and community partners are critical to addressing issues ranging from domestic and sexual violence to substance use disorders to mental health and suicide in communities across the state. These programs, organizations, and members of the communities they serve maintain and leverage strong community relationships in order to be adaptive and responsive to multiple complex and intersecting needs, which are amplified during times of crisis.

The term "prevention" encompasses a variety of activities and approaches and occurs at multiple levels within our communities. To appreciate how prevention organizations' work to prevent the full spectrum of harm and violence in communities across the state, it is important

[13] Minnesota Department of Health. Advancing Health Equity in Minnesota: Report to the Legislature. Minnesota Department of Health; 2014. Accessed March 1, 2021. https://www.health.state.mn.us/communities/equity/reports/ahe_leg_report_020114.pdf

[14] Minnesota Department of Health. Cultivating a Health Equity Ecosystem. Published 2021. Accessed March 1, 2021. https://www.health.state.mn.us/communities/equity/ehdi/reports/impactreport.pdf

to establish a foundational understanding of both the types and levels of prevention, as well as what these prevention activities aim to achieve.

Types of Prevention

The public health model classifies prevention in three levels (see table below): primary, secondary, and tertiary.[15] In ideal circumstances, public health aims for **primary prevention**, or preventing potential harm before it even occurs. When full primary prevention is not possible, **secondary prevention** and **tertiary prevention** lessen existing harm. Immediate responses to deal with the short-term consequences after harm has occurred is **secondary prevention**. Early intervention efforts, such as professional trainings to educate providers, teachers, systems professionals, etc. to identify and respond to those at risk of or in early stages of harm or violence can also fall under this category. **Tertiary prevention** includes intervention and recovery efforts aimed at the prevention of harm in the long-term, for example, programs that help survivors of trafficking obtain education, employment, and learn healthier ways of surviving.

Figure 2. Levels of Prevention

PRIMARY PREVENTION	SECONDARY PREVENTION	TERTIARY PREVENTION
Goal: Prevent the harm before it occurs	Goal: Reduce the impact of harm after it has occurred	Goal: Prevent the harm from happening again

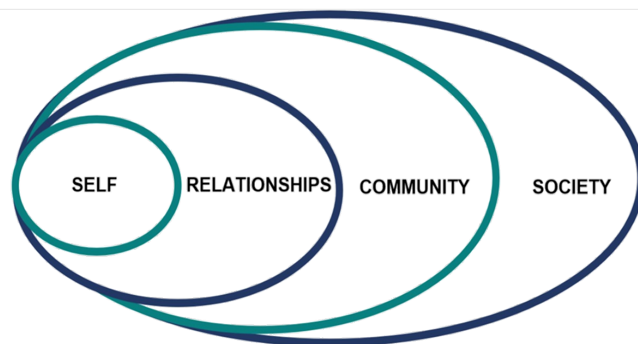
Levels of Prevention

Harm and violence impact not only individuals, but also entire communities. Effective prevention efforts should therefore seek to decrease risk factors and increase protective factors at all levels of the **socio-ecological model** (See diagram below).[16]

[15] Minneapolis Health Department. Blueprint for Action: Preventing youth violence in Minneapolis. Minneapolis Health Department. Published August 13, 2018. Accessed January 22, 2021. http://www2.minneapolismn.gov/health/youth/yvp

[16] Centers for Disease Control & Prevention. The Social-Ecological Model: A framework for prevention. |Violence Prevention|Injury Center|CDC. Published January 29, 2021. Accessed March 3, 2021. https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html

Figure 3. Socio-Ecologic Model



Risk and protective factors refer to "characteristics of the individual and their social and physical environments which interact with one another to increase or decrease risk for harm over time and within specific contexts."[17] While prevention work often focuses on risk and protective factors at the individual level, community-level risk and protective factors are critical because they "make it more or less likely that entire populations and communities will suffer from violence."[18] Combined strategies that reinforce each other to impact both individual and environmental factors have the greatest potential to reduce the risk of and even prevent victimization.

Process

This project began in March 2020 with an initial survey of MDH Injury and Violence Prevention Section (IVPS) grantees. A short questionnaire asked grantees if they felt that they could complete their currently contracted work in the face of the current COVID-19 precautions. Overall, the organizations reported that they did feel confident in moving forward, however, some aspects of work would need to change.

Understanding that there are power-dynamics that could impact information-sharing, MDH contracted with an existing community partner – Men As Peacemakers (MAP) – to increase their understanding of the disruptions created by COVID-19. Through this partnership, a three-

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[17] Basile K, DeGue S, Jones K, et al. STOP SV: A Technical Package to Prevent Sexual Violence. Centers for Disease Control and Prevention; 2016. Accessed March 1, 2021. https://www.cdc.gov/violenceprevention/pdf/SV-Prevention-Technical-Package.pdf

[18] Wilkins N, Myers L, Kuehl T, Bauman A, Hertz M. Connecting the Dots: State Health Department Approaches to Addressing Shared Risk and Protective Factors Across Multiple Forms of Violence. J Public Health Manag Pract JPHMP. 2018;24 Suppl 1 Suppl, Injury and Violence Prevention:S32-S41. doi:10.1097/PHH.0000000000000669

part evaluation plan was created. These parts consisted of an individual survey, a grantee-focused survey, and a series of focus groups.

- **Individual Survey**: Questions focused on how individuals connected, engaged with community, and took care of themselves during this time.
- **Grantee Survey**: A survey designed to collect organizational perspectives on the impact of COVID-19 and the governmental response from MDH IVPS grantees.
- **Focus Groups**: These groups were intended to bring greater context to organizational responses to the impact of COVID-19. Five Minnesota organizations participated in three focus groups and one feedback session. Topics were 1. Organizational changes that occurred within CBPOs, 2. External community needs and engagement, and 3. The future of health equity. The feedback session was meant to ensure analyzed themes fit with participant experiences.
- After the focus groups took place, MDH and MAP realized some communities were not represented in the focus groups. In order to broaden the voices represented in the project, seven **individual interviews** were conducted by MAP with strategically selected organizations.

Limitations

An important aim of this project was to engage with organizations representing and serving communities most impacted by the pandemic and by structural inequities. We spoke with participants connected to or a part of many communities, including Native communities, Hmong communities, Latin@ communities, communities of color, rural communities, disability communities, and communities experiencing houselessness. However, we acknowledge that the format and method of data collection was not inclusive of all Minnesotans. Due to funding and capacity restraints, interpreters were unable to join, which limited our sample to English-speakers. Our dependence on virtual platforms limited our sample to those with access and ability to use online computer systems, and we were unable to have organizations from every focus of injury and violence prevention. In addition, just like many of the project participants, MDH and MAP were also facing capacity issues due to COVID-19-related challenges in personal and professional areas.

Five Community-Identified Strategies for Prevention

See the table on page 11 for an at-a-glance list of the Five Community-Identified Strategies for Prevention.

Strategy 1: Expand the understanding of and approach to "prevention" in order to achieve health equity.

During 2020, the global pandemic, persistent systemic violence and inequities, and civil uprising due to racial injustice provided important insights into inadequacies of the status quo to meet community need. This crisis-as-event and crisis-as-process resulted in a disruption to IVP services, and highlighted the comprehensive nature of community-based prevention work. As IVP grantees and other CBPOs point out, prevention occurs at both the individual and community level and must address the basic needs of a community before issue-specific prevention initiatives can be effective. Effective prevention work also centers on health equity. Therefore, we must expand our understanding and approach to community-based prevention, both during times of crisis and times of stability.

Integrate injury and violence prevention efforts with basic community health and well-being.

In times of crisis, CBPOs are challenged by funding restrictions that are focused on issue-specific prevention efforts. A more effective prevention funding infrastructure should acknowledge that resources around basic health and well-being are a key component of prevention.

> *"Money is hyper specific to certain things… we'll have funding for something only if that person wants to start treatment...any sort of funding for syringes or anything considered paraphernalia cannot come from federal funding streams...a lot of public health funding is eventually from federal funding… we buy all our syringes from private donations...I feel like that is a really tangible [example] of not caring about the individual's health unless they're ready to quit [using controlled substances]. A lot of people don't want to quit. A lot of people… their use isn't their biggest problem, it's the things that cause them to want to use to forget for a second, you know? So, if you can address someone's housing issue, if you can address someone's, you know, like the violence that they're facing in their life, you know."*

Expanding the definition of violence prevention is necessary to include resources that simultaneously address sources of stress while increasing capacity to navigate the emotional dysregulation that stressors cause, thus reducing risk of violence.

"Through education, through the support of providing resources to the families, this is hopefully going to keep away some of that stress that could lead to violence. You know, people are going to stress, being stuck in the same place for so long, being hungry, it could come to anger. It could come to yelling at each other, not because they don't love each other. Maybe because they're stressed because they don't know how to deal with their emotions just because through social media or through you know how people are socialized. They use power to show control, to show domination. And it's not the correct way of doing things, eh? So I think through these spaces we are being able to hopefully provide the resource to these families to have safer spaces."

"Some of the key things that I see show up in many different spaces is really having a focus on wellness and making sure that people are taking care of their mental, emotional, and spiritual or physical self, you know, to the best ability. A lot of people who end up causing harm within families or communities are people who are hurting themselves. And I think that's a big piece that doesn't always get focused on."

"We have also been able to provide psychologists that have been able to talk to some of the families that we know are struggling or going through violence just to help them with how to deal with anger and with anxiety...to normalize that it's okay to take medication for anxiety or depression... that sometimes brings up some shame for some people to talk about."

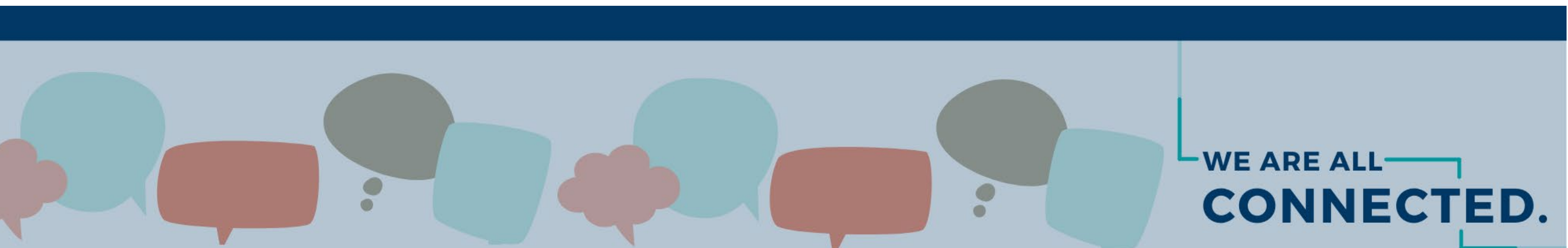
"We have opened our eyes to realize the importance of mental health, you know, and stress, you know, that we're all going through that we go every single day. And to normalize that, you know, because it's not gonna be the same."

Address both individual and community-level trauma in prevention programming.

"We're all going through a grieving process. What I mean by that is we've lost a lot during this time. We're grieving. It's not just death. Even though death has been a part of this time, we've lost access. We've lost connection. We lost the ability to choose. We've lost all types of things and it's forced organizations to look at themselves differently and how we do this work. And I think, yeah, hopefully it should have. If it hasn't, that's your first sign."

In times of crisis, CBPOs must be prepared to serve communities that include folks who are not only navigating through individual traumas but are also experiencing compounding community-level traumas—often as a direct result of systemic violence and inequities.

"A lot of those affected or those that are experiencing violence, they're undocumented, so they don't do anything. We know if they go to the police, they could be deported. This is something that is a reality in the Latino community. It happens every single day. So



they just go to their homes. And the next day is a new day. Just continue doing what you're doing. So you live with that trauma, with that pain inside of you."

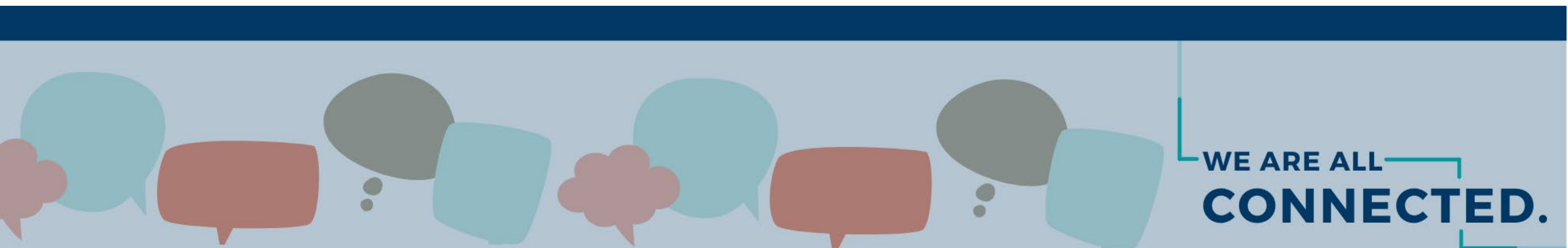
"I had one [focus group] with youth who were talking about their parents and how they were just honestly tired of translating news information for their parents, and I don't blame them. I mean it is really taxing. They are working and going to school and then coming home and having to translate the news. So that's just like another layer of what these youth are going through is feeling the responsibility of being a caregiver to their parents or to their family members, and just trying to navigate everything else in life while doing that. That's a heavy burden. They're already in the middle of crisis, too, and dealing with so much"

"I feel like funders put a lot of organizations and the work we do in alienated pockets [silos]. We are a domestic violence prevention organization, right, so that's what we do. So if we say that we're gonna address mental health, [we hear] 'Well, why would we do that?' Because we're getting money to support survivors of violence or prevent violence. If we say that we're gonna look into systems of oppression and racism and address all of what's happening with youth, [we hear] 'Well, why would we do that?' because that's not the work that we do... So, um, it's like you're restricted. We're supposed to just take care of the problem. And for them [funders], the problem is, you see a person that is in an abusive relationship – well, get them out of the abusive relationship. That's all you need to do. That's the scope of your work. They're really not looking at the whole picture of everything that intersects. You know, gender identity could be an intersection. Different abilities can be an intersection, housing, mental health. There's so many things, but really, what the funder cares about is 'did you get the person out of the violent situation?'"

Ensure programming is designed by the community being served. Communities are different, so prevention initiatives cannot be one-size fits all.

To avoid ineffective and an inefficient use of resources, center community voices when considering the viability of evidence-based practices.

"I think another thing that is important to include is to make sure that the community has a voice. Oftentimes we will have evidence-based practices or even evidence-based strategies that might not fit the communities that we are implementing them in. And with that way, change doesn't happen because there is a disconnect there, and you just see people replicating the same behaviors, even though we may have invested you know, $300,000 for a community program, but since the community wasn't involved in the co-creation portion of it, it is not as effective. So always having community voice is a big help and assistance in our prevention efforts."



Prevention efforts must align with community-specific values and use language and examples that are community-specific and relatable.

> *"You know, when I go back home [to the Bronx], I'll talk about prevention differently. Like, I can't talk about it in the way that I do here. It definitely has to change depending on your audience because people hear things differently. So I can't walk into the hood talking about prevention at all. You kind of have to use different wording. I love to use, like, moms and just those things we love in the hood, like, that's the things that we understand. If you try to come at a person as if their mom or their sister… that kind of helps them to see that you have to care about these things and then go a step further... okay, not just your mom, not just your sister now, but everybody's mother, everybody's sister."*

Centering resources around culturally specific needs builds community trust. While new collaborations with mainstream community partners are valuable, the most effective collaborations understand that different communities may not need or want the same resources.

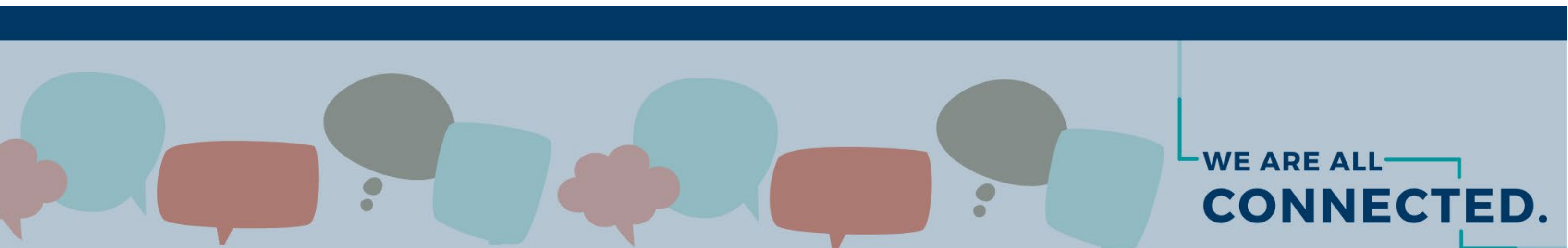
> *"In December, we focused on giving back to the community by helping them with groceries, and we really try to be culturally specific with that. So we partnered with two Asian grocery stores so that we can get them groceries they want because we were doing something like 'Ship Grocery' but then, you know, obviously it was just like the [mainstream] grocery stores, and sometimes they don't carry the products that our Hmong families want."*

> *"And another thing that I did want to focus on throughout the pandemic, we've been doing so many care packages and trying to be as culturally specific as possible. I mean, at one point, we're giving away rice. When the pandemic first started, all the rice sold out because everybody was in panic mode. Yeah, so once the inventory came back, we were able to provide some families some rice, which was really nice for them and they did feel a bit more secure with that."*

Adopt community-connectedness as the foundation for prevention work.

Cultivating strong connections between individuals in the community and between the community and the organization is critically important. Prevention work is most powerful when organizations are in and of the community.

> *"So we really are grounded in community in the way in which we build space and build relationships with the folks coming into the network. We're really invested in relationships and creating spaces where many masculine folks can really explore and navigate identity and how patriarchy has impacted and shaped who they are as a man*



and the way in which they've been socialized to be men in the society or in their own communities."

"I would say the way that we know that we're having a thriving community is when you as the individual, when you're in community, you don't feel like an outsider. You feel like there's a connection. And there are two kinds of distinctions, one that you have value to add. So you're able to contribute to the community and the community is contributing something to you."

In the words of one of the participants, "*community-connectedness is prevention.*" Fostering a deep sense of connection to and responsibility for each other can generate a reduction in both the experience of and perpetuation of harm and violence.

"Folks who experienced trafficking, folks who experience exploitation, and folks who are at higher risk are lacking that community belonging. They're lacking that community acceptance. And they're also not seeing or not having access to a space where they can feel like they're part of the community. So I have absolutely seen people, and not just in human trafficking, but from so many other issues, whether it be substance abuse or mental health issues, all kinds of different issues within our lives... we feel better, we do better when we know that we're part of a community that cares about us and that we are integral to that community that we're important. Not just to our parents or to our siblings or to our friends, but to this larger community as a whole."

"[Prevention efforts like] talking circles can be super beneficial in not just helping people who have offended but also for the community members to participate in as well in seeing how we are all interconnected and how we as individuals can build better and healthier communities through individual relationships."

Be prepared to dedicate time, attention, and resources to this process.

"It's a slow moving force because it's about gathering and moving and building and widening the ways in which we engage our relationships with men and masculine folks. It's very easy for us to build events and build spaces where we invite a bunch of men to come to. But then they would probably learn nothing, and no real transformation would happen. So our focus on being embedded in community is really a transformation."

Systems and institutions that intentionally operate form a framework of community-connectedness can produce powerful prevention outcomes.

"I think that being cognizant of all of the issues that we have seen that people in communities across the United States and the world do better when systems and communities work really hard to take care of each other. That's what is important is that we provide for those who can't provide for themselves. And not just me as a good neighbor bringing cookies over to my neighbor, right? Like it has to be bigger than that. It's not up to one person to fix all of the issues. It's up to systems to change. We see that

when systems do things differently and better that it is more beneficial. It removes the burden off of one neighbor to another, and it places the burden on everyone's shoulders. And then it feels like less like a burden when we're all sharing responsibility."

"I've often advocated for funders to really fully understand the work of community-based organizations. And the ideal way would be to partner with us. If you are saying you're partners, really be partners, be present with us and hear us out. We'll also hear you out, and we have to work in a really true partnership fashion, not where funders still dictate a lot of what you do. No, true partnership is really about co-creation. So how do we do co-create together, right? Because I have the connection to the community. You have some connection to the funding and connection to enact policy changes. To me, it's about us strategically being together and building community at the same time together. And it isn't just like there's a hierarchy here."

"It's helpful if funders can be saying, 'Hey, this is what we're hearing from our partners on the ground. This is what they're saying.' And when they're at the policy table or at the resource table for the funding conversation, they're able to redirect the conversations or they're able to advocate or able to translate what's happening on the ground to those who may not be seeing what's happening on the ground."

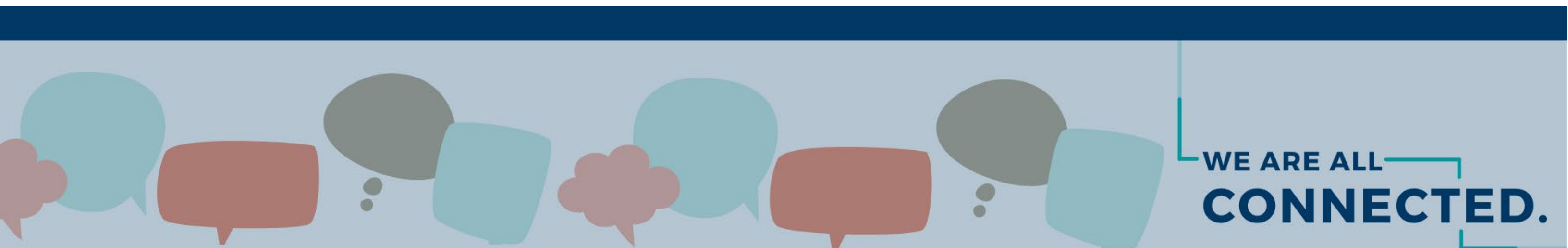
Strategy 2: Center the voices, leadership, and expertise of those most impacted by the conditions that create barriers to health equity; address systemic conditions that propagate disparities.

Longstanding, underlying barriers to good health can lead to economic instability, issues with mental health, higher rates of chronic health conditions, and, unsurprisingly, played a role in the higher impact of COVID-19 on certain communities in Minnesota – specifically BIPOC communities. In addition to the pandemic, project participants note that civil uprising due to racial injustice and the killing of George Floyd did not so much reveal, as much as *amplify*, preexisting and persistent inequities within the communities they serve. Therefore, MDH IVP grantees and other CBPOs recommend an intersectional approach to prevention, where addressing underlying systemic conditions are a necessary part of their overall mission.

Acknowledge and place into context the barriers to health equity. Crisis events amplify the systemic conditions that CBPOs continue to work to address.

Existing conditions that perpetuate inequities are amplified in crisis situations.

"I'll say this, 2020 lifted up the rug of all the ugliness we've swept under the rug. And it just said, 'You know what, no more rug. Have all your crap and then not only just have it,



we're going to place more crap on top of it.' And it's really forced organizations and funders to think about how do we do community work."

"[It] just shined a bigger light on what we knew to be true. Sometimes people are better at hiding it [systemic violence and inequities]."

"It just drove home the need for us to sort of keep talking and sharing a narrative that was different than this sort of tired narrative of like being comfortable, um, isolating, sidelining and sort of deciding after the fact how we were going to accommodate and provide services for people with disabilities."

Foundations play an important role in acknowledging these existing inequities and shifting their work to address systemic violence and inequities.

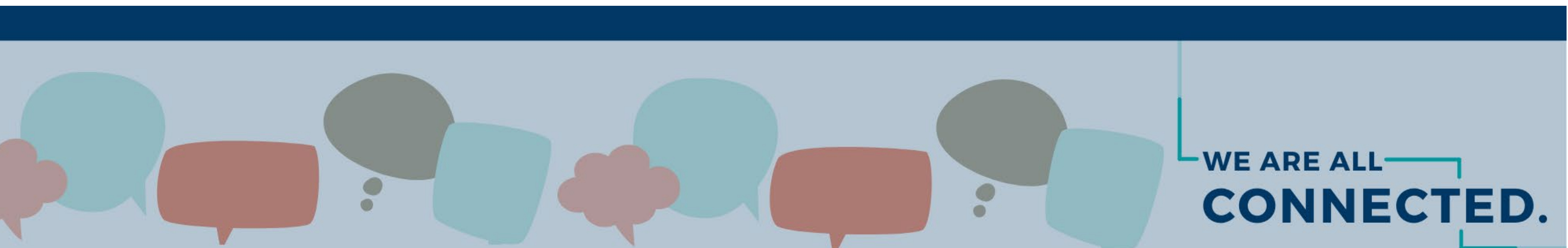
"I don't know what was in the atmosphere once the ripple effect after George Floyd's death happened. But I've seen a lot of foundations saying 'All right, we need to focus on this work, and we need to do our own internal work as well when it comes to anti-racism, diversity, equity, and inclusion."

Although some funding sources have begun to reckon with systemic root causes of violence, many community organizations still must cope with the challenges of the ongoing invisibility that stems from institutional oppression.

"When people think of risk factors for harm or for violence, they're thinking at the individual level and not necessarily at the systems level."

"There isn't a ton of understanding of root societal issues and how they impact victims of trafficking. A lot of people still kind of cling to the belief that it absolutely is everyone. And it can happen to anyone at any point in time, which obviously is true. But we also know that based on numbers, the folks that are going to be impacted by it have some significant vulnerabilities which are directly impacted by either systems' decisions or government or systems' lack of response to community or individual needs."

"When I was working at [a community organization], there was a Native 14 year old girl who was on the run, and she'd been on the run for about six months at that point. All of the system professionals involved knew that she was being trafficked. She was on the run from a foster home, and there were pictures of her at the Law Enforcement Center and at the Child Protection building. While I was working there and we were talking in meetings about this youth and hearing that she's on this reservation… she's in North Dakota... she's here… People are hearing that she's bouncing around the state. Meanwhile, a youth of the same age that was white and from Superior ran away, and her picture was blasted across social media. She was in the newspaper, on the cover of the newspaper... just everywhere. People are saying, 'Oh, help find this youth.' So I mean, it was pretty obvious that one youth's life was more important than another one that we knew was being trafficked. And I could identify specifically who her trafficker



was. She was kind of just left as a 14 year old to be trafficked. So that I thought was telling."

Systemic oppression impacts the ability to experience community-connectedness within the larger community, even when it is seen as valuable.

"[T]he Hmong community is realizing that being together can help this community, but everything happening with xenophobia and COVID has created another layer of just being scared of being a part of the whole community."

"I think we need to learn from what we went through, see where those needs in our communities are, and try to deal with those gaps. You know, those holes there are not helping us to move forward."

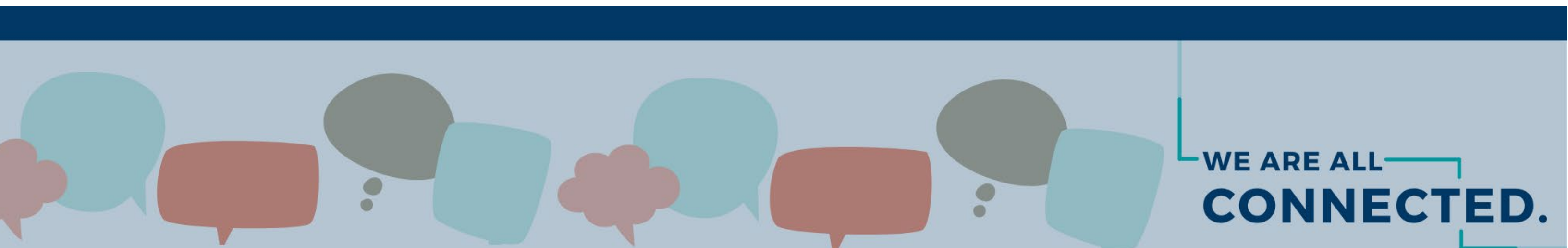
Assess for the ways prevention efforts inadvertently amplify community harm. When prevention work is disconnected from communities, initiatives are ineffective at best, and may inadvertently exacerbate or create additional harms.

Although prevention programming is happening in different communities, it is typical that those most impacted by systemic barriers are not leading those conversations.

"I think in some communities, the wrong people are coming to the table."

Additionally, approaches to prevention that are structured around and tailored to a more mainstream audience (typically white, Western-educated, and economically advantaged) are not relevant or effective in communities of color.

"Our work is prevention based, but it's not in the way like the CDC [Centers for Disease Control and Prevention] and a lot of the health models have developed where it's like here is the ecological model. Here is where you start on the individual. Then you need to go to the systems. One of the things that we know from being connected to communities of color is that some of those systems don't actually work right. Some communities of color don't have a lot of the same systems that are set up and they have their own systems. They took what they knew from their motherland and created it here. We see that in the Somali community and in a lot of the East African communities. So it's really hard to attach that to the ecological model in that kind of framework."



Strategy 3: Support, amplify, and invest in community-based organizations that meet community need and work toward health equity.

COVID-19 highlighted just how heavily Minnesota relies on CBPOs to meet community need, despite limited, uncertain, and sometimes restricted resources. CBPOs are embedded within the communities they serve and are best positioned to understand and effectively address underlying barriers to health equity.[13] To sustain this important work, it is important to ensure CBPOs have the funding and resources they need to continue their work during times of crisis, as well as times of stability.

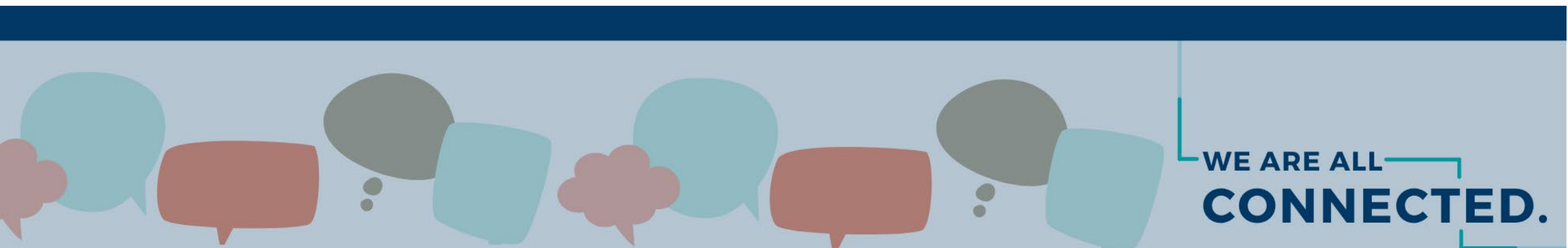
Support CBPOs to respond to emergent increased community need.

For many CBPOs, not continuing the work is not an option, particularly for those communities who have already been experiencing invisibility and lack of resources pre-crisis.

> *"When everything closed [we] realized, well, how do we stay open? Because we knew we would be needed even more."*
>
> *"We knew our community was going to be completely isolated, and we just refused to not show up one more time. You know, like that's just what our disability community experiences that people forget to plan a program for them until well after they've done so for the mainstream. So stop showing up. So we just kept showing up."*

Funding that allows for ongoing and sustained support of and transformation in communities is particularly necessary in times of crisis rather than funding focused on singular projects or one-time initiatives. The ongoing funding challenges normally experienced by CBPOs was magnified during COVID-19.

> *"We had so many inquiries and just needless to say, our hotline overflowed and we just didn't have capacity. But we ended up being able to serve so many families, and I think our goal was 500 families, and we surpassed that. Yeah, it's so hard when the community knows that we have this resource, but this resource is not really sustainable to help them throughout the whole pandemic year. So it is hard when they're asking us, 'are you guys going to extend this program?' It's like, you know, really up to the county."*
>
> *"We've been getting so many people reaching out from across the state, and it does suck when you don't have funding our capacity to help everybody out. We've even received out-of-state inquiries about general information relating to young folks and how they're doing right now. It's just so hard because we can't even finish helping Minnesota clients and participants. We really need something that can help across the U.S. and nationwide."*



There is a need for more consistent and sustainable funding and resources for Minnesota CBPOs particularly in times of crisis when the workload increases but capacity and resources might not keep pace.

> *"I know that I was successful because I trained more people from June through December than I did in the previous 3.5 years, so I doubled my training numbers over the course of six months vs 3.5 years, which is like, Wow. Yeah, I need a vacation."*
>
> *"We are happy that we have been able to reach more people through our outreach efforts than ever before in history. Because there was a huge need, there was a huge response."*
>
> *"We have adjusted hours of operations to include more evening hours for members to contact the center. Many of the staff members are contacted throughout the day and are on call for emergencies. This need and demand for crisis services has significantly increased. We have adjusted our in-person services to focus on the crisis response including augmenting our elder crisis counseling program, food distribution, COVID navigation services and increased housing support."*

Support on-the-ground staff who often put themselves in high-risk situations to meet community need.

The reality is, CBPO staff and volunteers are also members of the broader community and experience the impact of crisis events alongside the communities they serve. These staff and volunteers also feel a deep sense of commitment to their community, and because of this, will go above and beyond their job descriptions to meet community need.

> *"We can't deny that the workload, burnout, mental and physical stress has had a tremendous impact on advocates and anyone working in direct service. We not only work with the Latino community we are part of the Latino community and the struggle the community faces are the struggles our family are facing everyday as well."*
>
> *"You know I got a phone call at like 1:30 a.m. in the morning last night. You know, a lot of the community relies on us so that puts a heavy push on us. But I do it from my heart. You know, I love to help my community."*
>
> *"Then we started doing a lot of speaking engagements and doing a lot of education awareness events, and they were all free. We were all volunteering and still working ahead. We still all had full-time jobs, but we just thought that this was really important."*

Due to the role that CBPOs play within a community, staff and volunteers are in regular contact with community members, putting them at higher-risk. These positions should be classified as "essential" during crisis events.

“At the same time, we were trying to provide support for staff that were scared about being in contact with community members – like the advocates.”

“Domestic violence advocates were not considered first line workers or needed workers. A lot of the provisions that were given to nurses and doctors, like the daycare support and things like that, were not given to advocates.“

“It is not mandatory for participants to be masked to receive services, as trauma-informed work includes understanding that may be a trigger for some victim/survivors, so social distancing is used with those participants.”

“Since most advocates are working in really small communities, they wanted to have that opportunity to you know, if somebody gets really, really badly physically assaulted, I want to be able to sit across a table from them and tell them that I support them instead of over a phone because obviously we know that has very different impacts. It was up to client discretion as long as safety protocol stuff was followed.”

Provide sustainable funding models that invest in prevention efforts as essential community services; invest in long-term systems change towards health equity.

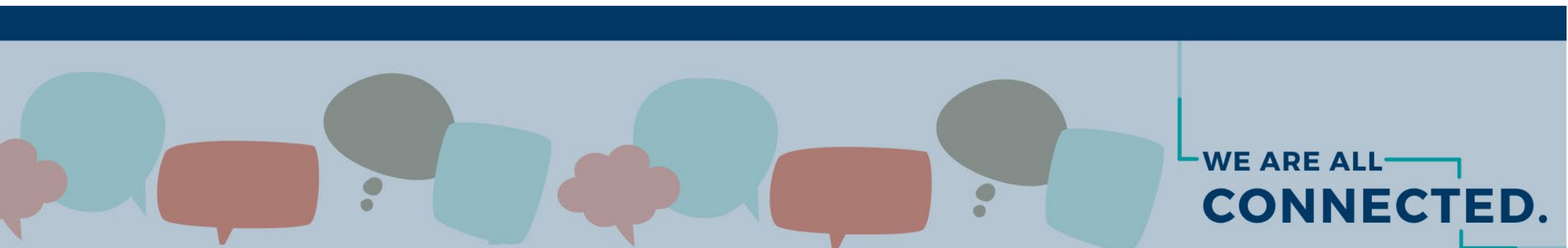
It is important to address the systemic and structural inequities as a part of prevention work, during times of stability, but especially during times of crisis.

“So really our prevention shifted into… ‘what do you need right now? And what is going to be helpful?’ …. so it really looked completely different. I mean, we still engaged, but I will be lying if I tell you, yes we engaged to talk about teen dating violence and healthy masculinity. That did not happen.”

“I also think that economics is a huge factor [in preventing violence]. Not that people who end up being abusers or people who inflict violence come from a particular economic status, but when we talk about prevention, we need to have adequate resources that could actually make a difference. And we need to make sure that we're utilizing the funds in a way that is targeting difference-making activities or difference-making kind of initiatives to the best of our ability.”

Funding should aim to support CBPOs over the long term. Like any form of community-level or systems change work, addressing long-standing systemic barriers is a long-term process. The current funding infrastructure tends to promote a project-based approach to prevention. Rigidity in the current funding infrastructure impeded CBPO work during COVID-19.

“[Funding support needs to] go beyond just one or two years…to think anything can be accomplished having community at the center and really being guided by the community in a year is just unrealistic.”



> *"We're here because systems in government are not doing what they need to be doing to provide equitable access and the support their communities need. So they're giving us money for us to kind of do their job, and we could do it better because we were less contained. We actually listen to people. But then [funders] put us in boxes and give us less money, and they want us to have a sustainability plan. And then they also want to now fund 'creative solutions' . . . they don't want to do funding sources for maintaining the work. So after you know, two years, it's like, 'well, you already implemented it. So now you have to be innovative. What is your innovative proposal?'"*

> "*And for us, it's not like we're not focused on outcomes and deliverables, but we know that we're focused on long term, systemic, long-term individual and familial and cultural transformation. That's an investment. It's a process."*

When funding ends abruptly, this causes a disruption in progress made.

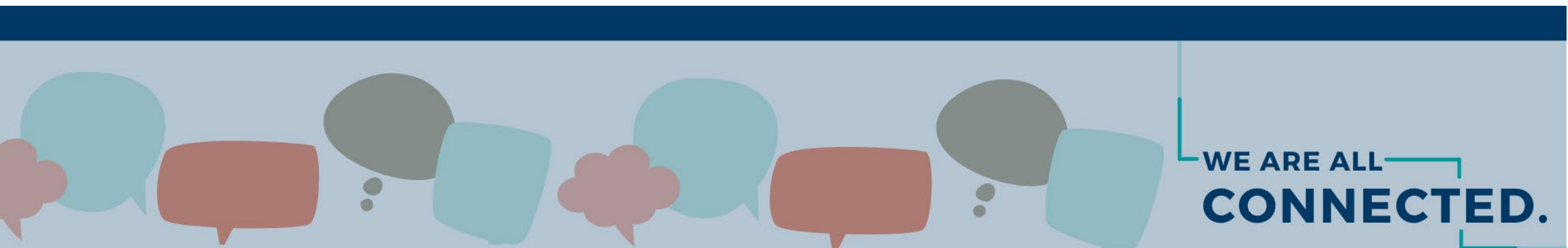
> *"One of my communities had a protocol team that was doing very well prior to me coming on board, they had received funding for this protocol team, and they were in the process of creating really fantastic protocol. But then they lost funding right before I started as a navigator."*

Additionally, restrictions as to who can receive services results in significant portions of the community not being served.

> *"We still have adults from their thirties to fifties trying to contact us for services. And unfortunately, they don't fit the Safe Harbor requirements. So we do have to refer out, which is unfortunate, you know? And yeah, it's just a lot of people are still falling through the cracks. I guess it speaks to the need for more flexibility."*

Strategy 4: "Pause and pivot" to ensure any adaptations to prevention programming actually meet community need; systems partners need to create and support infrastructures that allow this flexibility.

Across the board, once Minnesota's stay-at-home order was issued, CBPOs recognized early on that prevention work during a time of crisis will necessarily be different from prevention work during times of relative stability. This presented a significant challenge, as community-based prevention work is often funded on a project-basis, with an emphasis on meeting deliverables within a particular funding period. Nevertheless, MDH IVP grantees and other CBPOs, recognizing their roles within their communities, as well as within the health equity ecosystem, made space to intentionally pause programming, assess changing community need, and shift resources in creative ways to be most effective in meeting that need.



Allow time and effort to develop internal policies and practices.

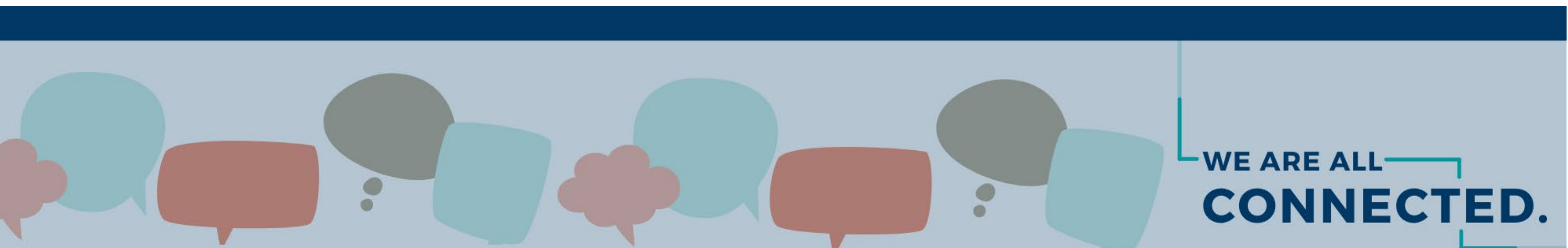
Making programmatic adjustments, developing new policies, and training staff amid a crisis takes significant time and financial resources during a period when community-based organizations are losing revenue streams and straining their existing resources to remain operational. For example, several organizations created full crisis management documents during COVID-19. One leader spent significant time translating the Executive Orders into the language spoken by the community, as well as simplifying these orders into understandable terms. This is especially taxing for small organizations, who do not have the resources or capacity to track and translate policy updates.

> *"I'll be honest. It was a mess. I mean, that I have no other way to say it. Other than it was a mess, everybody was confused."*
>
> *"[Our org's] organizational budget has been challenged by significant, unexpected technology expenses needed for transitioning to a virtual office, and by lost revenue from fundraising events that have been cancelled or postponed due to COVID-19."*
>
> *"We had to develop several new policies, procedures, and operations quickly and adapt to changing policies and information about COVID, community spread, and the regulations put in place in Minnesota. We had to build capacity for our staff to work from home – some needed to have new technology delivered, internet connections established. Furthermore, juggling the significant impacts of staying at home, mental health concerns for family and relatives, and navigating distance learning."*
>
> *"It was a wake up call to say, 'Hey, here's a policy we should have had a long time ago because we have staff that work from home and it doesn't exist.' We have no guidance in protocols of working from home and using your work computer versus your home computer. So we really had to look at our internal policies and kind of re-train ourselves."*

Engage community members to ensure ongoing alignment between programmatic efforts and community need.

Pre-crisis deliverables may not be realistic during and post-crisis. Organizations need to pivot to meet the emerging needs of the community and need time to adjust and evaluate the feasibility of meeting the pre-crisis agreements.

> *"Initially, communities weren't super interested in meeting, which is fine. But I did a ton of outreach and continued to connect with them throughout, probably the first three months. Just saying, when you're ready, I'm here."*
>
> *"We were doing focus groups for a little bit, but it's hard because a lot of the funders we had really wanted us to be online and recording. But a lot of young people [in this*



community] aren't technology savvy or they don't have access to that at home. So, how can you record a phone conversation without another piece of equipment? And it was hard that we couldn't always do in person meetings or a larger group."

Allow flexibility for programmatic shifts. Meeting community need entails more than technology or moving to "virtual" programming.

It is necessary to find culturally specific approaches to engaging community members. In many communities, technology may either be used differently than in white, economically-advantaged, and other traditionally resourced communities, or not at all. Sometimes organizations can adapt by teaching community members how to use relevant technology. However, this is still not as effective as finding more culturally specific approaches to engaging members.

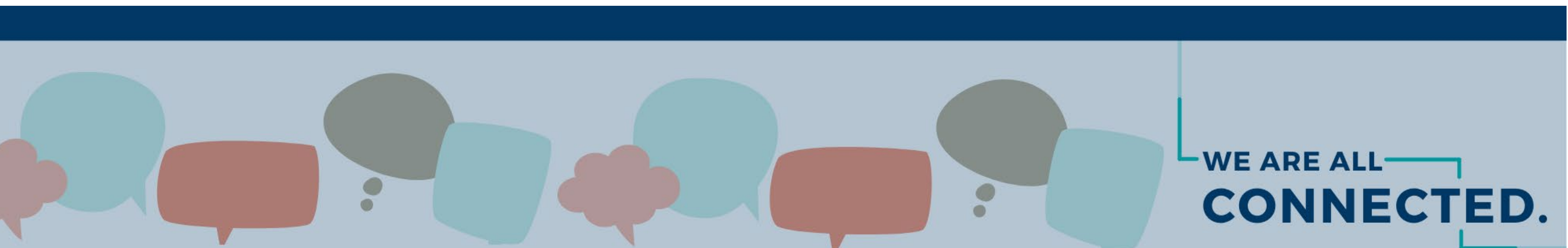
> *"Once we bought a Zoom account, we had to teach our clients how to use Zoom. So people had to come into the office, and we had to show them how to put it on their phones and then show them several times how to use it so that they could communicate face-to-face. And it was just really, really challenging, especially for a small organization who just started, who had no funds to be able to do any of that. I know that many of the families that we wanted to serve fell through the cracks because they didn't know how to get a hold of us because everything was closed."*

The necessity of flexible funding to meet the unanticipated needs of the community in crisis is exemplified by the dependence on technology that accompanies a crisis largely linked to stay-at-home orders. CBPOs may need to support the technological needs of the community in order to continue providing services.

> *"You know, it is hard for all. Just imagine, for people that have three or four kids in their houses and they're trying to go take classes online, and there's only one computer. So how can we support those families? How can we be sure that the school district understands what's happening, the struggle these families are going through."*

Even when community members can access technology, it is necessary for CBPOs to pivot and innovate, often with increased financial cost, to meet the needs of community members and provide adequate support.

> *"One thing we learned is people use technology in different ways, so we would get guys that would come into our programming, but they're in the same rooms as their children or their partner, so they don't feel comfortable talking about what was happening. So we had to take a hard pause, stop, and ask them. 'What could we do to help make this more effective for you?' Instead of us just assuming that what we could do was replicate what we've done in person. One thing we found out is that they wanted to just have*



disclosed conversations and they wanted to do it collectively. But they realized that wasn't going to be the most effective. So they just said, 'Let's just do one-on-one.' So we would meet them in parks and instead of them just meeting with one case manager, they would meet with the team so they could still have a facilitated dialogue. But they weren't isolated. Then, for those who were a little bit more technologically sound, they could do it on Zoom with the other staff."

"I think also our ability to be patient and our ability to invest resources into helping because it took a lot time for us to take two to three staff people for one person. That's typically not how we work, but it was necessary to help those who need help the most."

It should be expected that adaptations to a virtual platform may still have a significant cost to a CBPO's ability to build community, the cornerstone to effective prevention work.

"We focused previously so much on building physical spaces. But now, with COVID, we've had to move everything to virtual. And we've lost a lot of that connection, that intentional connection. Or the organic ways in which men and masculine folks connect with each other over dinner, or a meal, or over washing dishes or over a walk together in the morning because we had retreat or something like that. So that part has been missing for us – being grounded in community and trying to build community at the same time. It's not just about being connected to community and being in community. But it's also about building community simultaneously."

"We have done several physically present outreach efforts at events such as a resource gathering during the period of civil unrest and a welcome-back-to-school event. The key for these events is to make sure that the host organization supports social distancing, limited interactions and the use of masks and other PPE. We have also presented on radio spots especially for stations who have a culturally specific clientele. We have increased our social media presence and now have three staff who are available for posting information on Twitter, Facebook, etc. We are experimenting with making and posting YouTube videos on highly relevant topics. We are investing in technology that will allow us to set-up temporary, rudimentary kiosks in the community which people can use to talk with an attorney located at a remote site. We are updating, expanding, and supplementing the accessible self-help materials that we offer on [our website]. And whenever and wherever we can, we are asking our community partners to assist with warm referrals to our intake lines when they encounter someone who can use our help."

Ensure funding provides time for pausing and adaptation in partnership with community.

It is valuable to have funding streams that permit the flexibility to adapt to meet community needs. The current funding infrastructure does not always provide safety-net budgeting for pausing grant activities to develop new internal policies or adapt existing programming during a

time of crisis. Having to negotiate funding use during a period of crisis can take away time and resources that could have been used meeting community needs.

> *"We had three different funders. Two of the three were just like 'do whatever you guys need to do and work your magic.' One that was more federal funds was a little bit more strictly by the book - you can't. There was no wiggle room. So it took a lot of negotiation and re-communicating how we're doing things to the funders, which can be difficult because funders have specific guidelines that you have to follow and meet. But we told them in order for us to meet those benchmarks that we all agreed on, in order for us to get those reports to you, and our numbers look good, we need that flexibility. And we need you all to consider that just as us as professionals have to adjust to COVID, so do our participants and we have to take that into consideration."*

> *"I've seen a lot of county funders kind of tighten up a little bit and that was interesting. They weren't giving as much flexibility as you would think. [One funder in particular] gave themselves grace and decided to take the rest of the year for their staff to work from home and modified their work status. But as the funder, they didn't see why an organization would need to modify."*

> *"I think people from larger organizations who have more unrestricted funds - they could easily pull together a safety plan or set up a plan and say these were things that we're going to do, and we're going do it tomorrow. But for us, it took a long time to have those things set up because we didn't have any funds. We had to apply for COVID relief funds before we can even do any of that stuff and that took awhile. There's a long gap."*

Strategy 5: Adopt community-connectedness as the foundation of prevention.

Community-connectedness is not only a protective factor against the entire spectrum of harm and violence, when understood as a foundational framework for doing prevention work, it enhances the ability of all partners within the prevention community to better meet community needs during times of crisis. Conversations with IVP grantees and other CBPOs revealed that many of these organizations were already operating from a framework of community-connectedness at multiple levels: within the organizational "community," within the broader community, and between and among community and systems partners. COVID-19 highlighted the need for a more interconnected approach to prevention work, both during times of crisis, as well as during times of stability.

Practical strategies for increasing community-connectedness, highlighted below, are organized according to their respective level. It is important to note that these strategies, while implemented during the pandemic, also serve to strengthen the capacity of organizations to

meet community need and work towards health equity once a crisis event has passed and circumstances have stabilized.

Increase community-connectedness within the organization

Prioritize the health, safety, and well-being of staff during times of crisis.

Leadership must acknowledge the trauma that staff are all living through. Part of cultivating community-connectedness within an organization is honoring the emotional and psychological impact on staff as a result of crises, along with acknowledging the cumulative toll of ongoing work to address systemic barriers to health equity.

> *"So then [the Executive Director] and the rest of the staff reminded each other that we're not working remotely, we're at home, surviving a pandemic and trying to keep up with work at the same time. So there's been a lot of understanding that you're at home in a different environment. It's not the same as being in the office, and you can't function in the same way. So there's a lot of support and flexibility with one another. Even on a regular basis, there's encouragement."*

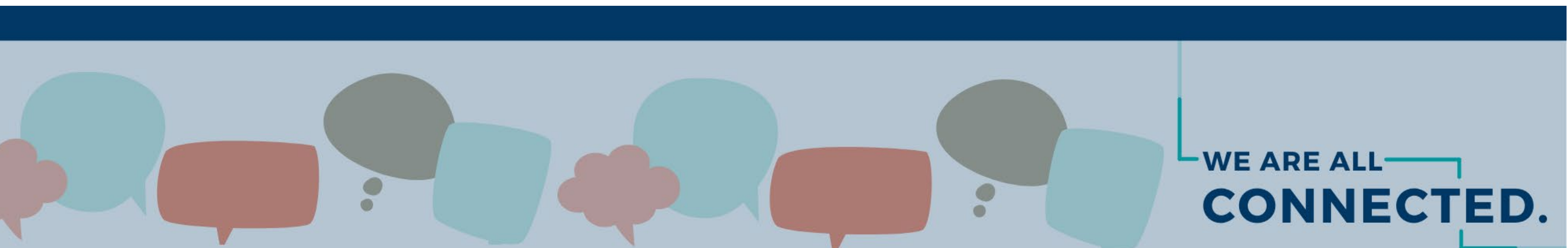
> *"I heard someone earlier last week say, instead of working from home, we live at work and I think that sounds painful. But there's a part of that that is the truth, that's why it hurts. We are living at work and now work has entered some of our sanctuaries. Home used to be the place where we disconnected from everything that weighs on our staff. So it is important that we do look at staff well-being. In this space, we already deal with tough stuff."*

> *"We claim to be trauma-informed, right? So it will be sad to say we do trauma-informed work, and then we're not paying attention to the emotional well-being of the staff."*

In addition to acknowledging the impact, it is essential for leadership to take action in ways that prioritize staff well-being and safety. Ensuring staff are a part of the process in deciding what would most effectively meet their needs is a key element to supporting a sense of community-connectedness within the organization.

> *"The programs that I managed, we went to a flexible work schedule. So it was optional. If you wanted to come into the office, and if you did there were COVID restrictions. At the time, you were only kind of allowed to be there two days a week. So we had schedules and rotations. That was a big relief for a lot of folks who had to be home with their children. The summer was coming up and they didn't have summer camps to send their kids to or whatever. In the day, everything was shut down. So that was a huge relief."*

> *"We shifted the work week schedule. We had this flexible Friday thing - so at 12 p.m. Friday, you weren't expected to do any work. Now, a lot of people, just due to our conditioning, they still did some work on Fridays, but it wasn't an expectation. So there*



were no meetings on Fridays after 12 p.m., there's nothing you're supposed to do. That was just wellness time that we offered for folks to utilize."

"Inside the office, we created a wellness space, so we literally converted one of the office spaces into a wellness space. We put curtains in there, put some candles in there, put some essential oils, just so if you are there and something happens, there's an escape for you to just go tune out and come in. You know, take your time, do what you need to do. So we really took a wellness approach."

Another key part of caring for staff well-being is securing their financial well-being. For example, organizations that can, should reassure staff that their salaries are safe and ensure staff members have the technical resources required to do their job without needing to incur personal costs.

"We decided to start paying for people's internet service to work. Now we had a cap on how much, so I went through our general operations funds. So we gave $50 a month for the internet and another $50 for a phone. So people were getting an additional $100 a month because we knew they're going to be working from home and they didn't have their office phone and then we're going to ask them to use their own. We found out that some people didn't have the internet. So we took care of that. Now, granted, $100 isn't a lot, but when your organization is doing it for 90 people, that could be a huge financial thing."

"As soon as the pandemic hit, we had tons of meetings to talk about how this could affect our organization. And in those meetings, [the Executive Director] was very up front about saying, 'I have heard a lot of people will be very anxious about how we will continue to have jobs. Will we be able to be paid while working from home? What will that look like?' And so she really came up with a good plan. That first week, if not before, the state was shut down. She had already purchased items for all employees to be able to do all of their work remotely. Everyone had headsets, additional phone stuff, printers, all of the things that people needed in addition to that was she was very up front with everyone saying to us, 'I know that you might be concerned about your job, but I want you to know that we have enough money in our savings to get us through 6 to 12 months without any funding coming in."

Communication between leadership and staff is key to successfully adapting to crisis situations.

Leadership should make space for one-on-one communication to support the health and well-being of staff during a crisis situation.

"One of the things that I was able to do when people come on is I try to get to know them a little bit and try to build the foundational rapport so that people feel comfortable telling me things. I used to schedule 30-minute check-ins once every month with everyone, even if I didn't directly manage them and my supervisor managed them just to

see how things are going and have conversations with them. It was almost like a little mini therapy session. People knew that if they ever needed time, they had it."

"There is really no, like, magic spell to get it right. I think what I have learned and continue to learn through some successes and some failures is that it's about being very connected to the people you work with and then responding adaptively."

Use feedback loops to ensure changes are implemented in the way that staff suggest.

"I think whenever you can provide that feedback space for your teams, it's important. But even more important than that is doing something with that feedback, letting your team know that you received it, that you heard them."

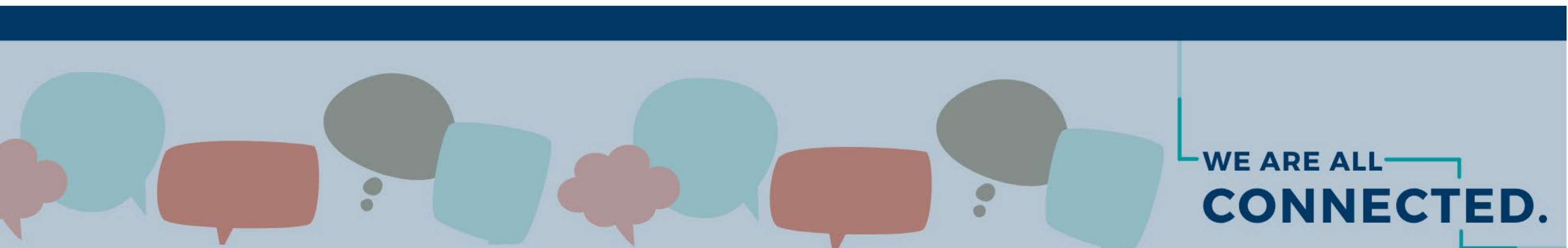
"We tried to limit meetings as well. So instead of starting our meeting at 10 a.m. we started meeting at 10:10 a.m. just because going from screen to screen to screen can be crazy so take 10 minutes to take a bio break or yell at your kids to get off YouTube or whatever is going on before you come into this next space. The feedback that I was getting from my teams were like, 'if I continue to look at this screen anymore today like, my eyes are going to fall out.' I heard that and I was like, 'Okay, what's a small gesture that could just help a little bit.' Now you know you're taking 80 minutes of time in a workday. But still, it was worth it for them to kind of just pace themselves and not feel so dragged from Zoom meeting to Zoom meeting to Microsoft Teams and all the other devices that were used."

"I would suggest if you don't have rapport with your staff or maybe there's just too many to do that type of [one on one] kind of support it's important for you to provide other methods for them to give feedback, whether that's through using a survey service or you just send out anonymous surveys. Or you might have some kind of anonymous email set up or something where they're giving you information. You might set up a Google Doc where you're getting information from your team and they're letting you know what's happening, what's going on or what they need."

Recognize that CBPO staff and volunteers are a part of the community being served.

Leadership should recognize and acknowledge that many staff members serving the community are also of the community. Consequently, they are being equally impacted by the crisis and other systemic injustices that are revealed and their well-being should be supported.

"When you're helping families who have food insecurities or housing insecurities or they may have a special needs child, like that's a lot of stress on the family. And then the worker who's trying to help navigate and improve that situation that weighs on them as well. But then, you have your child virtual learning or your partner who may be laid off or you may be having your own food insecurities that adds another level of complexity. So it's hard for you as a person to get the work done effectively when all these things are crashing down on you."



> *"Listen, our staff are going through things as well. When George Floyd died, that was a huge blow to many of our staff. Many of our staff are BIPOC staff. They took it personal when the cities were on fire and it wasn't just one space, it was three different spaces - that affected a lot of my staff who lived in this area who shared community with the people they work with."*

> *"A lot of people in our organization are people with lived experience - we just try to amplify the voices of people because the participants of our organization are often some of the most marginalized in society."*

Increase community-connectedness within the broader community

Show up to support calls for racial justice and systems change as an organization.

Working together with the broader community to address injustices they identify fosters community-connectedness with the broader community. Transparently addressing injustices that exist within the organization also builds connectedness. During the COVID-19 pandemic, CBPOs showed up to work with their communities to eradicate systemic violence and inequities.

> *"I guess all that I'd say is that the pandemic as well as the social conditions, you know, a reckoning around white supremacy and racism and other forms of oppression, like it really is shifting, shifting ground underneath people's feet."*

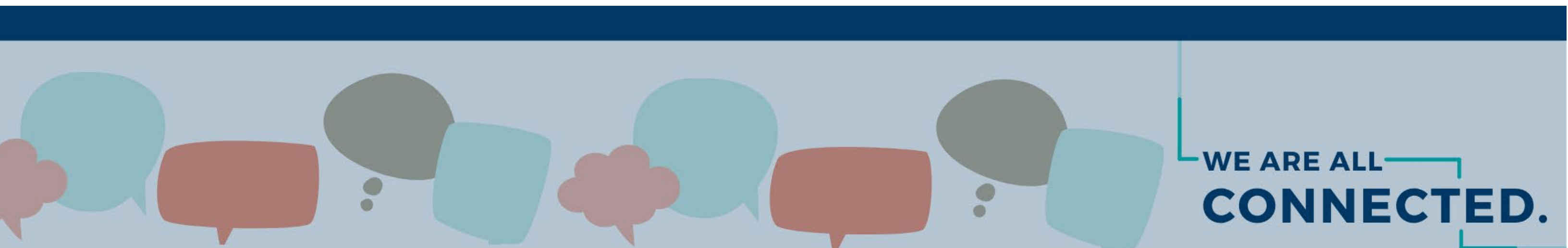
> *"We listened a lot to what's happening actually on the ground, meaning what's happening in each different community and hold those nuances between the different communities as well as the tension points that may exist between communities. For example, with all the uprisings that happened and with all the murders and killings of black men, particularly in the last two years or more, it's important that other communities of color really look at how they participate in anti-blackness, Right?"*

Provide space and time to connect with and hear back from community.

Intentionally listening to the community ensures CBPOs are meeting the needs of the community.

> *"So to me, when we talk about healthy, thriving and flourishing communities, it has to be a partnership. It can't just be your organization coming in with the cape on and you're being a superhero to save the community."*

> *"It's not like we did a special thing. It's just what we kind of do. We just seek feedback because again, we know that our programs don't work if the people don't want them and to be more culturally specific."*



“The work that we do with the community is based through them. Listen to the community. You know, it's easier as an organization to assume and say, ‘Okay, what's better for our community?’”

Prioritize efforts to build (or rebuild) trust between the organization and community.

Once trust has been established and community members feel safe with individuals or organizations, there is a sense of community loyalty and reciprocal support for the organization. Prepare to dedicate a lot of time to this effort: building or rebuilding trust within a community takes a significant amount of time and patience.

“So the participants that I worked with at [community organization A], they went with me to [community organization B] And then when I stopped working there and I went to [community organization C], they went with me. There's a lot of trust there.”

“There are clients that I've worked with for a very long time and that we have built trust, and so I have to give them my personal cell phone number because how else can we work together [while participant is in between organization], with court cases open, so I need be able to communicate with them. So they moved with me. That's how we were able to start out our organization with a group of clients.”

“So there was this deep, deep connection to the families that we serve – people knowing that I have a history from way back, from working with survivors in the community. People were spreading by word of mouth to other people that I no longer provide services there and you need to go there. So that's what happened. And that's how we were able to survive and continue to be able to work with survivors and victims through the pandemic.”

Take ownership and work towards repairing harm from past mistakes.

“Does a community feel comfortable enough to share? A lot of communities have their own assets. They have their own kind of nuggets of wisdom that they may never share with organizations. But they will share something because they felt comfortable enough with organizations or entities coming in that they believe that you actually are trying to help. If ever any organization or even any individual, is still at the point where they're working in community and they just feel like they're stuck and the community is not budging that is the red flag, that something has gone wrong and you need to just take a hard stop and start figuring out what happened. And it might come to a point where your organization has to apologize or your organization has to take accountability. Or your organization may have to do some repair work and that sometimes it's necessary when we're trying to do community work or we are trying to work across communities.”

“A lot of communities have been burned by organizations in the past. I think about a lot of the Indigenous folks that I talked to and they’re strict about particular organizations that they will work with, and they won't because of the harm that has been done in the

past. And I admire that. I think that's probably what some other people need to do is to say, 'You know what? We're not even going to entertain a conversation with these folks because they have harmed us in the past.' I think that if you're part of an organization or county system or something of that nature where that's happened, you might want to start the dialogue. Admitting what took place or at least acknowledging it in order to work it out and bring that wall down if it's necessary to bring that wall down."

Establishing reciprocal and authentic relationships with communities can result in the most effective prevention work.

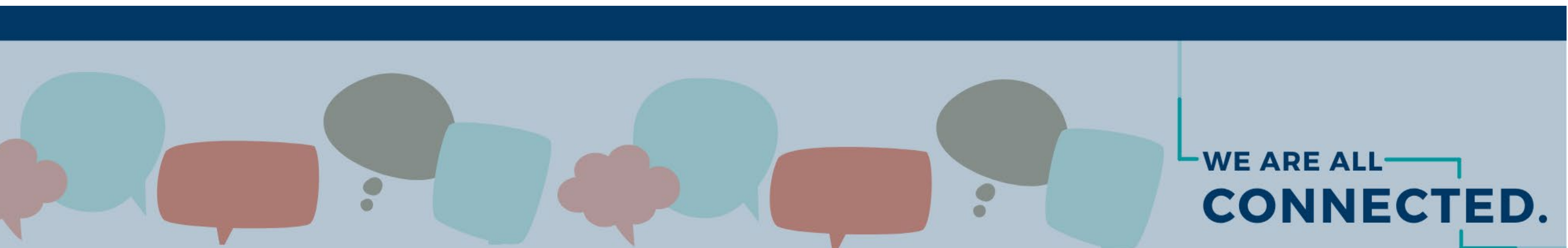
"One of the biggest things that I have even learned where I had to do my own self-assessment to say, 'What's my purpose? You know, doing this work, being with this group? Is this even working? Am I in this space to be a teacher? It seems like everybody's leaning on me, or am I getting something out of it?' It should be a kind of a transactional two-way street when we're doing community type of work or even when our organizations are working with community. If it ever gets to a point where it feels like it's one direction and it's not bi-directional, that's when we know we're not doing community work. And we're providing a service one direction, like you're doing something for them."

"I think what is important is asking for feedback, providing a space for that feedback, and then implementing it once you get it. And if it doesn't work admitting you know what? This didn't work. Let's try something different. What did work from this? What didn't? I think any time you're willing to have that type of communication with the community, you can start to see change. And then you also start to build trust."

"Just being honest, being honest on the things that I have to say, being honest on the things that I've done and the places that I came from. I think that's one of the steps that help me, especially working with youth. You can't really bullshit a youth. You know and rightfully so. So I think that the first part is being honest."

Hiring from the community at all levels within the organization including leadership notably enhances the trust and rapport the organization is able to establish with the community. Part of building reciprocal relationships is being in and of the community.

"We know that there's a little bit of trust because we have our community name but there's still some curiosity that things may go, you know the wrong direction. 'But tell us how to help?' 'Tell us how can we work on that?' So that's how we operate and again, I think that one of the key things about our organization was hiring from within the community. So we had some kind of face recognition already, not just the brand name of the organization, but people who actually live in the community. So there's a little additional trust there because people know people and word of mouth carries pretty quickly."



Prioritize community-identified needs and solutions to inform and shape prevention work.

Community voices should be centered as a critical part of identifying community needs and cultivating community-connectedness. Making assumptions about what is needed may have negative impacts. Time and space are needed to connect with the community, hear needs, and then act on what is shared.

> *“We had to really just reinvent what we did, and I felt like a huge strength in navigating the challenge was our organization was very community focused, even though in the midst of a pandemic where we don't know what's going on. We didn’t disconnect from the community. We went back and asked, ‘What could we do?’ So we re-invented kind of - community co-creation - to redefine what our program looked like to get the clients what they needed to maintain themselves.”*

> *“We started to get all this information that put us in a panic, you know, domestic violence and in-home assault calls were going up from the police department, which freaked us out because these numbers in the community we serve are through the roof. We need to do something. But we didn't ask the guys that we help. We didn't ask them, ‘How do we do it?’ And that was a big miss for us at the beginning. But going back to leading with our community strength, that's what you ended up doing. So I think that's always a good learning experience. Sometimes just got to ask the folks you work with and help them steer and guide what you need.”*

> *“So we would just get feedback for things then we will let them know. ‘Alright, so next week we're going to try something different. If this doesn't work, let us know then we will adjust.’ And that was always a good approach because the power was really in the communities’ hand. We were just the facilitators of what needed to be done, and that looks different for different organizations.”*

> *“To give you an example, through this work with the youth groups in the schools, I have a curriculum that I do x amount of sessions. But through these sessions, we had conversations where some of the youth talk about being part of the LGBT community. So that's something that maybe was on the agenda in a later session. Just because this topic was brought up, we need to bring it on sooner.”*

Increase community-connectedness between and among community and systems partners

Identify community partners with similar missions and leverage those partnerships to creatively and effectively meet community need.

Resource sharing can be particularly critical for newer community-based organizations. New CBPOs can benefit from partnering with larger organizations as they start up their operations.

> *"Even though our copy machine was not set up yet, we didn't have any fax. We didn't have a phone. We were able to go to other organizations and utilize their space. I remember going to [partner organization] a lot at first."*

Find others doing similar work to build community among organizations by sharing information, resources, and support.

> *"I think that one of the biggest things that made the work positive in the Safe Harbor network, particularly with the navigators over the last year, is that we built our own connection. We built our own little support group. We really reached out to each other and created an environment in which we could share information with each other, share ideas with each other, share struggles in a way that had not happened before. I think it benefited each of our communities."*

> *"Fun isn't quite the appropriate word to describe our additional outreaches with community partners, but it was awesome to be able to reach more individuals who may need services through these community events. It is too bad that a pandemic and a murder brought about so much more collaboration and networking with agencies, but we leveraged those opportunities and now have a whole lot more partners that we work with in the community."*

Partnerships amplify the positive impact on communities served by leveraging each CBPO's talents and role in serving the community. Though current funding structures frequently promote a scarcity mindset and competition between organizations, CBPOs' experience during COVID-19 highlights the need for greater support of collaboration across organizations during crisis.

> *"As one organization it is hard to do it all but through collaboration with being able to connect to other organizations so we can support the best way possible because one organization is not going to end domestic violence."*

> *"Sometimes I see a lot of competition between other organizations. And, you know, we don't need to duplicate work. We can continue supporting plenty of people to do this work. So, yeah, we all have our strengths and gifts."*

Take steps to maintain a consistent presence in the community including identifying opportunities for new collaborations.

CBPOs can find creative ways to support the community through partnership with other systems that are responding to different aspects of the crisis. For example, during COVID-19 CBPOs worked with healthcare institutions to connect communities to necessary services that communities may have been hesitant to receive without the involvement of a trusted CBPO.

> *"But we showed like whatever we can do, we will do."*

"[Having] a place for youth to still be a part of a community when everything is falling down. That's the biggest thing. When the youth center falls down, when the places that people call communities fall down, where's the community? We still provided that community. Being persistent on the connection."

"We did help [our county] with a COVID testing site for the summer months. Yeah, just having us there was really nice because more of the Hmong community maybe felt more inclined to come out, and they talked to us so much because they just needed the information. It helped that we had interpreters there and translators. Then we did get to meet with community members and just reassure them that this is just to be safe. We're glad that you're here. This is the process of how testing would look like and it was just so nice because it was so accessible. Like nowadays I feel like a lot of testing sites are drive through or a clinic setting or something like that where it is harder for them."

Established relationships are key in successfully navigating times of turmoil. Pre-existing connections among community organizations, including those not in traditional leadership roles or positions of power, lead to the ability to adapt effectively and continue to reach the community.

"That's probably my least connected school. Not between the kids, but between me and the school. However, I think one of the specialists who serves on the board, me and him are well connected. When I come down to the school, I pop into his office and we'll talk for a little bit. He'll talk to me about a kid that I might have in my group. I'll talk to him. So we actually have a really good relationship... I reached out for sure. But he reached out back and was like, 'Hey, I have this program. It's a channel where you can interact with 20 to 25 students. I'll make you a part of it.' He really loves what we're doing. He's really well connected to everybody else. I think he's really one of the pieces of actually keeping us with that school. That school actually has had two to three different principles over the last few years. So it's hard to actually be consistent but he's been our consistent piece in this whole school."

CBPOs must be open to finding new strategies to build relationships in times of crisis.

"I also implemented 'interviews' with community partners in many regions. Since I started my job about two months prior to the pandemic, I didn't have a great opportunity to develop in-person relationships with my many community partners. I instead invited partners to one-on-one meetings that I treated like interviews. I asked them about their background and education, what parts of their jobs they were most passionate about, their knowledge around Safe Harbor, and how they would like to partner with Safe Harbor in the coming years. This was CRUCIAL for building relationships with many team members and ended up being very effective. I also used these interviews to get a better idea of what kind of training my partners wanted."

"As I mentioned before, all of my in-person trainings were canceled, and none of the agencies wanted to set anything up online. Instead of being discouraged, I decided to turn the trainings into webinars, and sent invites to all of my community partners to these webinars. I also found that I was able to attend nearly EVERY community meeting I was invited to, since I didn't have to worry about travel, so I was able to meet more community partners than I would have if I was on the road. Unfortunately, some teams stopped meeting and still have not returned to meeting."

Conclusion and Next Steps

We Are All Connected: Expanding the Focus from Individual Level to Community and Institutional Community-Connectedness

Community-connectedness, the "degree to which a person or group is socially close, interrelated, or shares resources with other persons or groups,"[19] is a known protective factor across the spectrum of harm and violence. A high degree of community connectedness not only results in a lower risk for both the experience and the perpetration of harm or violence by individuals, it also makes it less likely that an entire community will experience violence.[19] It is no surprise, then, that community-connectedness has also emerged as both a central theme, as well as the underlying approach, to necessary strategies of IVP in times of crisis. As an expert explained during this project, "community-connectedness *is* prevention."

Perhaps the most strategic shift that CBPOs, funders, technical assistance providers, and other prevention professionals can make is to prioritize community-connectedness as the foundational framework from which prevention work is done. Experts involved in this project repeatedly explained their ability to continue their work in the midst of a prolonged crisis was due to aspects of community-connectedness - within the internal organizational community, with the broader community, and with other state and community partners.[20]

Community-connectedness is typically emphasized and discussed at the individual level (e.g., neighbor to neighbor, or a youth's connection to caring adults). Individual community-connectedness also includes the ways in which individuals and their families are connecting with community organizations (e.g., membership in a church or mosque, participation in a recreation sports league).

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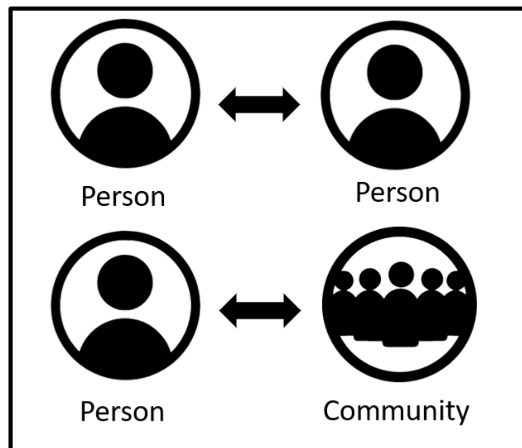
[19] Centers for Disease Control & Prevention. Strategic Direction for the Prevention of Suicidal Behavior: Promoting Individual, Family, and Community Connectedness to Prevent Suicidal Behavior. Centers for Disease Control and Prevention; 2008. Accessed March 3, 2021. https://www.cdc.gov/ViolencePrevention/pdf/Suicide_Strategic_Direction_Full_Version-a.pdf

[20] This project provides a tangible example of community-connectedness at the institutional level: A state agency and funder (MDH) approached a CBPO and grantee (MAP) for a possible collaboration on examining the impact of COVID-19 on IVP work in Minnesota. Together, MAP and MDH engaged with other CBPOs, centering the evaluative process around the communities being served. Each partner contributed resources according to their roles and expertise, and the ultimate result was a co-created, *community-centered* product reflecting shared leadership, shared duties, and shared resources.

Figure 4. Community-Connectedness at the Individual Level



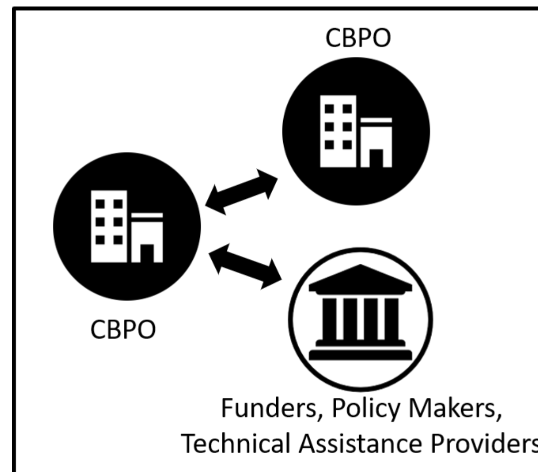
Equally important is community-connectedness at the institutional and community levels. In fact, community-connectedness is most effective when it spans the socio-ecological model, operating both "within and between multiple levels of the social ecology." [21] The section above provided practical strategies for increasing community-connectedness within the internal organizational community, as well as with the broader community.

Figure 5. Community-Connectedness at the Institutional and Community Levels

[21] The "Socio-Ecological Model: A Framework for Prevention," taken from Dahlberg LL, Krug EG. Violence-a global public health problem. In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. World Report on Violence and Health. Geneva, Switzerland: World Health Organization; 2002:1–56. Please note that while this model is commonly used by many mainstream prevention organizations and programs, culturally specific programs may have different conceptualizations of "community" and "prevention."

Additionally, within the context of Minnesota's IVP community, community-connectedness would include the ways in which the organizations in a single community are partnering with one another, as well as the ways in which community organizations are partnering with funders, technical assistance providers, and others in the prevention community.

Figure 6. Community-Connectedness within Minnesota's Prevention Community



Building Preparedness: A Toolkit for Injury and Violence Prevention Organizations

During the course of this project, it became abundantly clear to both MDH and MAP that the insights provided by participants have application that extends beyond strategies for effective prevention work during a crisis event, and indeed have implications beyond the field of prevention. To support the prevention community in ways identified by this project, MDH and MAP will be working with partners in the prevention community to develop a series of practical tools and resources to create *Building Preparedness: a toolkit for injury and violence prevention organizations.* This set of tools will aim to support organizations building the necessary capacity and strength to put them in a place most likely to weather the current crisis and crises in the future. The first tools are included at the end of this document.

Building Preparedness is intended to be practical, accessible, and based on the needs and recommendations of the IVP community. MDH and MAP also hope to increase community-connectedness through collaboration and opportunities for shared learning, highlighting the wisdom and expertise of CBPOs who have navigated multiple crises. Practical tools and resources may include tip sheets, community panels, videos and other forms of virtual learning, and opportunities to connect on various topics.

In closing, as is the case with this entire project, the words of the community are the clearest and most insightful:

> *"I think that being cognizant of all of the issues that we have seen that people in communities across the United States and the world do better when systems and communities work really hard to take care of each other. That's what is important is that we provide for those who can't provide for themselves. And not just me as a good neighbor bringing cookies over to my neighbor, right? Like it has to be bigger than that. It's not up to one person to fix all of the issues. It's up to systems to change. We see that when systems do things differently and better that it is more beneficial. It removes the burden off of one neighbor to another, and it places the burden on everyone's shoulders. And then it feels less like a burden when we're all sharing responsibility."*

MDH and MAP look forward to continuing our work together and our work with the greater IVP community to further this initiative and support the IVP community. We welcome feedback and recommendations for additional tools, resources, and improvements to *Building Preparedness* and look forward to connecting with partners and community members. Please contact:

Catherine Diamond, catherine.diamond@state.mn.us

Noelle Volin, noelle@menaspeacemakers.org

Tool 1. Demonstrating the Impact of COVID-19 on Community-Based Prevention Organizations, Their Staff, and the People They Serve

Grant proposals and other communications with external stakeholders (i.e., annual impact reports, updates to the board, etc.) often require organizations to demonstrate need in order to make the case for funding or strategic focus on a particular area. The intention is that the information below can be used by community-based prevention organizations (CBPOs) and supporting partners in the prevention community to convey the impact that compounding crisis events had upon staff, the organizations, and the work, and the corresponding need for strategic shifts.

The following data points are based on responses to the Minnesota Department of Health Injury and Violence Prevention Grantee Surveys, administered fall of 2020. Sixty-one CBPOs completed the survey including representation from across the state of Minnesota. For additional information about how CBPOs adapted to compounding crises and how these findings relate to community-identified strategies for prevention, see the full report, ***Community-Identified Strategies: Injury and Violence Prevention During Times of Compounding Crises.***

Figure 1. CBPOs identified concerns for staff and the broader community

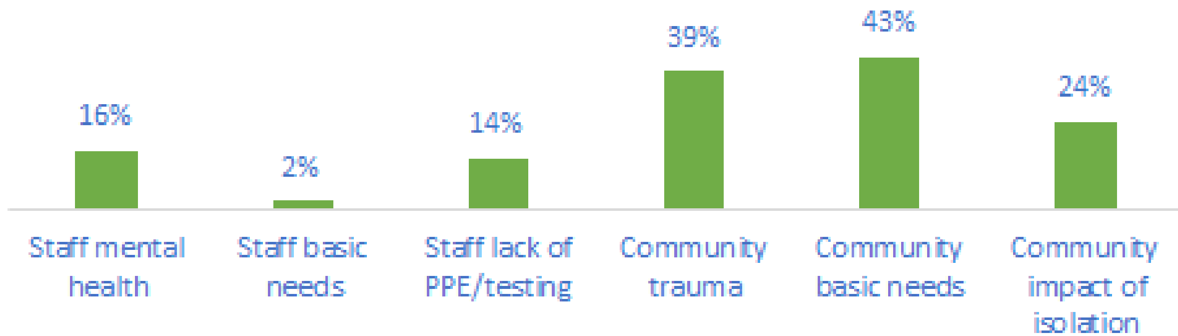


Table 1. Grantee concerns for staff and community

Concerns	Percent
Staff mental health	16%
Staff basic needs	2%
Staff lack of PPE/testing	14%
Community trauma	39%
Community basic needs	43%
Community impact of isolation	24%

Key speaking points:

- Staff at CBPOs have been predominantly concerned with community members meeting their basic needs (43%), responding to community trauma (39%), and the community impact of isolation (24%).

Figure 2. CBPOs are responding to multiple crises in addition to the health impacts of COVID-19

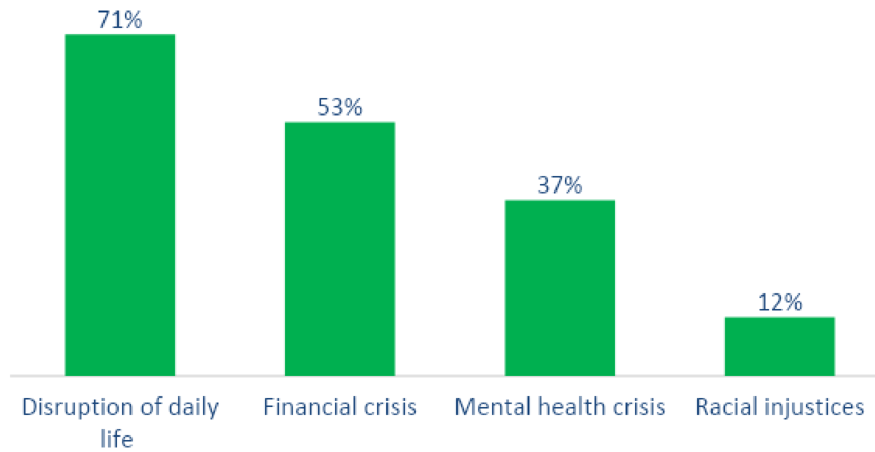


Table 2. Crises reported by CBPOs

Crises	Percent
Disruption of daily life	71%
Financial crisis	53%
Mental health crisis	37%
Racial injustices	12%

Key speaking points:

- In addition to the direct health effects of COVID-19, staff at CBPOs are responding to the disruption of daily life (71% reporting), as well as subsequent financial and mental health crises (53% and 37% reporting, respectively).

Figure 3. CBPOs had to pause or halt programming for a variety of reasons

Table 3. Reasons for pause or halt of programming

Reasons	Percent
Inflexible funding	6%
Lost/decreased funding	14%
Furloughed/laid off staff	14%
Shifting priorities	43%

Key speaking points:

- 43% of CBPOs shifted their priorities during this time.

Figure 4. All organizations switched to virtual existence on some level, but organizations reported a variety of barriers to virtual being a "silver bullet"

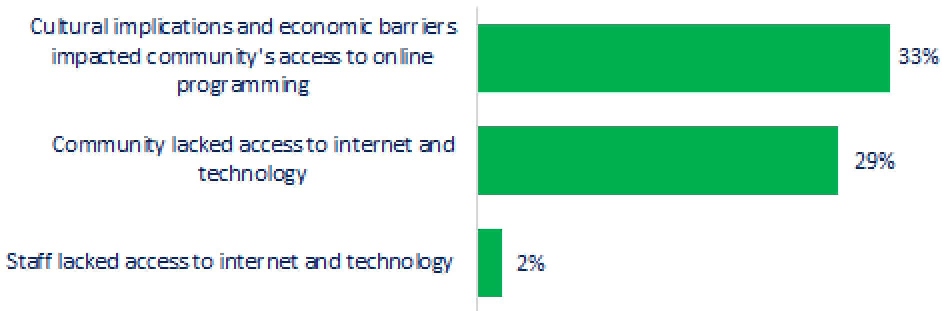


Table 4. Barriers to virtual being a "silver bullet"

Barriers	Percent
Staff lacked access to internet and technology	2%
Community lacked access to internet and technology	29%
Cultural implications and economic barriers impacted community's access to online programming	33%

Key speaking points:

- 33% of CBPOs reported that cultural implications and economic barriers impacted community's access to online programming.

Tool 2: Implementation Considerations for Community-Based Prevention Organizations

Community-Identified Strategies: Injury and Violence Prevention During Times of Compounding Crises documented five community-identified strategies for prevention, learned through community-based prevention organizations' (CBPOs') adaptation and resiliency in the wake of the multiple crises impacting Minnesota. It quickly became clear that injury and violence prevention during times of compounding crisis is not the same as injury and violence prevention during times of relative stability. Yet, the insights gained during this process translate into practical considerations for doing effective prevention work, both during times of crisis, as well as when circumstances have stabilized.

For each of the five community-identified strategies, below are a series of "key questions" for consideration, upon which CBPOs and their partners can reflect, plan, and shift. This tool is intended for CBPOs who would like to utilize the findings from this process in their own organization.

For additional information about how CBPOs adapted to compounding crises, see the full report, ***Community-Identified Strategies: Injury and Violence Prevention During Times of Compounding Crises***.

Strategy 1: Expand the understanding of and approach to "prevention" in order to achieve health equity.
What is community? • What are the unique characteristics, practices, traditions, etc. of your community? • How would your community define "prevention?" • How would your community define "health equity?" • How do these unique characteristics, practices, traditions, etc. shape your organization's understanding of and approach to prevention?
How does centering community shift your organization's understanding of and approach to prevention during times of crisis? • What would your community say is needed to prevent injury, harm, and violence? • What processes or mechanisms are in place to hear from community during times of crisis?

- How can your organization better partner with community members as shared decision makers, sharing power and increasing participatory processes beyond just getting program feedback?
- How does your organization incorporate community into recruitment and retention of staff and volunteers?
- Does your organization's leadership reflect the makeup of your community? How does this affect leadership's relationship with community?

How do prevention and intervention activities overlap during times of crisis?

- What intervention activities could actually be described as "addressing barriers to health equity?"
- What basic needs must be met before issue-specific prevention programming can continue in the community during times of crisis?
- How will your organization connect to community in order to identify those needs?

Strategy 2: Center the voices, leadership, and expertise of those most impacted by the conditions that create barriers to health equity; Address pre-existing Inequities that impede health equity

In what ways does your organization's prevention program address the systemic conditions which create barriers to health equity?

- How does your program gather information from the community about preexisting, community-specific barriers to health equity?
- How does the prevention program or initiative address barriers to health equity?
- Who else in your community can you partner with in order to leverage resources and address systemic barriers to health equity?

In what ways do prevention programs and initiatives take into consideration individual level and community level trauma?

- What trauma are people in your community experiencing?
- How does the prevention program or initiative support individuals who have experienced trauma?
- How does the prevention program or initiative acknowledge and address community level trauma?

How can your organization build (or repair) trust with communities most harmed by systemic and structural violence?

- What forms of systemic harm or violence are present in your community?
- Who in your community is most impacted by systemic harm or violence?
- What forms of systemic harm or violence is your organization complicit in propagating?
- How does the experience of systemic harm or violence impact trust between your organization and the community?
- What does your community say it needs in order to trust your organization?
- What steps can your organization take to start building (or repairing) trust in the short-term? In the long-term?

What is needed to overcome communication barriers and increase community access to important state agency updates during times of crisis?

- What role does your organization play in sharing out communications from state agencies with the broader community?
- What is your organization's process for keeping up-to-date with the latest communications from state agencies during times of crisis?
- What barriers hinder your organization's ability to share important communications from state agencies with the broader community?
- If community members have limited internet access or don't usually communicate via social media, what are other ways in which you can effectively convey important health information?
- If community members have questions for state agencies, what processes are in place to ensure that those questions are received and answers are communicated?

Strategy 3: Support, amplify, and invest in community-based organizations that meet community need and work toward health equity.

What insights does your organization have that can help inform statewide values, goals, and strategies for community-based prevention?

- What do funders, technical assistance providers, policy-makers, and others supporting your work need to know about doing effective prevention work in your community?

- How will your organization gather insights from staff on a regular basis?
- How are these insights being communicated to funders, technical assistance providers, policy-makers, and others supporting your work?
- How does your organization keep track of points-of-contact with funders, technical assistance providers, policy-makers, and others supporting your work?

What would most positively impact your organization's ability to engage in community-centered prevention work?

- Which programs or activities have been most effective at preventing injury, harm, or violence in your community in the long-term? At the individual-level? At the community-level?
- Which programs or activities have been most effective at preventing injury, harm, or violence in your community during times of crisis? At the individual-level? At the community-level?
- What changes to the current funding infrastructure would allow your organization to do more effective, long-term prevention work in your community? At the individual-level? At the community-level?

What supports would your organization need in order to do the most effective prevention work during times of crisis? In the long-term?

- What would improve the partnership between your organization and funders? Technical assistance providers? Other community partners?

Strategy 4: "Pause and pivot" to ensure any adaptations to prevention programming actually meet community need.

What is needed for your organization to be responsive to community need during times of crisis?

- What policies or processes must be in place to enable your organization to pause, re-evaluate, and pivot during times of crisis?
- How will your organization assess community need and incorporate community feedback into modifications to prevention programming and services?
- What is the process for negotiating changes to your work plan? Who is responsible for communicating or negotiating program change requests?
- Who needs to approve changes to the work plan? How does your organization keep track of the

necessary points-of-contact?

What are your organization's policies around working remotely, telecommuting, and/or using technology in a home-office setting?

- Who/which programs or departments are able to provide services/operate remotely?
- Do all staff have access to a work computer/phone? What is the policy on use of personal computers/phones?
- What provisions can be made for staff who don't have at-home internet access?
- How will staff obtain necessary office supplies (computer, phone, printer, scanner, paper, etc.)?

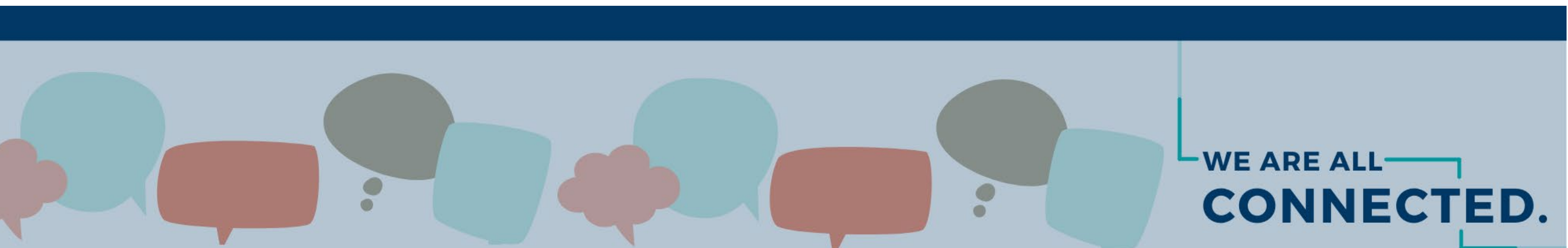
How do you protect the confidentiality of clients when using technology remotely/in a home-office setting?

- What is the process for partial reimbursement of home-office internet service?
- What is the process for tracking staff time? How does this process accommodate different work styles, health conditions, and family circumstances?

When in-person office hours resume, how will decisions around telecommuting be handled?

What updates does your organization need to make to internal safety protocols?

- How will safety protocols be updated to align with the most recent health information?
- Are staff and volunteers who have client contact trained in the latest safety protocols and procedures?
- How will you ensure all staff and volunteers are kept up-to-date on safety protocols/trainings in times of crisis and on an ongoing basis?
- How will your organization solicit honest feedback on safety protocols from staff, volunteers, and clients? How will feedback be incorporated?
- Does your organization maintain a ready supply of PPE, cleaning supplies, and disinfectants for work spaces?
- How can leadership work with the board of directors, funders, and partners to build and maintain a "rainy day" fund to purchase additional supplies in times of crisis?
- How will your organization distribute PPE, cleaning supplies, and disinfectants to relevant staff and volunteers when centralized work or office spaces are inaccessible?



In times of crisis, how will "essential" designations (or lack thereof) be communicated to staff and volunteers?

How will staff, volunteers, and clients be quickly notified of a possible exposure?

- What is your organization's position regarding vaccinations for staff, volunteers, and clients?
- How will your organization support staff, volunteers, and clients to access needed care (e.g. testing, vaccination)?

Strategy 5: Adopt community-connectedness as the foundation of prevention.

How does your organization promote and encourage a workplace culture of care for the "whole person?"

- What are your organizational policies around integrating time for self-care during the workday, especially during times of crisis?
- How will your organization create space for staff to talk about how they are impacted by crisis in their work and personal lives?
- How can your organization create a supportive culture for staff who are also caretakers in the household?
- What supports are in place to help staff experiencing individual-level or community trauma?
- What supports are in place for medically high-risk staff?

What are your organization's leave policies during times of crisis?

- Do leave policies accommodate staff who need to care for school-aged children or sick relatives? Paid or unpaid?
- Do safe-and-sick leave policies allow for quarantine and recovery? Self-care and mental health? Paid or unpaid?

How will your organization mitigate the impacts of isolation and create opportunities for staff connection during times of crisis?

- What will staff meetings look like during times of crisis? How will you determine whether these

meetings are useful? • How will management connect with staff and volunteers on an individual basis?
How are the perspectives of staff at all levels of the organization included in the decision-making process? • How will the organization communicate changes to policies and programming during times of crisis? • What mechanisms are in place to collect staff feedback? • How are decisions communicated back to staff? • How can staff communicate concerns or questions (anonymously, if preferred)?
What policies are in place to protect job security during times of crisis? • What emergency funding is available to protect salaries? • How can leadership work with the board of directors, funders, and partners to build and maintain a “rainy day” fund to retain staff in times of crisis? • How will your organization care for and maintain communication with staff who have been furloughed?

Tool 3: Implementation Considerations for Funders, Technical Assistance Providers, and Government Agencies Working in Partnership with Community-Based Prevention Organizations

Community-Identified Strategies: Injury and Violence Prevention During Times of Compounding Crises documented five community-identified strategies for prevention, learned through CBPOs' adaptation and resiliency in the wake of the multiple crises impacting Minnesota. It quickly became clear that injury and violence prevention during times of compounding crisis is not the same as injury and violence prevention during times of relative stability. Yet, the insights gained during this process translate into practical considerations for doing effective prevention work, both during times of crisis, as well as when circumstances have stabilized.

Funders, technical assistance providers, government agencies and other external organizations working in partnership with CBPOs play a unique role in creating either the conditions that allow for adaptation or the barriers and regulations that stifle adaptation.

For each of the five community-identified strategies, below are a series of "key questions" for consideration, upon which funders and other external agencies assess their role in supporting CBPOs. This tool is intended for funders and external agencies to reflect, plan, shift and otherwise utilize the findings from this process to inform the work of their own organization.

For additional information about how CBPOs adapted to compounding crises, see the full report, ***Community-Identified Strategies: Injury and Violence Prevention During Times of Compounding Crises***.

Strategy 1: Expand the understanding of and approach to "prevention" in order to achieve health equity.

How are funders and technical assistance providers connecting with community?

- How are different communities' approaches to prevention and health equity being incorporated into the development of prevention tools and resources?
- How are different communities' approaches to prevention and health equity being incorporated into funding infrastructures and proposal review?

How can funding solicitations be modified to encourage a "community-centered" approach to prevention?

- What requirements can be set forth within funding structures to encourage community-centered prevention?

How will flexibility and adaptability to community need be built into the funding infrastructure?

- What types of technical assistance will be provided to applicants in order to help them better understand what it means to operate from a community-centered framework?
- How will practice-based evidence (rather than evidence-based best practices) be incorporated into the overall funding structure?
- What rubric will be used to assess applicants – how can you provide priority funding to applicants who center community leadership in their proposals, especially newer, smaller, culturally specific programs?

What prevention tools or resources can be developed in order to build the capacity of CBPOs to implement a community-centered approach to prevention?

- How can technical assistance providers better engage with communities and CBPOs to co-create community- centered prevention tools, resources, and RFPs?

How can funding solicitations be adapted to broaden the type of activities funded as prevention programming, specifically during times of crisis?

- How can technical assistance providers help CBPOs better identify community needs during a time of crisis? What tools or resources can be created?
- What evaluation tools can be created to help CBPOs to better understand what needs must be met before issue-specific prevention programs can be effective during times of crisis?

Strategy 2: Center the voices, leadership, and expertise of those most impacted by the conditions that create barriers to health equity; address systemic conditions that propagate disparities.

How can funding solicitations and prevention tools and resources be adapted to better connect prevention work with health equity work?

- How can funders and technical assistance providers leverage their roles and resources to facilitate increased connectedness and partnerships between CBPOs and other community partners?

What changes can be made to funding priorities in order to increase resources for Black, Native, and POC-led organizations and other traditionally under-funded organizations?

How can funding solicitations be modified to encourage a trauma-informed approach to prevention?

- What prevention tools or resources can be developed in order to build the capacity of CBPOs to better understand individual level trauma? Community-level trauma?
- What evaluation tools can be created to assist CBPOs in assessing how trauma is impacting the community?

How are funders and technical assistance providers acknowledging and addressing systemic harm and violence?

- What evaluation tools can be created to assist CBPOs in assessing how systemic harm and violence is impacting the community?
- How can funding solicitations be modified to support CBPOs in addressing the impact of systemic harm and violence as part of their prevention programming?

What can funders and technical assistance providers learn from CBPOs about how to build or repair trust in communities who have experienced systemic harm or violence?

- How can funders and technical assistance providers leverage their roles and resources to help agency leaders, policy makers, and others better understand the impact of systemic harm or violence and repair trust with harmed communities?

What communications tools can be created to assist CBPOs in sharing out important information with the community during times of crisis?

- How do these tools take into consideration access (or lack of access) to the internet, language and translation, and other cultural nuances that impact the effectiveness of certain communication formats?

How can state agencies better partner with CBPOs to develop community-specific methods for communication?

- When online or print materials are not effective forms of communication, how will state agencies creatively partner with CBPOs to develop alternative methods?

How are state agencies assessing the effectiveness of communications methods within diverse communities?

Strategy 3: Support, amplify, and invest in community-based organizations that meet community need and work toward health equity.

How are the insights from CBPOs being solicited and incorporated into the creation of statewide values, goals, and strategies for community-based prevention?

- How are the insights from CBPOs being solicited and incorporated into the development of requests for proposals?
- How are the insights from CBPOs being solicited and incorporated into the development of prevention tools and resources?
- How are funders and technical assistance providers helping to facilitate co-learning among CBPOs and, where relevant, engaging CBPOs as trainers and expert consultants?

What can funders, technical assistance providers, policy makers, and others learn from CBPOs regarding effective community-centered prevention work?

- What systems or strategies are in place to conduct community-centered or community-informed evaluation?
- What programs or activities do CBPOs report are most needed for preventing injury, harm, or violence? At the individual-level? At the community-level?
- What programs or activities do CBPOs report are most needed for preventing injury, harm, or violence during times of crisis?

What do CBPOs say would allow them to do more effective, long-term prevention work?

- What supports do CBPOs say they need in order to do prevention work during times of crisis? In the long-term?
- What are ways funders, technical assistance providers, and others can obtain feedback from CBPOs in order to better understand roles and improve partnerships?

Strategy 4: "Pause and pivot" to ensure any adaptations to prevention programming actually meet community need; create and support infrastructures that allow this flexibility.

What tools and resources can be created to help CBPOs solicit, incorporate, and evaluate community input and feedback with regard to prevention programming?

- What are the different methods being used successfully by CBPOs?
- How are funders and technical assistance providers helping to facilitate co-learning among CBPOs and, where relevant, engaging CBPOs as trainers and expert consultants?

How can the current funding infrastructure facilitate the ability of CBPOs to be responsive to community need, particularly during times of crisis?

- How are flexibility and community responsiveness being built into the requests for proposals?
- What mechanisms are in place for communicating and negotiating changes to work plans?

What tools and resources can be created to help CBPOs create or adapt policies around working remotely, telecommuting, and/or using technology in a home-office setting during times of crisis?

- What are policies being used successfully by CBPOs?
- How are funders and technical assistance providers helping to facilitate co-learning among CBPOs and, where relevant, engaging CBPOs as trainers and expert consultants?

How can the current funding infrastructure better accommodate virtual or remote work?

- Are there budget allowances for providing CBPO staff with technology (including computers, cell phones, scanners, fax machines, printers, etc.), internet access, and necessary office supplies?
- Are there budget allowances for adapting in-person prevention programming to a virtual space?
- Are there budget allowances for increased online security to protect client confidentiality?
- Are there budget allowances for providing CBPO staff with technology (including computers and cell phones) and internet access?

What tools and resources can be created to help CBPOs develop or improve internal safety protocols?

- What example safety protocols can be provided to CBPOs?
- How can state agencies and technical assistance providers facilitate faster communication with CBPOs regarding the most up-to-date safety protocols and best practices during times of crisis?

- How can safety trainings be adapted for wider distribution and use among CBPOs to help offset the training burden?

What changes can be made to the current funding infrastructure to allow CBPOs the ability to pause and pivot in order to update their internal safety protocols?

- Are there budget allowances for CBPOs to "pause and pivot" during times of crisis?
- Are there budget allowances for obtaining necessary supplies in response to a crisis (e.g., PPE, cleaning supplies, disinfectants)?
- Are there budget allowances for allowing staff time respond to the crisis (e.g., to get tested, get a vaccine, recover from the effects of a vaccine)?

In times of crisis, how can funders and technical assistance providers advocate for the "essential" designation to be applied to relevant CBPO staff and volunteers (i.e., those who have regular client or community contact)?

What tools and resources can be created to help CBPOs quickly notify staff, volunteers, and clients of potential exposure?

- What support can be provided to ensure CBPO staff, volunteers, and clients can access needed care (e.g., testing, vaccination)?

Strategy 5: Adopt community-connectedness as the foundation of prevention.

What tools and resources can be created to help CBPOs promote and encourage a workplace culture of care for the "whole person?"

- What approaches to promoting workplace health are currently being used by CBPOs?

Given the impact of multiple crises on individual staff and overall organizational health, how can the current funding infrastructure be shifted for CBPOs to promote organizational health and resiliency?

- How are funders and technical assistance providers helping to facilitate co-learning among CBPOs and, where relevant, engaging CBPOs as trainers and expert consultants?

What needs to shift within funding infrastructures to allow for leave policies based in best practices?

- What tools and resources can be created to help CBPOs develop or improve existing leave policies?
- What the different leave policies are being used successfully by CBPOs?

How can the current funding infrastructure change to better support improved leave policies?

What tools and resources can be created to help CBPOs increase community-connectedness within the organization and promote care for all staff during times of crisis?

- What are the different approaches being used successfully by CBPOs?
- How are funders and technical assistance providers helping to facilitate co-learning among CBPOs and, where relevant, engaging CBPOs as trainers and expert consultants?

What needs to shift within the funding infrastructure to allow for regular professional/leadership development for CBPOs in the budget?

- How can funders and technical assistance providers facilitate professional/leadership development for CBPOs?

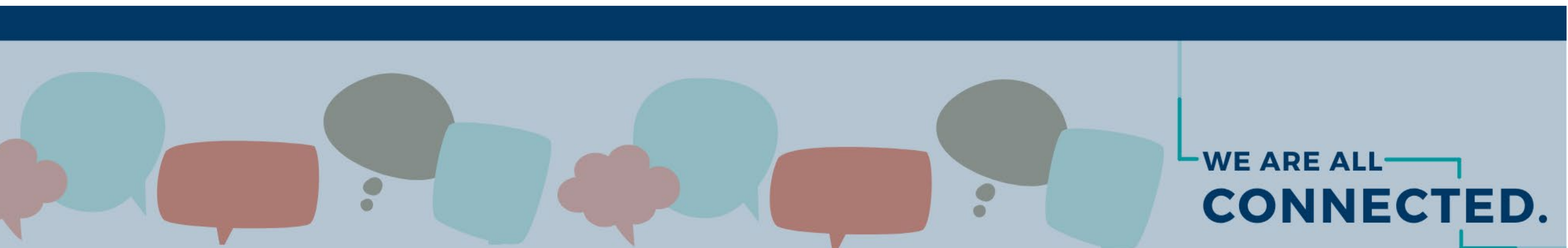
What are the different leadership styles and approaches being used successfully by CBPOs?

- How are these CBPOs being engaged as trainers and expert consultants for the professional/leadership development of others in the prevention community?

What tools and resources can be created to help CBPOs access and understand information about payroll protection grants and other resources?

- What tools and resources are needed by culturally specific organizations where English is not the first language?

How can funders and other state and county partners leverage their relationships with policy-makers and federal partners to advocate for a "payroll-protection during times of crisis" line item in the budget?



Tool 4: Sample of Immediate Adaptations for Prevention Work in Times of Crisis

Community Identified Strategies: Injury and Violence Prevention During Times of Compounding Crises highlights the necessity of community-based prevention organizations (CBPOs) during crises and simultaneously reveals that the *prevention* work that is done during crises is different that the traditional work of these organizations. The work looks different, the methods by which the work is done is different, and mission of the organization may shift temporarily or permanently to meet the emerging needs of the community. This outline provides immediate considerations that might need to be taken and some real-world examples of how organizations responded in a time of crisis. This is not an exhaustive list but aims to provide tips and ideas from CBPOs of *how* to do prevention work amid unknown, unforeseeable, and uncontrollable obstacles.

Be prepared to be flexible.

- Needs of staff and the community will shift during a crisis; Take some time to understand the changes that need to be made, then clearly articulate the changes in policies to your staff and community.
- Adaptations to consider include safety considerations, hours of operation, location of services, and services offered.
- While developing your “new” operations, communicate with funders about possible redirection of funds as increased flexibility in funding may be needed.
- The trauma of the crisis will impact everyone, understand its impacts on the community and staff and engage the community in strategies to address this trauma.

Expect changes in need, within the organization and within the community served.

- Internal to the organization:
    - Encourage staff to take care of themselves and their families to avoid burnout and increased burden. Explicitly find opportunities and create time for staff to participate in self-care. For example, provide a yoga class during work hours.
    - Increase understanding, respect, and empathy for staff needs, especially if there are school or business closures.
    - Staff with children may need to adjust schedules to allow for greater parenting responsibilities.

- There may not be a 1:1 virtual replacement for in-person services or activities; a shift in method, focus, and strategy may be necessary. For example, workshops on relationships may need to shift to include inter-generational relationships as families are now restricted to their homes all day.
- If all business shifts to virtual platforms, online security may need to be enhanced.
- Confidentiality will need to be assessed with new work methods. Google Docs can be used for anonymous feedback, Q&A, and requests; Confidentiality may not be able to be guaranteed and protocols should include checking with clients about their ability to speak transparently.

- In the community:
  - Communication and being a trusted resource to your community are key during these times.
  - Find ways to remind the community that you are still available as a resource; social media, signs, and alerting partners of your status can be effective methods.
  - Communities may need new resources and assistance depending on the impact of the crisis. For example, increasing knowledge of availability and how to access unemployment benefits; credible information about the crisis; basic needs such as toilet paper and food; and communication of policy changes such as executive orders are all things with which communities may need additional help.

Think creatively to find solutions.

- Internet access can be problematic: can clients or community access the office Wi-Fi from the parking lot?
- The community may not know you are available: communicate/advertise via social media, text lines or phone trees; radio spots and ads; portable toilets; other spaces that are now frequented.

Technology has two sides.

- Increased online meetings can broaden reach and allow for more engagement by eliminating travel time.
- Some communities may need to learn the technology before it can be used for prevention services.