

Welcome,
This Web Conference
Will Begin Soon



Closing the Loop: Increasing investment
and sustainability for sexual and
domestic violence prevention

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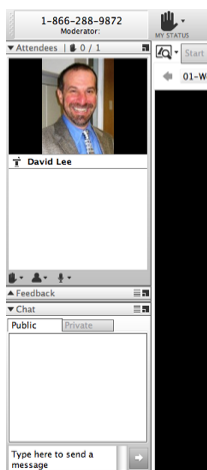


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How to Use This Technology



- Raise hand
- Text chat & private chat
- PowerPoint slides
- Polling questions
- Phone
- Closed captioning
- Web conference guidelines

Please send a private chat message for help.

Call iLinc Technical Support at 800.799.4510.

PreventConnect is a national project of the California Coalition Against Sexual Assault sponsored by U.S. Centers for Disease Control and Prevention. The views and information provided in this web conferences do not necessarily represent the official views of the U.S. government, CDC or CALCASA.



PreventConnect

- Domestic violence/intimate partner violence
- Sexual violence
- Violence across the lifespan
- Prevent before violence starts
- Connect to other forms of violence & oppression
- Connect to other prevention practitioners



Making Connections, Honoring Communities

February 26: Using Popular Education to Engage Communities in Sexual Violence Prevention

March 12: Supporting Community Culture as Norms Change Strategy for Preventing Sexual and Domestic Violence

March 26: The Role of Alcohol Policies to Prevent Intimate Partner Violence and Sexual Violence Perpetration

April 9: Men of Color and Community Trauma Prevention: What Do Sexual And Domestic Violence Efforts Offer to Support Well-Being?

May 7 & June 2: From Foundations to the Future: A Prevention Approach to Sexual and Domestic Violence

June 11: Linking with Child Focused Approaches when Preventing Sexual and Domestic Violence

July 9: Joint Strategies: How Does Sexual and Domestic Violence Better Leverage Local Health, Justice, Education, and Community Sectors?

August 13: **Closing the Loop: Increasing Investment and Sustainability for Sexual and domestic violence prevention.**



Closing the Loop: Increasing investment and sustainability for sexual and domestic violence prevention

August 13, 2015

11am-12:30pm PT; 2pm-3:30pm ET

Text Chat Question



Why did you join today's web conference? What do you hope to gain? What do you hope to contribute?

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Objectives

- Identify models for sustainable prevention funding
- Describe the key characteristics of a *Closing the Loop* approach.
- Share examples of successful efforts and tools to further refine their local work

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About the Facilitator



Lisa Fujie Parks, MPH
Program Manager
Prevention Institute

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About the Webtechs



Casey Castaldi
Prevention Institute

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About Our Guests



William Haar
Program Coordinator
Prevention Institute



Ted Miller,
Principal Research Scientist and Program Director
The Pacific Institute for Research and Evaluation,
Calverton, MD



Rows of Prevention Funding



Photo Source: montereycfb.com



A Trellis of Prevention Funding



Photo Credit:
http://cdn.shopify.com/s/files/1/0072/8382/files/TerraTrellis_modern_garden_modern_arbor_fountain_grande.jpg?466

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Please Answer the Polling Question

Is your organization's *primary* mission to save your funders or the taxpayer money?

Yes: My organization's *primary* mission is to save our funders or the taxpayer money

No: My organization's *primary* mission is not to save our funders or the taxpayer money

Answer on
the left

A screenshot of a feedback form. It has a title bar that says 'Feedback' with a dropdown arrow and a menu icon. Below the title bar are three radio button options: 'Yes' (with a green square), 'No' (with a red square), and 'No Answer' (with a blue square). To the right of these options is a large empty circle. The 'No Answer' option is selected.

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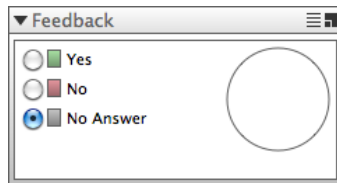
Please Answer the Polling Question

Do you believe a side benefit of your work is that you save society money in the long-term?

Yes: My organization ultimately saves money

No: My organization does not ultimately save money

Answer on
the left



A screenshot of a feedback form titled "Feedback". It contains three radio button options: "Yes" (with a green square), "No" (with a red square), and "No Answer" (with a blue square). The "No Answer" option is selected. To the right of the options is a large empty circle.

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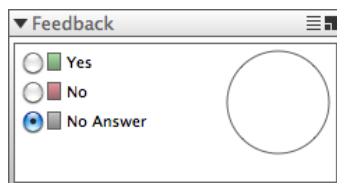
Please Answer the Polling Question

Do you feel that you are able to capture and reinvest the savings that you generate?

Yes: We are able to capture and reinvest the savings that we generate.

No: We are not yet able to capture or reinvest the savings that we generate.

Answer on
the left



A screenshot of a feedback form titled "Feedback". It contains three radio button options: "Yes" (with a green square), "No" (with a red square), and "No Answer" (with a blue square). The "No Answer" option is selected. To the right of the options is a large empty circle.

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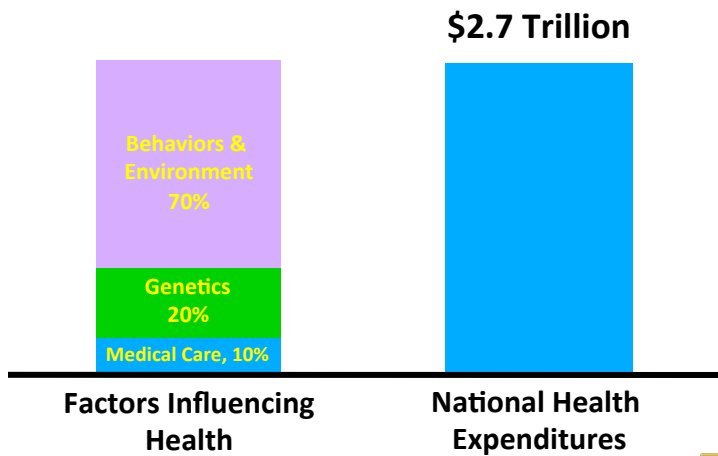
Systemic Failure of Investing in Health



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Current Health Care Spending

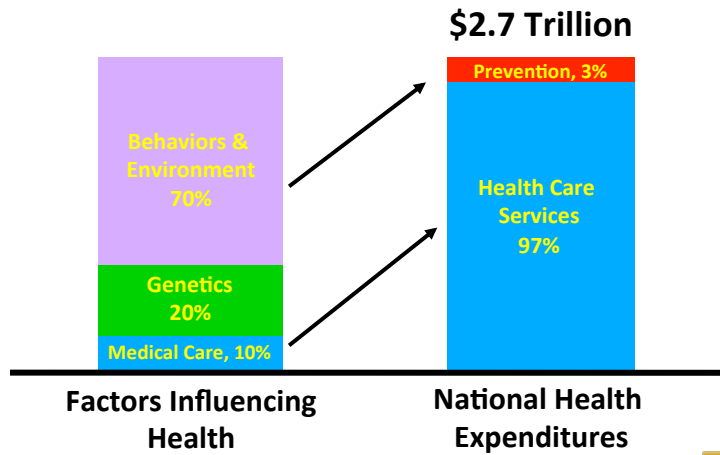


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References: Bipartisan Policy Center. "Lots to Lose: How America's Health and Obesity Crisis Threatens our Economic Future." June 2012

Current Health Care Spending



References: Bipartisan Policy Center. "Lots to Lose: How America's Health and Obesity Crisis Threatens our Economic Future." June 2012

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Prison vs. Schools Spending



- In 2011 California spent **\$9.6 billion** on prisons but just **\$5.7 billion** on higher education.

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<http://tchenews.calendow.org/blog/do-the-math-schools-vs-prisons>



Photo Credit: Daniel Bernstein

“ You can do more than bail out these medical disasters after they have occurred... go upstream from medical care to forge instruments of social change that will prevent such disasters from occurring in the first place.”

- Jack Geiger, MD

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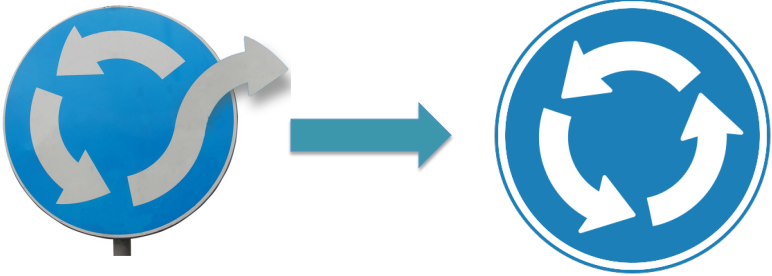
Why Do We Do This Work?



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Systemic Failure of Investing in Health



The diagram illustrates a systemic failure in investing in health. On the left, a blue circular icon with three grey arrows forming a loop is shown with a grey arrow pointing outwards, representing an open loop where resources are lost. A teal arrow points to the right, where a similar blue circular icon with three white arrows forming a closed loop is shown, representing a closed loop where resources are reinvested.

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Closing the Loop

Discussion Paper

Closing the Loop: Why We Need to Invest—and Reinvest—in Prevention
Larry Cohen and Anthony Ron*

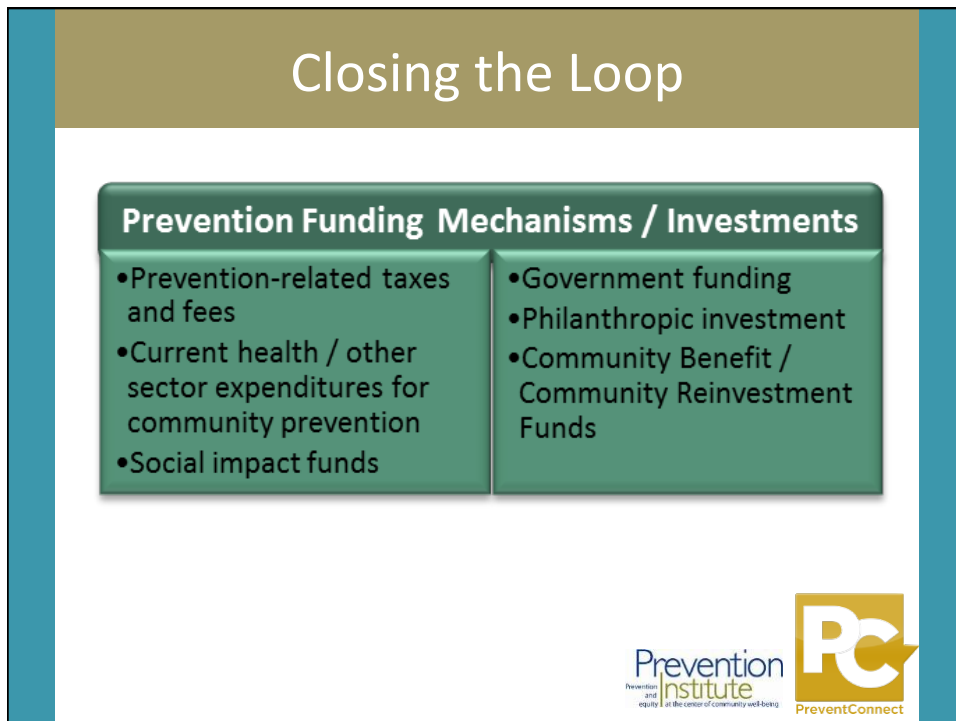
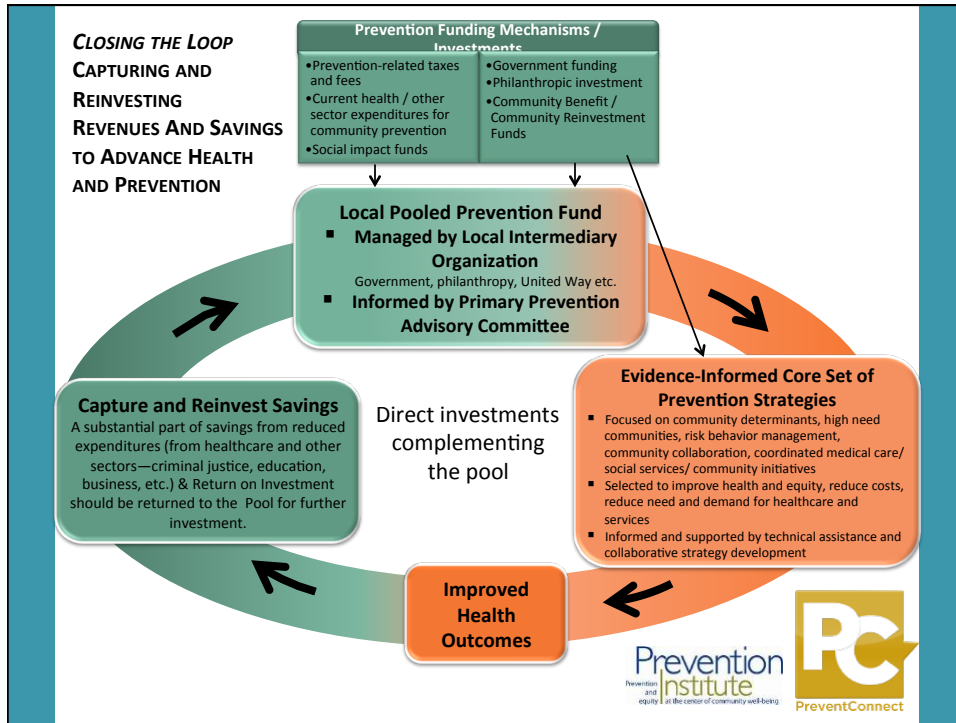
August 15, 2014

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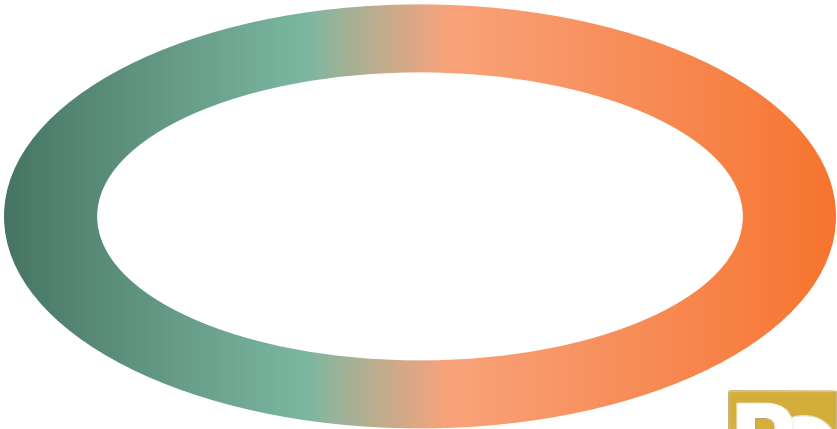
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Source: National Academy of Sciences




**CLOSING THE LOOP
CAPTURING AND
REINVESTING
REVENUES AND SAVINGS
TO ADVANCE HEALTH
AND PREVENTION**

Prevention Funding Mechanisms / Investments	
<ul style="list-style-type: none">• Prevention-related taxes and fees• Current health / other sector expenditures for community prevention• Social impact funds	<ul style="list-style-type: none">• Government funding• Philanthropic investment• Community Benefit / Community Reinvestment Funds



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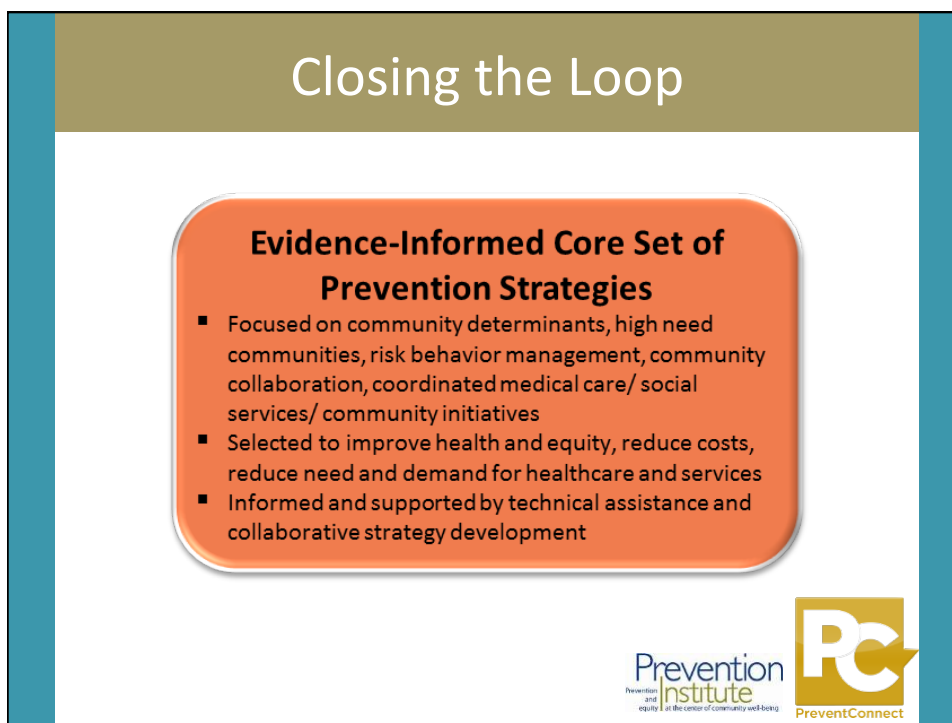
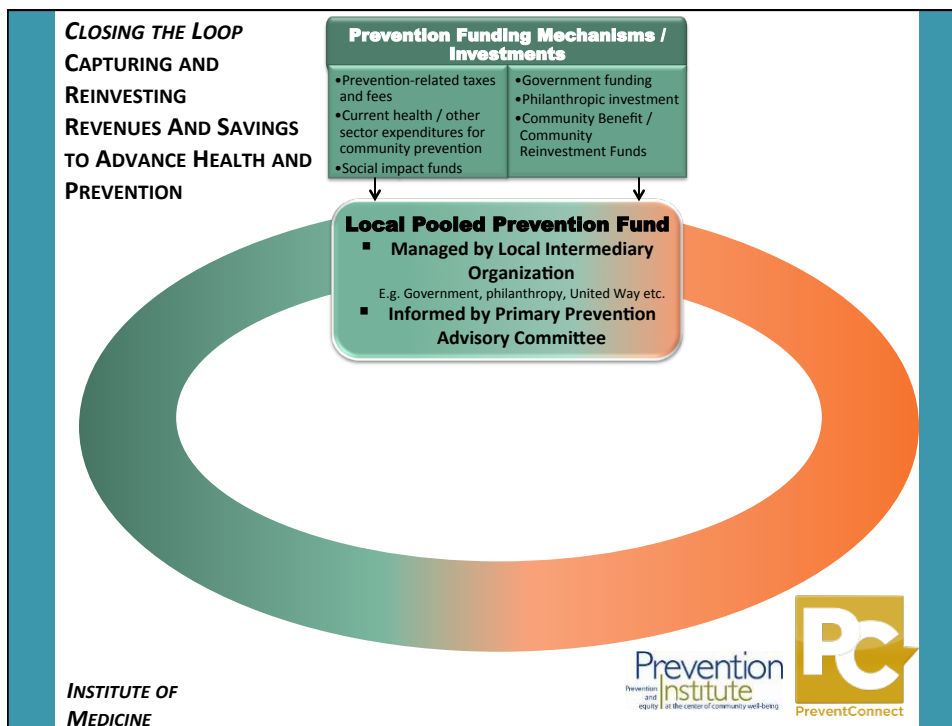
Closing the Loop

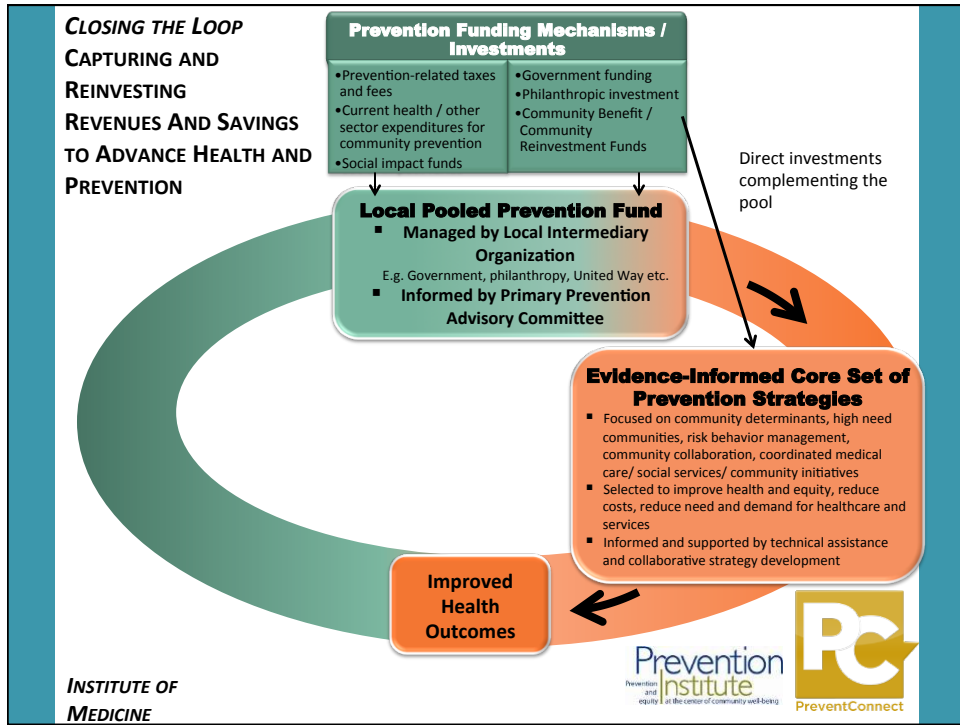
Local Pooled Prevention Fund

- **Managed by Local Intermediary Organization**
Government, philanthropy, United Way etc.
- **Informed by Primary Prevention Advisory Committee**

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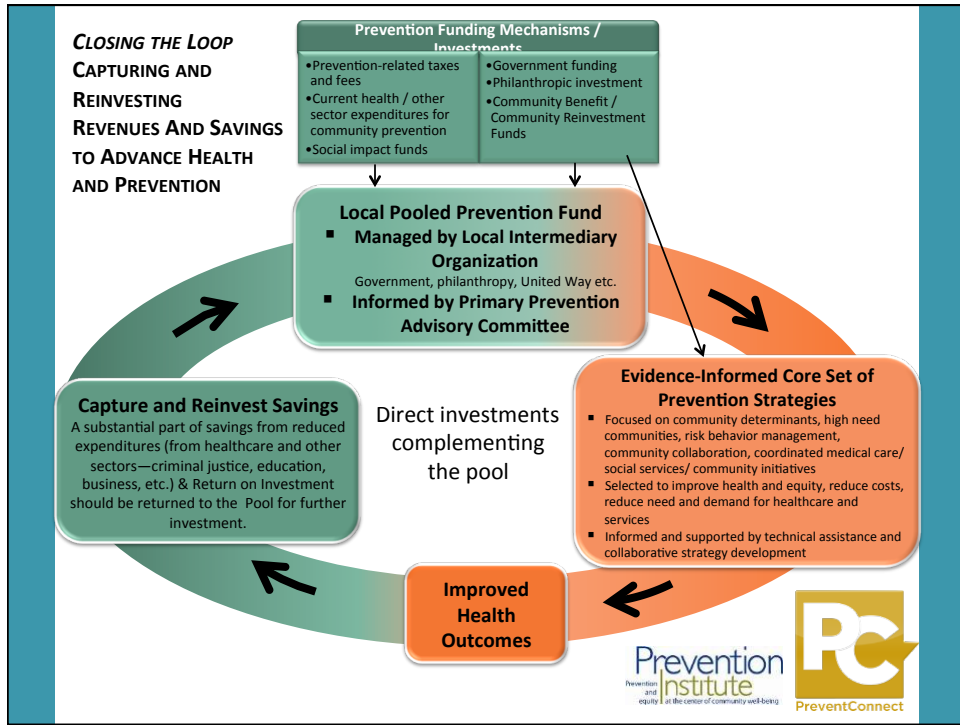


Closing the Loop

Capture and Reinvest Savings

A substantial part of savings from reduced expenditures (from healthcare and other sectors—criminal justice, education, business, etc.) & Return on Investment should be returned to the Pool for further investment.

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We're Still Looking...



Photo Credit: theholyshrine.wordpress.com

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Prevention Works

- There is a history of innovation and building public support to fund prevention
 - Tobacco Taxes
 - Active Transportation Program
 - Kids' Plates
 - Sugary Drink Taxes
 - CA Mental Health Services Act (Prop. 63)
 - Prevention and Wellness Trusts



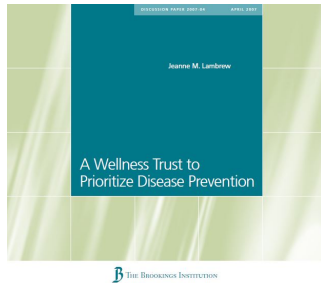
Tobacco Control Program



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From Theory to Reality: Prevention and Wellness Trusts

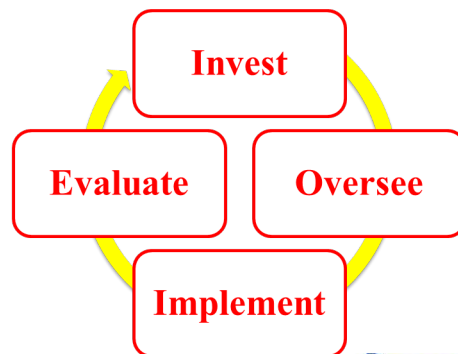


- In 2007, The Brookings Institution published an influential brief proposing a national wellness trust
- In 2012, Massachusetts established the first Prevention and Wellness Trust in the nation
- Similar efforts in North Carolina, Minnesota, California



From Theory to Reality: Prevention and Wellness Trusts

- A pool of revenue that is raised and set aside as part of a health improvement and cost-containment strategy to fund wellness and community prevention interventions



About Our Guest



Ted Miller,
Principal Research Scientist and Program Director
The Pacific Institute for Research and Evaluation,
Calverton, MD
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Why Injury Costs? Single Compact Metric

- Problem size & risk assessment
- Priority setting & resource allocation
- Performance comparison
- Program evaluation
- Communication for education and advocacy

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To Estimate Costs

- Number of incidents
- Cost per incident
- Multiply those together
- Make the magnitude of the costs understandable

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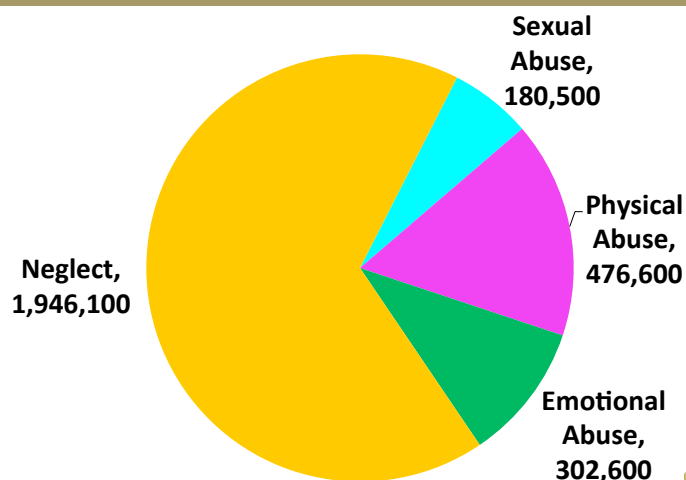


3 Categories of Crime

- Rape & sexual assault including unwanted touching and child sex abuse
- Other child maltreatment
- Other adult-on-adult domestic violence



2.95M Child Maltreatment Cases: NSCAN



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Counting Incidents is Very Challenging

- Definitions & methods too restrictive or too inclusive
- Past-year domestic assault in NISVS is double total assaults in NCVS & 12 times the NCVS domestic assault count :: different recall periods favor NISVS undercounting
- YRBS, BRFSS don't even try to capture all incidents
- National Incidence Survey on CAN assumes all incidents are detected somewhere in the system

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4,430,000 Rapes & Sexual Assaults

- NIPSVS female rape
- NCVS victimizations/victim & ratio M to F rape
- Sexual assaults/rape –Finkelhor (2009)
- National Survey of Children’s Exposure to Violence
- NSCAN
- Prison & Jail Surveys

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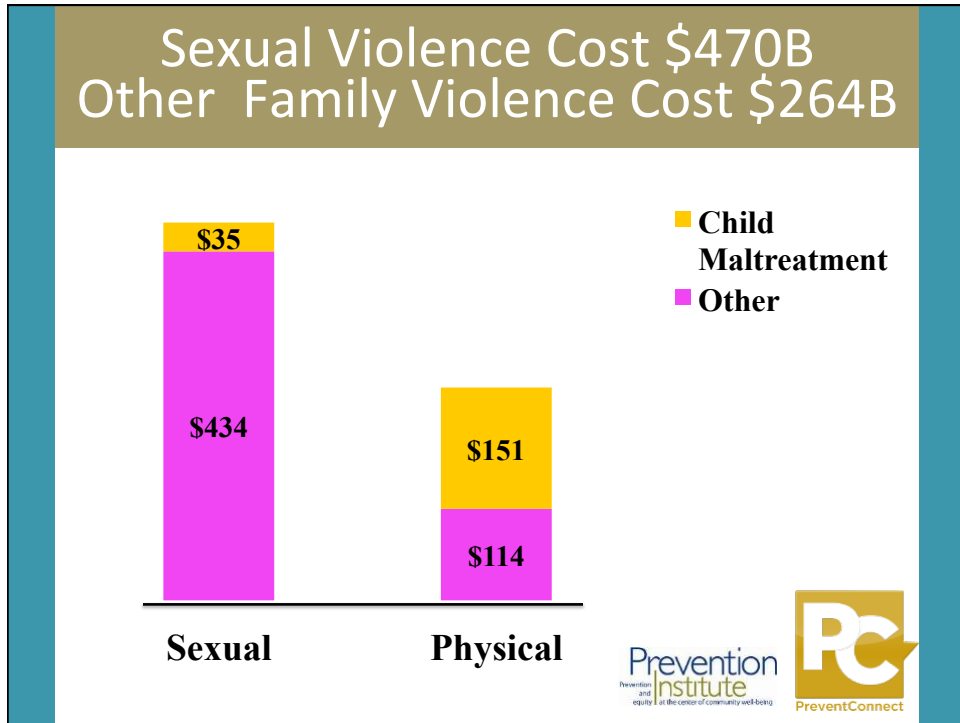


5,430,000 Adult Domestic Physical Assaults

- NISVS with severe physical violence

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- ### Victim/Family Costs
- Medical
 - Mental Health
 - Lost Work
 - Lost Quality of Life
 - Victim Assistance
 - STDs
 - Pregnancy
 - Alcohol Abuse/Dependence
 - Drug Abuse
 - Smoking
 - Suicide Acts
- 

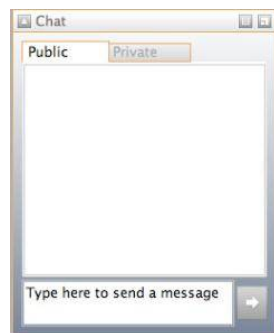

Other Public Costs

- Police
- CPS/Foster Care
- Adjudication
- Sanctioning
- Perpetrator Treatment
- Community Notification
- Fear & protection (e.g., alarms, mace) -- not costed
- Perpetrator earnings loss while confined

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Text Chat Question



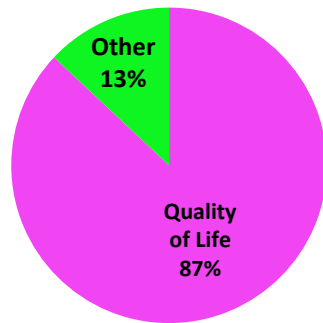
Which victim/
family cost do you
think is biggest
cost?

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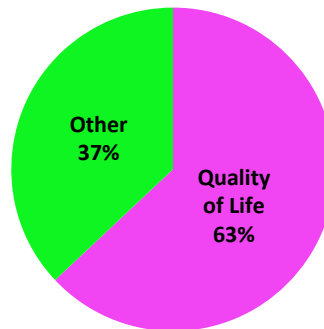


Quality of Life Is the Biggest Cost

Sexual



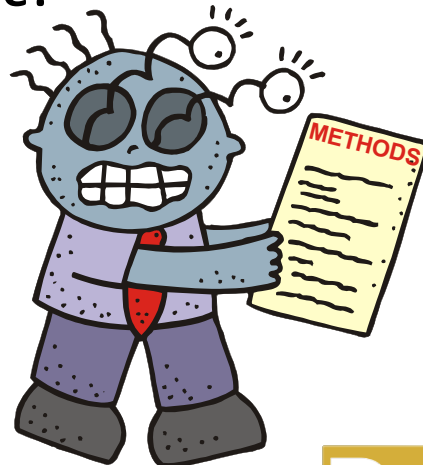
Physical



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How Do We Measure Lost Quality of Life?



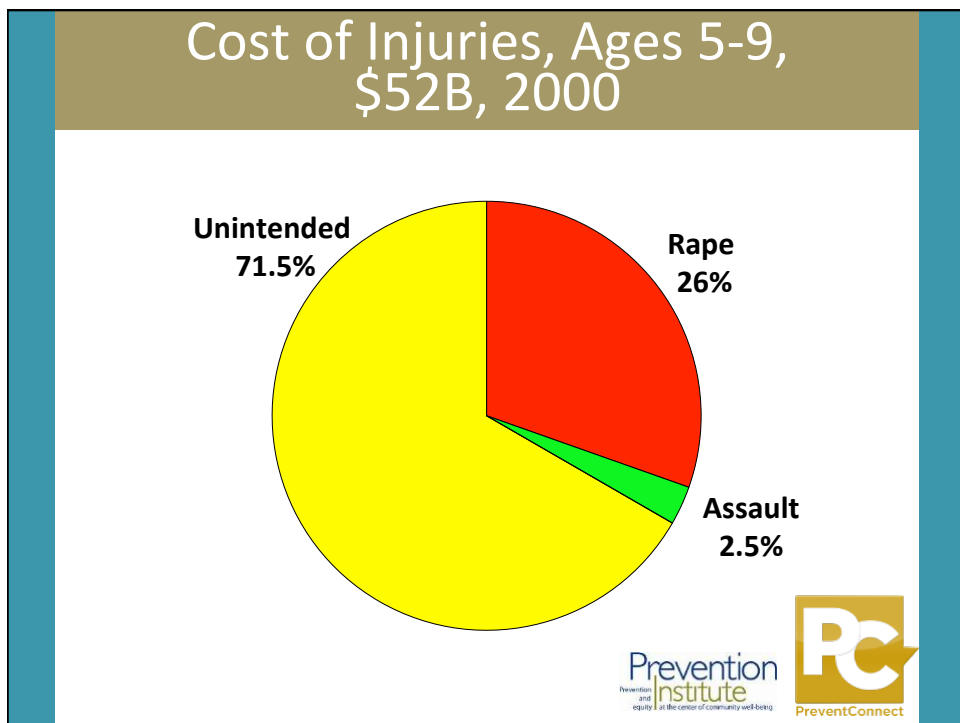
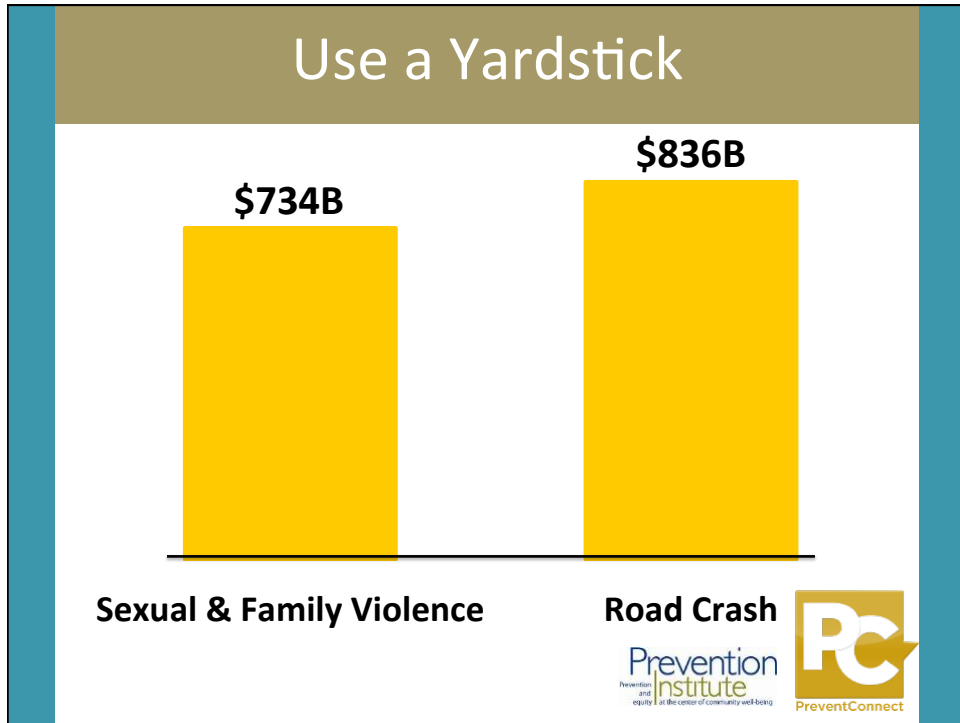
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- Analyze jury awards for pain & suffering of crime victims
- Suits vs 3rd parties (poorly lit parking lots, hotels with security problems, bars serving intoxicated patrons)
- Exclude punitive damages
- Other unit costs from published sources, National Crime Victimization Survey, health care data

How Can we Make \$734 Billion Comprehensible?





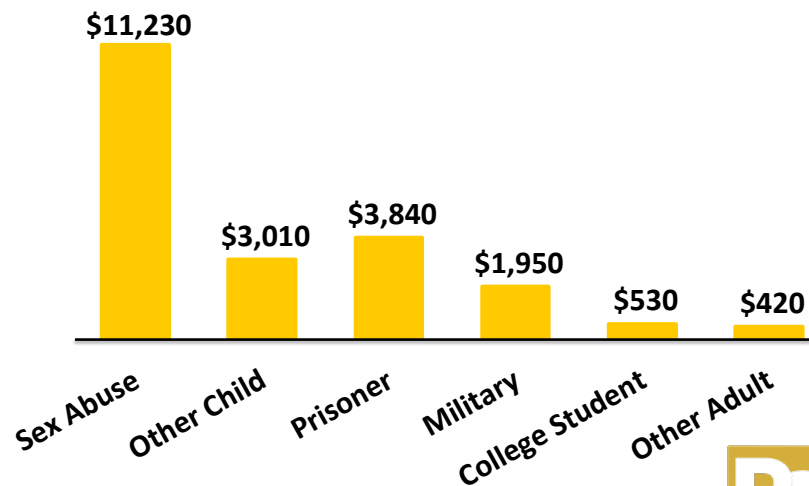
Divide by a Sensible Exposure Measure

- In 2010, sexual violence cost \$1,520 per US resident
- Other child maltreatment cost \$2,035 per child (\$2,510 including child sexual abuse)
- IPV cost \$485 per adult

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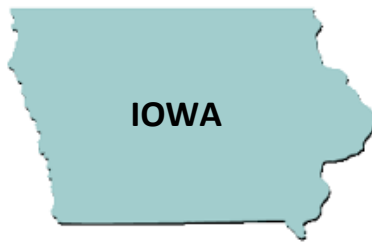
Government Spending per Victim



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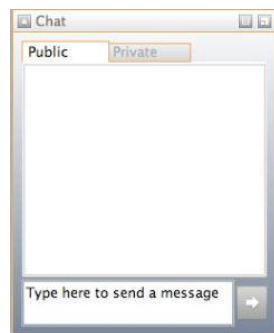
How Have Cost Studies Been Used?



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Text Chat Question



What other tools and efforts have helped to increase investment and sustainability for S/DV prevention?

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62