

May 2017

Rape Prevention Education Program

Recommendations and Action Plan



Prepared For
**Alaska Department of
Health and Social Services**
Division of Public Health

Prepared by


**McDowell
GROUP**

Rape Prevention Education Program Recommendations and Action Plan

Prepared for:

**Alaska Department of Health and Social Services
Division of Public Health**

Prepared by:



McDowell Group Anchorage Office

1400 W. Benson Blvd., Suite 510
Anchorage, Alaska 99503

McDowell Group Juneau Office

9360 Glacier Highway, Suite 201
Juneau, Alaska 99801

Website: www.mcdowellgroup.net

May 2017

Purpose

The Rape Prevention Education (RPE) Program has relied on the Council on Domestic Violence and Sexual Assault's *Alaska Dashboard* for reporting statewide sexual-assault and domestic-violence indicators. This report describes recommendations to build on this foundation, with an emphasis on protective/preventive factors.

Recommendations Selection

The overarching goal of these action steps is to increase coordination of Alaska sexual-violence-prevention efforts by creating, disseminating, and promoting a comprehensive set of statewide prevention and protective-factor indicators. The action plan is based on recommendations identified in the RPE Program Capacity Assessment. It also represents discussions with Rape Prevention Education Program staff and feedback on the capacity assessment from other organizations and partners active in rape prevention and victim services. In addition, the recommendations are intended to:

- Be feasible to implement between June 1, 2017 and January 31, 2019 using current RPE staff and contracted evaluators.
- Fall within the funding scope of the RPE Evaluation Supplemental funds.

Structure

The *RPE Supplement Recommendations Template* provided to grantees and the *Community Toolbox* action plan examples guided the format of the recommendations and action steps. This document summarizes the recommendations and action steps in tabular format. Recommendations are presented in five areas (yellow lines):

1. Data System
2. Staff and Consultants
3. Partnerships
4. Access and Integration of Data
5. Leadership

Within each of these areas, recommendations are listed along with the community change desired and key collaborating organizations. This information, highlighted in teal, is followed by action steps to implement each recommendation and associated information that includes:

- **Who:** The entity responsible for the action step.
- **Timeframe:** The estimated timeline for completing the task.

- **Resources, Support, and Factors for Success:** Potential resources and supports needed to complete the recommendation as well as factors for success that may be beyond the control of the staff, but will impact the ability to complete the recommendation.

Abbreviations

AASB	Alaska Association of School Boards
ANDVSA	Alaska Network of Domestic Violence and Sexual Assault
CDC	Centers for Disease Control and Prevention
CDVSA	Alaska Council of Domestic Violence and Sexual Assault
CDPHP	Chronic Disease Prevention and Health Promotion
DV	Domestic Violence
EED	Education and Early Development
HA2020	Healthy Alaskans 2020
MG	McDowell Group
RPE	Rape Prevention Education
SV	Sexual Violence
UAA	University of Alaska Anchorage

Recommendations and Action Steps

Recommendations and Action Steps	Who	Timeframe	Resources, Supports, and/or Factors for Success
Data System			
Recommendation	Create a master list of protective-factor indicators currently being used by Alaska programs and promising indicators for which data is currently available.		
Community Change	Better tracking of protective factors associated with sexual violence		
Collaborating Organizations	RPE, CDVSA, ANDVSA, CDPHP, UAA		
Review national literature.	MG	May/June 2017	<ul style="list-style-type: none"> This will expand on existing indicators, which focus more heavily on sexual violence event reporting. National literature indicates challenges with identifying protective factors for SV. The list will support and encourage new or modified theories of change, with long-term plans to create a comprehensive, evidence-informed protective factor knowledge base.
Establish criteria to select draft indicator list.	MG	May/June 2017	
Draft list of potential statewide indicators, including those relevant to vulnerable populations	MG	May/June 2017	
Identify if they relate to Alaska RPE prevention programs.	MG, UAA, ANDVSA	May/June 2017	
Identify indicators if they fall into CDC STOP SV Prevention Strategy Guidance.	MG	May/June 2017	
Review draft key indicators with CDVSA & ANDVSA to finalize to identify related indicators to other statewide prevention programs.	MG, RPE	July/August 2017	
Recommendation	Establish a standardized directory/policy sheet of SV and SV-prevention terminology.		
Community Change	More effective communications and planning across programs and agencies		
Collaborating Organizations	RPE, CDVSA		
Review national definitions.	MG	August 2017	<ul style="list-style-type: none"> Shared definitions will help frame early and primary prevention strategies within sexual violence programs. National SV terminology tends to focus on the various types of sexual violence and nuances that distinguish them. Amplifying use of protective-factor terminology in Alaska will support broad use of protective factor dashboards. Target populations for expanded terminology include SV program managers; other social service stakeholders, especially those that serve youth; medical and law enforcement personnel, and policy leaders, within the context of Alaska.
Draft policy sheet, description of sexual violence prevention, and review with RPE.	MG	August 2017	
Distribute policy sheet for comment and revise as needed.	RPE, MG	September 2017	
Develop a graphicly designed 1-2 page summary.	MG	October 2017	
Finalize and distribute the policy sheet.	MG	November 2017	

Staff and Consultants			
Recommendation	Develop a dashboard that focuses on prevention/protective factors.		
Community Change	Improved visibility and expanded use of key prevention/protective indicators		
Collaborating Organizations	RPE, CDVSA, ANDVSA, CDPHP, AASB		
Draw on the list of protective factors identified in the data-system recommendation.	MG, RPE	August 2017	
Focus on indicators that could help identify promising strategies in the future.	MG, RPE	September 2017	<ul style="list-style-type: none"> Funds are not available to collect regional data for planning, and statewide SV rates vary. Assembling the data will require data sharing and support by key organizations such as the AASD, CDPHP, and potentially new partners to be identified. The HA2020 indicators is an ongoing quality improvement project that will likely evolve over time. Updates to HA2020 are not currently funded, but the indicators have been prioritized throughout the Alaska Department of Public Health as a focus for improvement in Alaskans' health.
Hold a stakeholder webinar to review proposed prevention factors/dashboard	RPE, CDVSA, ANDVSA, CDPHP, AASB	November 2017	
Coordinate key indicators with CDVSA dashboard, Healthy Alaskans 2020, and Alaska's Preventive Health and Health Service Block Grant.	MG, RPE, CDVSA, CDPHP	January 2018	
Describe the rationale for the dashboard choices in a brief white-paper and circulate to staff and consultants working in Alaska SV/DV.	MG, RPE	March 2018	
Collect data and create Prevention/Protective-Factors dashboard.	MG, RPE	September 2018	
Partnerships			
Recommendation	Support implementation of the Safe Children's Act and establish a baseline to monitor changes because of the Act.		
Community Change	Evidence that statewide policy on education and curriculum on sexual violence and safe-dating reduces sexual violence events		
Collaborating Organizations	EED, RPE, CDVSA, AASB, CDPHP		
Participate in EED planning and other efforts associated with implementation of the Safe Children's Act.	RPE	Ongoing through January 2019	<ul style="list-style-type: none"> The Alaska Safe Children's Act is an unfunded mandate requiring schools to implement curriculum on sexual abuse prevention and safe dating behaviors starting July 1, 2017. School districts are implementing a range of curriculum with differing content, which makes outcomes challenging to track. Implementation of the Act is expected to reduce sexual violence over the long-term, but a statewide database of the types of curriculum implemented does not exist. Establishing a list of statewide indicators to evaluate this policy is challenging and not necessarily the goals of these RPE Supplemental funds, but nevertheless has implications for the Alaska RPE program.
Identify Indicators within the master list as potentials for measuring change with the Alaska Safe Children's Act.	RPE, MG, EED, CDVSA, AASB, CDPHP	August 2017	

Access and Integration of Data		
Recommendation	Disseminate the dashboard and provide direction on how to use it.	
Community Change	More effective strategies and fundraising for SV/DV efforts	
Collaborating Organizations	RPE, CDVSA, ANDVSA	
Among the indicators identified in the master list that are relevant to vulnerable populations, prioritize a few to analyze and create Alaska-specific data for vulnerable populations and sexual violence.	RPE, MG	October 2018
Create a short-summary table of current year data for SV/DV indicators for vulnerable populations.	RPE, MG	November 2018
Hold a webinar to review the vulnerable-population data analysis with key stakeholders	RPE, MG	November 2018
Develop two 1-2 page graphic summaries with infographics.	MG	November 2018
Hold a stakeholder meeting to disseminate the dashboard and accompanying rationale. Discuss the implications of preventive/protective indicators for strategy development and fundraising.	RPE, MG	November 2018
Based on the stakeholder meeting, develop next steps to encourage broader use of indicators.	Stakeholder Committee	December 2018
Document next steps for the dashboard beyond the RPE Supplemental funding.	RPE	January 2019

- There is broad recognition of the potential benefits of making vulnerable populations, for example homeless youth, an organizing factor for data and stakeholder processes. However, a great deal of capacity-building needs to occur across the state on this issue. This is a beginning step.
- Resources are not in place beyond the RPE Evaluation Supplemental funding to continue to build on the data infrastructure, dashboard and other capacity building efforts.
- Target populations for the dashboard include SV program managers; other social service stakeholders, especially those that serve youth; medical and law enforcement personnel, and policy leaders, within the context of Alaska.

Leadership		
Recommendation:	Establish a basis for future data-driven strategic planning and evaluation processes.	
Community Change	Prevention efforts and resources are targeted to the most appropriate populations and support development of evidence-informed programmatic efforts	
Collaborating Organizations	RPE, CDVSA, ANDVSA, CDPHP, Coalitions, Tribal Organizations	
Enhance collaboration on primary prevention with wellness coalitions and tribal organizations.	RPE	October 2018 to January 2019
Provide Alaska’s lessons learned from the RPE Supplemental Evaluation funds to the CDC to inform future state and national sexual violence evaluation efforts.	RPE, MG	October 2018 to January 2019
Review work in other states as part of the RPE Supplemental Evaluation funds and identify key pieces that may work for Alaska’s RPE program.	RPE, MG	October 2018 to January 2019
Create documents summarizing evaluation and data enhancement initiatives completed as part of Alaska’s RPE Program.	RPE, MG	November 2018
Identify priorities for the Alaska RPE Program’s future development using data collected as part of this effort.	RPE, MG	October 2018 to January 2019

- Relationship building takes time, especially when it is based on data and evaluation. Key people within the wellness coalitions and tribal organizations may not immediately see the connections between their work and sexual violence prevention.
- Some of the sharing among states may occur during grantee meetings, phone calls, and other meetings before the estimated timeframe.
- There is an understanding of the complexity of sexual violence indicators and the challenges to documenting direct links between prevention efforts and outcomes. While this effort aims to fill these gaps and potentially create some evidence-informed data reports, limitations will remain because of Alaska’s small population and the complexity of sexual violence prevention.



Alaska Department of
Health and Social Services
Division of Public Health