



WHITE PAPER

From Research to Practice: Developing cross-state strategies based on evidence

**Region 7 & 8 RPE Cross-State Meeting
January 22 – 23, 2015**

Overview

This document details the process of planning and implementing a research-to-practice in-person meeting model. The primary purposes of detailing such a process are to emphasize the value and importance of collaboration between researchers and practitioners and to provide a model for future training for RPE/public health practitioners.

Purpose of the process

The intended outcomes of the research-to-practice meeting model are as follows:

- Creation of an open and safe environment for meaningful collaboration between researchers and practitioners
- Development of an understanding of prevention strategies that have demonstrated effectiveness or show promise based on research, especially at the higher levels of social ecology
- A plan to develop one or two community/organizational/societal and/or policy level primary sexual violence prevention cross-state strategies for pilot implementation in Years 3 - 5 of the current RPE project period
- A plan and timeline for future in-person or web-based meetings to continue building of skills, planning and implementation of cross-state strategies

Context of the process

Conception of the Idea

Work to prevent sexual violence has come a long way since the passage of the Violence Against Women Act (VAWA) in 1994, which established the Rape Prevention and Education (RPE) grant program at the Centers for Disease Control and Prevention (CDC). Under guidance from the CDC, momentum shifted from interventions directed at victims and victim services toward primary prevention strategies using the public health approach. More recently, there has been additional momentum to look toward primary prevention strategies at the community and societal levels to change the context in which sexual violence occurs and impact more population change. To date, however, the majority of current state-led initiatives still primarily focus on the lower tiers of the social ecological model. To carry forth this momentum to actual practice, RPE has worked to place a greater emphasis on state level evaluation capacity, community change strategies and use of the public health model. One important limitation to the implementation of community-level interventions is the lack of information on current effective upper level primary sexual violence strategies (and a forum to discuss these issues).

Impact of Regional Network

State health department program directors for the RPE Program (RPE Directors) have organized themselves into regions for purposes of networking, offering and receiving peer assistance and mentoring and enhanced learning opportunities. The states that are part of federal HHS

regions 7 & 8 have held bi-monthly meetings via conference calls for at least 5 years and have a strong network established. Previously, members of Region 7 had planned and implemented a regional prevention conference that brought together national speakers in the field. They gathered local preventionists from communities supported by the RPE grant programs in Kansas, Iowa, Missouri and Nebraska. The region has now expanded to include states in federal region 8, which are Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming.

During late summer and fall of 2014, several RPE Directors in the region discussed the possibility of putting together a research-to-practice forum that would allow them to meet directly with researchers to help them explore potential “new” strategies that could be implemented across several states. When all of the states received a third allotment of funding from the CDC in fall 2014, they decided to dedicate some of their funds for this event. Between October 2014 and January 18, 2015, a smaller group of RPE directors volunteered to serve on the planning committee and helped guide the effort, with input from all of the RPE Directors who chose to participate.

Selection of Location

Atlanta, Georgia was deliberately chosen as the location site to make the cross-state meeting convenient for the invited researchers to attend, as many of them worked at the CDC or were from the East coast. Representatives from the CDC National Center for Injury Prevention & Control (NCIPC) and the RPE Grant Program were also invited to observe this model of research-to-practice training. Additionally, the group needed an organization located in Atlanta to serve as the fiscal agent and logistics coordinator, so the cross state planning committee chose to work with the Safe States Alliance, a national non-profit professional association working to strengthen the practice of injury and violence prevention that is headquartered in Atlanta.

Selection of Partners and Researchers

Safe States Alliance (Safe States) served as the fiscal agent for funds that each state contributed for meeting sponsorship and logistics planning, researcher expenses and administrative support. Safe States has had a strong relationship with the CDC/NCIPC related to the Core Violence and Injury Prevention Program and is recognized for its role as a meeting convener and network partner for a number of injury prevention initiatives. Their staff also offered expertise to assist with facilitation of the focused conversations the group wanted to have at the end of the two-day meeting.

A total of nine researchers were selected for their expertise in the field of sexual violence prevention or related fields. Researchers in such related fields as alcohol prevention, bullying and dating violence prevention, and HIV/STD prevention were brought together to examine shared risk and protective factors and to link prevention strategies that would target multiple forms of violence. The planning team held conference calls with each researcher prior to final

selection to review the meeting expectations, discuss potential topics and determine a final “fit” for meeting participation.

Dorothy Espelage, PhD, presented on "The connection between sexual harassment, bullying, dating violence, delinquency, family conflict and sibling aggression; expanding K-12 prevention approaches to the upper levels of the SEM." Her research has examined the role bullying plays in the sexual perpetration pathway. She was selected because her robust research impacts many shared risk and protective factors among various forms of violence including sexual violence.

Victoria Banyard, PhD, and Laura Salazar, PhD, presented on "Bystander research and lessons from the HIV/STD field." As bystander intervention has become a key strategy in sexual violence prevention, Dr. Banyard and Dr. Salazar were invited to deconstruct how bystander intervention can best be operationalized and integrated into a primary prevention approach.

Michael Haines, MS, presented on "Sexual violence social norms change and lessons learned from both environmental change strategies and social norms change in alcohol prevention." As a social norms expert, Mr. Haines has successfully implemented social norms change in the field of college binge drinking and teen dating violence in Colorado. Social norms is a highly promising area of intervention for sexual violence prevention; thus, inviting Mr. Haines was a strategic move to learn more about the application of social norms to violence prevention work.

Emily Rothman, PhD, presented on "Pornography use and the brain and using pornography research to develop sexual violence prevention strategies." As a prior CDC Empowerment Evaluator, Dr. Rothman has had much experience with RPE and has done significant research on pornography and its links to sexual violence.

Andra Tharp, PhD, presented on "Risk and protective factors for sexual violence victimization and perpetration and how to address public health sexual violence at the community level." Dr. Tharp is a CDC researcher who has done a lot of work around shared risk and protective factors as well as community/societal strategy for other violence fields.

Sarah DeGue, PhD, presented on "Moving toward use of community-level strategies for sexual violence prevention." Dr. DeGue is a researcher at the CDC who has looked at the connection between alcohol density/alcohol policy and sexual violence.

Mikel Walters, PhD, facilitated an informal discussion on the National Intimate Partner and Sexual Violence Survey (NISVS). Dr. Walters is a Behavioral Scientist for the CDC and serves as the lead scientist for the NISVS. As data should be used to inform decisions made by practitioners, Dr. Walters was invited to provide information about NISVS and to provide the opportunity for RPE Directors to give direct feedback on how NISVS data is used to inform programs and identify existing gaps/needs surrounding current surveillance data.

Natalie Wilkins, PhD, and Marci Hertz, MSED, facilitated a discussion on *Connecting the Dots* and their research in linking prevention strategies between multiple forms of violence.

They were invited to discuss future directions in the *Connecting the Dots* research as their work would be relevant as planning for cross state strategies continued.

Preparation for the meeting

To facilitate productive and insightful discussions and to prepare for the brainstorm session at the end of the second day, the planning committee sent participants a list of assigned pre-reading recommended by the presenting researchers. These articles provided background on topics to be presented at the meeting. The assigned articles were shared with all participants through use of the Google Drive platform. The Google Drive also contained a document where each state described their current RPE Program. In addition, each participant was given a binder containing a detailed schedule for the two-day event, an extensive "Discussion Guide for Participants" which included suggested notes to take and possible prompts for discussion, and background and contact information on all participants and researchers. A sample of the "Discussion Guide for Participants" document is included in Appendix A.

Format of the research-to-practice in-person meeting

The format of research-to-practice in-person initiative was chosen as it would provide an opportunity to have researchers in the room with practitioners to discuss their findings on sexual violence prevention and to answer practitioners' questions related to clarifying their findings. It would also provide an opportunity for researchers to hear from practitioners on the successes and challenges associated with the implementation of primary prevention programs. Specifically, the meeting was formatted so that each researcher spent one to one and a half hours presenting on their area of expertise, followed by 30-60 minutes of discussion. On the afternoon of the second day, Safe States Alliance staff used Technology of Facilitation (TOP) model to facilitate conversation about the information discussed. The purpose of this was to develop a list of priority actions the group could take to move forward with the objectives of the meeting and a plan to implement strategies. A copy of the meeting agenda is included in Appendix B.

Creation of a Climate of Safety

Part of the criteria for a successful event was the expectation that the meeting would be a space conducive to learning and open interaction between participants. This goal was addressed by these deliberate plans:

- Keeping number of registrants at a level conducive to full participation and discussion
- Keeping registrants limited to state health department representatives/CDC RPE grantees who oversee the state RPE grant
- Requesting that each state, to the extent possible, contribute to sponsorship of the meeting (i.e. having some *skin in the game*)
- Holding a series of conference calls with participants to engage them in decision-making around the event

- Establishing an online site to post pre-meeting materials/articles for review before the meeting
- Planning a schedule that included time for relaxed social interaction among participants
- Developing a “manual” for each participant that would facilitate reflection and discussion with each researcher

Following the meeting, through an anonymous survey, participants were asked to evaluate their experience regarding the “climate of safety” that was established. All ten respondents felt that the RPE Cross State Initiative meeting provided a safe climate for open discussions and were comfortable sharing their thoughts and opinions, with the majority (7/10) very comfortable with sharing. The following components were cited as contributing to a climate of safety:

- Physical environment
 - Location
 - Assistance from Safe States staff
 - Circular seating arrangement conducive to group dialogue
- Social environment
 - Small number of people involved with shared goals and expectations but still open to exploring new ideas
 - As RPE Directors from region 7 and 8, most participants were already familiar with one another through regional calls, annual meetings and other work-related activities
 - Designed and organized by RPE Directors for fellow RPE Directors
 - Participants were provided preparatory reading prior to the meeting to encourage active engagement
 - Abundant opportunities for discussion
 - Researchers willingness to fully participate

Role of the Planning Committee

The following personnel were involved in the planning and execution of the research-to-practice RPE Cross State Initiative meeting. Each person volunteered to take on specific tasks throughout the planning phase to keep the project moving forward.

- Jessica Grzywacz - RPE Director, Michigan Dept of Public Health
- Laurie Hart - RPE Director, Kansas Dept of Health & Environment
- Tomei Kuehl - RPE Director, Colorado Dept of Health & Environment
- Binnie LeHew - RPE Director, Iowa Dept of Public Health
- Amber Williams, Safe States Alliance
- Michelle Wynn, Safe States Alliance

The table below illustrates the major activities and time involved in the planning of the meeting.

ACTIVITY	TIME
Planning Committee Calls	October - 2.5 hours November - 3 hours December - 1 hour January - 1 hour
Recruitment of RPE Directors to participate	8 hours (including email communication)
Planning Calls with Safe States Alliance	4-5 hours
Planning Calls with Researchers	10 hours
Developing budget and scope proposal for the CDC (states)	2 hours
Various administrative tasks (e.g. Working with states for approval to attend and sponsorship for the meeting, and logistical calls with point persons in Atlanta, Georgia)	15 hours
Developing logistical materials	6 hours
Logistical arrangements (setting up hotel, meals, contracts with presenters, etc. by Safe States staff)	16 hours
Facilitated discussion preparation	6 hours
Preparation for meeting (reviewing reading materials provided by researchers)	6 - 8 hours

Budget and Meeting Expenses

The planning committee developed a budget for the meeting that included estimated costs for speaker expenses, speaker travel/hotel, meeting materials, room costs and fees for staff assistance from Safe States Alliance for the logistical arrangements and facilitation. After developing a budget, each of the participating states determined how much they could contribute from their grant budget for overall meeting costs, and the best mechanism to do so. Each state was responsible to cover their own travel expenses for the staff sent to attend the meeting. Once the budget was determined, each state submitted their own budget revision to CDC for approval. The source of funds most states used was the additional allotment received for the RPE Grant in November 2014.

Most of the states were able to contribute via a meeting “sponsorship” that allowed them to have a simple agreement with the meeting convener (Safe States Alliance). States contributed from \$1,000 - \$5,000 each, depending on their resources. Additional income was provided through a registration fee that covered the cost of the meals and materials provided.

The table below illustrates the budgeted and actual costs for the meeting.

Budget Category	Budgeted Amount	Actual Expenses
Speaker fees	\$5,950	\$6,076
Speaker travel	5,000	3,693
Staff expenses (of convening organization)	9,364	6,011
Meals/food provided	1,900	2,427
Administrative expense/fees	3,124	3,667
Total	\$25,338	\$21,874

There were five presenters whose time and travel expenses were covered to attend the meeting. The remaining speakers were from the CDC in Atlanta and did not require additional expenses for their availability. It is estimated that each state’s expenses to participate averaged \$1,600 per person (travel and registration fees).

The difference in the budgeted amounts and sponsorship payments to Safe States vs the actual expenses incurred was retained by Safe States to be used for continuing activity on the project between February and September 2015. The group plans as part of next steps in the process, to have an in-person meeting following the RPE Directors Leadership training in late August 2015.

Facilitated Discussion summary

Following the facilitated discussion on the second day, Safe States Alliance staff compiled a summary of the potential strategies the group identified. As the work of the Cross-state initiative continues, these ideas will be further defined and prioritized. They are listed below:

RPE Cross-State Strategies

1. **Engage key/strategic partners (expand partnerships):** Partner with sexual health advocates, engage businesses in community strategies, involve youth/regional advisory
2. **Identify policy approaches to SV prevention (policy planning) :** Identify emerging policy trends that increase protective factors & ID existing gender equity policies (equal pay, maternal leave) across states and cross-settings, mandate sexual health classes, policy for media literacy
3. **Develop a shared message that promotes positive social norms (messaging):** Changing social norms using social media, develop communication plan, Develop a cohesive, healthy relationship message
4. **Implement a shared environmental strategies:** hot spot mapping in partnership with kids, GIS mapping
5. **Develop cross-state collaborative (gather and disseminate/Community to policy):** multiagency blueprinting, data-driven justification of chosen strategies, Disseminate fact sheets that are targeted & create and share measures resources and tools
6. **Inform Research:** ID gaps and drive research agenda, working together to publish journal articles, ID promising societal- and community- level protective factors, evaluate non-SV programs that share R&P factors for SV indicators

Evaluation

RPE State Health Department Directors and other state participants were asked to complete a meeting evaluation at the end of the event. There were a total of 15 evaluations completed, and an Evaluation Summary document was prepared which summarized those findings. Key information obtained from the evaluations included:

- Participants unanimously agreed that the Cross State Initiative research-to-practice meeting provided a unique and much-needed forum for sharing of ideas between researchers and practitioners.
- All participants reported an increased understanding of evidence-informed prevention strategies and felt empowered to consider novel ideas for strategies.
- All nine RPE Directors were willing to collaborate with other states to develop one to two strategies for implementation in years 3-5 of the current RPE project period.
- There was strong agreement that facilitated discussion time after each presentation strengthened participants' understanding of research about effective SV Prevention strategies
- All participants stated they were very likely to use the information in their work.
- Many desired a similar format for future RPE/public health training sessions.

A quote from one participant: "This was a unique experience to exchange ideas and engage in deep and broad dialogue unlike any I've experienced in my time as a RPE director. This access to research is invaluable."

A full evaluation summary is included in Appendix C.

APPENDIX A

2015 RPE Cross-State Initiative DISCUSSION GUIDE FOR PARTICIPANTS

Proposed outcomes of the meeting:

- An understanding of prevention strategies that have demonstrated effectiveness or show promise based on research, *especially at the higher levels of the social ecology*.
- Some ideas for strategies that we can implement at the community/organizational/societal and/or policy levels in our states and across several states.
- A “white paper” that will be written after the meeting to share key discussion points from the meeting and describe the process used to accomplish outcomes. This will be shared with other RPE grantees and stakeholders.
- A plan to develop one or two strategies for pilot implementation in Years 3 – 5 of the current RPE project period.
- A plan for needed training/education that may be needed to help implement those strategies.
- A timeline/schedule for future meetings together.

Speakers and Presentation Topics:

- Andra Tharp PhD** “Risk and protective factors for sexual violence victimization and perpetration & how to address public health sexual violence at the community level”
- Michael Haines MS** “SV Social Norms Change & lessons learned from both environmental change strategies & social norms change in alcohol prevention”
- Victoria Banyard PhD** “Bystander research & lessons from HIV/STD field”
- Laura Salazar PhD**
- Dorothy Espelage PhD** “The connection between sexual harassment, bullying, dating violence, delinquency, family conflict & sibling aggression; expanding K-12 prevention approaches to the upper levels of the SEM”
- Natalie Wilkins PhD** “*Connecting the Dots* and linking prevention strategies between multiple forms of violence”
- Marci F. Hertz MEd**
- Mikel L. Walters PhD** National Intimate Partner and Sexual Violence Survey (NISVS)
- Sarah DeGue PhD** “Moving toward use of community-level strategies for sexual violence prevention”
- Emily Rothman PhD** “Pornography use and the brain & using pornography research to develop sexual violence prevention strategies”

Questions we have asked speakers to address in their presentations:

- 1) What is the research telling us about where we need to focus our sexual violence prevention work?
- 2) What strategies are effective based on your research or review of the research? (especially in the higher levels of the Social Ecological Model) Are there any strategies that have worked in other fields that might work in SV?
- 3) What types of strategies that would prevent sexual violence interest you in being tested across states?
- 4) What challenges do you believe we need to address in moving forward to test new strategies?

“Risk and protective factors for sexual violence victimization and perpetration & how to address public health sexual violence at the community level”

Andra Tharp PhD, Senior Health Scientist, CDC, National Center for Injury Prevention & Control, Division of Violence Prevention, Research and Evaluation Branch

Dr. Tharp began her career at CDC overseeing evaluations of sexual and dating violence prevention programs. In addition to this work she conducted intramural research on factors associated with sexual and dating violence, and consulted with a number of federal agencies on sexual and dating violence prevention. She has over 50 publications, has made numerous presentations at international, national, state or local conferences or meetings and has received many awards for her work in violence prevention. In addition to her work at CDC, she is a Clinical Assistant Professor in the Menninger Department of Psychiatry and Behavioral Sciences at Baylor College of Medicine and Affiliated Faculty in the School of Public Health at Georgia State University.

Presentation Outline

- Paths to sexual violence perpetration and opportunities for prevention
- Overview of risk and protective factors for sexual violence
- Identifying the critical factors using the Confluence Model
 - Developmental considerations
 - Opportunities for prevention
- Shared risk and protective factors
 - Opportunities for prevention
- New research on community level influences on dating violence
 - Take-aways and next steps
- Using this information for community-level strategies
- Social norms: considerations and caveats
- Brainstorming and discussion on potential prevention approaches

Suggested notes to take during Andra Tharp’s presentation:

- 1) What risk/protective factors can be used to drive outcomes for certain strategies, and what are they for the different levels of the social ecology?

Level	Risk Factors	Protective Factors
Community		
Organizational/ Structural		
Policies		
Social Norms		

Possible discussion points for participants to consider:

- 1) How does this presentation help us to identify strategies to use that address higher levels of the socio-ecological model?
- 2) What seems easy (or exciting) about taking our work in this direction?
- 3) What questions does this raise for you?
- 4) What action ideas has this session triggered for you?
- 5) What new resources/training would be needed to develop this information into a strategy?
- 6) How does this affect our “rethinking” about what we are implementing in our communities?

APPENDIX B

**RPE Cross-State Initiative
 Developing Sexual Violence Prevention Strategies Based on Research
 January 21-23, 2015 Atlanta, Georgia**

January 21, 2015	
By 6:00 pm	Travel to Atlanta; hotel check-in
7 p.m.	Group Dinner (Location: TBD)
January 22, 2015 - Day 1	
6:30 to 7:15 am	Breakfast at hotel restaurant
7:15 to 7:25 a.m.	Walk to Georgia Dept. of Health (2 blocks)
7:25 to 7:45 a.m.	Check in through security and get badge (need driver's license or passport)
7:45 – 8:00 am	Welcome & Introductions
8:00 – 9:00 am	Andra Tharp, Health Scientist, CDC (risk and protective factors for sexual violence victimization and perpetration)
9:00 – 10:00 am	Facilitated discussion with Andra
10:00 – 10:15 am	Break
10:15 – 11:45 am	Michael Haines, Director, Social Norms Consultation, Kingston, Illinois (SV Social Norms Change & lessons learned from both environmental change strategies & social norms change in alcohol prevention)
11:45 – 12:15 pm	Facilitated discussion with Michael
12:15 – 1:15 pm	Lunch & facilitated discussion of future planning (onsite)
1:15 – 2:45 pm	Victoria Banyard, Ph.D., Professor, Dept. of Psychology, University of New Hampshire & Laura Salazar, Ph.D., Associate Professor, School of Public Health, Georgia State University (bystander research & lessons from HIV/STD field)
2:45 – 3:15 pm	Facilitated discussion with Victoria and Laura
3:15 – 3:30 pm	Break

Region 7 & 8 RPE Cross-State Initiative

3:30 – 5:00 pm	Dorothy Espelage, Ph.D. Professor, Educational Psychology, University of Illinois at Urbana-Champaign (The connection between sexual harassment, bullying, dating violence, delinquency, family conflict & sibling aggression, expanding K-12 prevention approaches to the upper levels of the SEM & when does bystander strategies work with youth)
5:00 – 5:30 pm	Facilitated discussion with Dorothy
5:30 pm	Adjourn
6:30– 8:45 pm	Group dinner & informal discussion w/CDC staff doing work on “Connecting the Dots” Research and NISVS Surveillance staff (Location: TBD)

January 23, 2015 - Day 2	
6:30 – 7:35 am	Breakfast at hotel restaurant
7:35 – 7:55 am	Check in with security at Georgia Dept. of Health (may need to reissue badge)
8:00 – 8:30 am	Recap of first day and tasks for second day
8:30 – 9:30 am	Sarah DeGue, Health Scientist, CDC (alcohol policies & sexual violence prevention)
9:30 – 10:30 am	Facilitated discussion with Sarah
10:30 – 10:45 am	Break
10:45 – 12:15 pm	Emily Rothman, Associate Professor, Community Health Sciences, Boston University School of Public Health (pornography, the pornography use and the brain & using pornography research to develop sexual violence strategies)
12:15 – 12:45 pm	Facilitated discussion with Emily
12:45 – 1:15 pm	Break for lunch (onsite)
1:15 – 2:30 pm	Facilitated discussion with state participants
2:30 – 2:45 pm	Break
2:45 – 4:30 pm	Continue facilitated discussion and determine next steps
4:30 pm	Adjourn
5:30 – 8:00 pm	Group dinner and continued discussion (Location: TBD)

APPENDIX C



Evaluation Summary

From Research to Practice:

Developing cross-state strategies based on evidence

Introduction

RPE Directors from ten states in the upper Midwest and mountain regions planned and implemented a cross-state meeting that was held in Atlanta January 22 – 23, 2015. The purpose of the meeting was to build RPE director's skills and develop common strategies in the prevention of sexual violence that could be implemented across several states. The initial meeting brought together researchers, state health department RPE Directors, and other state participants to review findings in current research that would indicate promising/effective strategies that could be developed at the outer levels of the social ecology.

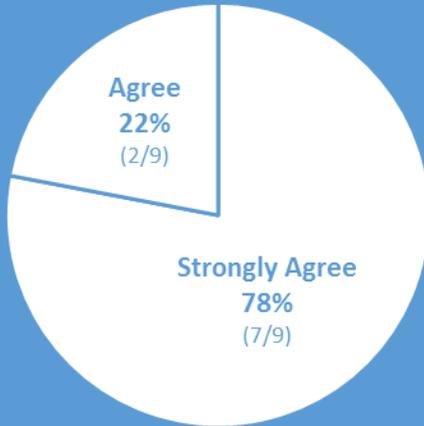
Over the two-day meeting, representatives from Colorado, Georgia, Iowa, Kansas, Michigan, Minnesota, Montana, South Dakota, Utah and Wyoming met with nine researchers selected for their expertise in the field of sexual violence prevention or related fields. The discussions that ensued brought rich conversation about how research in related areas can be applied to strategies that have not been tested and what resources/technical assistance may be needed to move forward. On the last afternoon, the Safe States Alliance facilitated a conversation with participants to develop a list of priority actions the group could take to move forward with the objectives of the meeting and a plan to implement strategies.

RPE SHD Directors and other state participants were asked to complete a meeting evaluation. There were a total of 15 evaluations completed, and this document summarizes those findings.

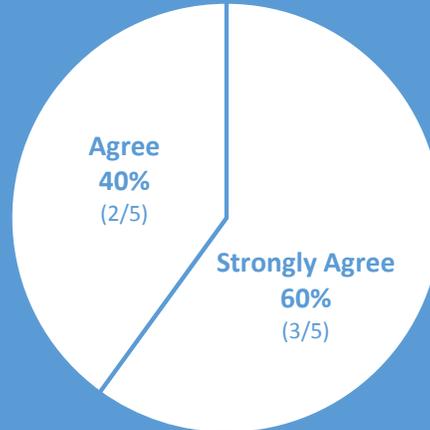
Part I. Fulfillment of Meeting Objectives

THE RPE CROSS-STATE MEETING INCREASED MY UNDERSTANDING OF PREVENTION STRATEGIES THAT HAVE DEMONSTRATED EFFECTIVENESS/SHOW PROMISE BASED ON RESEARCH, ESPECIALLY AT THE HIGHER LEVELS OF THE SOCIAL ECOLOGY

Region 7 & 8 RPE Directors

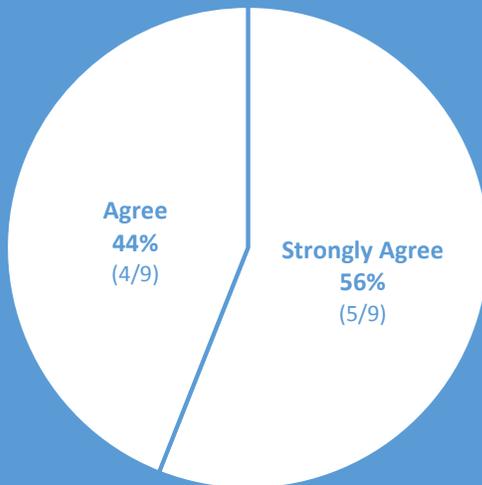


Other State Participants

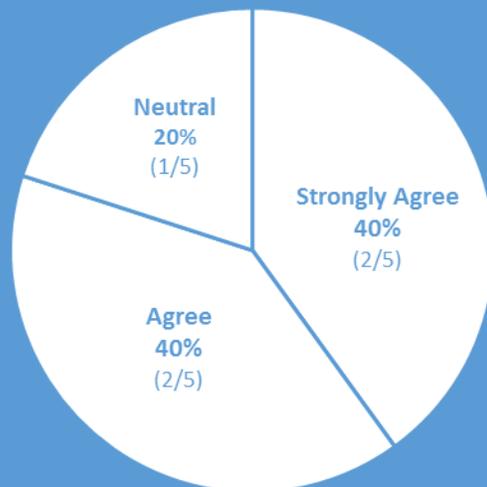


I HAVE NEW IDEAS FOR STRATEGIES THAT CAN BE IMPLEMENTED ON THE COMMUNITY, ORGANIZATION, AND/OR POLICY LEVEL IN MY STATE OR ACROSS SEVERAL STATES.

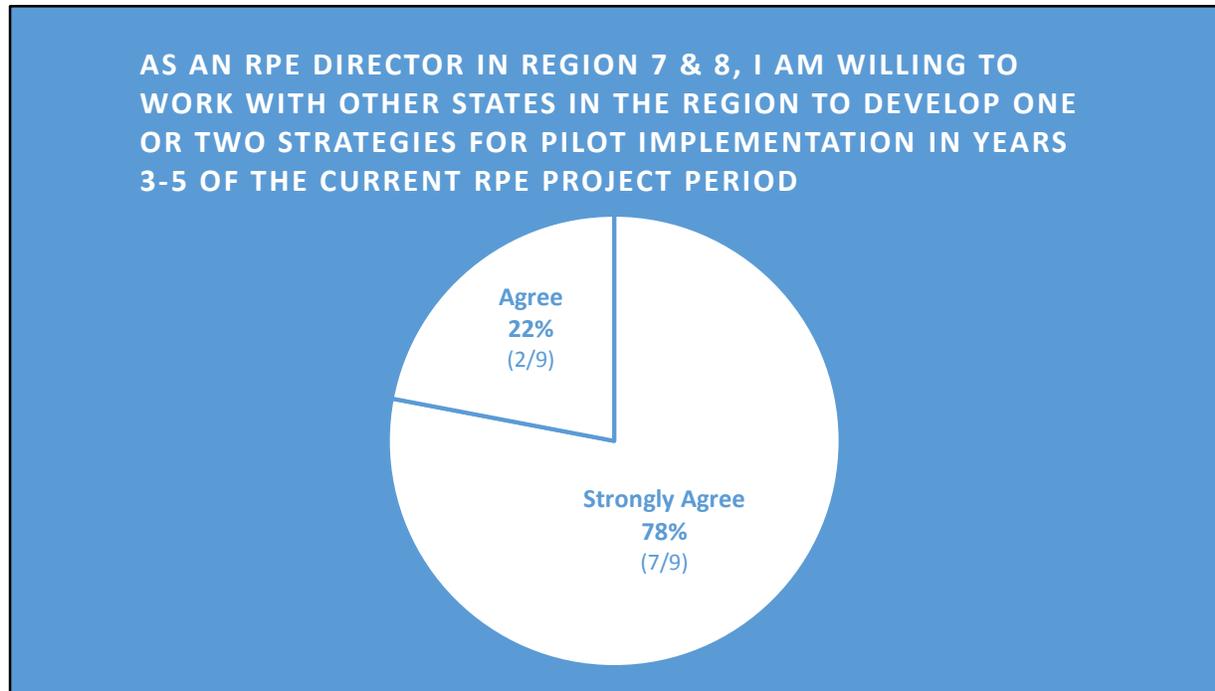
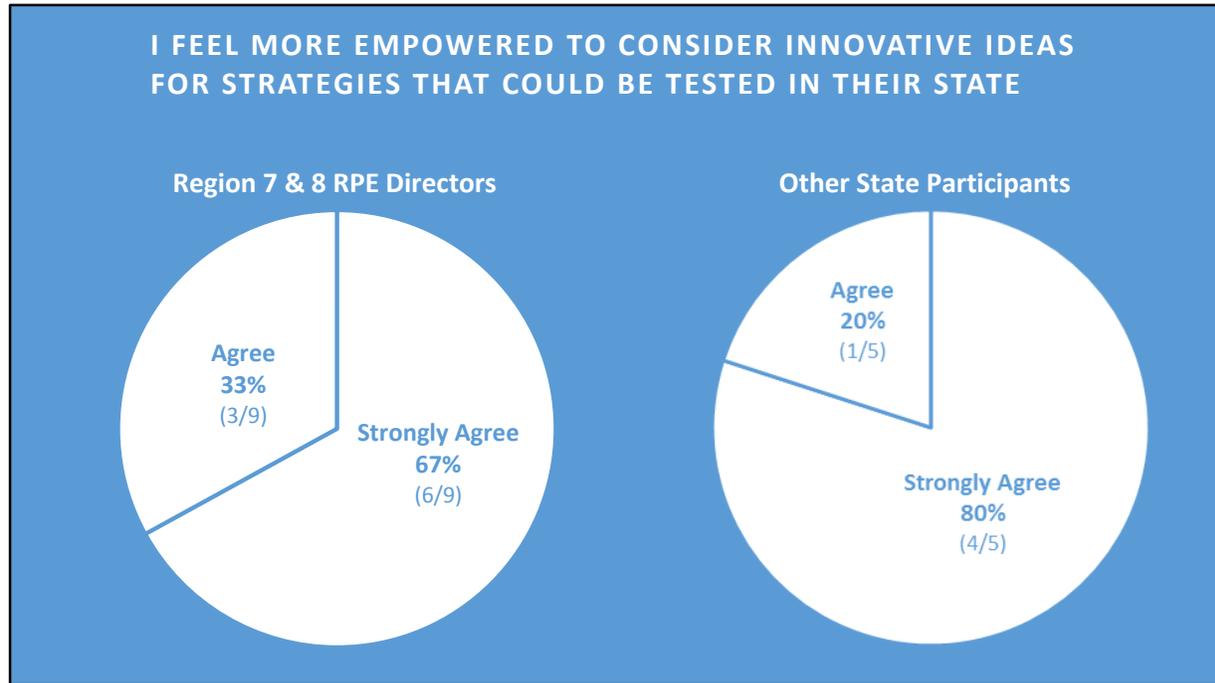
Region 7 & 8 RPE Directors



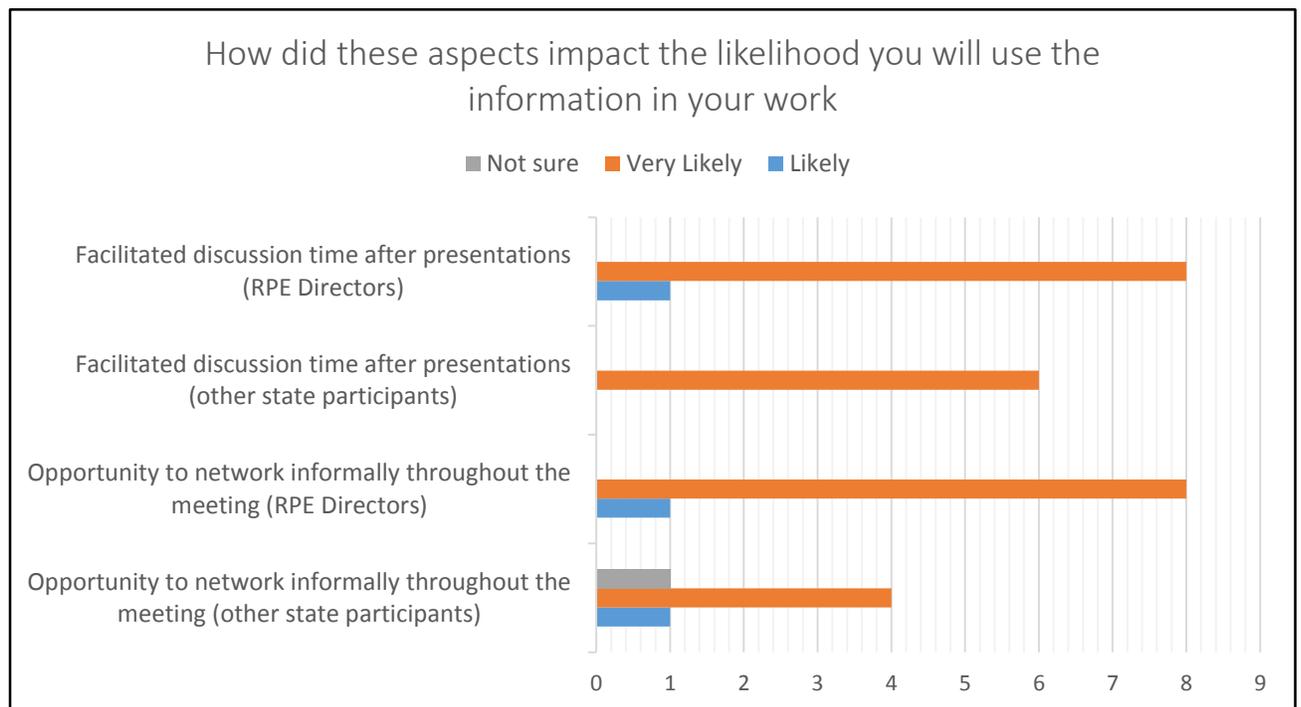
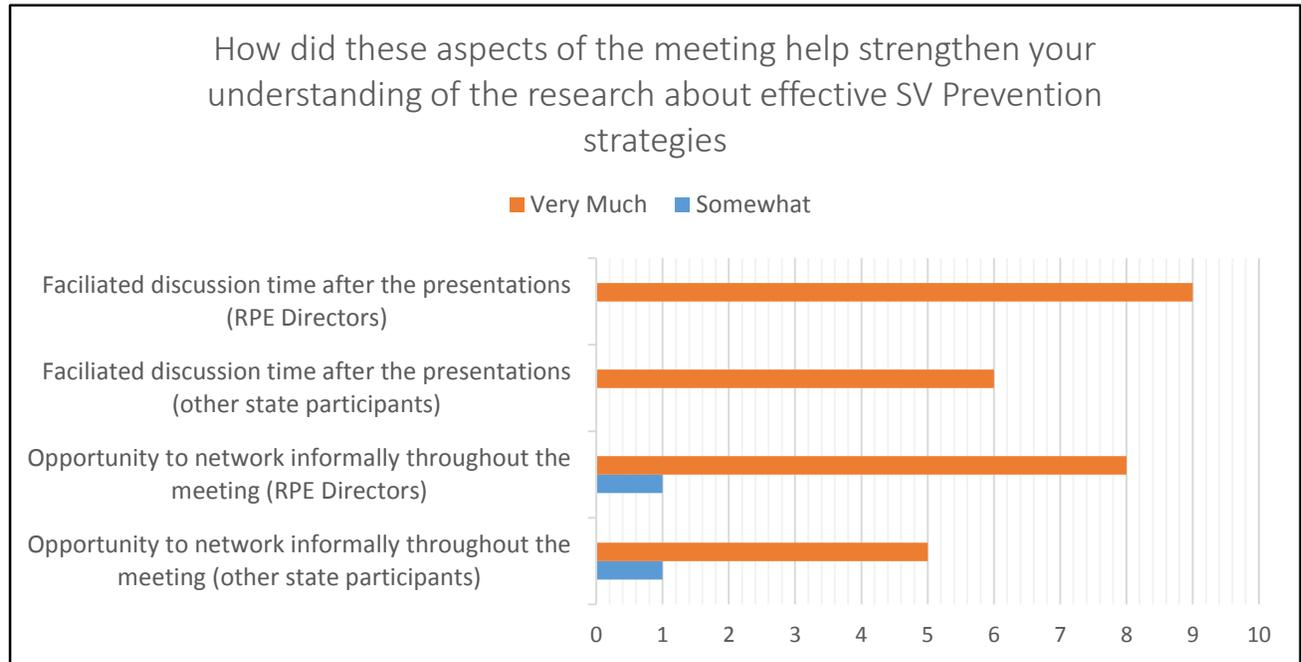
Other State Participants



Part I. Fulfillment of Meeting Objectives



Part II. Facilitation of Understanding and Likelihood of Use



Part III. Additional Feedback

<i>Enjoy most about meeting</i>	<i>Enjoy least about the meeting</i>
<ul style="list-style-type: none"> • Research presentations very informative • Sharing of ideas between researchers and program directors 	<ul style="list-style-type: none"> • Dinner activity with NISVS not helpful • Days long and exhausting, need more breaks. Suggestion for additional day to allow for more down time during day/night. • Spent too much time talking about what we know rather than what we could imagine • Insufficient time for networking aside from dinners • Time for collaboration between program directors and brainstorming of practical ideas too short

Strategies of Interest

- Bystander interventions
- Social norms change
- GIS mapping of administrative and societal indicators connected to SV
- Increase and continue cross-state collaboration, look for new partners
- Create TA plan for contractors/coalition

Additional information/training that would help strengthen understanding of research-based strategies for primary SV prevention and increase capacity to implement and evaluate local or state RPE program

- Collaboration with other state agencies to look at protective factors that span different program activities and research
- Continued conversation with researchers while in the process of trying out these strategies
- Share across the region what each state is doing that is evidence-based and the measures they are using
- CDC provision of evaluation tool(s) so that project directors can know they are gathering the data they need/want
- Evaluation planning tips i.e. what are some strategies for evaluating grantees and their process
- A more in-depth conversation about bystander intervention in relation to primary prevention and how this connects to the community level
- Additional time with Dorothy Espelage to discuss school climate strategies
- Use confluence model and Dorothy’s model to plan intervention strategies/measures that are age and risk specific

Suggestions for next steps

- Frequent conversation and possibly work groups who can do some task/action-oriented work
- Select a doable multi-state project
- Revisit presentations through webinars
- Consider whether or not to broaden this initiative to include any interested states
- Do this format again for the RPE leadership meeting

Individual comments

- “This was a unique experience to exchange ideas and engage in deep and broad dialogue unlike any I’ve experienced in my time as a RPE director. This access to research is invaluable.”
- “In regards to Victoria Banyard/Laura Salazar’s presentation: a more in-depth conversation about bystander intervention in relation to primary prevention and how this connects to the community level (seemed like the argument was that because community members completed the action it was a community level intervention)”
- “Researchers should attend the entire time if possible”
- “Best SVP meeting I’ve been to in 5 years!”
- “During Sarah DeGue’s presentation there should have been more flexibility to discuss directions the group wanted to go vs. what the powerpoint said. Also more ideas about what may work vs. citing how little we know.”

State participants

	Name	Address	Email	Phone number
Colorado	Tomei Kuehl	Program Manager Sexual Violence Prevention Unit Violence & Injury Prevention – Mental Health Promotion Branch (VIP-MHP) CO Dept of Public Health & Environment 4300 Cherry Creek Drive South Denver, CO 80246	Tomei.kuehl@state.co.us	303-692- 2049
	Lindsey Myers	Injury and Substance Abuse Prevention Section Manager Violence & Injury Prevention – Mental Health Promotion Branch (VIP-MHP) CO Dept of Public Health & Environment 4300 Cherry Creek Drive South Denver, CO 80246	Lindsey.myers@state.co.us	303-692- 2589
	Shannon Breitzman	Branch Director Violence & Injury Prevention – Mental Health Promotion Branch (VIP-MHP) CO Dept of Public Health & Environment 4300 Cherry Creek Drive South Denver, CO 80246	Shannon.breitzman@state.co.us	
Georgia	Mosi Bayo	Program Manager Chronic Disease Prevention Section/Office of Adolescent Health & Youth Development/ Rape Prevention & Education Georgia Department of Public Health 2 Peachtree Street, NW 16 th Floor Atlanta, GA 30303	Mosi.Bayo@dph.ga.gov	404-657- 6607
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