Alaska Empowers Youth to Develop Healthy Relationships through the Fourth R Curriculum

Alaska takes a collaborative approach to address high rates of dating violence, substance abuse, and risky sexual behavior among youth, by planning, implementing, and evaluating statewide healthy relationships programming in secondary schools.

Problem
As Alaska stakeholders looked for a solution to address high rates of dating violence, substance abuse, and risky sexual behavior among youth, they noted a number of critical health issues. Alaska has the highest rate of domestic violence and sexual assault in the nation. In 2010, the rate of rape in Alaska was more than twice the national rate. According to the 2010 Alaska Victimization Survey, 48 percent of Alaska adult women have experienced intimate partner violence and 37 percent have experienced sexual violence. In 2009, Alaska’s teen dating violence rate among high school students was 13.3 percent, compared to the national average of 9.8 percent. In 2009, Alaska high school students were more likely to have been physically forced to have sexual intercourse in their lives than other U.S. students (10.1% versus 7.4%).

In 2010, Alaska had the highest rate of chlamydia in the United States, with 849 per 100,000 population compared to 417 in the United States. Sixty-eight percent of those infected were under age 25. Rates were highest among Alaska Native females and highest in Northern and Southwest regions of the state.

The Alaska teen birth rate in 2009 was 45 per 1,000 girls ages 15-19 compared to the national rate of 39. The rates were higher among Alaska Natives compared to white teens (77 per 1,000 girls versus 26). Rates were also highest in the Northern region (89 per 1,000 girls) and Southwest region (75 per 1,000 girls) of Alaska.

In 2009, 43.5 percent of Alaska high school students reported ever having sexual intercourse and 11.4 percent reported having four or more sexual partners. Among students who were sexually active, 37.8 percent did not use a condom and 17.1 percent had consumed alcohol or used drugs before their last sexual intercourse.

Solution
The Fourth R program was developed in Canada by the Centre for Addiction and Mental Health, Centre for Prevention Science. The Fourth R curriculum (R stands for Relationships) focuses on preventing dating violence and promoting healthy relationships while discussing human growth and sexuality, as well as substance abuse prevention for middle and high school students. According to research, the Fourth R has been shown to reduce violence and promote protective factors such as harm reduction, improve decision-making and communication, and prevent first-time perpetration of dating violence and victimization. The Fourth R was one of two evidence-based curricula found and subsequently adopted by the Robert Wood Johnson Foundation Start Strong Program. The curriculum is also listed by the Substance Abuse and Mental Health Services Administration’s National Registry of Evidence-based Programs and Practices.

Reversing the trends of violence through prevention requires a comprehensive approach working with key influencers, communities, policy, and at the environmental level. The partners working on prevention identified school-based strategies as important. While decisions around grade-level health education requirements and curriculum are made at the local level in Alaska, offering training and materials on comprehensive evidence-based Fourth R curriculum to school districts and teachers across the state promised to improve the quality of health education programming in Alaska.
The classroom-based curriculum for grades 7-9 is comprised of three units with 21 lessons. Each lesson takes 75 minutes to facilitate and the curriculum takes four to six weeks to complete, though it can be integrated into other health education classes. To date, 63 Alaskan secondary schools from 21 school districts have received Fourth R curricula materials, with nearly 200 school staff and 100 community partners throughout Alaska trained to teach the Alaska Fourth R Healthy Relationship Program in their schools. In addition, four Alaska-based master trainers have been certified.

**Background**

In 2008, the Alaska Department of Health and Social Services (AK DHSS) Family Violence Project Director Linda Chamberlain, while working with the Robert Wood Johnson Foundation (RWJF), was part of a review committee researching evidence-based healthy relationship and teen dating violence prevention curricula.

At the same time, other agencies in Alaska were seeking a comprehensive school-based program that promoted healthy relationships and addressed adolescent health risks. The Adolescent Health Program, which is located in the AK DHSS’s Section of Women’s, Children’s, and Family Health (WCFH), was interested in teen pregnancy prevention and youth engagement, the Alaska Network on Domestic Violence and Sexual Assault (ANDVSA) was interested in violence prevention and community involvement, and the state Department of Education and Early Development (EED) was interested in HIV prevention and comprehensive health education. Consequently, they began working together to coordinate programming.

The Fourth R’s curriculum was the most relevant for indigenous populations as it was specifically designed for aboriginal communities. The Adolescent Health Program, ANDVSA, and EED began focusing on the Fourth R because it met Alaska’s criteria by promoting evidence-based practices, increasing healthy relationships, preventing teen pregnancies/STDs, and preventing violence. This curriculum was particularly attractive with its interconnected content areas and multi-purpose approach to comprehensive skill building.

Fourth R planning and initial activities were supported with federal funding from the CDC Rape Prevention and Education program and contributions from the programs and partners involved, including the state Council on Domestic Violence and Sexual Assault. Partners began to work with the Centre for Addiction and Mental Health (CAMH), Centre for Prevention Science in Canada (the curriculum developers) to adapt the ninth grade aboriginal version of the Fourth R curriculum for American Indian/Alaska Native communities. Initial adaptations involved changing text and adding Alaska Native cultural components, which resulted in the new “Alaska Perspectives” curriculum.

In 2009, Gov. Sean Parnell initiated the Choose Respect Campaign to eliminate domestic violence and sexual assault in Alaska. This initiative identified key areas of domestic violence and sexual assault and established work groups to dedicate attention to domestic violence and sexual assault prevention, intervention, and response. As a result of a recommendation from the Council on Domestic Violence and Sexual Assault Legislative Task Force Report to the Legislature (March, 2008), a health education specialist position was created in EED in accordance with Alaska Statute AS 14.30.360. The statute states that the position shall be established and funded to coordinate the health and personal safety education program statewide, ensuring it includes sexual abuse and domestic violence prevention. The position was approved and originally funded under the governor’s initiative in 2011. One of the position’s primary focus areas is to work on the Fourth R implementation, evaluation planning, and trainings coordination. Along with the new position in EED, governor’s initiative funding also created a new program coordinator position within CDVSA. It is a statutory responsibility at CDVSA to coordinate services provided by the Department of Law, the Department of Education and Early Development, the
Department of Public Safety, the Department of Health and Social Services, the Department of Corrections, and other state agencies and community groups dealing with domestic violence, sexual assault, and crisis intervention and prevention, and provide technical assistance as requested by those state agencies and community groups. This position was funded to provide focused attention to implementing and evaluating prevention efforts across the state including the Fourth R.

In 2011, WCFH was awarded Personal Responsibility Education Program (PREP) funding from the U.S. Department of Health & Human Services, Administration on Children, Youth and Families, Family and Youth Services Bureau to promote and expand the Fourth R program in Alaska. These funds helped to secure the program’s progression in Alaska for five years. It allowed for the purchase of curriculum, teacher training, fidelity monitoring, and process evaluations (involving teacher follow-up, lesson tracking, and feedback from teachers). Fourth R implementation and evaluation teams were formalized between the partner agencies and roles and responsibilities outlined. The Fourth R Evaluation and Implementation Team was formalized and roles and responsibilities for implementation, training, process evaluation, and outcome evaluation were outlined. Team members included staff from WCFH, DEED, CDVSA, ANDVSA, and the research firm Strategic Prevention Solutions (SPS). The teams met regularly to plan program activities. Through a reimbursable services agreement with AK DHSS, EED was tasked with recruiting teachers and coordinating trainings.

For the evaluation process in 2012, the Alaska partners contracted with Strategic Prevention Solutions, a research firm, to conduct a rigorous three-year outcome evaluation of the ninth grade Fourth R curriculum in Alaska. Major funding for the three year evaluation came through CDVSA with funds originating through the Governor’s initiative in 2011. The formal evaluation project consisted of recruiting schools implementing the Fourth R and schools implementing their own health curriculum. Evaluation methods included pre-, post-, and one-year follow-up student surveys, focus groups, and teacher interviews. Schools were asked to sign a memorandum of agreement (MOA), and student participation in the survey(s) required both active written parent permission and youth assent. A total of 468 students participated in the study. The evaluation team requested an MOA from each teacher participating in the evaluation, which proved to be paramount in the establishment of an informed formal relationship. Each MOA was signed by the school district’s superintendent, the school principal and the teacher implementing the curriculum or participating as a comparison school. Signature of an MOA continues to be a vital part of the process. Those not participating in the formal evaluation also signed an MOA that specified they would still submit fidelity monitoring documentation to monitor the degree to which Fourth R facilitators stayed true to the curriculum. Facilitators were expected to submit brief survey reports for each Fourth R Lesson to document any changes to the curriculum, including skipping activities, adapting activities, or adding materials. This included on-line lesson tracking forms via Survey Monkey.

Relatively few teachers in Alaska are professionally trained as health teachers, making teacher training more critical. In addition, the implementation team worked to ensure community partners, such as public health nurses and domestic violence and sexual assault advocates, were trained in the Fourth R, so they could assist with lessons on healthy sexuality. The implementation team worked with school administrators directly to make sure there was continuity in expectations regarding classroom schedules, evaluation/surveying capabilities, and training needs.

To address a low response of lesson tracking, the Section of Women’s, Children’s, and Family Health dedicated a health program associate position to streamline fidelity monitoring by providing incentives for participating teachers and simplified electronic or paper options for lesson tracking forms.
Results
Overall, teachers and students who participated in the evaluation process expressed satisfaction with the curriculum, especially the interactive skill-based learning (i.e., role-playing). Combined data showed that many students experienced dating or sexual violence or coercion, many types of peer violence, and some types of adverse childhood experiences. These data illustrate the need for the Fourth R curricula in Alaska. Comparative results are expected to be released and disseminated in June 2014.14

Lessons Learned
Incorporating an evidence-based prevention curriculum in Alaska has provided many learning moments and unique challenges. The biggest challenge, which surfaced early, was the lack of state requirements or mandates for school health education. Each school district has individual policies concerning course requirements and procedures for curriculum adoption and review. Each district has different class schedules, school calendars, and practices surrounding evaluation and student surveys. Additionally, Alaska requires active parental consent for administering student questionnaires and surveys in public schools regardless of whether or not they’re anonymous.

Coordination hurdles were overcome with regular implementation and evaluation team meetings via teleconference, which contributed to consistent communication between team members and constant contact with the teachers, school districts, and superintendents. The geographic distance between schools implementing around the state made advanced planning for evaluation and site visits a necessity.

Teacher turnover was an ongoing challenge, especially in small rural village schools, where the teachers often have multiple roles. To prepare for this, the teams consistently tracked teachers throughout each semester to try to anticipate which schools may lose a Fourth R trained teacher and plan accordingly. The team acquired MOAs from each school district administrator for teachers to attend trainings, implement the curriculum, and take part in evaluation activities, which helped cement their commitment to the project. The program has also seen the most benefit in schools that have devoted teachers willing to take ownership in implementing the curriculum with fidelity and believing in the curriculum and project intent.

Midway during the project, teacher feedback reported challenges with teaching the Alaska Perspectives version of the curriculum. Many teachers were concerned with the length of the curriculum and some were uncomfortable and inexperienced with teaching the Alaska Native cultural components. The next iteration of curriculum adaptations involved modifying the shorter original version of the ninth grade Fourth R curriculum (21 lessons) and general activities for all of Alaska instead of having the primarily Alaska Native emphasis. This included incorporating recent U.S. and statewide statistics and other revisions. All changes were strategically and methodically devised to maintain the core components of the curriculum, which sustain the Fourth R in Alaska as a valid evidence-based program. In addition, new DVDs were produced featuring Alaska students modeling situational role-plays.

Next Steps
Beginning in 2014, schools implementing the Fourth R are expected to conduct brief entry and exit student surveys as part of the national PREP program evaluation. This national evaluation and standardized survey instrument was developed by Mathematica Policy Research for the Family and Youth Services Bureau’s PREP grantees. The survey was recently approved by the federal Office of Management and Budget and the University of Alaska Anchorage Institutional Review Board. WCFH and EED are now working with school administrators to begin data collection.
Plans for the immediate future include more communication channels for the teachers, such as a newsletter with success stories to show teachers that the Fourth R works, a listserv, webinars for more training, and possibly a forum to increase communications between teachers that implement the Fourth R. The collaborations that have sustained these efforts will continue and the main partners know how important it will be to continually update the curriculum statistics, include accurate and age-appropriate health information, and increase school/teacher recruitment to offset any losses due to trained teacher turnover. This includes regular statewide booster trainings, localized community trainings, and master level trainings.

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