

RPE Draft State Evaluation Plan

Section I: Program Description and Logic Model

Sexual violence is a major public health problem in the United States. According to the Centers for Disease Control and Prevention's (CDC) 2010-2012 National Intimate and Sexual Violence Survey (NISVS), in the United States, approximately 1 in 5 women (20%) and 1 in 71 (1.5%) men have experienced an attempted or completed rape in their lifetime. The 2010-2012 NISVS also estimates that 1 in 3 women and 1 in 6 men have experienced some form of sexual violence victimization (e.g., unwanted sexual contact, sexual coercion, etc.) at some point in their life. According to the 2010 NISVS, most female victims (80%) experienced their first completed rape before the age of 25 (40% were raped before age 18 and 37% were raped between the ages of 18 to 24). Sexual violence is also a major public health problem in Georgia. According to the 2010-2012 NISVS, in Georgia, 584,000 women (16%) experienced rape, while 1.2 million women (33%) and 597,000 men (17%) have experienced some other form of sexual violence at some point in their life. In most of these cases, the perpetrator is an acquaintance or intimate partner. Also, the 2010-2012 NISVS indicates that 1.4 million women (37%) and 1.1 million men (30%) in Georgia have experienced rape, physical violence, and/or stalking by an intimate partner.

As part of a national effort by the Centers for Disease Control and Prevention, in response to the Violence Against Women Act (VAWA) of 1994, the Georgia Sexual Violence Prevention Program (GA-SVPP) was launched. The aim of GA-SVPP program is to address Healthy People 2020 National Goals and state priorities by implementing sexual violence prevention activities in several public health districts through a unified approach involving prevention, education, advocacy, and collaboration throughout the state of Georgia. With these efforts, over the past decade, the Georgia Department of Public Health (DPH) has increased the reach of its sexual and dating violence prevention programs. Based upon the most recent available data, the proportion of Georgia teens who have experienced physical dating violence has declined. According to the 2011 Youth Behavioral Risk Survey, 17% of high school females and 15% of high school males experienced physical dating violence, which was higher than the rate of dating violence for youth in other states; however, in 2013, the proportion of high school youth who experienced physical dating violence in Georgia declined for females (13%) and males (12%). With funding from CE #19-1902 Rape Prevention and Education: Using the Best Available Evidence for Sexual Violence Prevention, GA-SVPP will continue its work to reduce the risk factors and increase the protective factors associated with sexual violence perpetration and victimization, in addition to the eventual reduction of sexual violence victimization rates. In accordance with the requirements of CE # 19-1902, these efforts will include the implementation of community-level prevention. Figure 1 shows a logic model of the GA-SVPP, aligned to the CDC RPE logic model. The logic model diagram illustrates the relationships between the programs' strategies and activities and its expected outcomes.

Strategies and Activities

GA-SVPP's core activities are related to the four strategic categories: 1. Identify and establish public/private partnerships that can provide TA and support evaluation capacity of sub-recipients to facilitate and monitor the implementation of prevention program/practices/policies; 2. Develop a state action plan (SAP), using insights from the newly formed Georgia Sexual Violence Prevention Coalition, to implement approaches corresponding to the focus areas (promoting social norms, teaching skills, creating protective environments, and providing opportunities to empower and support girls and women); 3. Develop and implement a state-level evaluation plan (goals of the state align with sub-recipient implementation); 4. Identify and track SV indicators. State and local level sexual violence prevention taskforces will be established to ensure local level alignment of activities with state level goals and objectives, secure local level buy-in, and inform sexual violence prevention messaging that challenges existing social norms. These taskforces will also work collaboratively to assess the service environments through hot spot mapping, crime reports, community focus groups and listening sessions to identify and target communities with specific needs impacting safety. Using findings from these assessments, the taskforces will be actively engaged in identifying sub-recipients, target areas, prevention strategies to implement in respective target areas, and serve as champions for RPE Programs at the state and local levels. Sub-recipients will receive funding from the State RPE Program to implement the following individual/relationship level and community-level primary prevention strategies to increase awareness

of risk and protective factors and that address modifiable risk and protective factors that prevent first time sexual violence perpetration and victimization.

- **Athletes as Leaders (AAL):** a program in which adult female mentors seek to empower female, high school athletes to take an active role in promoting healthy relationships and ending sexual violence. Using mentor-led structured, weekly lessons, the mentors build relationships with the athletes and facilitate discussions about healthy relationships, gender stereotypes, and positive self-image, etc. Athletes are encouraged to be leaders in changing social norms at the school to a culture of safety and respect. To address modifiable sexual violence risk and protective factors, the program aims to decrease harmful gender norms, decrease tolerance of violence, empower girls, and increase connections to caring adults.

- **Coaching Boys into Men (CBIM):** a program in which adult male mentors/coaches encourage male, high school athletes to engage in respectful behavior towards women and girls and prevent dating violence, sexual harassment, and sexual assault. Using teaching moments and coach-led structured, weekly lessons, the coaches. To address modifiable risk and protective factors for sexual violence, the program aims to increase the recognition of abusive and violent behaviors, decrease harmful gender norms, decrease the tolerance of violence, an increase the willingness to intervene.

- **Community Taskforces:** Community-based taskforces will be supported by GA-SVPP through technical assistance to promote local level alignment of activities with state level goals and objectives, maintain local level buy-in, and inform sexual violence prevention efforts. These combined efforts at the community level are sought to bring attention to risk and protective factors, and engage communities to support policy, system, and environmental change to support efforts that will ultimately decrease rates of sexual violence perpetration and victimization.

- **One in Four Plus:** Modeled after Foubert's (2010) *One in Four "Men's Program"* and the *Athletes as Leaders* program the 1 in 4 and Plus Program was developed by GA-DPH as a semi-structured rape prevention program for college students. In addition to teaching men how to support rape victims, the program is also designed to teach men how to prevent sexual assault by changing attitudes and behaviors that contribute to sexual violence and by teaching men how to intervene in high risk situations. For women, the program seeks to facilitate discussions about healthy relationships, gender stereotypes, and positive self-image, etc. Started implementation in Year 3.

- **Safe Dates:** an evidence-based, dating violence prevention curriculum for middle school and high school students. Utilizing a 10-session curriculum, the program facilitators teach the students skills to prevent sexual violence victimization and perpetration by targeting attitudes and behaviors related to dating abuse and violence. To address modifiable sexual violence risk and protective factors, the program aims to increase knowledge about dating and sexual violence, decrease harmful gender norms, decrease tolerance of violence, improve conflict management skills, and encourage help-seeking behaviors. Years 1 and 2 only.

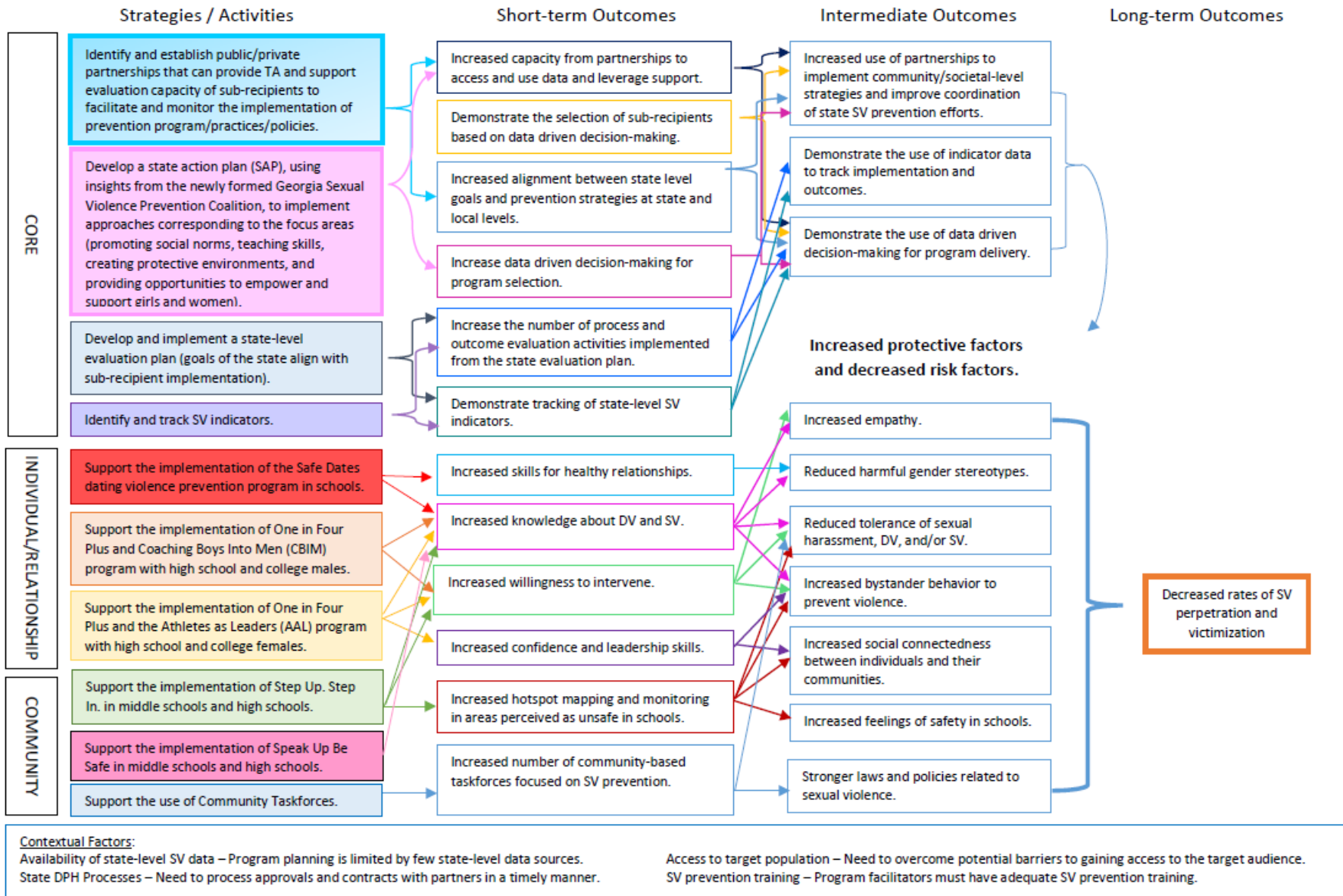
- **Speak Up Be Safe (SUBS):** using an ecological approach to prevention education, Childhelp's SUBS program includes materials to engage parents/caregivers, teachers, administrators, and community stakeholders in an effort to help children and teens learn personal safety skills to protect against child abuse, neglect, and bullying. This program is research-based, evidence informed, and developmentally appropriate by offering curriculum specifically designed for different grade levels. To address modifiable risk and protective factors, the program aims to increase awareness of unsafe situations and abusive behaviors, increase knowledge of resistance strategies, and identify safe adults and peers. Started implementation in Year 3.

- **Step Up. Step In. (SUSI):** a whole-school, anti-sexual bullying campaign designed to prevent and stop sexual bullying in middle schools and high schools. Utilizing the SUSI toolkit, which includes age-appropriate posters and visible markers of the campaign, peer oriented approaches to bystander intervention, school-wide assemblies, and teacher trainings, the campaign aims to create protective environments by educating and empowering students to prevent and stop sexual bullying, altering the school climate or policies to reduce the tolerance of violence, providing teachers and students with support, increasing students' connections with caring adults, and increasing

help-seeking behaviors. Additionally, as an added component to the SUSI program, the student ambassadors participating in the program will be provided with the training and tools needed to do “hotspot mapping” in their school to identify spaces where they feel safe (“cold”) or unsafe (“hot”) and to make recommendations for changes the school can make to improve the unsafe spaces.

Overall, these strategies and activities should reduce sexual violence victimization and perpetration in Georgia if implemented as planned. There are a number of contextual factors, however, that may affect implementation and/or outcomes. First, due to current limitations in state-level data on sexual violence, the state does not have reliable data to inform program planning, which limits the state’s ability to target specific communities. Second, in order to build new partnerships and maintain existing partnerships to implement the prevention strategies and approaches, the State DPH must process contracts and other approvals in a timely manner. Current delays in contracts has limited the program ability to build relationships and plan for new strategies and activities. Also, due to ongoing resistance to discussing issues surrounding sexual violence in the community, gaining access to the target population for the prevention strategies and approaches can be a challenge.

Figure 1. Georgia's Logic Model for Rape Prevention Education (RPE)



Section II: Evaluation Purpose

Evaluation plays a central role in organizational learning, program planning, decision-making and measurement of outcomes. The purpose of this evaluation is to monitor if strategic activities are implemented as planned and determine the program effectiveness. The evaluation will use a mixed methods approach that involves quantitative and qualitative methodologies.

Engaging stakeholders in the evaluation process is important to ensuring buy-in, support, and usefulness of evaluation at the state and local level. Key strategic stakeholders and partners of the program will be engaged at multiple levels of the evaluation. Major stakeholders include the CDC, local level SV coalitions, DPH Program Evaluators and Program Staff, DPH Youth Development Coordinators for the local health districts, Prevention Educators from rape crisis centers, staff from GNESEA, and representatives from Georgia schools. These key stakeholders will be convened on an annual basis during the 5-year cooperative agreement to provide input throughout the evaluation process which includes—

- Ensuring the cultural and contextual competency of evaluation activities
- Prioritizing and designing evaluation activities
- Ensuring the utility and feasibility of evaluation activities
- Monitoring the implementation of the strategic evaluation plan
- Interpreting evaluation findings
- Disseminating evaluation findings
- Contributing to the use of evaluation findings
- Building evaluation capacity

The state evaluation plan is a living document that will be reviewed annually by the key stakeholders to ensure its continued alignment with the program and stakeholders needs.

In collaboration with the GA-SVPP Program Manager, the external evaluator will lead all evaluation activities, including the revisions/maintenance of the logic model and evaluation plan, the development of evaluation tools, and the analysis of the program data and reporting of the findings. These activities will allow GA-DPH to monitor and evaluate the development and implementation of the strategies and activities at the state-level, in accordance with the CDC Framework of Program Evaluation (1999). The purpose of these efforts is to support the development and assessment of the state-level program goals. With support from the internal DPH Evaluators, the external evaluation team will develop evaluation tools and use the data collected by DPH to conduct the analyses needed to monitor and assess the fidelity and effectiveness of the specific programs/curriculum facilitated by each of the sub-recipients (AAL, CBIM, Safe Dates, and SUSI) and the community taskforces. The internal DPH evaluators will ensure that all DPH policies are followed and will ensure that the external evaluators received all data needed in a timely manner. Working collaboratively with the external evaluators, the GA-SVPP Program Manager will coordinate with program staff and stakeholders to communicate the evaluation plan and report the findings from the evaluation activities and will lead the development of an action plan based on the evaluation findings; the action plan will identify targeted recommendations and action steps necessary to implement the recommendations.

a. Evaluation Questions

The evaluation will be guided by a set of overarching process and outcome questions designed to respond to CDC's performance and outcome measures.

The program evaluator will collaborate with stakeholders and identify up to three additional evaluation questions during the project duration.

i. Process Evaluation Questions

- To what extent has the state built or enhanced partnerships for SV prevention?
- To what extent has the recipient used data to select and prioritize the sub-recipients, the prevention strategies and approaches and the population of focus?
- To what extent have selected prevention strategies been implemented in the state?
- Which factors are critical for implementing selected prevention strategies and approaches?
- To what extent are sub-recipient activities aligned with state level goals and outcomes stated in the State Logic Model, State Action Plan and recipient work plan?
- To what extent did the prevention programs reach the intended audiences?

ii. Outcome Evaluation Questions

- To what extent have targeted risk and protective factors for SV outcomes changed at the state level?

Section III: Evaluation Design

i. Outcome Tables

Table 1: Partnerships					
Evaluation Question 1: To what extent has the state built or enhanced partnerships for SV prevention?					
Operational Definitions (see Appendix II for more information)					
<i>Use of partnerships to implement community/societal-level strategies and improve coordination of state SV prevention efforts: Actions that engage new partners or develop existing partnerships for the purpose of building and/or supporting SV prevention work in the state including, but not limited to, RPE-funded strategies described in the State Action Plan</i>					
Work Plan Goal 1: Increase the use of partnerships to implement relationship/community-level strategies and improve coordination of state SV prevention efforts					
Outcome Examined	CDC is collecting relevant information in this RPE Component	Potential data sources/ collection methods	Indicators		Considerations
			Qualitative	Quantitative	
Increased capacity from partnerships to access and use data and leverage support	State Action Plan APR	Program records; Meeting minutes; quarterly progress reports	Description of the data used by partners	# of public/private partnerships established/maintained; # and types of state action plan activities partners support (e.g., implementation, evaluation); # and type of data use/share agreements with partners	Structure of Taskforce and local level coalitions; Extent to which the partnership(s) are active and meets regularly; access and availability of data related to SV
Increased use of partnerships to improve coordination of state SV prevention efforts	State Action Plan APR; Work Plan APR	Program records; Meeting minutes; quarterly progress reports	Description of the development of partnerships; Description of the process used to coordinate prevention efforts with partners; Key informant interviews; Wilder’s Collaboration Factors Inventory	# and types of activities in the state action plan implemented; # of common state and local level outcomes	Structure of Taskforce and local level coalitions; Identified and engaged the right partners; Shared vision among partners established

Table 2: Data Use

Evaluation Question 2: To what extent has the recipient used data to select and prioritize the sub-recipients, the prevention strategies and approaches and the population of focus?

Operational Definitions (see Appendix II for more information)

Data driven: Actions taken to systematically review information from one or more data sources and apply data findings to making decisions, adjustments or changes to some aspect of recipients' SV prevention work

Work Plan Goal 2: Increase use of data driven decision making for program delivery and

Work Plan Goal 3: Increase use of indicator data to track implementation and outcomes

Outcome Examined	CDC is collecting relevant information in this RPE Component	Potential data sources /collection methods	Indicators		Considerations
			Qualitative	Quantitative	
Increase data-driven decision-making for program selection	State Action Plan APR Work Plan APR	Program records; quarterly progress reports	Documented uses of data for program selection	# and Types of data used to select prevention approaches	Access to the most current trends data
Demonstrate the selection of sub-recipients based on data-driven decision-making	State Action Plan APR	Program records;	Documented alignment between selected prevention strategies and sub-recipient capacities and populations served	# and Types of data used to select sub-recipients	Availability of current local level data
Demonstrate use of data driven decision making for program delivery		Program records; Work plans; Quarterly and annual progress reports	Documented uses of data for program delivery	# and Types of data used to select prevention strategies/approaches; # and type of data use/share agreements with partners	Availability of current local level data; Partnerships established with gatekeepers of SV related data;
Demonstrate the use of indicator data to track implementation and outcomes	Work Plan APR Evaluation Plan	Work Plan APR Evaluation Plan; Quarterly progress reports	Descriptions of indicators selection in the State Action Plan	# and types of outcomes being measured; # and types of indicators being tracked; # and types (process vs. outcome) of activities implemented from the evaluation plan	Established data collection, monitoring and tracking plan

Table 3: Risk and Protective Factors

Evaluation Question 3: To what extent have targeted risk and protective factors for SV outcomes changed at the state level?

Operational Definitions (see Appendix II for more information)

Environmental Changes: Modifications/transformations to the physical environment that are defined as a risk or protective factor for SV.

Community Changes: New developments, modifications or transformations to community processes, structures, systems or social norms that are defined as a risk or protective factor for SV.

Work Plan Goal 4: Create environmental and community changes that result from selected community-level strategies and

Work Plan Goal 5: Demonstrate changes in selected risk and protective factors

Outcome Examined (Recipients should add specific Risk and Protective Factors from State LM)	CDC is collecting relevant information in this RPE Component	Potential data sources /collection methods	Indicators		Considerations
			Qualitative	Quantitative	
Increase use of partnerships to implement community level approaches	Prevention Strategy reported at APR	Program records; Sub-recipients workplans	Description of the process used to develop partnerships, identify community-level approaches, and implement community-level approaches	Total number and types of prevention strategies (i.e., approaches) implemented; Proportion of budget allocated to individual/relationship vs. community/societal-level approaches; # of implemented community level approaches	Structure of Taskforce and local level coalitions; Extent to which the partnership(s) are active and meets regularly;
Increased use of indicator data for program planning and evaluation (track	Evaluation (Starting Year 2)	Sub-recipients workplans; Quarterly progress;	Description of how the indicator data was communicated to stakeholders; Description of how stakeholders used the indicator data for program planning and evaluation	# and type of indicators and outcomes used for process and outcome evaluations	The timing/delays in GA-DPH contracts may delay the collection of indicator data, which limit the ability to use the data for program planning and evaluation during Year 2.

implementation and outcomes)					
Increased empathy	Evaluation (Starting Year 2)	Pre- and post-test survey data from specific programs; Georgia Student Health Survey; General Social Survey; GA Governor’s Office of Planning and Budget; Georgia House of Representatives and Senate Legislative Reports;	<p>Description of the changes in empathy for victims observed after participating in the programs;</p> <p>Description of longer-term changes in proxies for empathy at the state-level.</p> <p>-Documented legislative discussion and actions taken on relevant state-level bills related to providing services to victims of sexual violence from the Georgia House of Representatives and Senate Legislative Reports http://www.senate.ga.gov/sos/en-US/Journal.aspx http://www.house.ga.gov/mediaServices/en-US/LegislativeReports.aspx</p>	<p>-Increase in the mean score for support for victims of dating violence (scores range from 0 to 15 with higher scores indicating more support for victims), as measured by the combined score of 5 items on the Safe Dates Pre/Posttest. <u>Long-term Proxies for Empathy</u></p> <p>-Average scores on measures of respect and fairness from the Georgia Student Health Survey https://www.gadoe.org/schoolsafetyclimate/GSHS-II/Documents/GSHS_6-12.pdf “Students at my school treat each other with respect” (level of agreement on a 4-point scale); - Students treat one another fairly” (level of agreement on a 4-point scale)</p> <p>-Average scores on measures of helpfulness, taking advantage of others, and trust from the General Social Survey https://gssdataexplorer.norc.org/variables/vfilter -Would you say that most of the time people try to be helpful, or that they are mostly just looking out for themselves?” (level of agreement on a 3-point scale) -Do you think most people would try to take advantage of you if they got a chance, or would they try to be fair?” (level of agreement on a 3-point scale) -Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people? (level of agreement on a 3-point scale)</p>	<p>Pre/post-tests data collected over small time period, which does not allow much time for change.</p> <p>Availability of data by school and/or by year.</p> <p>GSS Data cost: \$750; Data collected every two years for most items; data collected less often for other items.</p>

				<ul style="list-style-type: none"> - Amount of state funds appropriated for DV and sexual assault programs and for victim services from GA Governor’s Office of Planning and Budget https://opb.georgia.gov/appropriations-bills -Amount of state funds that are appropriated to provide certified domestic violence shelters and sexual assault statewide -Amount of state funds that are appropriated for victim services 	
Reduced harmful gender stereotypes	Evaluation (Starting Year 2)	Pre- and post-test survey data from specific programs; General Social Survey; Bureau of Labor Statistics	<ul style="list-style-type: none"> -Description of the changes in gender stereotypes observed after participating in the programs; -Description of longer-term changes in gender stereotypes at the state-level. 	<ul style="list-style-type: none"> -Decrease in the mean score for belief in gender stereotypes (scores range from 0 to 24 with higher scores indicating more gender stereotyping), as measured by the combined score of 8 items on the Safe Dates Pre/Posttest. -Decrease in the mean score for belief in gender stereotypes (scores range from 0 to 64 with higher scores indicating more gender stereotyping), as measured by the combined score of 16 items on the Athletes as Leaders Pre/Posttest. -Decrease in the mean score for stereotypes about girls’ bodies (scores range from 0 to 20 with higher scores indicating more stereotypical views of girls’ bodies), as measured by the combined score of 5 items on the Athletes as Leaders Pre/Posttest. <p><u>Long-term Measures of Gender Stereotypes</u></p> <ul style="list-style-type: none"> -Change in mean scores on gender stereotype measures over time on the General Social Survey https://gssdataexplorer.norc.org/variables/vfilter -Most men are better suited emotionally for politics than are most women (level of agreement on a 3-point scale) 	<p>Pre/post-tests data collected over small time period, which does not allow much time for change.</p> <p>GSS Data cost: \$750; Data collected every two years for most items; data collected less often for other items.</p>

				<p>-A working mother can establish just as warm and secure a relationship with her children as a mother who does not work (level of agreement on a 4-point scale)</p> <p>-A preschool child is likely to suffer if his or her mother works (level of agreement on a 4-point scale)</p> <p>-It is much better for everyone involved if the man is the achiever outside the home and the woman takes care of the home and family (level of agreement on a 4-point scale)</p> <p>-Because of past discrimination, employers should make special efforts to hire and promote qualified women (level of agreement on a 4-point scale)</p> <p>-What is the highest degree you have earned?</p> <p>-In what field was that degree?</p> <p>-Amount of change over time in women's-to-men's median income earnings ratio from the Bureau of Labor Statistics https://www.bls.gov/regions/southeast/news-release/womensearnings_georgia.htm</p> <p>-Amount of change over time in female-to-male college graduation ratio from the National Center of Education Statistics https://collegecompletion.chronicle.com/</p>	
Reduced tolerance of sexual harassment, DV, and/or SV	Evaluation (Starting Year 2)	Pre- and post-test survey data from specific programs; Georgia House of Representatives and Senate Legislative	<p>-Description of the changes in tolerance of sexual harassment, DV, and/or SV observed after participating in the programs;</p> <p>-Description of longer-term changes in tolerance of SV at the state-level.</p>	<p>-Decrease in mean score for acceptance of dating violence (scores range from 0 to 24 with higher scores indicating more acceptance of dating violence), as measured by the combined score of 8 items on the Safe Dates Pre/Posttests.</p> <p>-Increase in the mean score for the perceived seriousness of sexual bullying (scores ranged from 0 to 36 with higher scores indicating stronger</p>	Pre/post-tests data collected over small time period, which does not allow much time for change.

		<p>Reports; State of Georgia</p> <ul style="list-style-type: none"> - Documented legislative discussion and actions taken on relevant state-level bills related to providing increasing punishment for sexual violence perpetrators as reported by the Georgia House of Representatives and Senate Legislative Reports http://www.senate.ga.gov/sos/en-US/Journal.aspx http://www.house.ga.gov/mediaServices/en-US/LegislativeReports.aspx - Documented executive orders related to mandated sexual harassment training or policies in Georgia as reported by the State of Georgia https://gov.georgia.gov/executive-action/executive-orders 	<p>perceptions of the wrongfulness of sexual bullying), as measures by the combined scores of 12 items on the SUSI Pre/Posttests.</p> <ul style="list-style-type: none"> - Increase in the mean score for perceived abuse seriousness (scores ranged from 0 to 56 with higher scores indicating greater perceived seriousness of abusive behavior), as measured by the combined score on 14 items on the CBIM Pre/Posttests. <p><u>Long-term Proxy for Reduced Tolerance of SH, DV, SV:</u></p> <ul style="list-style-type: none"> -Change in percent of rapes/sexual assault, domestic violence, and intimate partner violence victimizations that were reported to the police on the National Crime Victimization Survey https://www.bjs.gov/index.cfm?ty=dcdetail&iid=245 	<p>In 2016, the NCVS was redesigned to allow for state-level estimates of violent victimization. It is projected that in 2021, there will be enough data to produce valid and reliable estimates of rape/sexual assault and related items. https://www.bjs.gov/index.cfm?ty=tp&tid=911.</p>	
<p>Increased bystander behavior to prevent violence</p>	<p>Evaluation (Starting Year 2)</p>	<p>Pre- and post-test survey data from specific programs</p>	<p>-Description of the changes in bystander behavior observed after participating in the programs;</p>	<p>-Increase in mean score on willingness to intervene in sexual bullying (scores range from 0-10 with higher scores representing a greater likelihood of intervening), as measured by the combined scores for responses to 5 sexual bullying scenarios on the SUSI Pre/Posttests.</p>	<p>Pre/post-tests data collected over small time period, which does not allow much time for change.</p>

				<p>-Increase in mean score for recognizing disrespectful behavior and confidence in doing something about it (scores range from 0 to 20) as measured by the combined scores for responses to 5 items on the Athletes as Leaders Pre/Posttests.</p> <p>-Increase in the mean score for willingness to intervene (scores range from 0 to 20 with higher scores indicating more willingness to intervene), as measured by the combined score of 5 items on the Athletes as Leaders Pre/Posttests.</p> <p>- Increase in mean score on willingness to intervene when seeing abusive behaviors (scores range from 0 to 36 with higher scores indicating greater willingness to intervene), as measured by the combined score for 9 items on the CBIM Pre/Posttests.</p>	
Increased social connectedness between individual and their communities (community-level)	Evaluation (Starting Year 2)	Pre- and post-test survey data from specific programs; Georgia Student Health Survey; Corporation for National and Community Service; Uniform Crime Report	<p>-Description of the changes in social connectedness after participating in the programs;</p> <p>-Description of longer-term changes in social connectedness and proxies for social connectedness at the state-level.</p>	<p>-Increase in mean score for comfort talking to others about sexual bullying (scores range from 0-12 with higher scores representing more comfort talking to others about sexual bullying), as measured by the combined scores of 3 items on the SUSI Pre/Posttest.</p> <p>-Increase in mean score for connection with teammates (scores range from 0 to 12 with higher scores indicating stronger connections with teammates), as measured by 3 items on the Athletes as Leaders Pre/Posttest.</p> <p><u>Long-term Measures of Social Connectedness</u></p> <p>Georgia Student Health Survey https://www.gadoe.org/schoolsafetyclimate/GSHS-II/Documents/GSHS_6-12.pdf</p>	<p>Pre/post-tests data collected over small time period, which does not allow much time for change.</p> <p>Lag time for available data.</p>

				<p>-Average change in scores on school connectedness measure: I feel connected to others at school (level of agreement on a 4-point scale)</p> <p><u>Long-term Proxies for Social Connectedness</u></p> <p>-Measures of community service involvement and funding from the Corporation for National and Community Service https://nationalservice.gov/impact-our-nation/state-profiles/GA</p> <p>-Changes in the number of individuals who engaged in national community service in Georgia -Changes in the amount of CNCS funds that were used in community service activities in Georgia</p> <p>-Percent change in the rate of violent crime estimated to occur in the past 12 months per 100,000 in Georgia as reported in the Uniform Crime Report https://bjs.gov/ucrdata/</p>	<p>Availability of data by school and/or by year.</p> <p>Lag time for available data.</p> <p>Lag time for available data.</p>
Increased feelings of safety in schools (community-level)	Evaluation (Starting Year 2)	Pre- and post-test survey data from specific programs; Georgia Student Health Survey; Youth Risk Behavior Surveillance System	<p>-Description of the changes in feelings of safety in schools observed after participating in the programs; -Description of longer-term changes in feelings of safety in schools at the state-level.</p>	<p>-Average score for confidence that the adults at school can prevent sexual bullying (scores range from 0 to 4 with higher scores representing a greater confidence that adults at school are doing a good job to prevent sexual bullying), as measured by one item on the SUSI Pre/Posttest.</p> <p><u>Long-term Measures of Feelings of School Safety</u></p> <p>Average scores on measures of feeling safe in school from the Georgia Student Health Survey https://www.gadoe.org/schoolsafetyclimate/GSHS-II/Documents/GSHS_6-12.pdf</p>	<p>Pre/post-tests data collected over small time period, which does not allow much time for change.</p> <p>Lag time for available data.</p> <p>Availability of data by school and/or by year.</p>

				<p>-I have felt unsafe at school or on my way to or from school (level of agreement on a 4-point scale);</p> <p>-I have worried about other students hurting me (level of agreement on a 4-point scale);</p> <p>-I have been concerned about my physical safety at school (level of agreement on a 4-point scale);</p> <p>-Students at my school fight a lot (level of agreement on a 4-point scale);</p> <p>-I feel safe in my school (level of agreement on a 4-point scale)</p> <p>-Average number of days missed (in a month) in GA schools due to feeling unsafe as reported on the Youth Risk Behavior Surveillance System https://www.cdc.gov/healthyouth/data/yrbs/index.htm</p> <p>-During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?</p>	<p>For the two most recent waves of the data – 2015 and 2017 – too few schools in Georgia participated in the YRBSS to produce estimates that could be generalized to the entire state. For the most recent year, the data can only be generalized to one metropolitan area – DeKalb County, GA. https://www.cdc.gov/healthyouth/data/yrbs/participation.htm.</p>
Decreased sexual violence perpetration.		Pre- and post-test survey data from specific programs; Uniform Crime Report; Office of Postsecondary Education;	-Description of the changes in sexual violence perpetration observed after participating in the programs; -Description of sexual violence perpetration at the state-level.	-Decrease in percent reporting engaging in abusive behavior, as measured by 11 items on the Safe Dates Pre/Posttest . -Decrease in percent reporting engaging in forced sexual activities, as measured by 1 item on the Safe Dates Pre/Posttest .	Pre/post-tests data collected over small time period, which does not allow much time for change.

				<p>Decrease in mean number of sexual bullying perpetrations, as measured by 9 items on the SUSI Pre/Posttest.</p> <p>-Decrease in percent reporting engaging in abusive behaviors, as measured by 14 items on CBIM Pre/Posttest.</p> <p>-Decrease in percent reporting engaging in sexual violence, as measured by 2 items on the CBIM Pre/Posttest.</p> <p>-Decrease in percent reporting engaging in abusive behavior, as measured by 11 items on the Athletes as Leaders Pre/Posttest.</p> <p>-Decrease in percent reporting engaging in forced sexual activities, as measured by 1 item on the Athletes as Leaders Pre/Posttest.</p> <p><u>Long-term Measures of Sexual Violence Perpetration</u></p> <p>-Change over time in rate of forcible rapes estimated to occur in the past 12 months per 100,000 in Georgia as reported on the Uniform Crime Report https://bjs.gov/ucrdata/</p> <p>-Change over time in the number of forcible rape arrests in the past 12 months in Georgia as reported on the Uniform Crime Report https://bjs.gov/ucrdata/</p> <p>-Change over time in the number of incidents for the following offenses reported by colleges and universities in Georgia: forcible sex offense, rape, fondling, non-forcible sex offense, incest, statutory</p>	<p>Lag time for available data. Only includes rapes reported to police.</p> <p>Lag time for available data.</p>
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				<p>rape, domestic violence, dating violence, and stalking, as reported by the Office of Postsecondary Education https://ope.ed.gov/campussafety/#/</p>	
Decreased sexual violence victimization.		<p>Pre- and post-test survey data from specific programs; General Social Survey; National Child Abuse and Neglect Data System; Georgia Student Health Survey; Youth Risk Behavior Surveillance System (YRBS); National Crime Victimization Survey (NCVS); National Intimate Partner and Sexual Violence Survey (NISVS)</p>	<p>-Description of the changes in sexual violence victimization observed after participating in the programs; -Description of longer-term changes in sexual violence victimization at the state-level.</p>	<p>-Decrease in percent reporting being the victim of dating violence, as measured by 11 items on the Safe Dates Pre/Posttest.</p> <p>-Decrease in percent reporting being forced to engage in sexual activities, as measured by 1 item on the Safe Dates Pre/Posttest.</p> <p>-Decrease in mean number of sexual bullying victimizations, as measured by 9 items on the SUSI Pre/Posttest.</p> <p>Decrease in percent reporting sexual violence victimization, as measured by 11 items on the Athletes as Leaders Pre/Posttest.</p> <p>Long-term Measures of Sexual Violence Victimization</p> <p>% change in sexual harassment as measured by the General Social Survey https://gssdataexplorer.norc.org/variables/vfilter</p> <p>-In the last 12 months, were you sexually harassed by anyone while you were on the job (yes/no) *NOTE: Item asked every 4 years; next projected date of 2022</p> <p>-% change in the number of child abuse or neglect cases reporting child sexual abuse as measured by</p>	<p>Pre/post-tests data collected over small time period, which does not allow much time for change.</p> <p>GSS Data cost: \$750; Data collected every two years for most items; data collected less often for other items.</p> <p>Lag time for available data.</p> <p>Lag time for available data.</p>

				<p>the National Child Abuse and Neglect Data System https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment</p> <p>Average change in measures of harassment and bullying as reported on the Georgia Student Health Survey https://www.gadoe.org/schoolsafetyclimate/GSHS-II/Documents/GSHS_6-12.pdf. -I have received threatening or harassing text messages from other students (level of agreement on a 4-point scale); -I have been mocked or harassed on a social networking site (e.g. Facebook, Twitter, Snapchat, Instagram) by other students (level of agreement on a 4-point scale); -Someone has bullied me by making fun of me or spreading rumors about me (level of agreement on a 4-point scale).</p> <p>- Change over time in average score on dating violence measures as reported by the Youth Risk Behavior Surveillance System https://www.cdc.gov/healthyouth/data/yrbs/index.htm -During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)</p> <p>-Change over time in the rate of rape/sexual assault, DV, and IPV as reported by the</p>	<p>For the two most recent waves of the data – 2015 and 2017 – too few schools in Georgia participated in the YRBSS to produce estimates that could be generalized to the entire state. For the most recent year, the data can only be generalized to one metropolitan area – DeKalb County, GA. https://www.cdc.gov/healthyouth/data/yrbs/participation.htm.</p>
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				<p>National Crime Victimization Survey https://www.bjs.gov/index.cfm?ty=dcdetail&iid=245 -Rate of rape/sexual assault victimization estimated to occur in the past 12 months per 100,000 people aged 12 or older in Georgia -Rate of domestic violence victimization estimated to occur in the past 12 months per 100,000 people aged 12 or older in Georgia -Rate of intimate partner violence victimization estimated to occur in the past 12 months per 100,000 people aged 12 or older in Georgia</p> <p>-Change in the percent of individuals experiencing IPV and SV as reported by the</p> <p>National Intimate Partner & Sexual Violence Survey https://www.cdc.gov/violenceprevention/datasources/nisvs/index.html -Lifetime prevalence of completed or attempted rapes, sexual coercion, unwanted sexual contact, and unwanted sexual experiences -Past year prevalence of completed or attempted rapes, sexual coercion, unwanted sexual contact, and unwanted sexual experiences -Lifetime prevalence of contact sexual violence, physical violence, and/or stalking by an intimate partner -Past year prevalence of contact sexual violence, physical violence, and/or stalking by an intimate partner</p>	<p>In 2016, the NCVS was redesigned to allow for state-level estimates of violent victimization. It is projected that in 2021, there will be enough data to produce valid and reliable estimates of rape/sexual assault and related items. https://www.bjs.gov/index.cfm?ty=tp&tid=911.</p> <p>The most recent available state-level estimates for sexual violence are from the reporting years of 2010-2012. It is anticipated that future data from this source will also be lagged by several years. https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf.</p>
Stronger laws and policies related to sexual violence.	Evaluation (Starting Year 2)		-Documented legislative discussion and actions taken on relevant state-level bills regarding tougher punishment for sexual violence	-# and types of bills introduced (and/or passed and signed into law) by the State Legislature to toughen punishments for sexual violence perpetrators.	

			<p>perpetrators as reported in the Georgia House of Representatives and Senate Legislative Reports http://www.senate.ga.gov/sos/en-US/Journal.aspx http://www.house.ga.gov/mediaServices/en-US/LegislativeReports.aspx</p> <p>-Documented executive orders related to mandated sexual harassment training or policies in Georgia as reported by the State of Georgia https://gov.georgia.gov/executive-action/executive-orders</p>	<p>-# and types of executive orders related to sexual harassment training or policies.</p>	
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ii. Implementation Table

Table 4: Implementation Table

This table tracks information on process and implementation which will be reported to CDC as part of the process evaluation

Evaluation Question# 4: To what extent have selected prevention strategies been implemented in the state?

This table tracks information on process and implementation which will be reported as part of the process evaluation and aligns with the RPE Logic Model item: Demonstrate item: Identify tracking of state-level SV indicators

Implementation/process element	CDC is collecting relevant information in this RPE Component	potential data sources/collection methods	Indicator		Considerations
			Qualitative	Quantitative	
Reach	Prevention Strategy APR	Program records; quarterly progress reports; sub-recipient progress reports and lesson/session reports.	Documentation of recruitment strategies that resulted in increased reach	# of individuals, organizations or communities reached Characteristics of individuals, organizations or communities reached, % of curriculum facilitated as planned	
Dose	Prevention Strategy APR	Sub-recipient progress reports and lesson/session reports.		# of sessions for a program delivered # of implementation cycles	
Quality		Subrecipient progress reports; posttests	-Discussion of program facilitators comments about the successes, challenges, and benefits of the program	- Percent of students who indicate that the program was helpful and the facilitator was effective on the Safe Dates posttest.	
Adaptations	State Action Plan APR (starting in Year 2)	Sub-recipient progress reports and lesson/session reports.	Documented adaptations that resulted in effective implementation	Types of adaptations # of adaptations	

iii. Contextual Factors Table

Table 5: Contextual Factors Table <i>This table identifies factors affecting the implementation, ability to implement and uptake (critical factors) that will be reported as part of the process evaluation</i>			
Evaluation Question 5: Which factors are critical for implementing selected prevention strategies and approaches?			
Operational Definitions (see Appendix II for more information) Critical Factors for Implementation: <i>Actions, structures, processes, relationships and systems that influence the extent to which a selected prevention strategy can be initiated and continued over time. Critical factors may include, but are not limited to facilitators and barriers.</i>			
Factors	CDC is collecting relevant information in this RPE Component	Potential data sources/ collection methods	Considerations
Availability of state-level data on SV	Data reported at APR	Program records; Meeting minutes;	Due to current limitations in state-level data on sexual violence, the state does not have reliable data to inform program planning. The only data available currently is data from the Uniform Crime Reports, which is limited to crimes reported to police.
State DPH processes	State processes reported at APR	Program records; Meeting minutes;	In order to build new partnerships and maintain existing partnerships to implement the prevention strategies and approaches, DPH is working to expedite contract approvals.
Access to target population	Efforts to access target population reported at APR	Quarterly sub-recipients progress reports	Due to resistance to discussing issues surrounding sexual violence in the community, gaining access to the target population for the prevention strategies and approaches can be a challenge.
SV prevention training for program facilitators	Facilitators reported at APR	Quarterly sub-recipients progress reports	In order to implement the selected prevention strategies and approaches effectively, the program facilitators must have adequate training on sexual violence prevention.

iv. Alignment Tables

Table 6: Alignment Table: Prevention Strategies Evaluation Question 6: To what extent are sub-recipient activities aligned with state level goals and outcomes stated in the state action plan and recipient work plan?	
Operational Definitions (see Appendix II for more information) <i>State and local alignment; recipient and sub-recipient alignment: The extent to which RPE-funded sub-recipient activities (prevention strategies) are explicitly linked to state level goals and outcomes in the state action plan, work plan, evaluation plan and logic model</i>	
Work Plan Goal 5: Demonstrate changes in selected risk and protective factors	
Risk and Protective Factor Outcomes	Prevention Strategies Selected to Impact Outcomes
Increased empathy	Athletes as Leaders Coaching Boys into Men One in Four Plus Safe Dates Step Up. Step In
Reduced harmful gender stereotypes	Athletes as Leaders Coaching Boys into Men One in Four Plus Safe Dates
Reduced tolerance of sexual harassment, DV, and/or SV	Athletes as Leaders Coaching Boys into Men One in Four Plus Safe Dates Speak Up Be Safe Step Up. Step In Community Taskforces
Increased bystander behavior to prevent violence	Athletes as Leaders Coaching Boys into Men Step Up. Step In
Increased social connectedness between individuals and their communities	Athletes as Leaders Speak Up Be Safe Step Up. Step In

Increased feelings of safety in schools	Step Up. Step In
Stronger laws and policies related to sexual violence.	Community Taskforces

Table 7: Alignment Table: Technical Assistance and Coalition Building
Evaluation Question 6: To what extent are sub-recipient activities aligned with state level goals and outcomes stated in the state action plan and recipient work plan?

Operational Definitions (see [Appendix II](#) for more information)
State and local alignment; recipient and sub-recipient alignment: The extent to which RPE-funded sub-recipient activities (prevention strategies) are explicitly linked to state level goals and outcomes in the state action plan, work plan, evaluation plan and logic model

Outcomes in this table may align with multiple goals in your work plan.

Outcomes	Technical Assistance and Coalition Building Strategies
Increase collaborations with partners in multiple sectors	Strengthening partnerships through prevention strategies, relationship building
Improve evaluation capacity	Provide evaluation capacity building activities for sub-recipients (identifying indicators, monitoring and tracking data, program implementation, and evaluation)
Increase data driven decisions	Provide community coalitions with information regarding sexual violence prevention data sources to supplement community level strategies and activities.

a. Data Management Plan

A table that includes all data sources the the plans for data storage, access, and preservation is included in the state action plan. All data collected will be confidential and kept in locked files and HIPAA compliant accessible only to the GA-SVPP team and external evaluation team. None of the research records will contain names of program participants. Responses to several demographic survey items are used to create a unique case identification variable, which is used to match pre- and post-test surveys.

For evaluation purposes, Georgia DPH may make data collected available to researchers who propose evaluation projects that are consistent with the mission of CDC and DPH to monitor and improve efforts to prevent perpetration and victimization of sexual violence in Georgia, and who sign an agreement of confidentiality. Researchers must present written study objectives to Georgia DPH. Upon approval, Georgia DPH will inform the researcher to present a formal data request to DPH through its Public Health Information Portal (PHIP; <http://datarequest.dph.ga.gov/sendss/datarequest.login>). Data released for such research may include general participant and organization characteristics but will not include information that would directly identify any individual organization or participant.

b. Continuous Quality Improvement

The contracted evaluator will collaborate with the Principal Investigator, GA-SVPP program manager, internal Lead Evaluator, Rape Crisis Centers, GNESEA, and other key stakeholders to ensure that the evaluation findings will be thoroughly used for continuous quality improvement. The contracted evaluator will collaborate with the Principal Investigator, GA-SVPP program manager, and internal Lead Evaluator to submit an annual comprehensive evaluation report, which includes both process and outcome evaluation findings, to the GA-SVPP. Findings from the GA-SVPP evaluation activities will be disseminated to program stakeholders via multiple communication methods, such as presentations at meetings, academic and professional conferences, and written documents, such as evaluation reports, briefs, infographics, Chronic Disease Prevention Section newsletters, and data summaries. The evaluation findings will also be disseminated through web-based channels, such as the DPH website. The GA-SVPP evaluation team will share the lessons learned with other RPE evaluators through conference calls and webinars.

Program stakeholders will be asked to provide their feedback on the evaluation report and recommend program and/or evaluation improvements during stakeholder meetings. There will be a specific focus on the strengths and weaknesses of the prevention work, as identified in the process and outcome evaluation findings, and how activities need to be adjusted for selected prevention strategies and approaches. Using the Plan-Do-Study-Act framework, we will “plan” by using the findings reported in the evaluation report to identify areas the need improvement and develop solutions. Then, in order to “do,” the external evaluator will work collaboratively with the GA-SVPP staff to determine if the proposed solutions are feasible so that responsible staff can implement programmatic changes to enhance program quality, effectiveness and efficiency. The evaluation staff will document, monitor and analyze feedback from various program staff and stakeholders and develop action steps for continuous quality improvement. For the following year, to “study” the evaluators will analyze the data to see if the program changes helped make the expected improvements and to “act” the program director will either adopt the solution as standard practice or work to develop a new solution.

Section V: Evaluation Team

Table 8: Evaluation

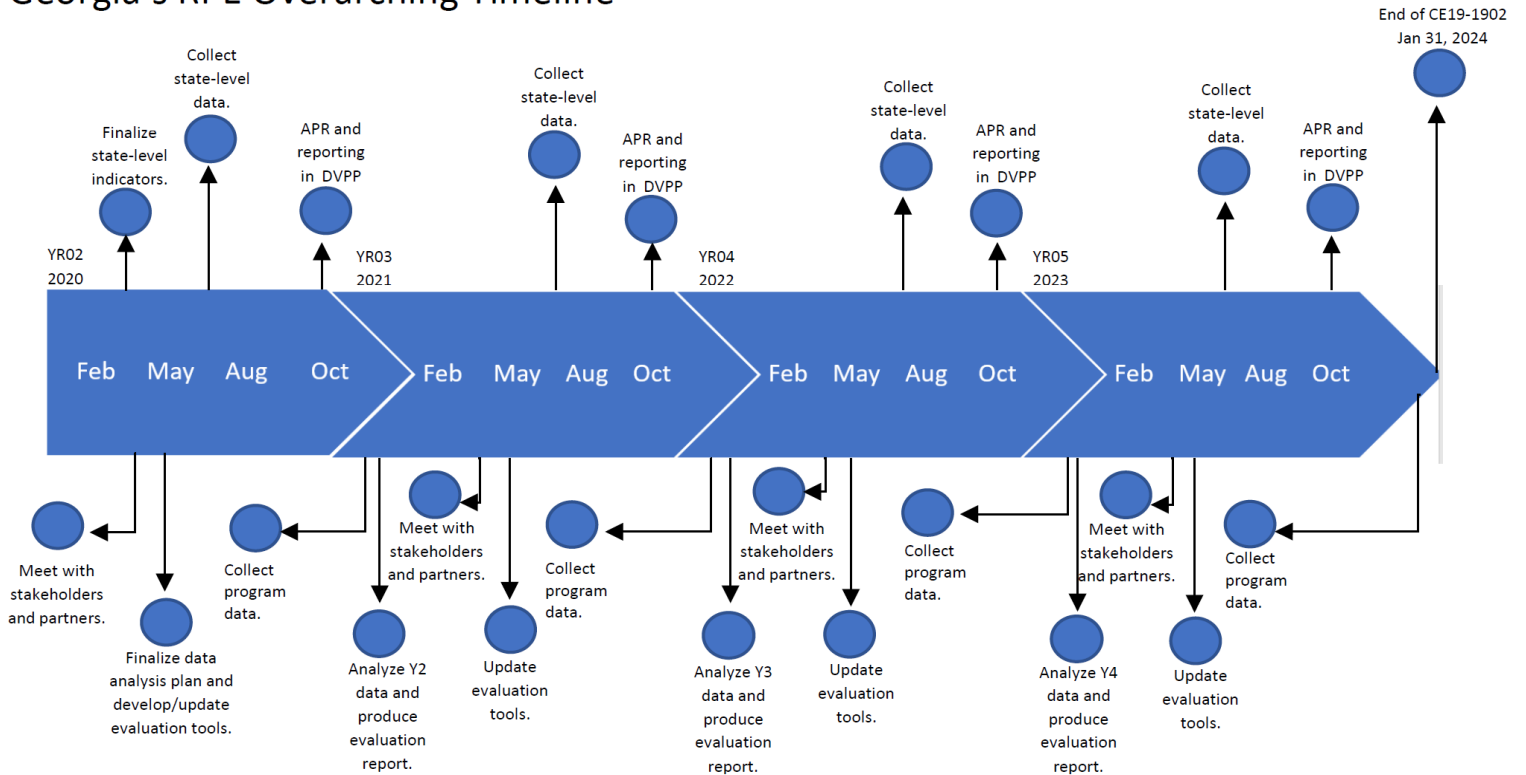
Individual	Title or Role	Contracted or In-house	General Responsibilities
Mosi Bayo	Program Director	In-House	Internal primary point of contact; serves as liaison between external evaluation team and GA-SVPP
Jimmie Smith	Sr. Deputy of Health Science	In-House (Year 1 & 2 Only)	Supervises administrative, programmatic, and policy staff in the Office of Evaluation, Data and Reporting
Jennifer McMahan-Howard	Lead External Evaluator	Contracted	Primary point of contact for external evaluation team; oversees external evaluation team
Heidi Scherer	Co-Evaluator	Contracted	Supports evaluation activities
Sarah Evans	Co-Evaluator	Contracted	Supports evaluation activities
Beverly Reece Churchwell	Co-Evaluator	Contracted	Supports evaluation activities

Table 9: Evaluation Timeline

Evaluation Activities/Tasks	Resources Needed	Stakeholders Involvement	Person Responsible	Timeline/Due Dates
<i>Specific tasks related to CQI</i>	<i>What does the program need to ensure the task can be accomplished (e.g. data about implementing a program)</i>	<i>Primary stakeholders (e.g., evaluation team, leadership team)</i>	<i>Staff responsible for CQI (e.g., evaluation manager)</i>	<i>Timeline for completing activities (e.g., Year 2, March-May)</i>
Meet with stakeholders and partners to discuss and receive feedback on evaluation. Discuss findings and make recommendations for program and/or evaluation improvements.	Coordination and cooperation of stakeholders and partners and a meeting space (phone, online, or in-person).	Leadership team coordinates a meeting with stakeholders and partners to discuss programs and evaluation team discusses and receives feedback on the evaluation. The external evaluators will discuss the evaluation findings with the leadership team and will work together to make recommendations for program and/or evaluation improvements. The leadership team will communicate these findings and recommendations to other stakeholders and receive input for stakeholders.	Mosi Bayo	Annually, February - May
Finalize data analysis and develop/update process and outcome evaluation tools for each specific approach/program (including Community Taskforces).	Data about the purpose/goals of programs, curriculum and/or materials used, information program implementation, Qualtrics for creating pre/post-tests, website builder for administration of pre/post-tests.	Leadership team provides the data needed and the external evaluation team develops the evaluation tools.	Jennifer McMahon-Howard	Annually, April - July
Collection of pre- and post-test data as well as progress report data for each approach/program	Data collection instructions.	External evaluators develop instructions, leadership team distributes and explains instructions, program facilitators collect the data, and the state RPE director oversees the whole process.	Mosi Bayo	Annually, August - December
Finalize state-level indicators.	Collaboration between leadership team and evaluation team.	Evaluation team discusses all possible data sources for state-level SV indicators and the leadership team determines the most feasible options.	Mosi Bayo	Year 2, February - May
Collect state-level data on SV indicators.	Access to data.	The external evaluation team collects data on all selected SV indicators.	Jennifer McMahon-Howard	Annually, April - July
Analyze data from pre- and post-tests, progress reports, and state-level SV indicator data and produce report with findings and recommendations.	Access to data, statistical software, and graphic software for producing tables and figures for the report.	The leadership team and internal evaluators provide the data to the external evaluators and the external evaluators compile datasets, analyze the data, report the findings, and produce a written evaluation report.	Jennifer McMahon-Howard, Heidi Scherer, Sara Evans, and Beverly Reece Churchwell.	Annually, November - January

Report findings in DVP Partner Portal.	Access to evaluation report and access to DVP Partner Portal.	Using the findings in the evaluation report, the leadership team will input the relevant findings in the DVP Partner Portal	Mosi Bayo	Annually, October
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Georgia's RPE Overarching Timeline



Submission: Submit the Draft State Evaluation Plan in GrantSolutions as a PDF into Grant Notes in the Grants Management Module (GMM) by Friday, October 18, 2019. Additionally, please email the Draft State Evaluation Plan as a Word document or as a PDF to your assigned Project Officer and dvpevaluation@cdc.gov by Friday, October 18, 2019.