

# **Evaluability Assessment of the Rape Prevention and Education Grant Program**

**Task Fourteen: Summary of Findings  
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## ***Executive Summary***

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The purpose of the Rape Prevention and Education (RPE) Grant Program is to award funds to all U.S. states, D.C., and eight territorial departments of health (DOH) for rape prevention and education activities conducted by the DOH, sexual assault coalitions, rape crisis centers, and other public and private entities. This Evaluability Assessment of the Rape Prevention and Education Grant Program was a contract awarded to RTI International. The aim of this contract was to enhance the CDC's and other stakeholders' knowledge of the allocation and uses of the RPE grants in order to improve the administration, effectiveness, and efficiency of the RPE Grant Program. RTI conducted the Evaluability Assessment between September 2001 and May 2004. The primary objectives of the Evaluability Assessment were to:

- Document the intended goals and objectives of the RPE Grant Program
- Assess the allocation mechanisms, uses, and impact of the funds for RPE
- Assess the technical assistance and training needs of territorial, state, and local RPE-supported programs

To meet these objectives, a variety of data collection tasks were employed, including:

- a critical review of both the published literature on rape prevention and education programs and the related materials pertaining to the RPE Grant Program
- telephone interviews with key federal and state stakeholders
- a Web-based survey with the state/territory DOH RPE coordinators, appropriate representatives from other state/territory agencies involved in the administration of the program, and sexual-assault coalition directors
- site visits with a sample of 14 states to obtain more detailed information on the RPE Grant Program from state DOH RPE coordinators, appropriate representatives from other state agencies (if applicable), and sexual-assault coalition directors
- focus groups at five of the site visits with a sample of six to eight local RPE-supported service providers.

Findings from the literature review and stakeholder interviews can be found in prior deliverables to the CDC. The current report provides the findings from the Web survey, site visits, and focus groups. Through these activities, information was generated regarding the grant application/reporting system, RPE Grant Program funding models, technical assistance and training needs of states/territories, and other

aspects of the RPE Grant Program. Further details regarding the methods and sample, as well as key findings from this report, are provided below.

### 1.1 Methodology and Sample

Data sources for this report included a Web-based survey of state and territory government agencies and sexual assault coalitions as well as site visits to a sample of 14 states in which in-depth interviews were conducted with staff from the same organizations. In five of these sites, focus groups were conducted with local rape prevention and education providers in addition to the interviews. The purpose of the Web survey was to assess the perspectives of key staff across all states and territories about their RPE grants and the RPE Grant Program overall. The purpose of the site visit interviews and focus groups was to collect more in-depth information from a subset of RPE grants and to incorporate input from local rape prevention and education providers into the assessment of the RPE Grant Program. A panel of four consultants was also convened as part of the Evaluability Assessment process. The panel, made up of nationally known experts in the field of sexual assault prevention, reviewed and commented on the overall Evaluability Assessment strategy, the multiple data collection instruments developed as part of the project, and the findings presented in this report.

The overall number of respondents participating in the Web survey was 98, or 84 percent of all potential respondents. Specifically, 49 (86 percent) of the health department RPE coordinators, 40 (80 percent) of the coalition directors, and 9 (90 percent) of the other state/territory agency representatives involved in the administration of the RPE Grant Program completed the Web survey. Using a set of selection criteria, CDC and RTI staff purposively identified a total of 14 states for the site visit component of the Evaluability Assessment. The primary criteria used were U.S. Census region (Northeast, South, Midwest, and West), amount of RPE grant award, whether the state has a funding arrangement with another state agency, and the role of the sexual assault coalition in the RPE grant (i.e., whether the coalition is funded and/or a funding agency for the grant). Once the 14 sites were selected, five of the sites were identified for the focus group component of the site visits ensuring representation from each region.

### 1.2 Major Findings

Descriptive analyses were conducted on the Web-based survey, interviews, and focus groups by agency type (department of health [DOH], state sexual assault coalition [SAC], and other state agency [OSA]) and grant size (small [less than \$300,000], medium [between \$300,000 and \$800,000], and large [more than \$800,000]). These analyses assessed components of the RPE Grant Program within three broad categories:

- Goals and Related Strengths and Weaknesses of the RPE Grant Program
- Allocation, Utilization, and Impact of the RPE Grant Funds
- Aids, Barriers, and Needs Related to the RPE Grant Program

The major findings from each of these categories are listed below. These findings are followed by those from Chapters 5 and 6, which discusses program models and alternative reporting systems and utilized site visit data for analysis.

### **1.2.1 Goals and Related Strengths and Weakness**

The following is a list of goals and related strengths and weaknesses gleaned from the survey, interviews, and focus groups:

- **There is consensus on the overall goal of the RPE Grant Program.** Among Web survey respondents, 94 percent indicated that the overall goal/purpose of the RPE Grant Program was to reduce/prevent rape and sexual assault, primarily through funding and implementation of awareness and/or educational activities. This response was consistent across all grant sizes and agency types in the survey, focus groups, and individual interviews. Similar findings arose when respondents were asked about state-specific goals for the program.
- **Availability of specific sexual violence prevention funding is a strength of the RPE Grant Program.** Strengths of the RPE Grant Program included the availability of funding specifically for sexual violence prevention; effective administrative structure and high level of accessibility to CDC staff, project officers, and other critical stakeholders; ability to foster partnerships and relationships with other organizations in an effort to increase the capacity of programs; and mechanism for sexual violence to be acknowledged and promoted as a major national public health issue.
- **Improvements are needed in providing information on definitions and best practices.** Weaknesses of the program included insufficient funding and resources, unclear definitions and lack of information about effective programs and best practices, the process of funding allocation; poor communication between agencies at federal, state, and local levels; restrictive funds; lack of standardization with regard to data collection and surveillance; the use of a funding formula based on population for grant allocations; unreasonable budget/evaluation expectations; and lack of input from all agencies involved in the grant program. These findings had a great deal of variability based on agency and respondent type.

### **1.2.2 Allocation, Utilization, and Impact of Funds**

The following is a list of responses gleaned from the survey, interviews, and focus groups regarding allocation, utilization, and impact of funds:

- **States with greater capacity tended to manage the program out of the injury prevention unit.** Overall, approximately 39 percent of RPE grants are received and managed within a health promotion and disease prevention section, followed by 33 percent in injury prevention and control, 22 percent in women and family health and 6 percent in an unspecified section. This distribution varies by grant size, with larger grants generally housed within injury prevention.
- **DOH respondents were more likely to retain funds in larger grant size states.** DOH respondents were asked the approximate amount of RPE funding retained by their agency for both administrative and programmatic activities. The responses ranged from no funding to approximately \$2 million. The average funding retained across all respondents who provided this information was \$129,483, or about 17 percent of their state's/territory's RPE funds.

- **Activities most frequently reported by DOH, SAC, and OSA agencies involve informational materials and training.** Overall, 61 percent of the respondents reported that their agency is involved in the development and/or dissemination of informational materials, 57 percent provide training and technical assistance (TA) to local service providers, and 46 percent train allied professionals. The *least* common rape prevention and education activities across all these respondents are hotlines (8.7 percent) and other victim services (5.4 percent).
- **The activity most frequently conducted by local service providers, as reported by survey respondents, was school-based rape prevention education.** Overall, survey respondents reported that 81 percent of local providers have school-based rape prevention education, and between 75 and 77 percent reported that local providers have community-based education seminars, campus rape prevention education, informational materials, and/or media and awareness campaigns.
- **Consideration should be given to changing eligible rape prevention and education activities.** Thirty-four survey respondents suggested changes to eligible rape prevention and education activities, including support for victim services, removing or expanding the 2-percent budget allocation limit concerning surveillance, giving more attention to or incorporating requirements for evaluation, and incentives for focusing on under-served populations.
- **Currently, few activities are designed specifically for under-served populations.** At least half of all states/territories indicated that they are serving under-served populations. People living in rural communities, people with disabilities, and people of color are being served most, with over 70 percent of all states/territories reporting rape prevention and education activities for these groups. With regard to programming focused on males to prevent first time male perpetration, six states reported college campus prevention programming, eight reported training, 12 reported a public campaign or media effort and TA, and 17 states reported school-based or other youth prevention programs. These activities vary by grant size, with large states/territories reporting such activities most frequently.
- **Most current evaluation activity focuses on program description and satisfaction.** Forty-two percent of all survey participants indicated that their agencies are currently performing evaluation work. The activity most frequently identified is program descriptions (44 percent), followed by satisfaction assessments (33 percent) and program outcome assessments (25 percent).
- **Less than 50 percent of states are conducting some form of surveillance activities.** In 23 (or 44.2 percent) of the surveyed states/territories, at least one of the agencies is engaged in conducting some type of surveillance. The activities included accessing existing surveillance data (e.g., emergency department records; 44 percent), analyzing existing surveillance data (e.g., Uniform Crime Reports; 37 percent), adding new questions to an existing survey (e.g., Behavior Risk Factor Surveillance Survey [BRFSS], Youth Risk Behavior Survey [YRBS]; 19 percent), and developing/implementing a new surveillance survey (16 percent).

### 1.2.3 Aids, Barriers, and Needs

The following is a list of responses gleaned from the survey, interviews, and focus groups regarding aids, barriers, and needs:

- **Communication was noted as an important aid to grant management and oversight.** Over 80 percent of DOH representatives who responded believed that communication between their agencies and both CDC and grantees/subcontractors is a significant aid in grant management. Overall, the most frequently reported aid to meeting state goals was the actual funding received from RPE (85 percent). Respondents across agency types reported agency priority (67 percent) and staff evaluation skills (33 percent) as aids in evaluation.
- **Community sensitivity around the topic of sexual violence was a key barrier to implementation of the RPE Grant Program.** Approximately 87 percent of respondents noted this issue as a barrier. The most frequently reported barriers to meeting state grant goals were the political environment within states/territories (54 percent) and issues with access to and quality of data (52 percent). The barriers of cost and staff time needed to conduct evaluations (84 percent) were reported as even greater agency concerns. The lack of staff and other resources (92 percent) were seen as key barriers for surveillance efforts.
- **TA/training needs are broad, with information on promising rape prevention and education programs the most frequently noted need.** Ninety-two percent of respondents noted a need for more evidence-based programming. Other areas noted by large percentages of the respondents include information on risk factors for perpetration (75 percent), increasing community buy-in (75 percent), data analysis and interpretation (75 percent), techniques in presenting sexual violence as a public health issue (77 percent), opportunities for sharing information (81 percent), and evaluation design (83 percent).

## **1.2.4 Program Models**

Detailed state models describing goals, characteristics of agencies, relationships between agencies, and prevention activities were developed. From these models, seven overarching funding models emerged. These seven overarching funding models were further divided into two types: those that did not include another state agency aside from the DOH (non-OSA models) and those that did include another state agency (OSA models).

- **Models 1 through 3 represent funding models that do not involve another state agency aside from the DOH.** Model 1 represented the simplest model, with the DOH providing funds directly to the RCCs and the SAC having a relationship with the other agencies but not receiving any RPE funds. Model 2 incorporates the SAC into the funding stream, with the DOH providing funds to the SAC and the SAC in turn distributing funds to the RCCs. In Model 3, the DOH distributes funds to both the RCCs and SAC directly, and the SAC passes on more money to RCCs for specific activities.
- **Model 4 through Model 7 represent the varying funding patterns for states that included an OSA in their RPE grant.** In Model 4, the OSA serves as a funding agency from the DOH to the RCCs, with the SAC receiving no RPE funds. In Model 5, funds originate with the DOH but are passed on to the OSA, which distributes to the SAC and who in turn distributes funds to the RCCs. In Model 6, the DOH distributes funds to both the OSA and the SAC, and the OSA serves as a funding agency to the RCCs. Finally, in Model 7, the DOH distributes funds to the OSA, which serves as a funding agency for both the RCCs and the SAC.
- **Results indicate that there is a great deal of variability in the program funding models and that this analysis is only a first step.** There is not enough information at this point to

determine if one model is more effective than another. There are too few states represented and although several criteria were used to select the sample, it is not a truly representative sample of the RPE Grant Programs. Further investigation is needed to identify the optimal program funding model.

### 1.2.5 Alternative Reporting Options

A critical goal of this assessment was to document the ways in which the systems for data reporting by grantees to the CDC can be improved. These findings may inform the development of alternative systems to monitor the use of funds for RPE purposes, document the activities of the RPE Grant Program, and permit the evaluation of RPE initiatives. Because the Rape Prevention and Education Grant System (RPEGs) was not fully developed at the time of this Evaluability Assessment. The interview guide only included questions about the Uniform Data System (UDS) and recommended changes to the data collection system. Key findings are provided below.

- **Respondents provided several options for data that could be used to indicate RPE Grant Program success.** Descriptions of curricula and other prevention activities, such as media campaigns and assessments of their effectiveness, was the option most commonly reported by respondents for relating program success. Respondents provided specific recommendations regarding how program effectiveness might best be captured through pre- and post-testing, or other assessments of attitudinal and/or behavioral change.
- **Respondents had several suggestions for modifications to the UDS items.** Several common changes were suggested across state and agency types, including more demographic information with the addition of college- and elementary-age students, process and outcome evaluation findings, and detailed information about the sexual violence education/prevention training or programming provided by coalitions and other agencies in the community.
- **Respondents indicated an additional issue of note for the incidence of rape and attempted rape item, due to the lack of clarity concerning this item and the tracking mechanism used.** Respondents reported confusion with the item because of such issues as the varying definition of rape and attempted rape and concerns over the realistic ability of any of these state agencies to obtain accurate assessments of rape and attempted rape due to the high rates of nondisclosure.
- **Respondents in several states indicated that a few of the items should be totally deleted because they do not coincide with the goals of rape prevention and education.** These items, which assess the numbers of people receiving rape crisis intervention services, calling into hotlines, and reporting rape and attempted rape, were viewed as more consistent measures of victim services.

### 1.3 Recommendations

General recommendations across data collection methods and topics regarding the goals and objectives of the program, funding allocations and interagency relationships, barriers/aids to the grant, and suggestions for an alternative reporting system for monitoring the grant are described below. The recommendations are described within four major categories: Performance Measures/Accountability, TA/Training, Evaluability, and CDC Strategic Planning. Each of these categories are described in detail below.

### **1.3.1 Performance Measures/Accountability**

The general recommendations regarding performance measures and accountability are as follows:

- This assessment suggests a need for better communication and discourse regarding the findings from CDC information collection. The CDC should consider a more systematic approach to collecting qualitative data. In addition to a standard data collection system in which states/territories report activities, annual focus groups with a sub-sample of agency representatives (including DOH, OSA, SAC and RCC representatives) are recommended to obtain supplemental information that could contribute to data regarding states' achievements.
- When developing an alternative reporting system each of the following should be considered: focus the purpose of the database reporting system, greater use of narrative opportunities such as semi-annual reports and continuation applications and support for additional evaluation activities.
- Given the limited amount of resources from the RPE Grant Program for surveillance (2 percent of the grant), the development of resources in this area would fall largely on the CDC, unless other monies can be leveraged for the purposes of surveillance activities. The development of uniform modules for systems such as YRBS is recommended. The modules could capture exposure to various types of sexual violence and be adapted for various populations. Consideration should also be given to increasing the allowable amounts of RPE funds that can be utilized for surveillance as well as greater utilization of existing standard modules for assessing violence, such as the BRFSS.
- Respondents reiterated frequently that data from other states would allow for analysis of outcomes across states with comparable funds, socio-demographic characteristics, and so forth. Existing CDC-sponsored conferences that focus on sexual violence should allot time for state/territory representatives to share information on their states' activities, successes, and challenges with implementation, perhaps in roundtable formats. These discussions would be most effective if they allowed for the pairing of state/territory representatives with similar state characteristics. Additionally, the availability of funding for demographically similar states to collect data on sexual violence would allow for better comparisons.

### **1.3.2 TA/Training**

The general recommendations regarding TA/training are as follows:

- During site visits, several respondents reported that various resources existed at the CDC or in certain state agencies and that individuals within coalitions and at the local provider level often did not have access to or receive this information. The CDC should clarify dissemination practices that are currently used with the various state agencies. There may also need to be different forms of communication from CDC project officers for the RPE Grant Program, to increase the likelihood that the DOH/OSA, the SAC, and the RCC are privy to relevant resources and information.
- A large number of respondents from all agencies reported the need for evaluation training, including how to develop and to implement evaluation plans. Current efforts from the CDC, such as approaches that use empowerment evaluation for community agencies, may provide frameworks for building these resources.

- In general, more respondents reported communication among the key agencies (the DOH, the SAC, and the OSA), while less reported joint decision making and planning. CDC-sponsored conferences, such as the National Sexual Violence Prevention Conference, provide venues for training on the engagement of partners in decision making and planning and would allow for discussion among these agencies. The CDC could further enable collaboration through the development of a listserv or Web site reporting state news, a directory of RPE-funded programs throughout the United States, and additional opportunities for networking among states and territories, such as prevention conferences.
- Respondents appreciate the RPE funds and are positive about what the program has afforded within their states, but it is quite evident that more money is needed to adequately address state goals regarding sexual violence prevention. Agencies could likely make strides to overcome some of the funding issues through additional training. This training could include topics such as how existing sexual violence prevention efforts are associated with other social issues (illustrating links that provide a rationale for other funding mechanisms) or tools for networking within communities to use existing resources.
- Inquiries about the lack of information from the CDC regarding evidence-based programs were common throughout the respondents. The CDC should consider strategies to better communicate the deficiencies that exist in this area and the steps being taken to address the problem.

### 1.3.3 CDC Strategic Planning

The general recommendations regarding CDC strategic planning are as follows:

- Respondents report that the RPE Grant Program has helped to attract more attention to sexual violence but acknowledge that there is a clear need for further marketing of the issue with a specific focus on primary prevention. An option for the CDC would be a cost analysis of sexual violence in terms of the victim, perpetrator, and society as a whole. This analysis would likely show a clear need for prevention efforts.
- Respondents noted a need for programming that is specifically developed for culturally and ethnically diverse groups. The cross-cultural application of programs and evaluations in order to assess effectiveness within various communities would provide information to agencies that are considering programs for use within their own communities. To prioritize funding for the development of programs specifically for special populations, there may be a need to require a percentage of the funding that is expected to be utilized in order to address prevention efforts with special populations.
- Additionally, there is a need to further clarify what is encompassed by efforts directed to specific populations. With regard to male-focused efforts, there is a need for both further delineation of how work with men and boys is defined and suggestions for appropriate approaches.
- Respondents noted some confusion about whether victim services are an appropriate use of the funds, given the stated federal goal of prevention. These findings suggest a need for clarification of the use of the funds, particularly for victim services-related activities.
- Analyses by grant size indicated that there is a definite correlation between grant size and the capacity of states. The CDC should consider a required standard minimum amount of

funding for all states/territories, to ensure that basic capacities are supported, regardless of size.

### **1.3.4 Evaluability**

The general recommendations regarding evaluability are as follows:

- Findings from this report suggest that there is some continuity in the general idea of sexual violence prevention as a goal; however, significant ambiguity remains surrounding what that goal means and how it is operationalized. The CDC should consider efforts to make the RPE Grant Program more visible and its goals more salient, both to those receiving funds and to the general public.
- Agency interviews suggest that evaluation is inconsistently defined and that the approaches vary dramatically by state. There is a need to develop capacity in the area of evaluation and to set aside monies and other resources for evaluation efforts. Approaches for addressing this issue might include the use of empowerment evaluation, evaluation contractors, state DOH staff with evaluation expertise, or partnering with Ph.D. candidates.
- Access to surveillance measures and data could facilitate states' abilities to establish baseline and annual targets. The CDC should continue to establish tools to share with all agencies within states.
- Many respondents noted the need for clear definitions on what constitutes sexual violence and how it can be uniformly reported. The CDC should consider piloting sexual violence definitions across various states and agencies to better operationalize these terms.

## **1.4 Conclusion**

The establishment of monies specifically for rape prevention and education through the CDC's Rape Prevention and Education Grant Program has allowed states/territories to make sexual violence a more visible issue within their communities and to begin to take steps towards achieving the grant programs ultimate goals. As noted, however, critical steps remain for the continued development of the program. Issues raised in this report provide some guidance on key areas that might be considered as this development continues.