South Dakota Rape Prevention Education Program Logic Model

**Inputs**
- CDC RFA CE19-1902 Funding
- CDC technical assistance
- SD DOH
- Data Surveillance and Evaluation Committee
- Sexual Violence Prevention Planning Committee
- Resources from the NSVRC and CCASA
- Sexual violence prevention partners
- Sexual violence prevention program delivery sites
- SDSU PHEC evaluation contractors
- Data sources

**Strategies and Activities**
- **SD.1.** Continue collaboration with subrecipients to implement sexual violence (SV) prevention initiatives
- **SD.2.** Establish a Tribal Advisory Board to promote tribal community engagement and culturally align primary SV prevention strategies
- **CDC.A.1.** Identify and establish public/private partnerships that can provide technical assistance and support evaluation capacity of subrecipients to facilitate and monitor the implementation of prevention programs, practices, and policies
- **CDC.A.2.** Develop a state action plan for implementing approaches corresponding to the focus areas
- **CDC.A.3.** Develop and implement a state-level evaluation plan (goals of SD RPE align with subrecipient implementation)
- **CDC.A.4.** Identify and track SV indicators
- **CDC.A.6.a.** Implement no more than 50% of strategies at the individual/relationship level (Green Dot) and at least 50% of strategies at the community level (Shifting Boundaries)

**Short-Term Outcomes**
- **CDC.1.** Increase capacity from partnerships to access and use data and leverage support
- **CDC.2. & CDC.4.** Increase data-driven decision-making for SV prevention program and subrecipient selection
- **SD.3.** Increase number and engagement of organizational and tribal partners
- **CDC.3.** Increase alignment between state-level goals and prevention strategies at state and local levels
- **SD.4.** Improve availability of culturally aligned evidence-based programs on SV prevention for Native Americans
- **SD.5.** Improve social norms related to SV
  - **SD.5.a.** Increase knowledge of consent
  - **SD.5.b.** Improve attitudes towards SV (lower rape myth acceptance and increased prevention responsibility and empathy for victims)
- **CDC.5.** Increase the number of process and outcome evaluation activities implemented from the state evaluation plan
- **CDC.6.** Demonstrate tracking of state-level SV indicators
- **CDC.7.** Increase percentage of community/societal-level approaches implemented

**Intermediate Outcomes**
- **CDC.8.** Increase use of partnerships to implement community/societal-level strategies and improve coordination of SD SV prevention efforts
- **SD.6.** Increase number of partners implementing SV prevention programs
- **SD.7.** Increase implementation of culturally relevant evidence-based strategies in SV prevention
- **CDC.12.** Increase in protective factors and decrease in risk factors related to SV perpetration and victimization
  - **CDC.SD.12.a.** Improve perceptions of community support, access to resources, and community safety
  - **CDC.SD.12.b.** Increase upstander efficacy and behavioral intent
  - **CDC.SD.12.c.** Reduce peer victimization and other violence
- **CDC.9.** Demonstrate use of indicator data to track SV prevention program implementation, continuous improvement efforts, and outcomes
- **CDC.11.** Demonstrate environmental and community changes that result from selected community/society-level strategies

**Long-Term Outcomes**
- **CDC.13.** Decrease rates of SV perpetration and victimization in SD

**NOTE:** Numbering of outcomes reflects numbering used in CDC RFA CE19-1902 Program Logic Model Guidance document. SD signifies South Dakota specific strategies and outcomes.

Revised 10/8/19