

## Final Evaluation Plan



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## **Final Evaluation Plan**

### **Overview of the Health Issue:**

The objective of this literature review is to prevent new STD infections in Fulton, GA. The objective of this literature review is to prevent new STD infections among African Americans ages 10-24 years within Fulton, GA. STD preventive interventions are not only lifesaving or disease-prevention measures, but also substantial cost-cutting initiatives for health-care systems (RHIhub, 2017). In 2018, the annual cost of STDs in the United States was predicted to be \$15.9 billion, which can be avoided by STD preventive interventions, resulting in considerable cost savings for the country's economy (Chesson et.al., 2021).

In the year 2020 state of Georgia has reported 90,733 STD cases among which Fulton, GA alone has reported 16,537 STD cases (OASIS, 2022). Within Fulton, GA African Americans reported 11,151 STD cases which is more than half of the cases reported by Whites (1,903 STD cases) (OASIS, 2022). In Fulton, GA, the STD incidence rate is 1,441.0 per 1,000 people in 2020, which is substantially higher than the Georgia State average of 862.2. (OASIS, 2022).

### **Program Description:**

Project “Protect” is a protective program intending at protecting lives of STD positive African Americans of Fulton County, ages 10-24 years to protect them from the detrimental effects of disease and encourage them for condom usage and regular STD screening. The participants will be engaged in 6 weeklong program which holds on every Wednesday 5 pm -7 pm and Saturdays 10 am -12 pm at **Fulton High School**. During the program STD positive patients will be exposed to variety of activities aimed at improving sexual behaviors, such as constant and consistent use of condoms and frequents screening for STDs.

**Program Goal:** To enhance healthy sexual behaviors and decrease risky sexual behaviors among African Americans aged 10-24 years of Fulton, GA.

### **SMART OBJECTIVES:**

#### **Short term:**

1. At the end of session 2, at least 90% of recruited participants participate in both sessions
2. At the end of week 02, at least 80% participants reported increased knowledge on condom use behavior
3. At the end of week 03, at least 80% participants reported increased awareness on STD screening and condom used behaviors

#### **Intermediate:**

1. At the end of week 04, at least 85% of participants participate in all the sessions
2. After completion of program, at-least 75% of participant’s made commitments to undergo regular STD screening
3. After completion of program, at least 75% of participant’s has initiated condom use negotiation with their partners.
4. After completion of program, at-least 70% of participant’s reported decreased negative outcome expectancies of condom use.
5. After completion of program, at-least 75% of participants reported that this program was able to remove at-least one perceived barriers of STD screening.
6. After completion of program, at least 70% of participants reported increased attitudes towards condom use behaviors.

#### **Long term:**

1. One year after completion of Program, at-least 80% of participant’s reported that they underwent STD screening at-least twice.

2. Two years after completion of program, at-least 80% of participants reported increased self-efficacy towards condom use behavior.
3. Five years after completion of program, there is at-least 30% reduction in STD incidence rates among African Americans in Fulton, GA.

**Target Population:** The participants are 100 (50 males and 50 females) African Americans residents of Fulton County, ages 10-24 years who has just been diagnosed with STD in past 3 months. A designated nurse at Sexual Health clinics at Fulton, GA will make a referral to the program upon an African American's positive STD diagnosis.

**Stakeholders:** Stakeholders of Project "PROTECT" are THRIVE SS, Laboratory Corporation of America Holdings (Labcorp), North Point Community church, Fulton Public House Restaurant, Trojan condoms. This program runs in collaboration with Sexual Health clinics of Fulton, GA. Stakeholders constantly engage with participants, involve in meetings assessing evaluation report and play a major role in decision making regarding changes or continuation of program plan. Stakeholders are engaged through stakeholders' coalition.

### **Program Activities**

#### **Participatory Learning-Strategy**

**Session-01:** 10-cohorts will participate in "Role Play" as STD advocates & share "Stories of Hope" to reduce STD screening stigma. Participants are divided into 10 cohorts. Each cohort plays the roles of STD advocates and will speak on STD risk reduction messages and Perceived barriers such as stigma, embarrassment, discrimination associated with STD screening through interaction, role play, modeling, discussion among participants and providers to build skills to lessen their embarrassment or stigma associated with STD and its screening (Liang et.al., 2010). Each cohort will also share their "Stories of Hope" where ups and downs in those stories will provide others hope they need to live a productive lives Sadie (2011).

#### **Condom Skills training-workshop:**

**Session-02:** 1-hour Condom film

Condom skills training workshop will teach patients how to use condoms correctly and consistently, which reduces the risk of STDs, resulting in increase in positive attitudes towards condom use. Condom skills training workshop we will present a 60 mins film with graphical representations about types of condoms, materials used in condom making, placement instructions, statistical evidence how condom can reduce STD transmission.

**Session-03:** Live lectures with Sexual-Health specialists. Participants are shown live lectures with animated explanations by Sexual Health specialists who are experts in STD prevention and treatments. We chose visual communication because it aids in better retention of information.

#### **Field Trip to Screening-Center:**

**Session-04:** Visit-01.      **Session-05:** Visit-02.

#### **Positive Choice Mapping-intervention:**

**Session-06:** Develop "Map of Me" to identify individuals' cognitive representation about STD & negative outcome expectancies of using condoms. In session six participants develop "Map of Me" which provides an insight into individuals cognitive representation about STD, which will allow us to modify these cognitive representations and beliefs and improve outcome expectancies of condom use (Czuchry et.al., 2009).

**Session-07:** Participants will develop "HIV Status Guide Map" about pros and cons of disclosing their status & negotiating condom use. Participants are divided in to 10 cohorts where each group makes discussion about their HIV status & construct positive dialogues which helps participants in communicating condom use negotiation with their partners during sexual intercourse.

### **Focus of Evaluation**

**Evaluation Purpose:** Program evaluation is a critical process that rigorously examines the program. Evaluation examines the long-term influence of program activities on participant's knowledge, attitude, behavior, self-efficacy related to condom use and STD screening behaviors. The purpose of program evaluation is to improve program effectiveness and guide future program decisions. Findings will improve my ability to report on our program & use the data to strengthen future activities. Evaluation helps us to track program details such as Who, When, What and Where. Additionally, it also aids in determining probability, plausibility, or adequacy. Evaluation guides in identifying the reason behind obtained program results and paves the way to future program enhancement. The goal of

1. **Process Evaluation:** The goal is to determine whether the program activities were implemented as planned and produces desired outcomes. It provides an early notice of any potential difficulties and allows us to make midcourse changes. Process Evaluation helps us to determine whether the program was implemented as designed and enables us to look through future potential difficulties.
2. **Impact Evaluation:** The goal is to determine the short to medium term impact of program activities at cognitive level. In project "Protect" Impact evaluation enables us to determine changes in the attitudes, level of knowledge and awareness gained by participants about condom usage and STD screening after participating in the program. It provides us evidence which can be used in funding decisions.
3. **Outcome Evaluation:** The goal is to determine whether the program was effective in meeting its ultimate objectives. It enables us to assess the long-term effects of the program on participants behaviors. For instance, in project "Protect" outcome evaluation helps to determine whether program was successful in decreasing STD prevalence rates among African Americans in Fulton, Ga.

### **Evaluation questions**

#### **Process Evaluation**

##### **Quantitative Methodology**

1. Were participants satisfied with the delivery of the program?
2. What were the characteristics of the participants?
3. What is the perception of staff about the program?

##### **Qualitative Methodology**

1. How did the program activities influence your perspective about STDs after participating in the program?
2. How did the program participation change your perspectives of using condoms?
3. How closely did the program follow the program plan?

**Justification:** The qualitative and quantitative data of process evaluation enables us to keep track of program details about target population, percentage of participation, participants and facilitators satisfaction, midway program results, to identify barriers in implementing activities, to determine if program followed the planned schedule and adequacy of the training location.

#### **Impact Evaluation**

##### **Quantitative Methodology**

1. After participating in program, to what percentage did your knowledge extend on sexual behaviors?

2. After participating in program, to what percentage did you make efforts in changing your sexual behavior?

### **Qualitative Methodology**

1. After participating in program, to what extent did your knowledge expand on sexual behaviors?
2. After participating in program, how much effort did you put in to improving your sexual behavior?

**Justification:** The qualitative and quantitative data of Impact evaluation helps us to determine the extent of knowledge gained by participants related to condom use and STD screening behaviors. It also aids in determining changes in attitudes and their commitments to practice healthy sexual behaviors. Moreover, it enables us to evaluate whether the program was able to decrease negative outcome expectancies if using condom.

### **Outcome Evaluations**

#### **Quantitative Methodology**

1. One year after completion of program, what is the frequency at which you are practicing STD screening behavior learnt in the program?
2. Two years after completion of program, what is your level of self-efficacy towards condom use behavior?
3. Five years after completion of program, what are STD prevalence rates among African Americans in Fulton, Ga.

#### **Qualitative Methodology**

1. How often do you practice healthy sexual behaviors?
2. Two years after program completion, do you still feel stigmatized due to your medical health (STD) condition?

**Justification:** The qualitative and quantitative data of Outcome evaluation help us to determine the impact of intervention on participants behaviors, years after the program completion. The above questions aid us in accessing long-term impact of program activities on participants condom use and screening behavior, based on the frequency at which they are practicing healthy sexual behaviors gives us an insight into program effectiveness. Decrease in STD prevalence among African Americans in Fulton, 5 years after program completion clearly demonstrates program effectiveness.

### **Evaluation Standards**

I will address standards of effective evaluation by

#### **Utility standards:**

- Evaluation will be conducted by qualified evaluator who can maintain credibility in context of evaluation
- I will engage stakeholders, funders, partners, and entire team in evaluation process.
- I will get ethical approvals and consider all ethical concerns during judgements and documenting evaluation reports.
- I will always ensure to use evaluation report to identify the reasons behind obtained outcomes and share all the lessons learned during process of evaluation.

#### **Feasibility standards:**

- I will ensure that the resources are used effectively and efficiently
- I will ensure that project management strategies are used throughout the evaluation
- I will use practical and responsive procedures in evaluation

- During evaluation I will consider political, cultural interests, and needs of participants and groups.

#### **Proprietary standards:**

- I will ensure that evaluation is done on the grounds of being fair, right, and legal.
- I will ensure that the evaluation is conducted legally and ethically with legal and ethical approvals and transparency of the evaluation reports
- Complete and fair evaluation is done legally through human interactions by considering human rights and engaging stakeholders for the welfare of stakeholders and participants.

#### **Accuracy standards:**

- I will ensure that evaluation reports are explicitly justifies under cultural circumstances.
- I will ensure that reliable evaluation procedures are used and resulted in valid information which is explicit to the program by avoiding biases, errors, and misconception
- I will ensure that evaluation information is collected systematically, verified, analyzed and presents a reasoning for interpretations, findings and judgement.

#### **Process Evaluation**

The process evaluation questions will address whether the program was implemented as planned, participant and facilitator satisfaction as well as their perceptions on the program's delivery, including its activities. Additionally, process evaluation questions also aid in gathering participants characteristics related to their sexual health which is substantially used during comparison study and developing an evaluation report. I will use mixed methods (qualitative and quantitative methodology) in collecting the data. I will always ensure that my indicators are developed along with stakeholders and are specific, measurable, and observable. Indicators of process evaluation questions include participants attendance percentage, participants and facilitators satisfaction percentages, facilitators input on total number of activities implemented as intended.

I will collect documented data source for this evaluation. Data sources needed for process evaluation are attendance records, STD surveillance reports of Fulton County, Ga, Minutes of meeting. Surveillance data guides to determine total number of African Americans who underwent screening for STD in Fulton, Ga. Attendance records aid in assessing the percentage of participants attending to program sessions. Minutes of Meeting guides us to estimate whether the program and its activities are implemented as intended. Attendance records are collected through biometric attendance, minutes of meeting is collected from the program staff as they are the one who prepares it and always have an authentic copy with them, surveillance data is collected through secondary sources through public health departments because of authenticity of data. The sources of information will be selected through subject matter, information reliability, and language. I chose the data source by selecting a data provider who can connect me with the data source I needed. I'm assessing all the participants.

To collect quantitative data for process evaluation I will use pre, post-program surveys and to collect qualitative data I will use facilitator interviews, participants interview and focus groups. Phone interviews will be conducted by trained staff. Pre-program surveys will be conducted before commencing the program to gather characteristic of participants related to their sexual health and sexual behaviors. Post-program surveys, interviews and focus groups will be conducted during Week 03. Post-program quantitative surveys will aid in determining participants & facilitators satisfaction, adequacy of program location, and program implementation. Interviews and focus groups will help in collecting feedbacks from facilitators about program implementation process, impact of program of participants perceptions about STD and sexual behaviors. Principal

investigator will oversee gathering overall program data who will be assisted by a qualified trained staff.

Findings from the process evaluation guides in determining any possible difficulties which may occur in the future and allows us to be prepared to overcome those difficulties. The subjective and objective data produced through process evaluation will help me to interpret whether the program was implemented as intended and make midcourse changes to make program even more effective. Attendance records, satisfaction percentage and minutes of meeting will assist us in determining negative element of program and allows us to make changes best suited for program and its participants.

### **Impact and Outcome Evaluation**

The question of summative evaluation summarizes the intermediate and long-term impact of program activities on participants commitment's, attitudes, self-efficacy, of condom use and frequent STD screening behaviors and role of intervention in decreasing stigma related to STD. Additionally, questions also tend to focus on the influence of intervention in removing barriers and increasing benefits of practicing healthy sexual behaviors. I will use mixed methods (qualitative and quantitative methodology) in collecting the data. I will engage stakeholders while developing indicators for summative evaluation and will ensure that our indicators are specific, measurable and observable. Indicators for summative evaluation questions include #participants who are using condoms regularly during sexual intercourse, #participants with highest scores condom use self-efficacy and attitude scales, %participants with highest commitments towards healthy sexual behaviors, #participants who changed their sexual behavior after participating in the program.

In steps to data collection, I'll start by determining what information I needed to collect. I will decide on the topic the data to be collected, who will collect the data and how will they collect the data. For instance, I want to collect data on %participants who are actively negotiating condom use with their partners. Once the topic is determined, we will decide assistant staff of Principal Investigator will collect the data through questionnaires. Qualitative data of both impact and outcome evaluation will be conducted through phone interviews by highly trained interviewers and quantitative data will be collected through computer assisted online surveys. Secondly, I'll allot a time frame for data collection. For instance, I will collect all the data of impact evaluation at the end of the program and all the data of outcome evaluation 1, 2, and 5 years after completion of the program. Thirdly, I will determine the data collection methods. For summative evaluation I chose pre, pots-program surveys, secondary data collection and Tests for quantitative data and interviews for qualitative data collection. I will collect secondary data (medical records) on STD prevalence rates among African Americans ages 10-24 years, in Fulton, Ga, 5 years after completion of the program and STD screening rates among participants and Blacks of Fulton, Ga one year after completion of program. Next, I will collect the data through the determined methods at determined intervals. Finally, I will analyze the data and disseminate my findings to the benefits of larger communities. For instance, data analysis aids in converting the raw data collected through various methods into valuable insights which helps in successful dissemination of the results

Data analysis is a process of extracting relevant information through steps of organization, classification, tabulation, and examination of the gathered data that can subsequently be utilized to make informed decisions. For data analysis we will first develop an analysis plan, then we will develop a system to manage our data, and finally conduct data analysis. For Impact and Outcome evaluation I will determine the analysis per indicator. While analyzing quantitative data for both evaluations, I will consider generating number, percentages, and frequencies. For instance, while analyzing qualitative data of impact evaluation I will generate participation percentage,

commitment percentages, attitude scale numbers, decreased barrier numbers, impact of program on the frequencies at which they are practicing healthy sexual behaviors before and after participation through pre, post-program surveys. For Outcome evaluation I will generate participants self-efficacy scale numbers through post-program surveys, STD screening numbers and prevalence percentages through secondary data collection. For analyzing qualitative data, I will code the text by using themes. For instance, while analyzing interview data of Summative evaluation I will look for common themes such as barriers or challenging factors, benefits, stigma, influencing factors, etc. After identifying themes, I will categorize them according to their data sources. I will develop an analysis timeline and designate people to undertake analysis. Data analysts (2), supporting staff (5) and Principal investigator oversee data analysis.

Analyzed data of Impact evaluation will aid in estimating the degree to which the program was effective in altering the participants sexual behavioral determinants (Self-efficacy, attitudes, Perceived benefits, and Perceived barriers). For instance, impact evaluation findings will aid in determining impact of program activities in altering participants commitments and knowledge towards practicing healthy sexual behaviors. It provides us with the evidence which can be used in funding decisions. Analyzed data of Outcome evaluation will guide in determining the long-term benefits of program activities on target population long term behavioral determinants as well as overall decrease of STD prevalence rates in targeted population. Findings of outcome evaluation data will be used to determine whether the program is being effective in achieving its goal. The program results will be shared to larger community through various disseminating channels to influence people, with proofs of objective and subjective data regarding positive health effects of practicing healthy sexual behaviors.

| Data collection method | Data collection tool | Type of evaluation | Month before program | Week 06 (end of the program) | Year 01 | Year 02 | Year 05 |
|------------------------|----------------------|--------------------|----------------------|------------------------------|---------|---------|---------|
| Quantitative method    | Pre-program survey   | Impact             | •                    |                              |         |         |         |
| Quantitative method    | Post-program survey  | Impact             |                      | •                            |         |         |         |
| Quantitative method    | Post-program survey  | Outcome            |                      |                              | •       | •       |         |
| Quantitative method    | Secondary data       | Outcomes           |                      |                              |         |         | •       |
| Qualitative method     | Phone Interviews     | Impact             |                      | •                            |         |         |         |
| Qualitative method     | Phone Interviews     | Outcome            |                      |                              | •       | •       |         |

### Evaluation Management Plan Evaluation Timeline



|   | Before Program |         | During Program |         |         |         |         |         |         | After Program |         |         |  |
|---|----------------|---------|----------------|---------|---------|---------|---------|---------|---------|---------------|---------|---------|--|
|   | M<br>01        | M<br>02 | M<br>03        | W<br>01 | W<br>02 | W<br>03 | W<br>04 | W<br>05 | W<br>06 | Y<br>01       | Y<br>02 | Y<br>05 |  |
| Planning  |                |         |                |         |         |         |         |         |         |               |         |         |  |
| Identification of Stakeholders                    | ●              |         |                |         |         |         |         |         |         |               |         |         |  |
| Engage external evaluator                         | ●              |         |                |         |         |         |         |         |         |               |         |         |  |
| Select evaluation design                          |                | ●       |                |         |         |         |         |         |         |               |         |         |  |
| Recruit staff for data entry                      |                |         |                |         |         |         |         |         |         |               |         |         |  |
| Train staff in data collection                    |                |         |                |         |         |         |         |         |         |               |         |         |  |
| Get ethical approvals                             |                | ●       |                |         |         |         |         |         |         |               |         |         |  |
| Develop consent form                              |                | ●       |                |         |         |         |         |         |         |               |         |         |  |
| Recruit participants                              |                |         | ●              |         |         |         |         |         |         |               |         |         |  |
| Participant consent process                       |                |         | ●              |         |         |         |         |         |         |               |         |         |  |
| Develop control measures to prevent mal practices |                |         | ●              |         |         |         |         |         |         |               |         |         |  |
| Data Collection                                   |                |         |                |         |         |         |         |         |         |               |         |         |  |
| Conduct pre-program survey                        |                |         | ●              |         |         |         |         |         |         |               |         |         |  |
| Conduct post-program survey                       |                |         |                |         |         | ●       |         |         | ●       | ●             | ●       |         |  |
| Conduct Tests                                     |                |         |                |         |         |         |         |         |         |               | ●       |         |  |
| Conduct interviews                                |                |         |                |         |         | ●       |         |         | ●       |               |         |         |  |
| Conduct Focus groups                              |                |         |                |         |         | ●       |         |         |         |               |         |         |  |
| Gather secondary data                             |                |         |                |         |         |         |         |         | ●       |               |         | ●       |  |
| Analysis  |                |         |                |         |         |         |         |         |         |               |         |         |  |
| Analyze pre, post-program surveys                 |                |         |                |         |         | ●       |         |         | ●       |               |         |         |  |
| Analyze interview data                            |                |         |                |         |         |         |         |         | ●       |               |         |         |  |
| Analyze focus group data                          |                |         |                |         |         |         |         |         | ●       |               |         |         |  |
| Reporting   |                |         |                |         |         |         |         |         |         |               |         |         |  |
| Develop evaluation report 01                      |                |         |                |         |         | ●       |         |         |         |               |         |         |  |
| Develop evaluation report 02                      |                |         |                |         |         |         |         |         | ●       |               |         |         |  |
| Develop final evaluation report                   |                |         |                |         |         |         |         |         |         |               |         | ●       |  |
| Meetings  |                |         |                |         |         |         |         |         |         |               |         |         |  |
| Stakeholder meeting 01                            |                |         |                |         |         | ●       |         |         |         |               |         |         |  |
| Stakeholder meeting 02                            |                |         |                |         |         |         |         |         | ●       |               |         |         |  |
| Stakeholder meeting 03                            |                |         |                |         |         |         |         |         |         |               |         | ●       |  |
| Disseminate reports                               |                |         |                |         |         |         |         |         |         |               |         | ●       |  |

M- Month, W- Week, Y- Year

| Item | Qty | Description of Activities | Base Salary/<br>Cost | Duration/# of<br>Hours per week/ %<br>effort | Total<br>Request |
|------|-----|---------------------------|----------------------|--|------------------|
|------|-----|---------------------------|----------------------|--|------------------|

|                              |      |   |        |                             |             |
|------------------------------|------|---|--------|-----------------------------|-------------|
| <b>PERSONNEL</b>             |      |   |        |                             |             |
| Program Manager (FT)         | 1    | Oversee fulfilment of program goal  | \$150k | 40hrs./week                 | \$150K      |
| Data analyst (FT)            | 2    | To analyze the collected data   | \$50k  | 40hrs./week                 | \$100K      |
| Supporting staff (FT)        | 5    | To collect survey data and make data entry  | \$20k  | 30hrs./week                 | \$100K      |
| Principal investigator (C)   | 1    | Oversee evaluation process and reports  | \$75k  | 30hrs./week % 5M            | \$75K       |
| Program Implementor (C)      | 1    | Oversee the program implantation process  | \$25k  | 40hrs./week % 6W            | \$25K       |
| External evaluator (C)       | 1    | To avoid bias in the evaluation   | \$50k  | 30hrs/week % 5M             | \$50K       |
| Sexual health specialist (C) | 1    | To give live lectures to participants   | \$12k  | 2hrs./week % 1D             | \$12K       |
| Interviewers (C)             | 5    | To interview participants & facilitators  | \$20k  | 40hrs./week % 1W            | \$100K      |
| Program Facilitators (C)     | 5    | To conduct program activities   | \$10K  | 40hrs./week % 6W            | \$50K       |
|                              |      |   |        | Total                       | \$662K      |
| <b>EQUIPMENT</b>             |      |   |        |                             |             |
| Laptops                      | 10   | One for each member of personnel  | \$650  |                             | \$6500      |
| Voice recorder               | 5    | One for each interviewer  | \$40   |                             | \$200       |
| Projectors                   | 1    | To telecast live lectures, animated pictures  | \$1000 |                             | \$1000      |
| Printer                      | 3    | To take all necessary printouts   | \$1000 |                             | \$3000      |
|                              |      |   |        | Total                       | \$10,700    |
| <b>OTHER EXPENSES</b>        |      |   |        |                             |             |
| Participation incentives     | 100  | Incentives for participation  | \$10   | 4hrs./2days% 6W             | \$12000     |
| Snacks packets               | 1200 | Healthy snacks are provided to the participants during meetings                                   | \$5    | 4hrs./2days% 6W             | \$6000      |
| Space rental                 |      | Fulton High School  | \$250  | 4hrs./2days% 6W             | \$3000      |
| Field visit                  | 2    | Grady Memorial Hospital, STD screening center   | \$2000 | 4hrs./2days% 1W             | \$4000      |
| Survey Incentives            |      | Program survey incentives and disseminated results survey incentives                              | \$1    |                             | \$5000      |
|                              |      |   |        | Total                       | \$28K       |
| <b>PRINTING</b>              |      |   |        |                             |             |
| Paper bundles                | 30   | For participants to develop “Map of Me”, HIV status guide map and for printing evaluation reports | \$5    |                             | \$150       |
| Pens                         | 1400 | For participants and facilitators at every session.   | \$0.25 |                             | \$350       |
|                              |      |   |        | Total                       | \$500       |
|                              |      |   |        | Grand total                 | \$701,200   |
| Total direct costs           |      | Sum of totals   |        |                             |             |
| Indirect costs               |      |   |        | 54.5% of total direct costs | \$382,154   |
| Total request                |      | Direct total + Indirect total   |        |                             | \$1,083,354 |

FT: Full-Time Employee, C: Contract Employee, D: Days, M: Months, Y: Years, W: Weeks

### Budget Justification

#### PERSONNEL:

**Program Manager:** Program Manager (PM) is a full-time employee at the organization. PM manager will work for 40hrs./week. PM is the captain of the program and coordinates all program activities. They are responsible for entire program until its completion.

**Data analyst:** Data analyst is (DA) is fulltime employee at the organization. Two DA are required to analyze the collected data following suitable methods of data analysis. They work 40hrs./week

**Support staff:** Support staff are full time employee at the organization. They are well trained and worked under many Principal Investigators. They oversee online survey data collection. They oversee sending survey questions to emails, sending reminders for uncompleted surveys. They make all the data entry related to the program. They work 30hrs. /week

**Principal investigator:** Principal investigator is appointed on contract basis. He/she works 30hrs./week for 5 months over entire program while developing evaluation reports. He works in coordination with external evaluator, data analyst and support staff. He/she is responsible in delivery of 3 evaluation reports at interval during 3<sup>rd</sup> weeks, 6<sup>th</sup> week (end of program), 5 years after completion of program.

**Program implementor:** Program Implementor is appointed through contract bases. He/she works 40 hrs./week for 6 weeks. His/her contract ends as the program ends. He is responsible in implementing the program as intended. He/she works closely with PM during entire program course.

**External evaluator:** External evaluator is appointed on contract basis. He/she works for 30 hrs./week for 5 months. He works closely with Principal Investigator, data analyst and support staff. He/she will act as unprejudiced observer and help to overcome biased results. Evaluation reports made by PI will be finalized by external evaluator.

**Sexual health specialist:** Gives one-hour live lecture to participants during Condom Skills Training Workshop. They work for 2 hrs. for one day.

**Interviewers:** Highly trained 5 interviewers are appointed through contract, who will conduct phone interviews too all participants and facilitators during week 3<sup>rd</sup>, 6<sup>th</sup> week of program, 1 and 2 years after completion of the program. They will work for 40 hrs./week for seven days to collect interview data at respected time periods.

**Facilitators:** Highly trained five facilitators are appointed on contract basis. They will oversee program activities. Different facilitators are appointed for different activities. Each facilitator will work for 40hrs./week for 6 weeks.

### **EQUIPMENT:**

**Laptops:** We require approximately 10 laptops to be distributed among full time employees and employees and long-term contract-based employee.

**Voice recorder:** We require 5 recorders for each interviewer to records participants perspectives.

**Projector:** We require one projector to project movies and slides during program activities

**Printer:** We require printers to print program information such as reports, data etc.

### **OTHER EXPENSES**

**Participants incentives:** Each participant is given \$10/day (2hours) i.e., \$20/week (4 hours), for 100 participants for 6 weeks, a total of \$12k incentives are given for their active role.

**Snack packets:** 1,200 Snack packs are distributed for 100 participants for 6 weeks (2 days/week)

**Space rentals:** Fulton High School charges \$250 per day (2 hours). For 4 hrs which is 2 days a week, for 6 weeks it charges 3,000.

**Field visits:** Grady Memorial Hospital, STD screening center charges \$2k per visit and for 2 field visits it charges \$4k.

Survey incentives: \$1 is give per survey. Approximately 5.000 program surveys and disseminated surveys are filled.

#### **PRINTING:**

Paper bundles: Paper bundles are required for printing purpose

Pens: Pens are required for participants and facilitators during activities throughout the program

Indirect Costs: Indirect costs are 54.5% of total costs

#### **Dissemination**

Project “Protect” was effective in increasing skills, knowledge, self-efficacy and altering participants perspectives about healthy sexual behaviors such as constant and consistent condom use behavior and frequent STD screening behavior. This program can be used to educate, improve confidence & create awareness on STDs and sexual behaviors. Adolescents & Youth (10-24) can greatly benefit from project “Protect” because, this program was designed & implemented to target sexual behaviors among African Americans ages 10-24 years. We intend to involve Fulton County Board of Health (FCBH), Fulton County Youth association leaders, facilitators & participants in my dissemination efforts by fist sharing my findings with them and asking their inputs to make sure the results are easily understood by adolescents & adults.

Once vetted by my-partners I’ll share my evaluation findings through various suitable channels, with the help of my connections with FCBH, sexual health clinics, County youth communities. We will provide a formalized evaluation report to FCBH and funders. Through scientific articles and reports we will share our reports with the scientific community. We will also write and distribute press releases to media outlets. We will create posters, pamphlets and distribute in high school and colleges. Moreover, as our program target audience are youth to grab their attention to the results we will pots our reports on every social media platform, we will conduct paid youth community meetings to share our results. Additionally, we will also create animated movie, with program details, by highlighting success stories and provide all statistical data of program results and release in on every OTT platform. To attract youth, we prefer selecting channels best suited to grab their attention.

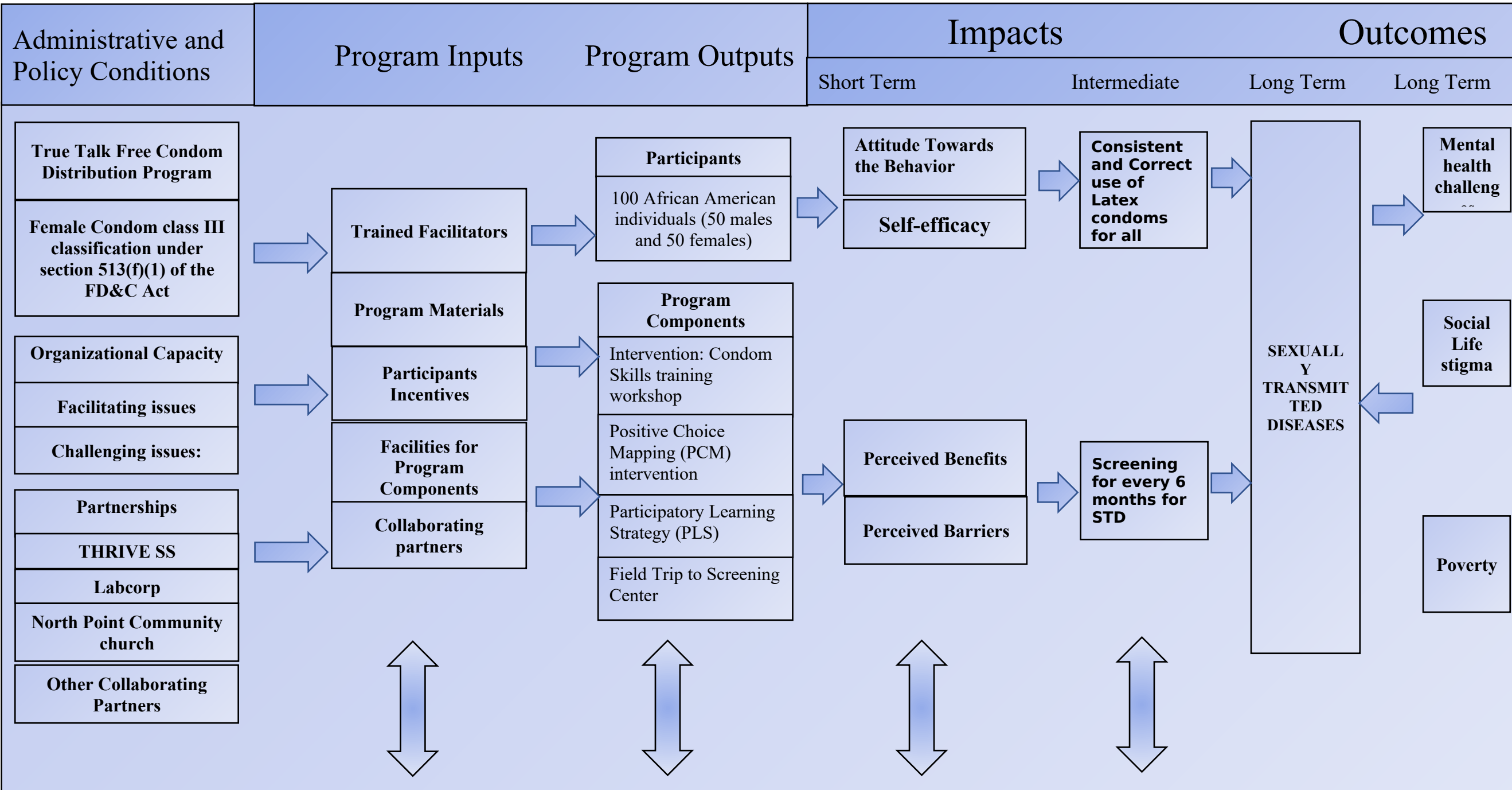
During result dissemination there may be potential barriers, as with any program. For instance, youth may be negligence to watch movies or attend meetings or read post on social media related to sexual behaviors. Moreover, older generation may act as nay Sayers and criticize on educating youth on sexual behaviors. To overcome these challenges, we will use attractive infographics and titles for social media posts, we will provide extra college credit or salary bonus for participating in youth meetings. Moreover, we will use influential celebrity’s animated character to grab their attention towards the movie. The disseminated plan will be evaluated by total number of views and comments on movies and social media posts, percentage of participation in the meetings, increased condom purchase in the county, and increased STD screening rates in the county.

Participants, stakeholders, Fulton County youth, and collaborating partners will be encouraged to provide feedbacks through the paid survey links provided below movies, social medica posts and at dissemination meetings. The collected feedback will be reviewed by external and internal evaluation team, and act on the collected information. Any improvements or changes made based on the dissemination evaluation will be share through program website and social media websites.

#### **References**

- Chesson, Harrell W. PhD; Spicknall, Ian H. PhD; Bingham, Adrienna PhD; Brisson, Marc PhD; Eppink, Samuel T. PhD; Farnham, Paul G. PhD; Kreisel, Kristen M. PhD; Kumar, Sagar MPH; Laprise, Jean-François PhD; Peterman, Thomas A. MD; Roberts, Henry PhD; Gift, Thomas L. PhD (2021), The Estimated Direct Lifetime Medical Costs of Sexually Transmitted Infections Acquired in the United States in 2018. *Sexually Transmitted Diseases* 48(4) 215-221 doi: 10.1097/OLQ.0000000000001380\_ [https://journals.lww.com/stdjournal/Citation/2021/04000/The\\_Estimated\\_Direct\\_Lifetime\\_Medical\\_Costs\\_of.3.aspx#:~:text=We%20estimated%20the%20lifetime%20medical%20cost%20of%20STIs%20acquired%20through,cost%20burden%20when%20excluding%20HIV.](https://journals.lww.com/stdjournal/Citation/2021/04000/The_Estimated_Direct_Lifetime_Medical_Costs_of.3.aspx#:~:text=We%20estimated%20the%20lifetime%20medical%20cost%20of%20STIs%20acquired%20through,cost%20burden%20when%20excluding%20HIV.)
- Li, L., Liang, L. J., Lin, C., Wu, Z., Rotheram-Borus, M. J., & NIMH Collaborative HIV/STD Prevention Trial Group (2010). HIV prevention intervention to reduce HIV-related stigma: evidence from China. *AIDS (London, England)*, 24(1), 115–122. <https://doi.org/10.1097/QAD.0b013e3283313e83>
- Online Analytical Statistical Information System (OASIS) (2022), *Leading Causes of Premature Death*. Retrieved from Georgia Department of Public Health <https://oasis.state.ga.us/lifespanhistomap/index.html>
- Rural Health Information Hub (2017), *Condom Distribution Programs as Part of an HIV Prevention Strategy*. Retrieved from RHHub <https://www.ruralhealthinfo.org/toolkits/hiv-aids/2/prevent/condom-distribution>
- Sadie F. Dingfelder (2011), *Our Stories, ourselves*. Retrieved from American Psychological Association <https://www.apa.org/monitor/2011/01/stories>

## Appendix A: PROGRAM LOGIC MODEL



Outcomes

Short term  
(3 weeks)

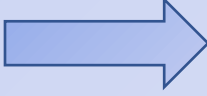
Intermediate  
(6 week or program end)

Long term  
(1,2,5 years after program)

Participation of 90%  
of recruited  
participants in first  
two sessions.



Participation of at least 85% of  
recruited participants in 3<sup>rd</sup> and  
4<sup>th</sup> sessions



Increased STD screening in  
the county

Increased  
Knowledge about  
STD



Participants commitments to  
regular STD screenings



Increased condoms use self-  
efficacy

Increased awareness  
on STD screening  
and condom use  
behaviors.



Participants commitments  
towards increased condom use  
negotiation



Decrease in STD  
prevalence rates

Decreased negative outcome  
expectancies of condom use

Increased attitudes towards  
condom use

Decrease in Barriers for STD  
screening

## Appendix B Process Evaluation Quantitative-Methodology

### Pre-Test

1. How old were you when you had sex for the first time?
  - a. 10-15years
  - b. 16-20years
  - c. 21-25years
  - d. 26 years and above
2. How many partners have you had in any type of sex you indulge in, over the years?
  - a. 0-1
  - b. 1-2
  - c. 3-4
  - d. 5 & above
3. What is your sexual orientation?
  - a. Homosexual
  - b. Heterosexual
  - c. Asexual

### Post-test

#### Participants:

4. Considering your complete experience with the program, please rate your level of satisfaction for the following

|                        | Very Unsatisfied | Unsatisfied | Neutral | Satisfied | Very Satisfied |
|------------------------|------------------|-------------|---------|-----------|----------------|
| Program Organization   |                  |             |         |           |                |
| Instructor's knowledge |                  |             |         |           |                |
| Adequacy of location   |                  |             |         |           |                |
| Program Delivery       |                  |             |         |           |                |

#### Facilitators:

5. Please rate how satisfied you are with the program's execution as designed.
  - a. Very Unsatisfied
  - b. Unsatisfied
  - c. Neutral
  - d. Satisfied
  - e. Very Satisfied

## Qualitative Methodology

### Individual- interview

1. Determine the extent to which the program has influenced your perspectives on STD?
2. How much did the program have an impact on your sexual behavior?

### Focus Groups

3. What phrases come into your mind about STDs after participating in the program?



4. How did the program help to overcome stigma related to STD?

Facilitators-interview

5. What were the challenging factors in implementing the program activities?

**Appendix C**  
**Summative Evaluation**  
**Impact Evaluation**  
**Quantitative methodology**

**Pre- Program Survey**

1. Attitudes towards condom use survey

|  | Strongly disagree | Disagree | Neutral | Agree | Strongly Agree |
|--|-------------------|----------|---------|-------|----------------|
| Condoms Prevent STD                        |                   |          |         |       |                |
| Condoms break while using them             |                   |          |         |       |                |
| Sex feels same with or without condoms     |                   |          |         |       |                |
| Sex is not pleasurable while using condoms |                   |          |         |       |                |
| Condoms are embarrassing to use            |                   |          |         |       |                |

2. How do you negotiate condom use with your partner?
- Very rarely
  - Rarely
  - Neutral
  - Frequently
  - Very frequently.
3. How likely are you ashamed speaking about your sexual health with your partner?
- Very Unlikely
  - Unlikely
  - Neutral
  - Likely
  - Very Likely
4. How many times do you undergo STD screening?
- Never
  - Once in a year
  - Twice in a year
  - Thrice in year
5. Do you believe that discussing condoms with your partner would give the impression that you have sex frequently?
- Yes
  - No

**Post-Program Survey**

1. How many times did you negotiate condom use with your partner, by the end of the program?
- Every time during sex

- b. More than 3-times a week
- c. Less than 2-times a week
- d. Never

2. Attitudes towards condom use survey

|  | Strongly disagree | Disagree | Neutral | Agree | Strongly Agree |
|--|-------------------|----------|---------|-------|----------------|
| Condoms Prevent STD                        |                   |          |         |       |                |
| Condoms break while using them             |                   |          |         |       |                |
| Sex feels same with or without condoms     |                   |          |         |       |                |
| Sex is not pleasurable while using condoms |                   |          |         |       |                |
| Condoms are embarrassing to use            |                   |          |         |       |                |

3. How likely are you ashamed speaking about STD's after participating in the program?
- a. Very Unlikely
  - b. Unlikely
  - c. Neutral
  - d. Likely
  - e. Very Likely

4. What is your commitment towards frequent STD screening?

|   | Strongly disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|-------------------|----------|---------|-------|----------------|
| I will undergo screening once in 6-months |                   |          |         |       |                |
| I will undergo screening once in a year   |                   |          |         |       |                |
| I will never undergo screening            |                   |          |         |       |                |

5. How many reported STD Screening barriers was this program able to remove?
- a. One barrier
  - b. Two barriers
  - c. More than two barriers
6. What is your level of satisfaction about the knowledge you gained on STD Screening?
- a. Very Unsatisfied
  - b. Unsatisfied
  - c. Neutral
  - d. Satisfied
  - e. Very Satisfied
7. Do you feel negotiating condoms causes Trust Issues among you and your partner?
- a. Yes
  - b. No

### Qualitative Methodology

#### Individual-interviews

1. How do you negotiate condom use with your partner?

2. What Perceived-Barriers of STD screening was this program able to remove?
3. How did this program help you to overcome STD associated stigma?
4. How comfortable are you with using a condom during sexual intercourse?
5. How did this program help you to overcome STD associated stigma?
6. Speak few differences about the knowledge you had & you gained about STD after participating in the program.

### Outcome Evaluation Quantitative Methodology

#### Secondary data

1. Collect medical records after 5-years of program-completion on STD prevalence rates among African Americans, 10-24 years from Fulton County Public Health department.
2. Collect medical records of participants one year after completion of program. (To identify if the underwent screening at least twice after one year of completion of program)
3. Collect medical records on total number of African Americans ages 10-24 years, who underwent screening for STD one year after program completion.

#### Survey-Questions

4. Please answer the following questions to evaluate your self-efficacy scale on condom use.

|   |  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|---|--|-------------------|----------|----------------------------|-------|----------------|
| A | I'm confident in my ability to place a condom on myself or my partner.                                   |                   |          |                            |       |                |
| B | I am confident purchasing condoms from stores without feeling embarrassed.                               |                   |          |                            |       |                |
| C | After sexual intercourse, I am certain that I will be able to confidently remove and dispose the condom. |                   |          |                            |       |                |
| D | I feel confident while negotiating condom use with my partner  |                   |          |                            |       |                |

5. One year after completion of program, how many times did you undergo STD screening?
  - a. One-time
  - b. Two-times
  - c. More than two times
  - d. Never
6. How often do you speak about STDs with your friends and family?
  - a. Very rarely
  - b. Rarely
  - c. Never
  - d. Frequently

- e. Very frequently

**Test questions**

1. Burning urination Is common symptom of STD?
  - a. True
  - b. False
2. You do not have STD if you have a feeling of being healthy?
  - a. True
  - b. False
3. Do not store condoms in hot or warm place
  - a. True
  - b. False
4. If your actively involved in sex with multiple partners or have a medical history of STD you should undergo STD screening at least twice a year?
  - a. Yes
  - b. No
5. “All sexually active women younger than 25 years should be tested for gonorrhea and chlamydia every year”
  - a. True
  - b. False
6. How effective are condoms in preventing STD’s?
  - a. 78%
  - b. 98%
  - c. 88%

**Qualitative Methodology****Individual-interview**

1. How does condom use effect your relationship with your partner?
2. Do you feel embarrassed to disclose your sexual health status with your partner?
3. What are the barriers in negotiating condom use?
4. What are your barriers to undergo STD screening?
5. Do you feel confident in initiating condom use with your partner?
6. Do you feel embarrassed undergoing STD Screening?
7. Share your knowledge on benefits of healthy sexual behaviors?