

Item 313B of the Appropriations Act

**Teen Pregnancy Prevention
Initiative**

Annual Report FY03

**Submitted by:
Virginia Department of Health**

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EXECUTIVE SUMMARY

Introduction

Despite a steady decline in the rate of teenagers giving birth in the United States since 1991, the U.S. teen birth rate is still one of the highest among developed nations. The Virginia Department of Health's (VDH) Teen Pregnancy Prevention Initiative (TPPI) began addressing this problem following the 1993 General Assembly as a result of receiving a \$600,000 general fund appropriation. The purpose of the funding was to establish three pilot teen pregnancy prevention programs in the health districts of Alexandria, Norfolk, and Richmond. These health districts had consistently higher than average or rising teen pregnancy rates, in comparison to state teen pregnancy rates, which had begun to decline after years of increases.

At the start of FY94, each of the three identified health districts received \$200,000 to develop a teen pregnancy prevention pilot program. In response to the General Assembly appropriation, the Maternal and Child Health (MCH) Council's Subcommittee on Teen Pregnancy Prevention formed an interagency advisory committee to establish general guidelines for the three pilot teen pregnancy prevention programs. The interagency advisory committee established seven guidelines adopted by the subcommittee during the early part of FY94. One of those guidelines stipulated, "VDH, in consultation with the interagency advisory committee, would contract with an external program evaluator to conduct program evaluation. A portion of the appropriated funds should be set aside for this purpose".

The Department of Medical Assistance Services (DMAS), through an administrative agreement with VDH, provided matching federal dollars in addition to the general fund dollars in FY95. The VDH TPPI then had an established base budget of \$1.4 million for FY95. The General Assembly authorized the additional funds to be used to assist in starting four additional pilot teen pregnancy prevention programs in the health districts of Crater, Eastern Shore, Roanoke, and Portsmouth.

A percentage of the base budget is withheld each year from the health districts to fund evaluation activities in response to the guidelines adopted by the Subcommittee and the charge to VDH to evaluate the programs. In order to ensure that the prevention methodologies were successful and transferable to the other health districts, evaluation was given priority status.

Methodology

The ultimate objective of the VDH TPPI is to develop effective and replicable community-based teen pregnancy prevention programs. Evaluation contributes to the attainment of this objective by:

1. Providing data for use in management planning and resource allocation,
2. Measuring performance at each stage of program development,
3. Measuring performance of programs using outcome measurement, and
4. Providing information and feedback to the VDH regarding effective teen pregnancy prevention strategies.

In FY96, VDH and Virginia Commonwealth University's Survey and Evaluation Research Laboratory (SERL) staff developed a statewide system of evaluation. Since the initial evaluation plan was developed, there have been several adaptations made to overcome a variety of challenges.

Currently, the statewide system of evaluation consists of two primary uniform data collection and reporting components as well as a local site evaluation component. All components of the statewide system of evaluation are interrelated.

Uniform Data Collection and Reporting Components

1. Quarterly Implementation Progress Reports (QIPR)

The QIPR is a quarterly compilation and reporting of the progress that each local program has made toward meeting their stated goals and objectives. The QIPR includes a description of barriers encountered and strategies developed to overcome those barriers.

2. Attendance Log

Attendance logs for each program offered at the seven localities provide a count of project participants.

Local Site Evaluation Component

As part of the overall evaluation of TPPI, each local site provides a plan for evaluation that includes collecting attendance data as well as local project-specific data collection in the form of program evaluation. Each of the seven sites identifies a local site evaluator (LSE) to design and implement a local evaluation plan. The evaluation plans are specific to each of the site's programs while maintaining continuity with VDH program goals and objectives.

Results

This is the eighth annual report to the Governor and the General Assembly on the evaluation results of the VDH TPPI. During the past year all seven of the TPPI funded localities have collaborated with staff at VDH, SERL and with staff from other programs to accomplish process evaluation and to participate in the uniform data collection and reporting components of the statewide evaluation. Notable results for FY03 have been:

- All VDH TPPI local site coordinators and evaluators revised their evaluation plans to incorporate the "outcome funding" model as proposed and taught by the Rensselaerville Institute. The model stresses:

- Use of *investor targets* to define the overall quantitative and qualitative results the investor (VDH) expects to achieve; multiple implementers contribute to investor targets, but when aggregated, investor targets define what constitutes success (beginning in FY03), and
 - Use of *implementer performance targets* to set annual objectives that focus on the desired behavior change of clients receiving services (beginning in FY04).
- The work this year began on two new VDH specific investor targets. Together those targets ensure that a substantial number of program participants receive a minimum dosage of an intervention that is thought to be a critical threshold at or above the level of services that are considered optimally beneficial to youth. The following results have been produced:
 - Forty-two percent of the overall TPPI participants received a minimum of 70% of the program dosage across the seven program sites in FY03. The goal to increase participation in each of the seven programs is realistic and can be achieved now that evaluation plans for each site are in place that directly promotes this goal.
 - Thirty-six percent of the overall TPPI participants received 10 or more hours of the direct program intervention designed to reduce teen pregnancy rates.

Such dosage comparisons will be especially helpful in examining the pre- and post-intervention impact of services on youth attitudes and behavior. Additionally, each of the TPPI funded localities has seen a reduction in the teen pregnancy rate among 10-19 year olds in recent years that happens to correspond to the lifespan of this statewide initiative. The percentage of reduction from 1994 to 2002 across all seven sites ranges from 4.7 to 53.4.

Conclusion

The VDH TPPI grapples continuously with maintaining a balance between local autonomy/ownership and good stewardship and accountability for state and federal funds. According to the guidelines set by the MCH Council's Subcommittee on Teen Pregnancy Prevention, each locality is to form a community-wide coalition that includes representation from public and private organizations. The coalition is to determine program type and direction.

Each of the seven VDH TPPI programs varies considerably in both composition and organizational structure. As a result, there is uniqueness and local culture and flavor

reflected in the variability of program strategies and approaches across the seven program sites. It is clear from the program descriptions, process and outcome evaluation data, and community teen pregnancy rate data, that some VDH TPPI program sites have been better able to garner the community support needed to mobilize for action than others. This point notwithstanding, the goal is to move the entire system forward toward more uniform and rigorous evaluation, and ultimately in the direction of more positive benefits to Virginia's youth. As a start, this past year (FY03), efforts to undergo major restructuring and preparation for a more rigorous and standardized evaluation approach in subsequent years has, thus far, been successful.

INTRODUCTION

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At the start of FY94, each of the three identified health districts received \$200,000 to develop a teen pregnancy prevention program. In response to the General Assembly appropriation, the Maternal and Child Health (MCH) Council's Subcommittee on Teen Pregnancy Prevention formed an interagency advisory committee to establish general guidelines for the three pilot teen pregnancy prevention programs. The interagency advisory committee established seven guidelines adopted by the subcommittee during the early part of FY94. One of those guidelines stipulated, "VDH, in consultation with the interagency advisory committee, would contract with an external program evaluator to conduct program evaluation. A portion of the appropriated funds should be set aside for this purpose".

The Department of Medical Assistance Services (DMAS), through an administrative agreement with VDH, provided matching federal dollars in addition to the general fund dollars in FY95. The VDH TPPI then had an established base budget of \$1.4 million for FY95. The General Assembly authorized the additional funds to be used to assist in starting four additional teen pregnancy prevention programs in the health districts of Crater, Eastern Shore, Roanoke, and Portsmouth.

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METHODOLOGY

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In FY96, VDH and Virginia Commonwealth University's Survey and Evaluation Research Laboratory (SERL) staff developed a statewide system of evaluation. Since the initial evaluation plan was developed, there have been several adaptations made to overcome a variety of challenges.

Currently, the statewide system of evaluation consists of two primary uniform data collection and reporting components as well as a local site evaluation component. All components of the statewide system of evaluation are interrelated and feed into the Logic Model for Program Evaluation.

Uniform Data Collection and Reporting Components

1. Quarterly Implementation Progress Reports (QIPR)

The QIPR is a quarterly compilation and reporting of the progress that each local program has made toward meeting their stated goals and objectives. The QIPR includes a description of barriers encountered and strategies developed to overcome those barriers. A standard format for the development of local program goals and objectives is provided to program staff at each location. The QIPR includes four areas of development: coalition building, assessment and planning project implementation program continuation and outcome evaluation. The QIPR is completed by each local site and submitted directly to VDH.

2. Attendance Log

Attendance logs for each program offered at the seven localities provides a count of project participants. Participant information is collected only for projects providing intensive educational sessions utilizing a series of classes where the participants are expected to return to each session.

Local Site Evaluation Component

As part of the overall evaluation of TPPI, each local site provides a plan for evaluation that includes collecting attendance data as well as local project-specific data collection in

the form of program evaluation. Each of the seven sites identifies a Local Site Evaluator (LSE) to design and implement a local evaluation plan. The evaluation plans are centered on a logic model designed by the LSE and are specific to each of the site's programs while maintaining continuity with VDH program goals and objectives. The LSE works with the site, VDH, and the Local Evaluation Team (LET) to assure that the measures that are provided in the evaluation plan are 1) appropriate to VDH goals and objectives 2) appropriate to local program goals and objectives and 3) appropriate for providing the highest quality of program evaluation.

Logic Models

A logic model is a succinct series of statements that link together the program mission, the methods used to address it, and the expected results. The VDH TPPI program evaluation logic model included the following components:

1. **MISSION:** the problem or issue that the program is to address falls within a setting or situation from which priorities are set,
2. **INPUTS:** the resources, contributions and investments that are made in response to the situation. Inputs lead to Activities,
3. **ACTIVITIES:** what the program does with the inputs to fulfill its mission,
4. **OUTPUTS:** the activities, services, events, and products that reach people and users. Outputs lead to Outcomes, and
5. **OUTCOMES:** the results, changes or benefits for individuals, groups, agencies, communities and/or systems.

The logic model feeds directly into program development. Program development is an ongoing systematic process that is used to plan, implement and evaluate their prevention programs. The process can be applied on a small scale to an individual workshop, on a larger scale to a comprehensive community initiative or to a county or statewide program of action. The scope may be different but the principles of program development remain the same.

The outcome statement established by VDH for TPPI is: "*No teenage pregnancies in the seven designated health districts*". The logic model developed for program evaluation stresses both formative and summative evaluation.¹ The current year was used to revise the logic model for program evaluation at each of the localities using a standard logic model.

RESULTS

This is the eighth annual report to the Governor and the General Assembly on the evaluation results of the VDH TPPI. During the past year all seven of the TPPI funded

¹ Formative evaluation: produces information to be fed back during development of programs to help improve them
Summative evaluation: produces information about program effectiveness for decision-makers

localities have collaborated with staff at VDH, SERL and with staff from other programs to accomplish process evaluation and to participate in the uniform data collection and reporting components of the statewide evaluation. The past year was a shift from the previous statewide evaluation based on recommended changes. The results are:

- All VDH TPPI local site coordinators and evaluators revised their evaluation plans to incorporate the “outcome funding” model as proposed and taught by the Rensselaerville Institute

The model stresses:

- Use of *investor targets* to define the overall quantitative and qualitative results the investor (VDH) expects to achieve; multiple implementers contribute to investor targets, but when aggregated, investor targets define what constitutes success
- Use of *implementer performance targets* to set annual objectives that focus on the desired behavior change of clients receiving services (as opposed to focusing on the services provided by the site)

The model as implemented for VDH TPPI is based on the following assumptions:

1. Programs are developed based on needs assessment data that is current (within 5 years). All programs should be able to be justified based on data.
2. Programs are more effective if they have community buy-in. Receiving input and connecting with partners, collaborators, and stakeholders is important to the success of teen pregnancy prevention.
3. Funding for programs will not last forever. Programs need to work toward sustainability and adopt various methods of viability to continue to provide services.
4. Programs that offer short-term interventions, i.e., those that last only a few hours, do not have a measurable impact on knowledge, attitudes, or behavior of teens.
5. Programs are effective and successful when most participants minimally receive a critical dose of the intervention thought to be efficacious.
6. Successful teen pregnancy prevention programs focus on multiple approaches to reach high-risk youth.
7. Each of the seven TPPI sites should have a clear, understandable underlying theory of change that program staff can articulate and follow.

8. VDH has adopted five typologies for teen pregnancy prevention programs based on national evaluation and research. They are:
 - a. Curriculum-based educational projects – use of a pre-developed curricula,
 - b. Life skills/youth development projects – improve educational and career opportunities for youth can help reduce teenage pregnancy,
 - c. Adolescent reproductive health care projects – focus on increasing access to preventive health care services,
 - d. Secondary prevention projects – work with teenage mothers and fathers to prevent second or additional pregnancies, and
 - e. Social marketing projects – rely heavily on traditional commercial marketing techniques to promote health-related behavior or attitudes with the goal of specific behavior change.

VDH determined that it would fund only projects falling into one of the five typologies and it would fund no more than three projects per site (unless adequately justified).

- The VDH established outcome statement: “*No teenage pregnancies in the seven designated health districts*” was used during this process year to assist in developing evaluation plans.
- VDH specific investor targets were considered during the process year and produced the following results:
 - Participation in each of the seven programs will be increased to a point where the participants are receiving a minimum of 70% of the dose of each project (determined by each program based on the curriculum used). The current process year produced the following results:

VDH Teen Pregnancy Prevention Initiative Dosage Results for FY03				
Program	Location	# of Participants	# of Participants who received 70% of dosage	% of Participants who received 70% of dosage
1000	Norfolk	575	359	62%
2000	Portsmouth	356	271	76%
3000	Roanoke	398	75	19%
4000	Alexandria	421	120	29%
5000	Crater	1419	227	16%
6000	Richmond	2476	1399	57%
7000	Eastern Shore	380	50	13%
TOTAL		6025	2501	42%

Forty-two percent of the overall TPPI participants received a minimum of 70% of the program dosage. The goal to increase participation in each of the seven programs is realistic and can be met now that evaluation plans for each site are in place that directly addresses this goal.

In an effort to assure that program participants are participating in the TPPI funded programs at a level that should show an impact on their knowledge, attitudes, and behaviors, a measure of how many hours each participant received the program intervention was done for FY03. The measure of 10 or more hours of program intervention was developed and implemented for FY03 as a method to monitor the amount of intervention each participant receives as compared to their change in knowledge, attitude, and behavior. This comparison will be extremely beneficial to the pre and post test survey work to be done during FY04 to see the amount of change that takes place from the pre to post test administration.

Results from FY03 participation in 10+ hours of program intervention are:

VDH Teen Pregnancy Prevention Initiative 10+ hours of Intervention Received				
Program	Location	# of Participants	# of Participants 10+ hours of program	% of Participants who received 10+ hours
1000	Norfolk	575	271	47%
2000	Portsmouth	356	215	60%
3000	Roanoke	398	151	38%
4000	Alexandria	421	250	59%
5000	Crater	1419	144	10%
6000	Richmond	2476	847	34%
7000	Eastern Shore	380	278	73%
TOTAL		6025	2156	36%

During FY03 the seven TPPI funded sites revamped their programs and evaluation plans to include monitoring the goal of 10 or more hours of intervention. The program staff, as well as the local evaluation team has worked to develop process evaluation into the program evaluation component for FY04. Part of the process evaluation is to monitor the number of participants that meet the 10 or more hours goal and to make recommendations/suggestions if the goal is not met during FY04. The measure of 10 or more hours is relatively new to the TPPI programs and evaluators. FY04 should show improvement in the participation levels and toward meeting the goal of 10 or more hours of intervention.

- Pregnancies in the seven health districts should be no more than 101.1 per 1000 females ages 15-19 by 2004

The table below shows the teen pregnancy rates for VDH TPPI programs from 1993 to 2002 for population ages 10-19 per 1000. ²

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Virginia	38.9	38.7	37.4	36.2	34.8	34.1	33.6	31.5	29.7	27.6
Alexandria	70.8	73.1	81.6	59.6	60.8	63	54.2	56.4	61.4	55.5
Norfolk	70.4	66.9	64.9	62.6	60.1	62.1	58.9	58.7	56.2	58.5
Richmond	75.8	69.8	62.6	70	73.7	67.4	65.7	67	68.8	65.1
Crater	\	52.7	53.5	54.9	55.5	51.7	51.9	50	47.3	45.7
Eastern Shore	\	49.8	53.1	58.7	48	42.1	53.2	44.4	42.3	42.2
Portsmouth	\	71.7	74.6	70.3	67.7	60	60.9	58	56.4	54.1
Roanoke	\	79.7	72.8	71.8	71.8	64	54.9	57.2	47.6	26.3

** 2002 teen pregnancy rates are still considered preliminary and subject to change prior to official release by the VDH Center for Health Statistics*

The chart below shows the change in the teen pregnancy rates for the state of Virginia and for VDH TPPI programs per 1,000 population age 10-19 from 1994 to 2002:

	1994	2002	Reduction
Virginia	38.7	27.6	11.1
Alexandria	73.1	55.5	17.6
Norfolk	66.9	58.5	8.4
Richmond	69.8	65.1	4.7
Crater	52.7	45.7	7
Eastern Shore	49.8	42.2	7.6
Portsmouth	71.7	54.1	17.6
Roanoke	79.7	54.5	25.2

Each of the TPPI funded localities has seen a reduction in the teen pregnancy rate. Roanoke has experienced the greatest decrease in the teen pregnancy rate from 1994 to 2002. Portsmouth and Alexandria tied for the second greatest decrease in the teen pregnancy rate during this period. The City of Richmond has seen the least amount of change in teen pregnancy rates during this period.³ The current programs supported by the TPPI are designed to reduce the composite rate of teenage pregnancies in the seven health districts to no more than 101.1 per 1000 females ages 15-19 by 2004.

- Of those who receive the minimum dose, 80% of project participants will demonstrate competency in at least three areas of appropriate knowledge, skills, and attitudes to avoid pregnancy by the program year of June 30, 2004.

² Alexandria, Norfolk, and Richmond were the original three Phase I programs and have data represented from 1993. Crater, Eastern Shore, Portsmouth, and Roanoke are the Phase II programs and do not have data represented from 1993.

³ The City of Richmond did not receive TPPI funding for two consecutive years.

National Institute of Health online training site to familiarize them with human subjects research ethics and IRB issues.

During FY02, each of the local site evaluators submitted their evaluation plans to SERL. Each of the evaluation plans contained survey instruments designed by the local site evaluator and/or adapted from existing survey instruments. The evaluation plans and instruments were reviewed by SERL and submitted to the IRB at VDH. All seven sites were approved for program evaluation for FY04 based on those submissions. Pre and posttest measures are in place and have been utilized since 7/1/03.

Each of the seven programs worked with their local site evaluator to revise and produce a logic model that fits with the TPPI logic model. Logic models are included for the following sites Richmond, Alexandria, Crater, Norfolk and Portsmouth, (Attachments A – E).

Norfolk

Program Description

RAP (Real Alternatives to Pregnancy) is a comprehensive community-based pregnancy prevention program that has been in operation since 1993 in the Norfolk community as part of TPPI. RAP targets its services to adolescents, their parents, and the surrounding community. The primary goal of RAP is to reduce teenage pregnancy in the city of Norfolk, which has one of the highest rates of teen pregnancies in the Commonwealth of Virginia. According to 1999 statistics, Norfolk has a teen pregnancy rate of 58.9/1000, which is significantly higher than the Commonwealth's rate of 33.6/1000. The rate for Norfolk African-American teens is even more alarming at 76.6/1000 compared to the Commonwealth's rate of 60.4/1000.

RAP's program consists of three main objectives:

- 1) To provide Life Planning Education (LPE) in Norfolk schools and the surrounding community,
- 2) To provide short-term counseling/crisis intervention to high-risk teens and their parents, and
- 3) To sponsor an annual pregnancy prevention community conference for teens, parents, community leaders, and other health professionals.

The Life Planning Education is a 10-week abstinence-based curriculum that is conducted within various Norfolk middle and high schools, both during school time and in after-school programs, as well as in various local community groups (e.g., churches, community centers, etc.). The program, which deals with issues such as self-esteem, understanding puberty, and developing decision-making, is offered continuously throughout the school year. Short-term counseling/crisis intervention is provided to high-risk youth either in the client's own home or at a location where they feel comfortable. The clients are usually seen no more than 2 or 3 times and then they are referred to the Life Planning Education (LPE) program. The annual community conference is held in late spring and attracts approximately 400 Norfolk area teens, parents, and community members each year. Workshops and activities dealing with pregnancy prevention and raising community awareness are the focal point of the conference.

The outcomes that will be measured during FY04 are as follows:

- 1) involvement in pregnancy,
- 2) correct knowledge regarding pregnancy and sexuality,
- 3) interpersonal skills,
- 4) healthy behaviors and lifestyle,
- 5) risky behaviors,
- 6) protective behaviors,
- 7) social support,
- 8) myths about STDs and HIV/AIDS, and
- 9) conflict resolution.

Progress of Program Process Evaluation

At the beginning of FY03, Norfolk was in the process of providing the LPE program in various high schools, middle schools, after school programs, and in community groups. There was no written evaluation plan for Norfolk in place. Only the recording of participant numbers and participant demographics was planned for 2002-2003. In initial meetings with the RAP coordinators, they expressed interest in conducting focus groups and a “needs assessment” in spring 2003. The first part of the year was spent with the evaluator orienting herself to the program and developing an evaluation plan for 2003-2004. The evaluator collaborated with the local site program staff to create a survey instrument and consent form for 2003-2004. Implementation checklists were created for the main program (Life Planning Education). A survey of the advisory board was conducted and an evaluation of the annual conference was completed.

Currently, there is an evaluation plan in place for 2003-2004. Implementation checklists for Norfolk’s three other programs (Postponing Sexual Involvement-PSI, For Males Only-FMO, and OTO) will be created. Implementation checklists will enable the evaluator to assess the implementation of all four of Norfolk’s programs and allow for a comparison of students who received various dosages (low, moderate, high) of the program. A participant database will be created (using Excel) that will contain participant IDs, demographics, dates of survey completion, and attendance information that will enable the staff and the evaluator to keep better track of participant data. Due to IRB issues/budget constraints with the City of Norfolk, the focus groups that were planned for Spring 2003 were not conducted. Budget constraints prohibited the needs assessment also.

There were various limitations/barriers that were encountered by the evaluator this year:

- 1) The RAP coordinator’s reluctance to use an informed consent form. This was rectified by her attending the IRB workshop and by rewording the informed consent form into a simpler format,

- 2) The RAP coordinator's lack of interest in evaluation. The amount of change during FY03 is uncertain. However, the evaluator reports that it has been easier to work with the coordinator on planning the survey – she has been much more open to suggestions than in the past, and
- 3) The RAP program's lack of staff. The program survives with only two full-time workers and a few interns. The local evaluator tried to help with this by getting two college students to help the coordinator with various activities (e.g., paperwork, conference planning, sorting data). However, the coordinator does not seem open to establishing links with local universities (i.e., Old Dominion University) to set up a permanent practicum/internship position(s) for RAP

Progress of Program Outcome Evaluation

The local site evaluator will develop data collection guidelines for the RAP coordinators to follow when collecting process and outcome data. This will ensure that informed consents are properly obtained and the data are cataloged correctly. Implementation checklists will be filled out for all programs in order to assess the effectiveness of their implementation as well as to create a dosage variable (low, moderate, high) to be used in data analyses. Outcome surveys will be collected and properly sorted into group (control, experimental), time (pretest, posttest), as well as by site. This process was a major problem in the previous year and much data were lost and unable to be analyzed because of numerous data collection problems.

Recommendations

Below are recommendations for the Norfolk RAP program:

- 1. Follow data collection guidelines**

Staff should pay careful attention when distributing and collecting informed consent forms and surveys. Participant ID's should be carefully recorded in the database and all surveys should be sorted properly.

- 2. Maintain regular contact with evaluator**

Coordinator should maintain regular contact with the evaluator by phone and/or email (at least once a week). Coordinator should let the evaluator know immediately if there are any problems with data collection or other issues related to the evaluation.

- 3. Increase staff or designate existing staff specifically for data collection**

The coordinator should attempt to add staff (paid or volunteer) or designate existing staff specifically for data collection. This staff person(s) would be

responsible for properly distributing and collecting informed consents and surveys as well as ensuring the creation of a comparable control group. This person(s) would work closely with the evaluator to ensure that data collection goes smoothly.

4. Seek additional funding/resources

Norfolk is currently attempting to implement four programs on a very small budget and with minimal staff and resources. Additional funding and resources should be obtained in order to maintain the program after TPPI funding is gone. Now that they are using standardized programs (i.e., Life Planning Education, Postponing Sexual Involvement, and For Males Only) that have program theory and are research based this should make granting agencies more likely to award funding.

5. Increased utilization of the advisory board

Norfolk has an advisory board that is comprised of individuals with a diversity of backgrounds and specializations. The RAP coordinator should attempt to utilize these individuals more when it comes to conference planning, seeking additional resources, and obtaining volunteer staff.

RAP Advisory Board Survey- Spring 2003

1. What do you see as the strengths of the RAP program?

Common themes: The major strength of the RAP program seems to be community involvement. The staff members, as well as the design of the program, also appear to be recognized as being strength to RAP.

2. What do you see as the weaknesses of the RAP program?

Common themes: The two biggest weaknesses seem to be the lack of staff and the lack of funding. Another concern seems to focus on publicizing the availability of RAP and the services it provides.

3. What do you think we (program managers/staff/evaluators) can do to improve the program?

Common themes: Many people would like to see more funding and more staff in order to provide more activities/functions. It appears as though there is also the need for more advertising/public awareness of RAP. Several people also expressed the view that RAP should continue to “do what they do” and supported the program managers/staff/evaluators.

4. *What do you see as the role of a RAP board member? What changes do you think there should be to the board (e.g., meetings, responsibilities)?*

Common themes: Respondents view the role of board members as overseers of the program. Board members should provide feedback, guidance, and insight to RAP programs. Several people also mentioned the fact that one of their roles is to promote RAP within their own organizations. Very few people addressed making any changes to the board, but they did mention the need for outside organizational support (and to provide all organizations with the same information), as well as having a more motivated board, possibly even a smaller one.

RAP Program Annual Conference 2003 – Evaluation Results

On May 28th, The Norfolk Real Alternatives to Pregnancy (RAP) held their annual conference. Sixty-four adults and one hundred eighty eight students filled out evaluation surveys. Below are the results for the adult and youth evaluation surveys.

Adult Evaluation Survey Results

Fifty-six (88.9%) females and seven (11.1%) males completed the evaluation survey. The majority of adults were African-American (74.2%) or Caucasian (22.6%). The Keynote address (Love Kane) and the three adult-focused workshops (Educate-Communicate, The Culture Connection, It's a Family Thing! You and Your Growing Children!) were evaluated on a 5-point scale (1=fair to 5=excellent). For the keynote address many adults (31.6%) rated it a 1 or 2. The results were very positive for the Educate-Communicate workshop; over 93% of the adults rated it a 4 or 5. 84.6% of adults rated the Culture Connection workshop a 4 or 5 whereas 86.2% of adults rated the It's a Family Thing workshop a 4 or 5.

Overall Conference Evaluation - Adults

WHAT WERE THE STRENGTHS OF THE CONFERENCE?

- ◆ Well organized
- ◆ Effective strategies of communicating with youth
- ◆ Good Message/appropriate and interesting topics/excellent workshops
- ◆ Excellent speakers
- ◆ Everyone getting together for a good cause
- ◆ Adults and youth were given valuable information and tips on dealing with each other
- ◆ It was good to educate the community
- ◆ Youth participation

WHAT WERE THE WEAKNESSES OF THE CONFERENCE?

- ◆ Keynote address- speech should have been proofread. The information was good, but the delivery wasn't. Speaker also used some inappropriate language
- ◆ Conference was not long enough and workshops were too short
- ◆ They were a lot of kids, which is good, but they should have had better supervision
- ◆ Have the keynote speakers more prepared if they are teenagers
- ◆ Weak opening felt there was too much time in the beginning, didn't start on time.
- ◆ Should bring the kids' parents in
- ◆ The hotel lacks professionalism- poor microphone- shabby facility
- ◆ Organization. No breakfast or coffee in the morning

PARTICIPANTS' SUGGESTIONS FOR IMPROVING NEXT YEAR'S CONFERENCE

- ◆ More organization
- ◆ Bigger space, longer sessions
- ◆ More adult chaperones
- ◆ Find a way to touch other organizations to get the word out about the conference
- ◆ Need hot food
- ◆ More adult sessions
- ◆ Better prepare students for presentations
- ◆ Have this conference on a Saturday so other teens can attend

WHAT ADDITIONAL INFORMATION WOULD YOU LIKE TO HAVE REGARDING TEENAGE PREGNANCY PREVENTION?

- ◆ Male responsibility
- ◆ Same sex relationships
- ◆ Mixed groups with adults and teenagers for break out session
- ◆ Mental health & substance abuse
- ◆ More information given to parents who can't attend conference
- ◆ Abstinence only-stop sending mixed messages
- ◆ Teen boy & girl panel, with the pregnancy experience
- ◆ Do what you are doing, don't change a thing

Youth Evaluation Survey Results

One hundred forty-seven (84.0%) females and twenty-eight (16.0%) males completed the evaluation survey. The majority of students were African-American (81.2%) or Caucasian (10.6%). The Keynote address (Love Kane) and the three youth-focused workshops (I'm Too Embarrassed To Tell, If You Loved Me You Would, Looking For Love In All The Wrong Places) were evaluated on a 5-point scale (1=fair to

5=excellent). For the keynote address many youth (66.1%) rated it a 4 or 5. The majority of youth (85.7%) rated the “I’m too embarrassed” workshop a 4 or 5. The evaluation of the “loved me” workshop was also very positive with 86.8% of the students rating it a 4 or 5. The majority of students (71.3%) rated the “looking for love” workshop a 4 or 5. The frequencies and descriptives for these questions are below.

Alexandria

Program Description

The Pro-Teen/Pro-Youth (PTPY) teen pregnancy prevention program for children ages 8-12 and adolescents ages 13 – 17 is offered in Alexandria. The program expanded this year to include several Latino sites that were previously funded separately from PTPY. The Latino program is currently serving over 70 youth, with the majority of the participants being between the ages of 10-14. Technical assistance was also provided for Project Step Out (PSO) that is directed to youth 14 years of age or older. Similar to PTPY, this program is an Individual-Level Intervention Project.

Pro-Teen/Pro-Youth and Project Step Out use the same curriculum, *Life Planning Education* (Clark, 1992), and have a common goal: to reduce teenage pregnancy through informal education, community resource referrals, and individual interactions with program participants. All of the programs are located in an urban setting characterized by considerable ethnic and cultural diversity. Many of the families in the areas served by the programs are recent immigrants from Central and South America, Africa, and the Caribbean. African American families are represented in significant numbers as well.

Participants in PSO and PTPY served a total of 406 youth, ranging in age from 8 – 17. Their average ages were 10 – 14. The breakdown by sex was 64% female and 36% male. African American youth were in the majority at 62% and Latino youth made up 38%.

The participants in TPPP generally reflect the diversity of the community. This past year, the program served a total of 461 children, ranging in age from 9 to 17. The average ages were between 10 – 14 years. In terms of gender, 57% were female, and 43% were male. Latina children comprised 36% of the total population served while 59% of the children were African American.

Specific Objectives and Program Activities. Besides having a common goal, PTPY and PSO both operate under the assumption that the causes of teen pregnancy are complex, thus requiring a multifaceted intervention strategy. Moreover, they share common objectives to:

1. Provide the target population, their parents and guardians general information regarding teen pregnancy that will enable them to make informed choices;
2. Reduce sexual activities;
3. Promote male responsibility;

4. Stimulate growth in youths' self-awareness and improvement in their self-esteem;
5. Increase the number of youth who adopt postponement or abstinence as their mode of sexual conduct;
6. Promote sound judgments to use safe sex practices by youth who persist in their sexual activities;
7. Increase parental investment and involvement in project goals and activities;
8. Provide access to health care; and
9. Promote good health.

Outcomes to Be Measured Next Year

Program evaluation in FY04 will focus on the program's influence on participants' attitudes, skills such as pro-social decision making and coping with peer pressures, knowledge, and behaviors associated with issues related to teen pregnancy prevention. This year, the evaluation focused solely on participants' knowledge of the content of the curriculum that was taught during the year.

Progress of Program Process Evaluation

As noted above, the program was evaluated on the changes in participants' knowledge of curriculum content taught during the year. Program staff developed a content-based test with assistance from the local site evaluator. Essentially the instrument was taken from the weekly quizzes that the children take to assess their understanding of the week's topics. Overall 17 topics were covered and subsequently tested by the content-based test that was given as a pre-and posttest. The evaluation was conducted as planned.

In addition to outcome evaluation, the local site evaluator and program staff have been working on explicating program procedures using the logic model. We will continue with this training in the fall, 2003.

An evaluation plan is in place for next year. The plan included the use of a new instrument that will assess not only content knowledge, but also participants' social decision-making skills, attitudes, and reported behaviors related to issues associated with teen pregnancy prevention. The instrumented has been approved by the IRB and now is undergoing minor formatting changes to accommodate the younger children. No barriers were encountered in providing a process evaluation for the program.

Development of Evaluation Plan

Instrumentation. The evaluation plan entails administering the new survey instrument approved by the VDH IRB as a pretest, and as posttest. All participants in the PTPY and PSO will be assessed during these times. Attendance data will be collected over the year

and used in the analysis for measuring the effects of dosage (operationally defined as the number of sessions attended during the year). Unfortunately, the use of a comparison group remains an elusive prospect.

Confidentiality. All data will be coded using subjects' first three letters of their first and last names in combination with birth dates and gender. This system has effectively de-linked personal identifiable information from the evaluation data in the past, and has not presented any problems for data analysis. All participants and their parents will receive a letter of consent to participate in the evaluation.

Implementation of Instruments

Both program staff and the local site evaluator will establish the testing schedule for the pre-and posttests. The staff will be responsible for the administration of the survey. Mrs. Cassandra Chess, the Program Coordinator, will be responsible in monitoring and collecting all surveys from the five sites. Dr. Charles Thomas (local site evaluator) will be responsible for providing a final check of the data, data entry and analysis.

The primary limitation is the recruitment of non-participants as comparisons, thereby providing stronger causal evidence of program impact. While we are constantly looking for ways to develop comparison groups, we believe the possibility is rather low that this will be accomplished.

Data collection and analysis was conducted this year using the staff-developed content-based test. The 68-item test assessed participants' knowledge on the 17 topics covered during the year. A total of 82 participants were administered the pretest at the five program sites (Table 1).

Site	Males	Females	Total
Grace Episcopal	12	12	24
Bruce	12	7	19
Crestview	1	4	5
Ramsay	9	13	22
Cora Kelly	1	11	12
Grand Total	35	47	82

The average age of the participants was approximately 12 years with males being somewhat older than females (Table 2). One site (Grace Episcopal) accounted for most of the older participants.

Site	Males	Females	Total
Grace Episcopal	14.48	14.15	14.32
Bruce	11.39	10.56	11.08
Crestview	10.91	11.45	11.34
Ramsay	11.15	10.66	10.86
Cora Kelly	10.61	10.99	10.96
Grand Total	12.35	11.68	11.97

Results

Table 3 summarizes the mean proportion correct on the 68 item pre-and posttests for which both tests were available (n=50). The mean proportion correct on the pretest was 0.72 and on the posttest, 0.78. The difference was statistically significant ($t = -2.78$; $df = 49$; $p < .001$).

Table 3. Summary of Participants' Performance on the Content-Based Pre-and Posttests

Descriptive Statistics						
Variable	Mean Prop. Correct	Std Dev.	Std Err	Lower 95% CL	Upper 95% CL	N
Pretest	0.724	0.141	0.020	0.684	0.764	50
Posttest	0.779	0.120	0.017	0.745	0.813	50

1-tailed t-Test (0.71 < 0.95)						
Ho. Diff	Mean Diff.	SE Diff.	T	DF	P	
0.000	-0.056	0.020	-2.775	49.000	0.004	

The scores were broken down by content area to determine where the differences lie between pretest and posttests. The content areas were *Health* (topics on nutrition and STD), *Appreciation and Valuing* (topics on appreciation and values), *Social Decision-Making* (topics on peer pressure, relationships, and diversity), *Social Involvement* (career, gender roles, and community service), *Self-Efficacy* (self-esteem, assertiveness, and communication), *Self-Control* (anger management, violence and conflict resolution) and the *Media*. All of the content areas reflected increases in knowledge from pre-to posttest, with the greatest increase being in the area of *Health*. The increase in knowledge from pre-to posttest was fairly uniform across the other content areas (Figure 1).

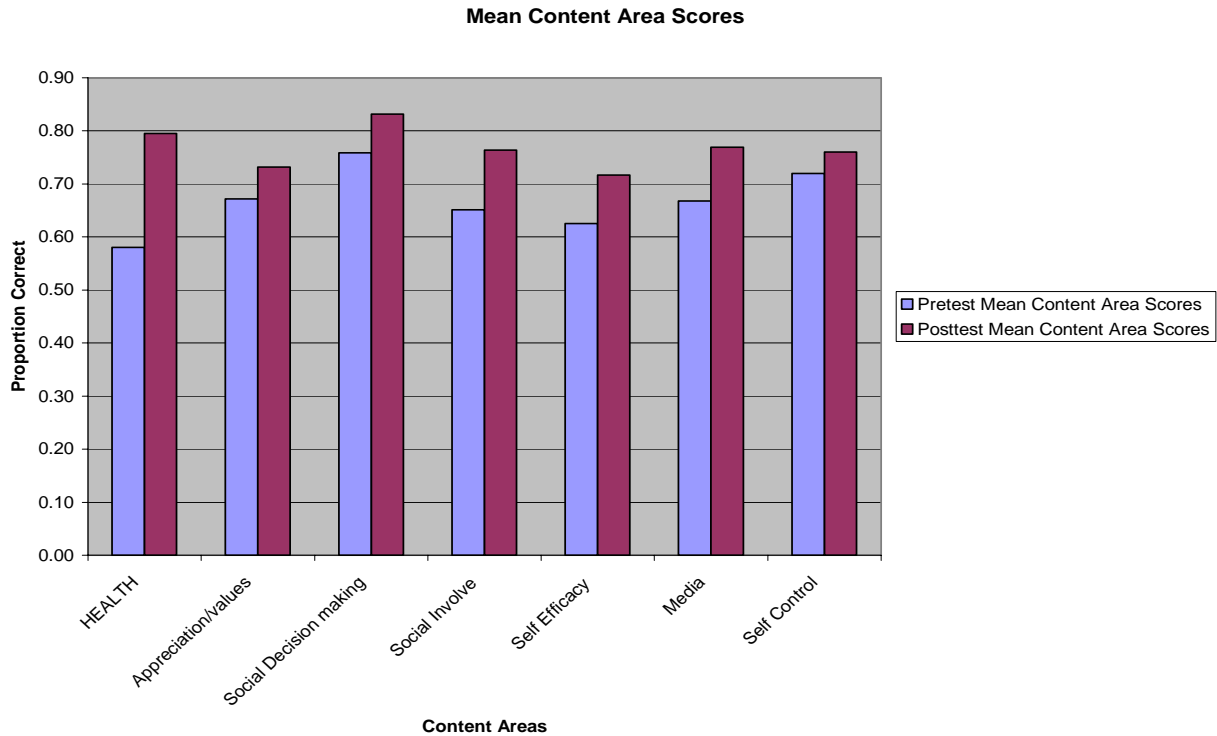


Figure 1. Comparison of Mean Proportion Correct By Content Areas

Recommendations

Based on the content-based test results, the instructional modules were effective in facilitating participants acquiring the knowledge content of the curriculum. It should be noted that the proportion correct was relatively high at pretest, likely reflecting participants' past experience in the program (most are "veterans"). We plan to systematically collect data next year on the number of years participants have been involved in the program as a control variable that may shed some light on program impact.

One challenge for us is to assure a higher linkage between pre-and posttest participation. Fifty of the 82 participants (60%) took both tests this past year. While this is an improvement over the following year procedures must be developed to reach the goal of 85% for the coming year. Given the lack of a comparison group for a causal analysis, it is imperative that the evaluation results are representative of the program participants.

Richmond

Program Description

The City of Richmond offered two pregnancy prevention programs during FY03, the Teen Outreach Program (TOP) and Postponing Sexual Involvement (PSI). The Teen Outreach Program (TOP) is a school-based program involving students in community

volunteer service and is designed to reduce problem behaviors such as school suspension, failure of courses in school, dropping out of school, and teenage pregnancy. The program has been provided in Richmond City Schools since 1998 as part of the Work and Family Studies (WFS) Career Pathways class, integrating well with the classroom objectives of career planning and life skills development. The program consists of three major components: facilitator-led small group discussions, student volunteer involvement in the community and guided reflection on the connections between the two. Based on the Changing Scenes curriculum, the life skills component of the program includes topics on goal setting, communication skills, sexuality education, family relationships, community relationships and preparing for volunteer service.

The goal of the Changing Scenes curriculum at Level IV is to prevent primary teen pregnancy and help young people make consistent progress in school. TOP principles rest on four “pillars” or touchstones of the program:

- I. Youth Development
This approach encourages adults to value young people as assets and resources
- II. Community Involvement
Strong community –wide partnerships promote broad-based community involvement to insure program continuity
- III. Learner Centered
TOP participants receive learner-centered education
- IV. Academic Extensions
Connects learning gained through the service experience to the classroom and vice versa

Values provided through TOP messages include:

- Adult responsibility to support young people through difficult times,
- Respect for diversity and intolerance for prejudice and discrimination,
- The right to be safe and free of the threat of physical/emotional harm,
- Responsibility for our own actions and consequences, and
- An obligation to promote our own well-being and that of our communities.

Developmental needs addressed by the TOP curriculum include:

- ~ Self-expression,
- ~ Diversity,
- ~ Clarity and Continuity, and
- ~ Acknowledgment.

Developmental tasks addressed by the TOP curriculum include:

- ~ Achieving independence,
- ~ Establishing an identity,
- ~ Establishing a sense of integrity,
- ~ Developing intellectual capacity, and
- ~ Establishing intimacy with others.

Special Considerations related to physical development addressed in the TOP curriculum include:

- ~ Affirm that sexual feelings are normal and natural,
- ~ Recognize and affirm that many teens are not engaging in sexual intercourse,
- ~ Acknowledge the extent of sexual behavior among teens,
- ~ Discuss candidly with teens forms of sexual expression other than intercourse, and
- ~ Provide sexually active teens with appropriate resources.

The Postponing Sexual Involvement Program (PSI) is used nationwide in various ways and by various organizations. The curriculum developed for the Postponing Sexual Involvement program is designed to provide young people with tools to help them bridge the gap between their physical development and their cognitive ability to handle the implications of such development. The PSI program is aimed at youth in junior high or middle school. Younger youth do not have the social or cognitive readiness to maximally use such a program. Older youth have moved beyond the more concrete directive approaches contained in the program and generally are ready to deal with behavioral issues relating to sex on a more complex level. The purposes of the PSI program is to affect peer norms, reinforcing those that support abstinence and encouraging others to practice abstinence, or at least neutralizing opposition to those who wish to abstain.

Goals:

To help young people:

- Understand the pressures in our society which influence young people's sexual behavior,
- Understand their rights in social relationships,
- Avoid situations that might lead to sexual involvement,
- Deal with pressure situations through the use of assertive responses, and
- Postpone sexual involvement.

Objectives:

The young people participating in the PSI program will be able to:

- Identify the risks associated with early sexual involvement,

- Identify examples of pressures in our society that influence young people’s sexual behavior,
- State that individuals have the right to say “no” when they are asked to do something they do not wish to do,
- State or write down assertive responses which say “no” to pressures to become sexually involved, and
- Use assertive responses to say “no” to pressures to become sexually involved.

The PSI program is comprised of five sections:

- I. Information and exercises relating to the risks of early sexual behavior,
- II. Information and exercises relating to social pressure,
- III. Information and exercises relating to peer pressure,
- IV. Information and exercises on using assertive techniques, and
- V. Reinforcement of information and exercises using new skills.

Outcomes to Be Measured Next Year

Program evaluation in FY04 will focus on the programs’ influence on participants’ attitudes, skills such as pro-social decision making and coping with peer pressures, knowledge, and behaviors associated with the nuances of teen pregnancy prevention.

Progress of Program Process Evaluation

The TOP and PSI programs were slow starting due to a change in staffing with the Superintendent of the Richmond City Public Schools. Both programs began later than anticipated due to this change in staffing at the Superintendent’s level. A draft form of the survey instrument for the TOP program has been submitted to the City of Richmond for review, comment, and approval. There is a survey instrument currently being used by Planned Parenthood for the PSI program. However, this instrument does not adequately measure changes in knowledge, attitudes, and behavior. The local site evaluator in collaboration with the City of Richmond and Planned Parenthood will redesign the instrument.

The local program coordinator worked with the newly appointed Superintendent to set in place an agreement to allow both programs to be administered at the designated schools. The City of Richmond has program curricula for each program, dedicated staff, data collection methods in place and the ability to move forward into full program evaluation for FY04.

The TOP survey has been finalized and adapted to the appropriate reading level for administering during FY04. A survey for the PSI program was developed by three of the LET members using the curriculum, tested scales, and feedback from three of the TPPI funding program coordinators who offer the PSI program

An evaluation plan is in place for next year. The plan includes the use of two instruments that will assess not only content knowledge, but also participants’ social decision-making

skills, attitudes, and reported behaviors related to issues associated with teen pregnancy prevention. The VDH IRB has approved both instruments. No barriers were encountered in providing a process evaluation for the program.

Progress of Program Outcome Evaluation

The evaluation plan for both TOP and PSI consists of administering a pre and posttest to program participants. Program staff has been given informed consent forms, a sample letter to parents, and copies of the evaluation instruments. Participants will complete a pretest at the beginning of the program and a posttest after they have completed the program. The information gathered by these instruments will be entered and analyzed by the local site evaluator and the results will be presented to the City of Richmond. The local site evaluator will also analyze the attendance data reported by the City of Richmond.

Each participant in the program is given a unique 'client ID' using a coding system. The client ID is used to track attendance and on the evaluation booklet as the participants' booklet ID. The information gathered is kept confidential. Only the program staff has access to the participants' names and identification codes. The Superintendent of the Richmond City Public Schools does not permit comparison groups.

The City of Richmond program staff will develop a pre and posttest schedule for administering the evaluation instruments for both programs. Program staff will administer and collect the instruments and the local evaluator will analyze the data. No barriers or limitations were encountered in developing the evaluation plan. The evaluation plan was not implemented during FY03. Attendance data were collected.

Crater

Program Description

Makin' Your Future is a school-based program. It is the youth behavioral risk component of the Appomattox Pregnancy Issues Council. Its primary goal is to educate young people ages 10 to 19 to make decisions based on critical thinking. This model is based on social cognitive theory, which considers environmental models and attitudes as the basis for risk-taking behavior.

According to preliminary data, in 2002-2003, a total of 98 students from 3 schools participated in the program. These students ranged from 10-17 years old, and since the reports only capture age, it is impossible to know the grade-levels. All but two students were African-American, and 88 (88%) were female. During FY04, the outcomes that will be measured include the following:

VDH Implementer Target Areas:

Knowledge about the following issues:

- Consequences of teen sexual activity
- Risks involved with teen sexual activity
- Understanding of the meaning of abstinence
- Identification and articulation of the use of contraception

Interpersonal **skills** surrounding the following issues:

- Refusal skills, resisting pressure
- Communication skills

Internal locus of control

Protective behaviors related to the following issues:

- Reports of positive relationships with parents
- Reports of parental expressions of disapproval of child's engagement in sex at this time

MYF/SCT (social cognitive theory) Foci:

Peer influences

Self-esteem

Use of critical thinking v. anger/violence

Future orientation

Progress of Program Process Evaluation

There was no formal process evaluation plan. The program is school-based and well established at the schools. The main emphasis was on identifying and securing a valid comparison school.

The general consensus among program staff was that the sessions were well attended being they were part of a curriculum. Preliminary attendance data for 2002-2003 indicates that the attendance was not as favorable as was predicted. For one of the program schools, only 43% of the 21 participants attended 70% of the total sessions, and only 48% received a minimum of 10 (out of a possible 14) total hours of program intervention. The other school reported that none of its 58 participants attended 70% of the sessions, nor did any receive a minimum of 10 hours of program intervention.

These issues have already been raised and discussed with the program coordinator as well as with the program facilitator, who are researching the issue of missing data or under-reporting. They have also been informed of the serious threats to the evaluation plan for next year that such poor attendance poses. The evaluator plans to meet with program staff soon after the new fiscal year begins to discuss the importance of maintaining program integrity.

Progress of Program Outcome Evaluation

Development of Evaluation Plan

An evaluation plan has been developed for each of the programs implemented. Following is a description of the plan for each of the programs.

Makin' Your Future (MYF)

The evaluation will focus on 5th graders, both because this is the first year that the program is offered, and in an effort to maximize the potential for longitudinal analysis in the future. The program is currently offered to 5th-12th grades. The following are the objectives for this evaluation:

- Perform an outcome evaluation of MYF program.
- Administer pre- and post- assessments to approximately 100 MYF participants and approximately 50 comparison students.
- Conduct data analyses assessing differences between MYF participants and comparison group.

Greater favorable outcomes (favorable attitudes, knowledge, and behaviors associated with reduced risk for teen pregnancy) are expected among MYF participants at the end of the program as compared to an initial baseline assessment (pre-test). In addition, outcomes among MYF students will be compared against a group of students who are similar to MYF participants but who did not receive the program (comparison group).

The purpose of a comparison group is to have a group of students who do not participate in MYF against which to compare program participants on the selected outcome indicators. Such comparison will help determine whether differences among program participants from the comparison group can be attributed to MYF. It is important that the comparison group students are similar to MYF participants.

Postponing Sexual Involvement (PSI)

The goal of the evaluation is to assess the impact of Postponing Sexual Involvement (PSI) in the targeted population. Outcome data will be analyzed to assess program effects.

The following are the objectives for this evaluation:

- Perform an outcome evaluation of PSI program.
- Administer pre- and post- assessments to approximately 90 PSI participants (5 groups).
- Conduct data analyses assessing differences between PSI's participants' knowledge, skills, behavioral intent and attitudes between baseline and program completion.

Greater favorable outcomes (favorable attitudes, knowledge, and behaviors associated with reduced risk for teen pregnancy) are expected among PSI participants at the end of the program as compared to an initial baseline assessment (pre-test).

Research Questions (hypotheses are that all responses would be positive)

1. Is participants' reported **knowledge** about the following issues greater at post-test than at baseline?

- Consequences of teen sexual activity,
- Risks involved with teen sexual activity,
- Understanding of the meaning of abstinence,
- Accuracy of media depictions of relationships and sex, and
- Sexuality.

2. Is participants' reported improvement in **interpersonal skills** surrounding the following issues greater at post-test than at baseline?

- Refusal skills, resisting pressure,
- Communication skills,
- Awareness and communication of own sexual attitudes and values, and
- Awareness and communication of own comfort level with physical displays of affection.

3. Is participants' reported **internal locus of control** greater at post-test than at baseline?

Passport to Manhood (PTM)

The goal of the evaluation is to assess the impact of Passport to Manhood (PTM) in the targeted population. Outcome data will be analyzed to assess program effects.

The following are the objectives for this evaluation:

- Perform an outcome evaluation of PTM program.
- Administer pre- and post- assessments to approximately 40 PTM participants (2 groups of 15-20).
- Conduct data analyses assessing differences between PTM's participants' knowledge, skills, behavioral intent, and attitudes between baseline and program completion.

Greater favorable outcomes (favorable attitudes, knowledge, and behaviors associated with reduced risk for teen pregnancy) are expected among PTM participants at the end of the program as compared to an initial baseline assessment (pre-test).

Research Questions (hypotheses are that all responses would be positive)

1. Is participants' reported **knowledge** about the following issues greater at post-test than at baseline?

- Consequences of teen sexual activity
- Risks involved with teen sexual activity

- Understanding of the meaning of abstinence
- Accuracy of media portrayal of relationships, girls, women

2. Is participants' reported improvement in interpersonal **skills** surrounding the following issues greater at post-test than at baseline?

- Anger management,
- Conflict resolution, and
- Communication skills.

3. Is participants' reported **internal locus of control** greater at post-test than at baseline?

4. Are participants' reported **protective behaviors** related to the following issues greater at post-test than at baseline:

- Reports of strong future orientation
- Reports of strong educational values

Implementation of Instruments

Each program facilitator will mail consent forms to participants. Facilitators will administer pre-test instruments during the first or second regularly scheduled session. Post-tests will be administered at program end. For the younger groups (MYF's 5th graders), facilitators will read questions aloud and ask students to complete the questionnaire at the same pace.

There were 3 main barriers encountered in developing the evaluation plan for Crater:

1. Although the site made progress over previous years by focusing more on curriculum-based programs and less on "one-shot" community service programs, they still suffered from a general "hodge-podge" approach to program curriculum.
2. Overall, the program staff exhibited a lack of familiarity with or motivation toward evaluation. They expressed some doubt and suspicion about VDH's emphasis on evaluation, their familiarity with program implementation and with their site's challenges in particular.
3. Additional programs were included in the Continuation Application that previously had not been discussed with the evaluator and, as required by VDH for next year, needed evaluation plans in place.

In an effort to address the above-described problems, the following strategies have been identified:

1. The evaluator plans to observe at least one session of each program to see how it is being implemented.
2. The evaluator plans to require program facilitators to complete implementation checklists at the close of each session in order to capture the main topic areas that were addressed.

3. The evaluator has strongly encouraged program staff to attend the pre/post training planned by VDH/VCU.
4. The evaluator met with program staff in June to discuss the importance of following the evaluation standards and had facilitators complete checklists and schedules regarding programming and survey administration.
5. The site is providing a new program this year that is curriculum-based and program staff has received formal training in the curriculum.

Focus groups were conducted as the preliminary phase in the larger study of MYF planned for next year. Students begin the program in the 5th grade, and the research goal was to evaluate the program based on pre- and post-tests with this group. Due to IRB restrictions, the program facilitator and program coordinator, rather than the evaluator, conducted the focus groups and recorded the information. The evaluator is still in the process of analyzing the data.

Goal #1 of the focus groups was to assess the knowledge base of 5th graders at three locations. These were three elementary schools, two of which already administer the MYF program, and the third of which was planning to administer the program in the future. The information obtained from the focus groups helped to provide a context in which to develop the questionnaire for the program evaluation at the three locations.

Goal #2 was to gather data about 5th graders' use of language regarding pregnancy and sexuality issues at three locations. This goal helped to provide information from the perspective of the participants that assisted in the development of the research instrument.

Program Schools:

1. Robert E. Lee

Focus group was conducted on March 13, 2003 with 10 female students participating.

2. Westview School

Focus group was conducted on March 14, 2003 with 8 female students participating.

Comparison School:

A.P. Hill School

Focus group was conducted on March 28, 2003 with 2 female students participating. Preliminary results from the focus groups were used to create the survey instrument for next year. Many questions were edited to better the familiarity with sexuality issues conveyed by the participants in the focus groups. Some of the wording of questions was also simplified based on the participants' use of language. Finally, a decision was made to change the comparison school for next year's evaluation based on the lack of fit between the focus group comparison school and program schools, both demographically and in terms of their responses to questions.

Recommendations

The strongest recommendation is for the evaluator to continue to be as involved as possible with the program staff to ensure that they are following the evaluation protocol

as well as maintaining favorable attendance levels within all programs. The site also needs to continue to strive for all curriculum-based, best practice programs and discontinue all programs that do not meet these standards.

Portsmouth

Program Description

The Portsmouth Teen Pregnancy Prevention Initiative offers services to adolescents, teen mothers and fathers within the city of Portsmouth. Both male and female populations served and though the majority is African American, there is no restriction based on race for eligibility to participate in any of the services or projects.

Research and Coalition/community consensus have led programming efforts to focus on three prevention typologies. These include implementation of three curriculum-based educational projects (“For Males Only”, “Becoming A Responsible Teen”, and Girls’ Inc. “Will Power/Won’t Power”); an adolescent reproductive health care focus with the Adolescent Outreach Project and a secondary prevention focus with the Comprehensive Health Investment Project (CHIP) that services teen mothers and fathers to prevent second or additional pregnancies.

Progress of Program Process Evaluation

At the beginning of the year, progress of process evaluation was off to a rather slow start due to the recent shift in conceptual approach and descriptive terminology adopted at the VDH State level. Coordinator and staff were understandably somewhat unclear as to content, format, and frequency of reporting to both VDH and SERL. Budget and other funding concerns were also issues, providing the stimulus for staffing and project review. As a result the “For Males Only” project was dropped and its male adolescent target population was incorporated into the target population for the “Becoming A Responsible Teen” (BART) project.

General technical assistance was provided to the staff on principles of process evaluation and a review of process evaluation tracking methods continues. A review and development phase to adopt a “best fit” for tracking progress for each project is continuing, as well as meetings with individual project staff and the coordinator.

Progress of Program Outcome Evaluation

In addition to continued technical assistance to build evaluation capacity of program projects, the “Becoming A Responsible Teen” (BART) Project was selected for outcome evaluation.

Though the rates show evidence of declining, teen pregnancy and parenthood remain serious and complex problems. Portsmouth, through its “Becoming A Responsible Teen” (BART) Project, tackles these difficult issues by providing male and female youth ages

12-18 the knowledge and range of skills that will help them carry out the decision to postpone having sexual intercourse until they reach a more mature age.

BART is conducted in both community and school settings 6 to 8 times or more through the year targeting 150 total participants. It was selected for outcome study particularly since it has a well-developed and highly replicable curriculum and a relatively stable participant population throughout the term of the training

Goal

The goal of the evaluation study is to determine the level of effectiveness of the BART Project in imparting information, building resistance skills and conveying a sense of social support.

Hypothesis

As measured by pre-/posttest assessment, participants who satisfactorily complete the Becoming A Responsible Teen (BART) training project will, in comparison to a similarly situated number of non-participants, have acquired an increased knowledge of the ten topic areas covered indicate an increased ability to employ project learned resistance skills, and indicate an increased sense of social support.

Methods

Target Population

For the study, a Non-Equivalent Control Group Pre-test/Posttest design will be used, where the control group, though not matched with the participant group, is similarly situated across several relevant demographic and academic categories including racial composition, gender, school grade and class, and academic performance. Since the outcome study model includes a Non-Equivalent Control Group Pre-test/Posttest design, similarly situated control and participant groups are necessary to strengthen statistically significant differences in performance by participants versus the controls.

The project will be conducted with male (approximately 15%) and female (approximately 85%) youth, ages 12 - 18. Racial composition is expected to be 90% African-American, 5% Caucasian and 5% Other. Six to eight cycles of the 16 contact hour project conducted in community and school settings are planned to be covered in the study, beginning Summer, 2003, and continuing through Spring, 2004.

Project participants must attend a minimum of 10 contact hours to be considered to have satisfactorily completed the training and be included in the outcome study. The participant and control groups will complete identical 3-part pre-/post-test surveys assessing knowledge of the project topic areas, self-confidence/resistance skills, and social support. One hundred, of an expected 150, project participants are targeted for

inclusion in the study. A minimum of 75 subjects is targeted for inclusion in the control group.

Measurement

The pre-test/posttest survey is a single instrument in three parts assessing knowledge of the project content areas, self-confidence/resistance skills, and sense of social support. The knowledge section consists of multiple choice and true/false question drawn directly from the project curriculum. The self-confidence/resistance skill section consists of standardized statements with scaled response options of “strongly agree”, “agree”, “disagree”, and “strongly disagree”. The third section consists of standardized true/false statements. Raw scoring is straightforward totaling of sums. For the knowledge section the highest possible score is equivalent to the total number of questions. Improvement on the post-test would show an *increase* over the pre-test score. The self-confidence/resistance skill section has a scale range from 8-32 where the *lower* the score the more likelihood of higher self-confidence and ability to resist. Improvement on the posttest would show a *decrease* from the pre-test score. The social support section had a scale range of 7-14 and the *lower* score here as well indicated a better sense of social support. Improvement on the posttest would show a *decrease* from the pre-test score.

Control and participant groups complete surveys just prior to the start of a project cycle and at the end. The survey each group completes is identical except for slightly different wording on the cover page for the control group version. Several surveys will be discounted for use for lack of completion.

All surveys will be labeled with an ID code to ensure confidentiality of the test taker. Project facilitators distribute, collect, and forward the surveys to the program coordinator for transfer to the local site evaluator. Names, birth date, race, gender, and any other identifying demographic information from project signup sheets and ID worksheets will be stored separately in locked file cabinets located at the local teen pregnancy prevention initiative site. Only the generated ID number of subjects in the study will be available to the evaluator.

Data Analysis

Means and standard deviation values will be derived from the raw scores of each of the three survey sections for both pre-test and posttest completed by participant and control groups. Using the mean scores and standard deviation values, unpaired t-test and confidence interval calculations for the difference between means (at 95%) analyses as described below, will be generated for the knowledge, self-confidence/resistance skills, and social support sections for both pre-tests and posttests comparing the control group with participant group.

Initial two-tailed P value, unpaired t-test, and confidence interval analyses for pre-test comparisons are also required by the design of the study since groups are not matched. A

result of *no statistically significant differences* between each pairing must be shown to establish that the groups performed similarly enough to be considered initially equivalent. Such a finding must be shown using this design to lend stronger credence to findings of statistically significant differences on posttest performance comparisons. One-tailed P value, unpaired t-test, and confidence interval analyses for posttest comparisons will be used since the study hypothesis predicts and increase in performance by project participants.

Eastern Shore

Program Description

Established during the latter part of 1994, the Eastern Shore Teen Pregnancy Prevention Program (ESTPPP) is known to the community as “Young Voices for Better Choices (YVBC)”. Community assessment activities, including two public forums, focus groups of teenagers, presentations to nineteen human service agencies and organizations, and feedback from the District Advisory Board and the Community Policy and Management Team (CPMT), resulted in the following consensus statements:

- Teen pregnancy is a multifaceted problem that requires multiple interventions focusing on the total child.
- There must be community ownership of the problem and community directed and controlled interventions.
- This is a long-standing problem that will require a commitment of human and financial resources over the long term to resolve.

The coalition that determines program type and provides direction for the ESTPPP is made up of the CPMT, the District Advisory Board, and members of the general public. The coalition developed the following guidelines for use of ESTPPP funds:

- Funds would be used to support community-based organizations wishing to implement programs targeted toward youth 10-17 years old and their parents that promoted abstinence as their primary preventive strategy and used a variety of decision-making and goal-setting interventions.
- No program would receive more than \$10,000.
- A minimum of six projects would be considered.
- A panel of representatives would make selection of funded programs from the CPMT and the Advisory Board.

In addition to conducting a variety of community education activities such as workshops, conferences, and community awareness surveys, the ESTPPP puts out a Request for Proposals (RFP) each year to solicit intervention programs with the following characteristics:

- Targets adolescents (ages 10 – 17) and/or parents of adolescents;
- Is developmentally and culturally appropriate;

- Emphasizes abstinence as a key to primary prevention;
- Provides factual information about physical development, human sexuality, and the consequences of sexual behavior;
- Teaches assertiveness, decision making, goal setting, career planning, and other life skills;
- Emphasizes the importance of communication between parents and adolescents and assists parents in establishing and communicating family values;
- Improves parenting skills;
- Enhances self-esteem; and
- Fosters male responsibility.

The ESTPPP partnered with several local organizations and agencies in sponsoring and conducting community activities and events. The ESTPPP also attended trainings and workshops.

Progress of Program Process Evaluation

Projects under the ESTPPI were restructured/reorganized to use specific curricula. The use of a specific curriculum was employed. All of the projects use one of two curricula.

There is a proposed plan in place. Consultation and coordination with staff provided opportunities to review VCU/VDH requirements, to review and adapt the RFP for projects for FY 2004, and to provide ethics training to project coordinators and staff.

Changes in public school administration (personnel, new superintendent) for one county may pose some limitation/barrier. The Program Coordinator has been encouraged to have the Health District Director to initiate contact and to follow through with contacts for approval to conduct program evaluation in the schools for FY 2004.

Progress of Program Outcome Evaluation

Development of Evaluation Plan

The specific purpose of the evaluation is to determine the effectiveness of programs that are designed to provide knowledge, change attitudes, and influence behaviors that relate to the prevention of teenage pregnancies.

The goal is two-fold: (1) to examine enabling factors and barriers to teen pregnancy prevention and (2) to assess change in knowledge, attitudes and behaviors of youth participating in teen pregnancy prevention educational programs and activities.

Two objectives are planned to achieve this goal.

Objective #1: to conduct individual interviews with alumni participants since it's beginning in 1995-96.

Research Question: Do alumni participants express more pregnancy prevention knowledge, attitudes, and behaviors that have resulted from their participation in ESTPPI programs than young adults who are non-participants of ESTPPI programs?

Hypotheses: Due to the program opportunities that alumni participants have had in their teen years to connect with the community, they are more likely to possess the knowledge, attitudes, and behaviors that support pregnancy prevention.

Target Population: The alumni group will consist of twenty-five young adults who participated in ESTPPI programs at least two years. The control group will consist of 15 to 20 young adults who have never attended/participated in an ESTPPI program or activity.

Outcomes Measured: Demographic information (marital and parental status, employment, community participation, and education) will be gathered and compared for both groups. Interviews discussions will be summarized and contents analyzed for general themes.

Methods/Activities: Alumni from the programs will be identified by project coordinators and staff to participate in the interviews. Young adults from the community will be recruited by Project coordinators and staff to identify non-participants in ESTPPI programs and activities.

Objective #2: to conduct a pre and post evaluation of participant knowledge, attitudes, life skills, awareness, and abstinence.

Research Question: Do participants in educational teen pregnancy prevention programs show positive changes in their sexual knowledge and attitudes, life skills, abstinence awareness, and behavioral intent?

Hypotheses: Youth participating in teen pregnancy prevention activities in church, community and human service agency programs due to their connection with the community show a more positive change in sexual knowledge and attitudes than non-program participants from a school sample.

Target Population: The Young Voices for Better Choices (YVBC) program group will consist of approximately 120 youth who are currently participating in YVBC. The control group will consist of a group of 60 six graders who are nearly homogeneous in demographic characteristics (age, gender, race, and academic grade).

Outcomes measured: Compare the knowledge and attitudes of the teen pregnancy prevention participants with the sample of sixth graders using the YVBC youth survey of Attitudes, Decision Making, Coping Skills, and Spiritual Values.

Methods/Activities: The outcomes will be measured by pre and posttest data collected from the youth survey administered to YVBC program participants and to a sample of 6th grade students from the school population in Accomack and Northampton counties. Differences in the outcome measures of the two groups will be studied. The youth participants in the program group with the written permission of their parents (completed assent and consent forms) will respond to the survey during their attendance at their YVBC programs. Participation will be voluntary. Project coordinators, assisted by their staff, will administer the pencil and paper questionnaires and instruct the youth on their proper completion, assure them of anonymity, and advise them on the purpose of the data collection. VCU/SERL monitoring reports (project information reports, project activity reports, and participant attendance reports) will be reviewed to verify program participant. With the approval and assistance of the two counties' school administrations, teen assent and parental consent forms, will be distributed to obtain a homogeneous selection of sixth graders who have been verified to be non-participants of the YVBC programs.

Staff/Resources Used: The Eastern Shore program staff will seek permission and assistance from the school administrations of both counties to secure the sample of sixth graders. Scheduling of the pre and posttest will be coordinated with the school administration. Project coordinators will administer the pre and post-test during regularly scheduled program sessions. The YVBC program coordinator will assist in the collection of surveys from the project coordinators. The local site evaluator and a research design specialist will conduct the data analysis.

Implementation of Instruments

Designated teachers will administer the Survey of Knowledge, Skills, Attitudes, and Behavioral Intent in the schools. Project coordinators and staff in the community programs will implement this survey. The local site evaluator will conduct the interviews of project alumni.

Recommendation

In each project, increase size of target population (program participation).

Roanoke

Roanoke performs a separate evaluation to meet other sponsors' needs. The information below provides a description of the programmatic focus of the TPPI project in Roanoke.

Program Description

The Better Beginnings Coalition (BBC) of the Roanoke Valley determines program type and provides direction for the Roanoke Teen Pregnancy Prevention Program (ROATPPP). The ROATPPP has been an official subcommittee of the BBC since 1995. The BBC was formed from the 1984 merger of the Prevention Coalition and the Coalition for Strengthening Family Living. The BBC membership consists of representatives from area school systems, social service agencies, health care providers, volunteer organizations, and concerned individuals. The ROATPPP Coordinator provides staff support to the BBC.

The BBC exists for three purposes. First, it acts as an information clearinghouse on teen services. Second, it functions as an advocacy group, identifying the needs of Roanoke Valley adolescents and working to mobilize groups to bring about change. The BBC works with other youth-serving coalitions and agencies to develop a community-based prevention plan in concert with the other community stakeholders. Third, it provides the community with education about causes and ways of dealing with the problem of adolescent pregnancy.

In addition to providing support for the BBC, the ROATPPP Coordinator typically sends information and literature on emergency contraception to local family physicians, OB/GYN and Pediatric offices in order to raise awareness on this important issue. The ROATPPP Coordinator also designed the wallet-sized card that was sent to parents reminding them to talk to their children and highlighting ten tips to avoid teen pregnancy. The ROATPPP coordinator also regularly sends the BBC brochure together with the names of active members of the coalition to all Roanoke City Schools and offered the BBC's help in the implementation of Family Life education. Finally, the ROATPPP coordinator conducted year-end focus groups; key informant interviews entered data to excel from the pre and posttest from the following programs For Males Only, Teen Outreach Program, Roanoke Area Health Partnership, and Resource Mothers and sent all relevant facts to its local site evaluator.

The ROATPPP targets all adolescents in the community, but focuses its projects primarily on those who are at high risk for becoming pregnant or causing a pregnancy. In addition to general community education efforts, the ROATPPP strives to build upon existing community resources. Consequently, its funds are used to expand the following four existing community projects:

- 1) For Males Only (FMO). This project educates at-risk teen males on a variety of relevant topics. FMO has one full-time person on staff who works with teens from many backgrounds in a variety of settings (high schools, middle schools, homes, after school programs and recreation programs). At present, ROATPPP funds provide the

salary of the program director. Five separate project sites were implemented during FY02 under the FMO heading, including FMO-ROAD, a program that targets the prevention of subsequent pregnancies among teen fathers.

- 2) Resource Mothers. The Resource Mothers program is a home visitation program designed to ensure the delivery of healthy babies, delay repeat pregnancies, reduce infant mortality, increase school retention, and promote self-sufficiency among teens who are pregnant and parenting. Home visits occur twice monthly with telephone contacts made on alternate weeks. During the home visits, Resource Mothers work on establishing a relationship of trust, not only with the teen, but also with the teen's parent/guardian and other family members. The program enrolls first-time pregnant adolescents between the ages of 12 and 20 who are referred by school personnel, WIC staff, other teens in the community, medical facilities, and parents. Resource Mothers use a program-developed prenatal curriculum that includes topics on family planning, nutrition, stress, pre-term labor, relationships, fetal development, and family violence. In addition, the Partners in Parenting Education (PIPE) curriculum is used to enhance the parenting skills of postpartum teens.

The Teens About Success with Kids (TASK) support group meets once a week for six weeks twice a year and recruits teens from the Resource Mothers Program as participants. The topics covered in the group depend on the composition of the group at the time. When the group is comprised primarily of pregnant adolescents, then the focus is on relationships, family dynamics, dating, abstinence, and family violence. However, when the group is primarily comprised of parenting teens, one of the PIPE modules is used to enhance the parent-child bond during the group session.

- 3) Roanoke Adolescent Health Partnership (RAHP). RAHP provides accessible, confidential, free health care services to adolescents ages 10 – 19 through Teen Health Centers. The Teen Health Centers are located at Patrick Henry High School, William Fleming High School, and William Ruffner Middle School. In addition, there is a school-linked facility located in the Hurt Park public housing development. The school-based Teen Health Centers are open according to the school calendar. The Hurt Park Teen Health Center is open year round on Tuesdays and Thursdays from 9AM until 5 PM and on Wednesday afternoons from 1PM until 5PM so that continuity is not lost when school is not in session.

RAHP focuses on prevention in order to reduce community-wide medical costs. School-based and school linked health care centers provide “one-stop health care shopping” for Roanoke adolescents’ health care needs. Services offered through RAHP include minor illness and injury treatment, sports physicals, immunizations, drug and alcohol education, family planning, violence prevention, and mental health services. All students using the school-based Teen Health Centers must have a parental permission form on file. Teens who visit Hurt Park must also have parental permission, with the exception of those who come for reproductive and substance abuse-related services as allowed by the Virginia State law.

Support for RAHP comes through multiple federal, state, and local funding sources. ROATPPP funding supported the salary and benefits for personnel at the school-based Teen Health Centers. These employees included two health educators and a clinic assistant. The Roanoke Housing Authority provides in-kind space at Hurt Park, while the schools provide space, utilities, and 1.5 FTE of in-kind secretarial support at the school sites. The Roanoke City Health Department provides much of RAHP's clinical infrastructure with such things as patient data entry, hazardous waste pick-up, and vaccines. The Roanoke City Public Schools, Roanoke City Health Department, and Carilion Health System employ both clinical and administrative staff and provide operational support; Blue Ridge Community Services employs and supervises two mental health counselors and a health educator; and Lewis-Gale Medical Center supports the RAHP partnership with cash funding. The strong community commitment for RAHP is best reflected in a very low cash operational budget of \$380,000 annually with a tremendous in-kind budget of over \$220,000.

- 4) Teen Outreach Program (TOP). The TOP is a nationally recognized model for providing services to high-risk teens. TOP effectively targets both male and female teens that are high risk academically. Most have a history of academic failure. The TOP philosophy is that each young person has something to contribute to the community, and its mission is to help young people identify their individual talents and interests so that they can find their place in society. TOP is designed to enhance such protective factors linked with lower teen pregnancy rates as: school connectedness, family involvement, community engagement, and self-esteem/life skills development. TOP in Roanoke is being implemented at the following sites: William Fleming High School, Noel C. Taylor Learning Academy, St. John's Community Youth Program, the West End Center for Youth, Presbyterian Community Center, and the Roanoke County Career Center. There are several different components to TOP, including:
 - a) Life Skills Training. Each student participates in group instruction using the TOP "Changing Scenes" curriculum. Students learn about topics such as communication, responsible decision-making, and setting boundaries. The classes meet one to four times per week depending on the location.
 - b) Community Service Learning. In one of the most interesting components of TOP, each student must participate in regular voluntary community service. Students volunteer in a variety of settings such as nursing homes, day care centers, or their own school campus or after-school program. Community service is intended to give students the opportunity to see themselves as contributors to the community. The experience also provides initial personal assessments of vocational interests.
 - c) Role Modeling. Adults from the community interact regularly with TOP participants during mentoring sessions, community service work, life skill sessions, and in informal situations such as transportation to and from community service activities.

- d) Family Involvement. TOP reaches out to the families of youth, seeking to build on positive factors in the parent-child relationship and to empower parents to be more active in and informed about their child's scholastic activities. TOP also provides opportunities for youth to let their families know about the positive nature of their volunteer service, which helps their families to take pride in their activities.

All participants complete at least 30 hours in TOP, and most complete at least 40 hours (20 hours of life skills and 20 hours of community service learning). TOP was recognized by the President's National Campaign to Prevent Teen Pregnancy, where Roanoke's TOP program was featured in their publication on model programs. The Roanoke TOP program has been featured in USA Today, the Osgood Files, and the Associated Press. In 2001, TOP received an Outstanding Model School-Community Partner Award from the Virginia Association of Partners in Education.

Funding from the ROATPPP budget is a significant part of the TOP budget (39%) and is used to leverage other funds. TOP in Roanoke also receives financial support from the Landmark Foundation, the Thurman Fund, the United Way of Roanoke Valley, and the Carilion Community Fund.

Usual Evaluation Approach

The ROATPPP evaluation typically uses multiple methods to assess program impact. Quantitative surveys, focus groups and key informant surveys. In addition, program and school records are sometimes reviewed and outside measures of program effectiveness are used where available.

Looking Ahead

During FY04, the ROATPPP proposes over 35 community education projects with intentions of reaching over 500 individuals. On top of that, for FY04 ROATPPP and the BBC will continue a heavy focus on highlighting teen pregnancy prevention through advertising on TV, billboards and through the media. Plans are to seek additional funding in order to expand its programs.

Recommendations

Recommendation 1: As previously recommended, ROATPPP should strive to substantially increase parental involvement in its projects.

Recommendation 2: As previously recommended, ROATPPP, in conjunction with other collaborating partners, should seek additional funding sources, especially those that specifically target inner city areas with high degree of poverty.

Recommendation 3: ROATPPP should explore other funding opportunities to enhance and expand its Teen Health Centers.

Recommendation 4: The ROATPPP should consider evaluating local programs that have not yet been evaluated and adding new evaluation dimensions to local programs that were the focus of previous local outcome evaluation activity.

Recommendation 2: The ROATPPP has made excellent use of qualitative data to inform its program evaluation. The ROATPPP should also consider using some other data sources to supplement its qualitative data collection in future evaluation designs.

CONCLUSIONS

The VDH TPPI has to maintain a constant balance between meeting the needs of the program participants and meeting the charge of the initiative set forth by the General Assembly while grappling with ever changing sources of and limitation to funding.

➤ Recommendation

- **Continue to respond to best practices and evaluate programs based on outcomes to provide accurate and reliable data to support the continued efforts of the VDH TPPI.**

According to the guidelines set by the MCH Council's Subcommittee on Teen Pregnancy Prevention, each locality is to form a community-wide coalition that includes representation from public and private organizations. The coalition is to determine program type and direction. Previous assessments combined with input from the seven TPPI localities have provided information that shows the local coalitions have not been and are not as active and directive as originally intended.

➤ Recommendation

- **The VDH should work closely with the local sites to develop and promote community-wide coalitions.**

The VDH TPPI program sites have experienced varying levels of decreasing pregnancy rates and some program sites have experiences less-than-expected program results. Many variables factor into the results at each site, such as:

- Number of participants served by program(s) at each site,
- Commitment and participation of program staff,
- Support of local school systems,
- Competing programs offered by other initiatives, and
- Staff turnover for program staff.

➤ Recommendations

- **Continue to develop programs based on best practices and demonstrated curriculums, and**

- **Conduct an overall TPPI evaluation to measure the following:**
 - **Readiness to participate in program evaluation,**
 - **Commitment and participation of program staff,**
 - **Support of local school systems (and other agencies),**
 - **Competing programs,**
 - **Staff turnover, and**
 - **Any other barriers to program implementation and evaluation.**

By taking FY03 to revamp and reorganize, the VDH TPPI has put in place a plan of action that will assist the local sites in moving forward with programs that are providing the means for participants to demonstrate a change in knowledge, attitudes, and behavior. These short term and intermediate changes are the first steps to producing system-level changes that can in turn lead to changes in the population. Each of the health districts was originally chosen due to higher than average teen pregnancy rates. While each district continues to struggle with teen pregnancy rates, the overall teen pregnancy rate for populations age 10-19 is decreasing. Funding sources are continuously looking for outcome results. The seven TPPI funded sites have been given the guidance and assistance needed during FY03 to develop solid evaluation plans to assist them in providing the results that are required by VDH and other funding sources.

Demonstrating a measurable impact is vital to showing program success. In order to meet the goals of the VDH TPPI, each of the local sites will need to participate fully in the data collection process as well as the evaluation process.

➤ **Recommendations**

- **Review and plan for an electronic data collection system to streamline data and make reporting more timely,**
- **Merge the local evaluation team into an evaluation consortium that pulls research, methodology, theory, best practices, and shares knowledge with evaluators from other programs to create new energy and positive forward momentum, and**
- **Continue to monitor program goals and objectives to assure that they are being met; make changes to the logic model as needed to maintain the impact of the program on participants.**

During FY03 the VDH hosted the first annual adolescent sexual health evaluation conference in Richmond, Virginia. There was dual purpose for this conference: to bring together individuals who work throughout the state with adolescents on the topic of sexual health and to reinforce the importance of program evaluation. The purpose did change, and originally the conference was being held in order to disseminate the results of evaluation studies to all TPPI stakeholders. It was decided that the conference would be more effective if it were all-inclusive, including stakeholders from all the adolescent sexual programs.

Eighty-four individuals attended the conference. The attendees were primarily program staff from VDH funded programs that address adolescent sexuality and reproductive

health issues (Teen Pregnancy Prevention Initiative, Better Beginnings Coalitions, and Virginia Abstinence Education Initiative). Attendees were asked to give feedback by completing an evaluation of the conference. This information will be used in planning an evaluation conference to be held in June 2004.

The conference publicity section, which included the initial announcement and conference program, was given an overall above average rating from 78% from those who answered the survey, while 11% found it to be average, and 6% felt it was below average. Written comments indicated that those who found the announcement below average were attendees who found out initially about the conference indirectly, while those who rated the program below average commented that they “would have liked to have been given more details on the program contents prior to the conference” and felt “directions to the location were confusing”.

The conference content/program, which included overall quality of sessions, overall quality of speakers/presenters, array of topics presented, received a 90% above average rating, 9% average rating, and 1% below average rating.

Individual speakers all received an overall above average rating, as well as comments such as “very enlightening”, “easy to follow”, “helpful to see state and national data together”, “speakers were great!” and “simplistic explanations for non-statisticians! Yeah!” Suggestions for future speakers included “should have handouts”, “don’t read straight from slides”, watch out for speaking “too fast”, and “watch out for topic redundancy between speakers”.

Attendees responded that the logic model information would be of most use for them when they returned to their program and community (43%). However, respondents also indicated that they felt ALL the information disseminated during the conference would be of use to them when they returned home (26%). The biggest suggestion for a future conference was that there needed to be talk and discussion about the different curriculums used as well as getting feedback on what aspects of the curriculums were working and not working (50%). Other suggestions included: a need to talk about how to get support and involvement from the community in which your program is run (12%), talks given by individuals sites or at least a summary by each site on what they were doing (15%), extended the length of the conference (8%), to have interactive activities as well as breaking down into small groups (8%), and finally to hold another conference in the future (4%).

Overall conference ratings were 87% above average, 12% average, and 1% below average. Comments about conference included “needs to be more than one day”, “should have more group interaction activities”, “well laid out”, and “excellent”. Ninety percent of those who filled out a survey indicated that they would attend this conference again.

FUTURE DIRECTIONS – FY04

In FY04 all VDH TPPI local site coordinators and evaluators will be following the “outcome funding” model as proposed and taught by the Rensselaerville Institute. Evaluation plans and instruments were designed with this model in mind.

The SERL will develop, in conjunction with the LET, a Master Evaluation Protocol (MEP) for evaluation and will include the following:

The MEP will be developed from existing approved evaluation plans as well as other best practice instruments and measures. The MEP will include survey questions as well as focus group questions for various evaluation methodologies. The MEP will be reviewed at each quarterly meeting. The plan will be submitted for final review by April 15, 2004. The plan shall include the following:

- Consent forms targeted at the sixth grade reading level for both surveys and focus groups (Consent & Assent),
- Scripts for focus groups,
- Letters to parents for surveys and focus groups,
- Pre/post survey questions,
- Pre/post focus group questions, and
- Key informant interview questions.

** This deliverable is contingent upon the approval of the MEP by the SERL, LET, and final approval by the VDH.*

SERL shall continue to submit participant level data based on the performance measures established by VDH on a quarterly basis to VDH.

* The two performance measures as outlined by the VDH are:

- 1) Attendance for each program supported by TPPI funding – tracking participants in each program that receive 10+ hours of an on-going, approved program intervention; and
- 2) Number of participants that attend the minimum does for each program supported by TPPI funding – tracking participants in each program that receive the minimum dose according to the specific program (minimum dose defined by the VDH as 75%).

VDH will sponsor the second annual adolescent sexual health evaluation conference in Richmond, Virginia. Based upon the feedback obtained from participants in the first evaluation conference, this next conference will include the following:

- A forum in which best practices for pregnancy prevention programs can be presented and discussed,
- A forum in which best practices for evaluation can be presented and discussed,
- Presentation of data from FY04 TPPI programs,

- Break out groups for specialized topics such as school-based programs, dealing with agency staff, overcoming barriers to evaluation, etc.; and
- A statewide forum in which experts, program staff, evaluators, VDH staff and interested parties can share information and resources.

The VDH and SERL should continue to provide technical assistance around data to program staff, provide technical assistance and guidance to the LET, and coordinate with the LET members to provide technical assistance and evaluation support to the local site coordinators.

Both VDH and SERL should work together to provide an outline for an evaluation for the overall TPPI. The goal of the outline is to establish an ongoing evaluation plan for the overall program that will allow a measure for efficiency and effectiveness of the TPPI funds.

ATTACHMENT A

City of Richmond
Teen Outreach Program Logic Model

Empowering youth to become healthy, responsible individuals and contributing members in their communities.

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES		
Resources dedicated or consumed By the program.	what the program does with the inputs to fulfill its mission.	the direct products of program activities. # of	Benefits or changes for individuals or populations during or after participating in program activities.		
			Initial	Intermediate	Longer-term
Educational materials Program manager Program educator(s) Community Site Coord. Facility Planned Parenthood administrative staff (shared resource) Housing Funding..\$\$\$ Van for transportation Volunteers Parents Partnerships with public and private organizations Support of school system Middle/High schools identify participants	Program provides activities in the following: * Life Skills Training Weekly classroom-based activities and discussion using the TOP changing scenes curriculum – provided in middle and high schools selected by the City of Richmond. (to include sexuality issues). * Community Service Weekly participation in community service work – organized by the community with transportation provided. * Service Learning Structured reflection on community service experience discussion, writings, and research. Creative presentations on community service. * Program staff, volunteers contacts additional high schools and advocate for the expansion of TOP in future years.	Students at selected middle and high schools participate in the program. - A minimum of 20 hours of life skills training is provided to selected students. - A minimum of 20 hours of community service is provided to selected students. - A minimum of 6 hours of reflection activities is provided to selected students. - A minimum of 6 hours of sexuality education is provided to selected students.	Program participants gain knowledge and information about life skills training, community service, reflection, and sexuality issues.	Program participants will acquire valuable life skills, (i.e. respect for self, respect for others, involvement in community) and demonstrate practical application of those skills during the service learning component. **current evaluation funded at the initial and intermediate level of outcomes	Teens are healthy, responsible individuals who have delayed parenthood and are contributing members in their community

ATTACHMENT B

Alexandria

PRO-TEEN/PRO-YOUTH & PROJECT STEP OUT

Mission Statement: The Alexandria Teen Pregnancy Prevention Program (ATPPP) is dedicated to nurturing and fortifying the emotional and mental development of young people. Its sole purpose is to protect the well being of the child. The ATPPP attempts to instill all the qualities and life skills necessary to make youth more prepared for and aware of the future. The ATPPP strives to create a moral compass in every child that can be used to steer them through the uneasy transition from adolescence to adulthood.

<p><u>IA. Staff</u></p> <ol style="list-style-type: none"> Two FTE 6 Part Time <p><u>IB. Volunteers</u></p> <ol style="list-style-type: none"> Parents GMU Students High School Students <p><u>IC. Community Leaders</u></p> <ol style="list-style-type: none"> Individuals Alex. Campaign on Adolescent Pregnancy (ACAP) <p><u>ID. Resources</u></p> <ol style="list-style-type: none"> VDH funding in the Amount of \$120,125 Gifts Computers Audio-visual equip. Life Planning Education curriculum Health Clinic Dental Health Services Supplies <ol style="list-style-type: none"> Snacks Incentives Arts/crafts <p><u>IE. Program Participants</u></p> <ol style="list-style-type: none"> Young children ages 9-12 Older youth, ages 13-17 <p><u>IF. Program Sites (8)</u></p> <p><u>IG. Constraints</u></p> <ol style="list-style-type: none"> Lack of space Need of more full time staff need of telephones at sites need of computers at sites Lack of funds for language translation of public service messages 	<p><u>IIA. Staff</u></p> <ol style="list-style-type: none"> (a) Manage budget, personnel and other resources, oversee reporting; (b) Coordinate program functions Provide instruction at program sites <p><u>IIB. Volunteers (IB.1.2.3)</u></p> <ol style="list-style-type: none"> Assist IA.2 & attend periodic meetings with staff person Assist IA.2 Assist IA.2 <p><u>IIC. Community Leaders</u></p> <ol style="list-style-type: none"> Make presentations (IC.1) Conduct community awareness campaigns (IC.2) <p><u>IID. Resources</u></p> <ol style="list-style-type: none"> Pay staff (IA.1, IA.2), fund field trips, and supplies (ID.2) provide incentives to participants for attendance and cooperation (ID.3) develop lesson plans and instructional materials; generate reports (ID.4)visual display of curriculum-related materials during learning activities (ID.5) present specific & replicable learning objectives and activities to participants; serves as the basis for instructional planning by staff (IA.2) Participants receive free health examinations (ID.6) Participants receive free dental services (ID.7) (ID.7) (a)given to participants during breaks (b) given to increase motivation and interest; (c) used to augment instruction and aid learning 	<p><u>IIIA. Staff</u></p> <ol style="list-style-type: none"> Scheduled reporting to VCU and VDH, including attendance data, progress reports and evaluation reports Seventeen (17) instructional sessions at each site <p><u>IIIB. Volunteers support Staff</u></p> <p><u>IIIC. Community Leaders</u></p> <ol style="list-style-type: none"> Verbal presentations and handouts (IIC.1) Community awareness trailers at movies and printed media on mass transportation related to teen pregnancy prevention (IIC.2) Brochures on teen pregnancy prevention distributed at churches and schools Mayor's television program on Com Cast related to teen pregnancy prevention <p><u>IIID. Resources</u></p> <ol style="list-style-type: none"> Incentives include backpacks, pencil sets, colored paper, crayons, and books. Progress reports submitted to VDH High enrollments in health and dental services <p><u>IIIE. Program Participants</u></p> <ol style="list-style-type: none"> 70% attendance at each session (IID.2) High participant involvement in learning (IID.4,5&7; IIE) High participation in health examinations (IID.6) Cleanup debris in neighborhoods: assist senior 	<p><u>IVA-A. Participants</u> demonstrate increased:</p> <ol style="list-style-type: none"> Knowledge in: <ol style="list-style-type: none"> Health and nutrition related to personal growth and healthy lifestyles STDs and substance abuse, and their relationship to teen pregnancy Study skills normal sexual development Awareness and appreciation of: <ol style="list-style-type: none"> the influence of the media on their lives diversity and pro-social values personal goals related to education and careers exhibition of behaviors suggestive of : <ol style="list-style-type: none"> positive self-efficacy skills in social decision-making increased self-control pro-social relationships devoid of precocious sexual activities 	<p><u>IVB-A. Relative to their non-participant counterparts, the Participants:</u></p> <ol style="list-style-type: none"> Reveal a significant delay in the early onset of sexual intercourse and marked reduction in teen pregnancy rates Graduate from high school at a higher rate Exhibit a more positive life-style that includes avoidance of tobacco, substance abuse and sexual intercourse Demonstrate greater self-assurance and self-control 	<p>Participants are engaged in productive and self-fulfilling work.</p>	<p>Participants are productive citizens and responsible parents.</p>
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	<p><u>II.E. Program Participants</u></p> <ol style="list-style-type: none"> 1. attend each session and participate in all learning and social activities including group discussions 2. artwork and crafts 3. participate in role-playing 4. engage in community service activities 5. participate in planning learning activities 6. engage in informal assessments (e.g., answering specific questions presented by staff and taking periodic short quizzes) 	<p>neighborhoods; assist senior citizens in reading and translation</p>	<p>IVB. <i>Community reveals increased awareness</i> of the problem of teen pregnancy and the means for preventing its occurrence. (IIC)</p>		<p>Community remains supportive of its children</p>	<p>Participants are open-minded and self-assured adults</p>
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ATTACHMENT C

Crater Teen Pregnancy Prevention Initiative
Makin' Your Future Program Logic Model

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES		
Resources dedicated or consumed by the program.	What the program does with the inputs to fulfill its mission.	The direct products of program activities. # of	Benefits or changes for individuals or populations during or after participating in program activities.		
			Initial	Intermediate	Longer-term
Educational materials (Sex Can Wait, Reduce the Risk, Social Skills Building) Program manager Program educator(s) Community Site Coord. Facility Administrative staff Funding \$\$\$ Volunteers Parents Partnerships with public and private organizations Support of school system Middle schools identify participants	Program provides activities in the following: * Critical Thinking and Social Skills Training Bi-weekly classroom-based activities and discussion using the MYF curriculum and social cognitive theory – provided in 2 middle schools (to include sexuality issues) from October – May. The following constitute core program topic areas: Relationships Communication Anger management Sexuality Alcohol & Substance Abuse * Other Program staff contact additional middle schools and advocate for the expansion of MYF in future years and for the inclusion of additional schools to serve as “control groups” for future evaluation efforts.	Students at 2 selected middle schools participate in the program. 21 hours of training are provided to approximately 125 selected students. The majority of students receive a minimum of 14 hours of training. Additional hours of one-on-one training are provided to students selected by school and program staff.	Program participants gain knowledge and information about critical thinking and social skills related to 5 program topic areas.	-80% of students receiving minimum dose will demonstrate knowledge of at least 2 consequences of teen pregnancy. -80% of students receiving minimum dose will demonstrate knowledge of at least 3 of the most common STD's affecting young people. -80% of students receiving minimum dose will demonstrate knowledge of abstinence as a lifestyle choice. -80% of students receiving minimum dose will demonstrate knowledge of at least 3 contraceptive methods. -70% of students receiving 14 hours will pledge to not become pregnant or be involved in a teen pregnancy by June 30, 2004. -70% of students receiving 14 hours will be able to clearly convey their own values regarding sex and sexual behavior to others. -70% of students receiving 14 hours who are having sex will pledge to use contraception each time.	Program participants use program skills to build good character that makes them resilient despite environmental influences. Program participants choose a safe and healthy lifestyle that does not include teen pregnancy.

ATTACHMENT D

Norfolk TPPI Logic Model

RAP's goal is to reduce teenage pregnancy through action at the level of the individual teen and his/her family, school and community based groups, members of the advisory board and the city's system of agencies and organizations. Through RAP's efforts, positive health messages about preventing teen pregnancy are provided. RAP's staff as well as trained peer leaders and youth service workers throughout the city work together to achieve this goal. RAP will continue to place emphasis on expanding its school programs by targeting the area's middle and high schools that allow RAP's staff to conduct sexuality and life skills education sessions during regular school hours. RAP will also continue to collaborate with various community based youth service organizations/agencies in order to provide Norfolk's youth the structured, life skills building activities. Some sessions will be held during the critical after school hours when youth are most often unsupervised and therefore at greater risk for pregnancy.

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES		
Resources dedicated or consumed By the program.	what the program does with the inputs to fulfill its mission.	the direct products of program activities. # of	Benefits or changes for individuals or populations during or after participating in program activities.		
			Initial	Intermediate	Longer-term
2 MSW Social Workers (Female) (100% of time) 1 Health Educator (Male) (25% of time) Student interns from Norfolk State University TPPI funding is sole funder of program 3 Curriculum- based programs (LPE, PSI, FMO) One-to-One Program (OTO), a one-on-one reproductive health care program Office space at Norfolk Public Department of Health	Deliver in-school and after- school curriculum-based programs Provide community-based curriculum-based programs One-to-one crisis counseling City-wide recruitment for program at public middle/high schools and community organizations Advisory board meetings Training of staff in pregnancy prevention issues Pretest and posttest assessment of program effectiveness and implementation Year-end community conference	@350 middle and high school students at in-school programs @40 students at after-school programs @200 adolescents at community programs @35 adolescents in one-to-one counseling @400 adolescents and adults at the community conference	Increased knowledge of abstinence/safe-sex practices Increased confidence in decision making Increased positive feelings about oneself Increased responsibility for sexual behavior Correction of misperceptions regarding sexuality and STDs Increased positive attitudes towards delaying pregnancy	Decrease in sexual risk-taking Increase in protective behavior Higher levels of healthy lifestyle behaviors Decrease in sexual activity (for those already sexually active) Increase in safe-sex practices	Decrease in teen-pregnancy rate in Norfolk Decrease in STDs among adolescents in Norfolk Increase in community and political support for teen pregnancy prevention in Norfolk

ATTACHMENT E

Portsmouth TPPI

BECOMING A RESPONSIBLE TEEN PROJECT

Becoming A Responsible Teen (BART) is a prevention curriculum that works. BART presents accurate, useful information about HIV and AIDS and involves teen participants in building the skills they need to clarify their own values about sexual activity and to make decisions that will help them avoid the risks inherent in such activity through better choices regarding healthier living and positive behavior changes.

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES		
Resources dedicated or consumed By the program.	what the program does with the inputs to fulfill its mission.	the direct products of program activities. # of	Benefits or changes for individuals or populations during or after participating in program activities.		
			Initial	Intermediate	Longer-term
<p>Program funding of BART project.</p> <p>One facilitator/trainer.</p> <p>Other general TPPI Program staff support.</p> <p>Project curriculum and associated training materials (pencils, paper, handouts, videos, activity worksheets, snacks, etc.).</p> <p>Video equipment, display boards, other presentation materials.</p> <p>Training sites.</p>	<p>Finalize project training curriculum and related training materials.</p> <p>Determine training schedule.</p> <p>Secure training locations.</p> <p>Recruit guest speakers as appropriate.</p> <p>Recruit participants.</p> <p>Obtain informed consent from Parents and participants as appropriate.</p> <p>Train 150 total participants over six to eight cycles of the 16 project contact hours.</p>	<p>Conducted in both community and school settings beginning Summer, 2003, and continuing through Spring, 2004.</p> <p>Conducted with male (approx 15%) and female (approx. 85%) youth, ages 12 - 18. Racial composition is expected to be 90% African-American, 5% Caucasian, and 5% Other.</p> <p>Conducted covering 10 topic areas including: 1) understanding values; 2) responsible decision-making; 3) assertive communication; 4) dating and relationships; 5) human anatomy; 6) contraceptives; 7) sexually transmitted diseases and HIV/AIDS; 8) condom use; 9) alcohol, tobacco, and other drugs; and 10) child abuse and neglect.</p>	<p>Participants who satisfactorily complete the Becoming A Responsible Teen (BART) training project will have acquired an increased knowledge of the ten topic areas covered, indicate an increased ability to employ project learned resistance skills, and indicate an increased sense of social support.</p>	<p>Participants incorporate their newly acquired knowledge and skills into their daily living adopting health affirming attitudes and positive behaviors while remaining free of infection from sexually transmitted diseases.</p>	<p>Participants lead healthy lives free of the risks of infection from sexually transmitted diseases.</p>