

Evaluating meaningful program outcomes in the absence of a randomized controlled trial

March 27, 2018
3:00-4:30 pm ET



U.S. Department of Health and Human Services
Administration for Children, Youth and Families
Family and Youth Services Bureau
Personal Responsibility Education Program (PREP)

Learning Objectives

By the end of this webinar, participants will be able to

- understand the importance of evaluating their adolescent pregnancy prevention (APP) program;
- learn tips and strategies for conducting a low-cost evaluation of their APP program that can be applied to their own evaluation efforts; and
- identify relevant outcomes and indicators they can use to evaluate their APP program.

Presenters

Cecilia Casanueva, PhD, Research Public Health Analyst

RTI International

Doug Cope-Barnes, LCSW, Evaluation Manager

Health Care Education and Training, Inc.

**Syreeta Skelton-Wilson, MPA, Research Associate, and Sheryl Gowen,
PhD, Principal Investigator**

Georgia State PREP

Poll: At what stage is your evaluation of your FYSB APP program?

- Have not started/Not sure where to start
- Still planning
- Piloting
- Collecting data
- Analyzing data

Poll: What kind of evaluation are you conducting?

- Process/Implementation Evaluation
- Outcome Evaluation
- Impact Evaluation
- Process and Impact Evaluation

Evaluation

- **Needs assessments:** social conditions the program will address and the need for the program
- **Process evaluations:** answer questions about program operations, implementation, and service delivery
- **Outcomes evaluations:** answer questions about program outcomes and whether targets have been achieved (e.g., whether there is an increase in the use of contraceptives of youth participating in the program compared to youth not participating/youth in another program)
- **Impact evaluations:** assess the changes that can be attributed to a program, intended and unintended. Answer cause-effect questions and changes in outcomes that are directly attributable to a program (e.g., what works, what doesn't, where, why, and for whom)
- **Efficiency assessments:** answer questions about program cost and cost effectiveness

Rossi et al., 2003

Evaluation Design and Methods

Design	Examples of Methods	Strategies When Budget Is Small
Randomized control trial (youth are randomly allocated to programs)	Pre and post programs test Long-term follow up	Small sample (pilot) Use well-researched free instruments (e.g., Strengths and Difficulties Questionnaire-SDQ) and questionnaires (AddHealth; NSCAW)
Quasi-experimental (no random allocation to program)	Comparison group selected by matching from youth on other programs	Identify free or low cost data set and create comparison group using propensity score matching (e.g., AddHealth)
Non-experimental (without comparison group)	Pre and post program test	Review resources available free for research community (NIH Tool Kit); use tablets for self administration

Measurement Questions to Consider in the Context of an Outcome Evaluation

- What outcomes do you expect to change (based on the selected intervention)?
 - What outcomes have been demonstrated to change as a result of the selected intervention in prior research? How were they measured?
 - Are your selecting measures sensitive to changes over time?
- Is the outcome of interest a proximal or distal outcome of interest?
 - When is it reasonable to expect to see a change as a result of the intervention? When and how often is the outcome measured?
- How will you know that the intervention impacted the outcome in a way that is different than what might typically happen (comparison)?

ACF-OPRE, 2010

Issues to Consider

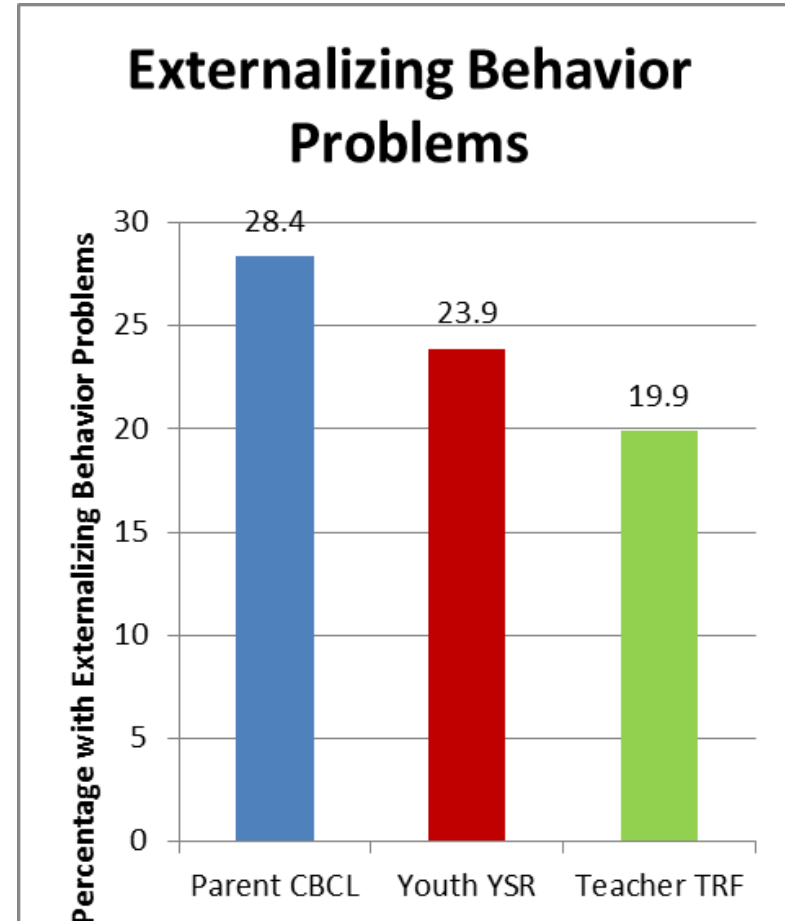
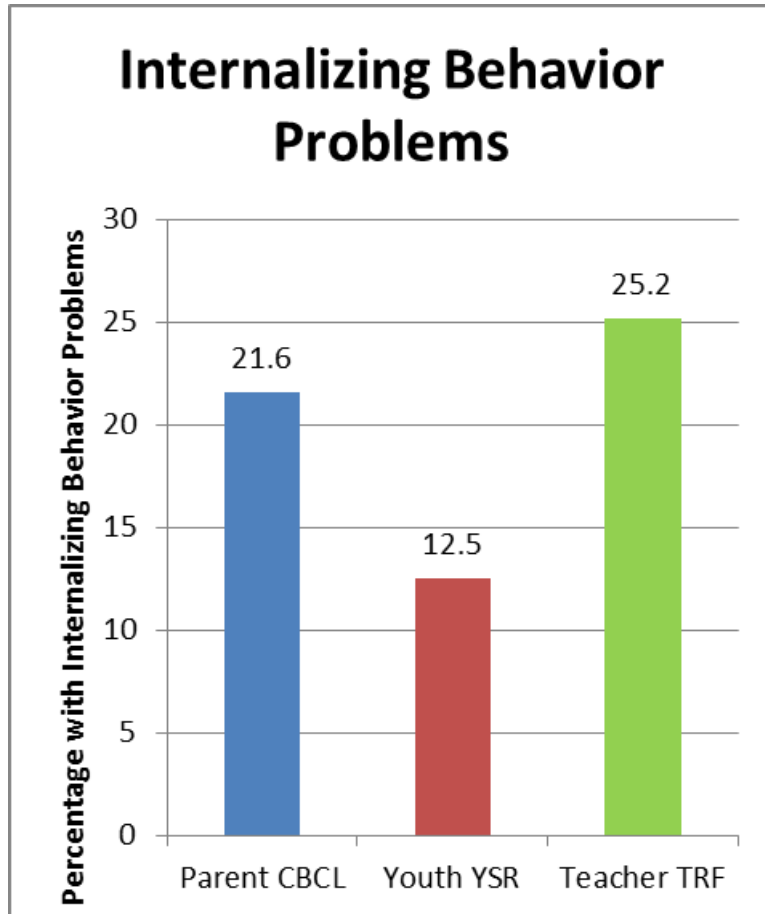
- Outcomes based on your logic model, or program theory of change, and program content
- Comparison to available national data: outcomes definition and alignment with federal outcomes as defined in the federal register



Issues to Consider

- Child Age and Development
 - Age Continuity
 - Age Appropriate
- Subjectivity and Reporter “Lens”
 - Parent/Caregiver vs. Youth Report
 - Teacher vs. Parent/Caregiver Report
- Mode of Administration
- Measure Standardization
 - National Norms
 - Clinical Significance
- Availability of Population-Specific Comparison Data

Subjectivity and Reporter “Lens”: Parents/Caregivers vs. Youth vs. Teachers



Comparison to National Data

- Use of national and state reported estimates (e.g., use of contraceptives among youth by gender and age)
- Use of propensity score matching to create a comparison group from an available data set and compare outcomes with your group

National Survey of Child and Adolescent Well-Being-II

(nationally representative survey of youth involved with the child welfare system)

- The most recent time you had sex, what method or methods did you or your partner use to prevent a pregnancy? Please check all methods you or your partner used that time.
 - 1 = We did not use any method
 - 2 = Male condom
 - 3 = Withdrawal ("pulling out")
 - 4 = Birth control pill
 - 5 = Birth control injection or "the shot"
 - 6 = Birth control patch
 - 7 = Other methods

National Survey of Child and Adolescent Well-Being-II

- How many times have you ever gotten someone pregnant/been pregnant?
0 = I have never (gotten anyone pregnant/gotten pregnant)
1 = once
2 = two times
3 = three times
4 = four or more times

National Survey of Child and Adolescent Well-Being-II

- Have you ever taken part in any classes or special programs at school, church, a community center or some other place about...
 - 1 = Saying no to sex
 - 2 = Ways people who have sex can prevent a pregnancy (birth control methods)
 - 3 = Condoms
 - 4 = none of the above

NSCAW II: Proportion of Youth Who Have Experienced Selected Sexual Behaviors and Outcomes, by Sex and Age at Wave 3

	Males			Females		
	Age at Wave 3			Age at Wave 3		
	Total ¹ (n=293)	14-17 (n=174)	18-20 (n=119)	Total (n=417)	14-17 (n=226)	18-20 (n=191)
Ever had forced sex	2.9	1.0	5.2	21.0	14.4	29.1
Ever had unforced sex	53.2	33.1	78.1	64.0	41.8	91.6
Age first unforced sex						
Has not had unforced sex	46.8	66.9	21.9	36.0	58.2	8.4
≤ 13	14.8	10.3	20.3	13.2	13.3	13.0
14-15	21.2	14.6	29.3	27.0	19.8	35.9
16-17	14.7	7.7	23.3	17.5	8.7	28.5
18 or older	2.2	NA	4.9	6.3	0.0	14.2
Had sex in past year	44.3	25.8	66.6	59.0	39.4	83.4
Number of times been pregnant/gotten someone pregnant						
0	89.1	99.6	76.4	70.6	83.2	54.9
1	7.2	0.4	15.5	20.7	12.6	30.8
2 or more	3.7	0.0	8.1	8.8	4.2	14.4
Number of children						
0	93.3	99.8	87.6	82.0	91.0	70.6
1	5.4	0.0	10.2	15.2	9.0	23.0
2 or more	1.3	0.2	2.2	2.8	0.0	6.4

Strategies for Evaluation of Programs with Budget Constrains—Tips

- Simplify the evaluation design: identify and keep the focus on the most critical evaluation questions; then select a few instruments (NSCAW section on sexual experience; SDQ).
- Revise the sample size: complete power analysis to determine the smallest sample feasible based on previous published studies.
- Explore economic data collection methods: use of volunteers, short instruments, use of web based surveys to collect data.
- Create a comparison group from reliable secondary data.
- Use existing administrative data from your agency.
- Partner with university graduate students.

Share Outcomes with Stakeholders

1. Use the evaluation report to create short products:
 - One page briefs with main findings
 - One topic briefs
 - Infographics
2. Use social media for distribution
3. Presentations: target dissemination activities to your audience



June 12, 2014

Office of Planning, Research and Evaluation, Administration for Children and Families

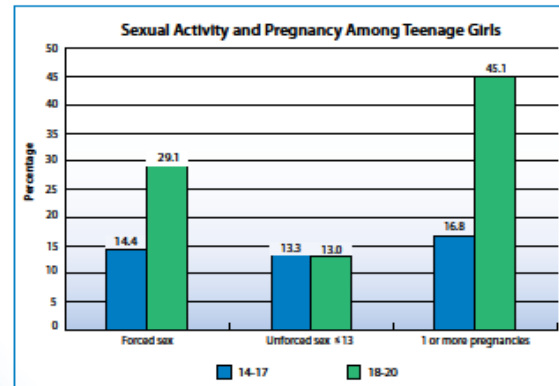


NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING

Child Well-Being Spotlight

Teenage Girls in the Child Welfare System Report High Rates of Risky Sexual Activity and Pregnancy

Risky sexual behaviors such as early age of sexual initiation, sex with multiple partners, and unprotected sex pose a serious threat to adolescents' well-being, increasing the risk of teen pregnancy and sexually transmitted diseases. Teen childbearing is associated with numerous negative consequences for both mothers and their children.^{1,2} Adolescents involved with



child welfare services are at especially high risk of harmful sexual behaviors and negative outcomes. In addition, forced sex is prevalent for this population. According to the National Survey of Child and Adolescent Well-Being,³ 3 years after the index report of maltreatment, almost a third of girls aged 18 to 20 had experienced forced sex,⁴ one in eight had unforced sex at age 13 or younger, and almost half had a pregnancy.⁵ These risks are more than double those observed in the general population of teenage girls.⁶ Sexual risk behaviors and forced sex were associated with the following factors: poverty, not living with both biological parents, forced first sex, caregiver alcohol or drug abuse, delinquent behavior, having run away, substance use, low levels of religiosity, affiliation with deviant peers, and low levels of school engagement. Among girls aged 18 to 20

who reported having had sex in the past year, for last sexual intercourse 32.6% reported that they did not use contraception, 25.8% reported use of condoms alone, 6.9% reported use of withdrawal, and 34.7% reported use of hormonal or other methods (alone or with condoms). Among the general population of girls aged 15 to 19 who had sex in the previous 3 months (2006-2008), 16.5% did not use any contraceptive method.⁷ Nearly twice as many girls (32.6%) in the child welfare system did not use any contraceptive method, indicating a need for education and support to decrease risky sexual activity among teenage girls.

For more information on the well-being of children and their caregivers in the child welfare system, visit:

<http://www.acf.hhs.gov/programs/opre/research/project/national-survey-of-child-and-adolescent-well-being-nscaw-1>.

¹ Hoffman, S. D. (2008). *Kids having kids: Economic costs and social consequences of teen pregnancy*. Washington, DC: The Urban Institute Press.

² Pappalardo, G., Thernberry, T. P., & Lizotte, A. I. (2006). Developmental outcomes for children of young mothers. *Journal of Marriage and Family*, 68(2), 332-344.

³ Percentages are from the National Survey of Child and Adolescent Well-Being II (NSCAW II). Baseline data collection began in 2008-2009. The study includes 5,872 children ranging from birth to 17.5 years old at the time of sampling. This report focuses on the subset of 417 teenage girls who were 11 to 17 years old at baseline, and 14 to 20 years old at the 36-month followup. Information is based on baseline, 18-month, and 36-month followup.

⁴ Youth were asked at each wave: "Have you ever had sex or sexual intercourse? By sex or sexual intercourse, we mean where a male puts his penis into a female's vagina." (Yes/No). If the answer was yes, then youth were asked if the first time they had sex was forced or not; age the first time they had sex; and if they had ever had sex that they wanted to happen and their age at that time.

⁵ For pregnancy, youth were asked: "How many times have you ever been pregnant?" Responses were from 0 (I have never gotten pregnant) to 4+ (four or more times).

⁶ Centers for Disease Control and Prevention. (2013b). *Youth Risk Behavior Surveillance System: Selected 2011 national health risk behaviors and health outcomes by sex*.

⁷ Ahna, I. C., Martinez, G. M., & Cohen, C. E. (2010). Teenagers in the United States: Sexual activity, contraceptive use, and childbearing. *National Survey of Family Growth 2006-2008*. *Vital Health Statistics*, 23(30). Washington, DC: National Center for Health Statistics.

Source: The National Survey of Child and Adolescent Well-Being is a nationally representative sample of children reported to child protective services sponsored by the Administration for Children, Youth and Families (ACYF). The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews with caseworkers, children, caregivers, and teachers.

The *Child Well-Being Spotlight* may be copied without permission. Suggested citation: Casanova, C., Wilson, E., Smith, K., & Dolan, M. (2014). NSCAW Child Well-Being Spotlight: Teenage Girls in the Child Welfare System Report High Rates of Risky Sexual Activity and Pregnancy. OPRE Report #2014-07, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Find this report and those on similar topics online at: <http://www.acf.hhs.gov/programs/opre/research/project/national-survey-of-child-and-adolescent-well-being-nscaw-1>

Resources

- Administration for Children & Families (ACF). (2012). *Evaluation policy*. https://www.acf.hhs.gov/sites/default/files/opre/acf_evaluation_policy_november_2012.pdf
- Administration for Children & Families-Office of Planning, Research & Evaluation (ACF-OPRE). (2010). *The program manager's guide to evaluation, 2nd Ed.* https://www.acf.hhs.gov/sites/default/files/opre/program_managers_guide_to_eval2010.pdf
- Bamberger, M. (2004). Shoestring evaluation: Designing impact evaluations under budget, time and data constraints. *American Journal of Evaluation*, 25(1), 5–37.
- **NIH Toolbox:** <http://www.healthmeasures.net/explore-measurement-systems/nih-toolbox>
- **PhenX Toolkit:** <https://www.phenxtoolkit.org/>
- Rossi, P. H., Lipsey, M. W., & Freeman, H. E. (2003). *Evaluation: A systematic approach, 7th Ed.* Thousand Oaks, CA: Sage Publications.
- **Tangerine:** <http://www.tangerinecentral.org/>

Contact Information

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Whiteboard Activity

What are some outcomes from your APP program that might be important to your stakeholders?

(These responses are anonymous.)

Evaluating Outcomes: Strong Teens Acting Responsibly (STAR)

Evaluation Activities with Sexual Risk Avoidance Education

Doug Cope-Barnes MSW, LCSW

STAR Evaluation Activities

- Pre/Post Surveys (anonymous, paper/electronic)
- Attendance Tracking Forms (electronic)
- Session Fidelity/Feedback Forms (electronic)
- Site Observations (paper)

Institutional Review Board (IRB)

- Committee of researchers/faculty/evaluators attached to a university/learning institution that conducts research
- Oversees research involving human subjects (ethical practices, harm reduction, confidentiality)
- Need a faculty Principal Investigator to submit your project evaluation plan to IRB for review
- Data collected from an IRB approved project is considered legitimate and publishable/presentable in the larger scientific community (academic journals, nationally recognized conferences and platforms)

STAR Survey Topics

- Demographics (age, grade, gender, race/ethnicity, ever in foster care, juvenile justice involvement)
- Ever had sexual intercourse?
- Abstinence Intentions/Attitudes
- Sexual Refusal Self-Efficacy
- Pregnancy/STI Knowledge
- Substance Use History
- Parent (Guardian)-Youth Sexual Communication

Quantitative Data Example 1

Grade Analysis

	Grade Level		
	6 th (N=625)	7 th (N=1,004)	8 th (N=574)
Behavior & Intentions			
Ever Had Sex	1.1%	4.5%	8.4%
Intend to have sex – next 6 months	2.7%	6.0%	12%
Intend to be abstinent in HS	81%	76%	70%
Substance Use			
Tobacco (ever used)	4.7%	16%	18%
Alcohol (ever used)	21%	30%	41%
Marijuana (ever used)	2.1%	7.3%	9.4%
Prescription Pills (ever used)	1.6%	3.4%	4.7%
IV Drugs (ever used)	0.0%	6 (0.6%)	6 (1.0%)

Quantitative Data Example 2

Parent-Youth Sexual Communication Analysis

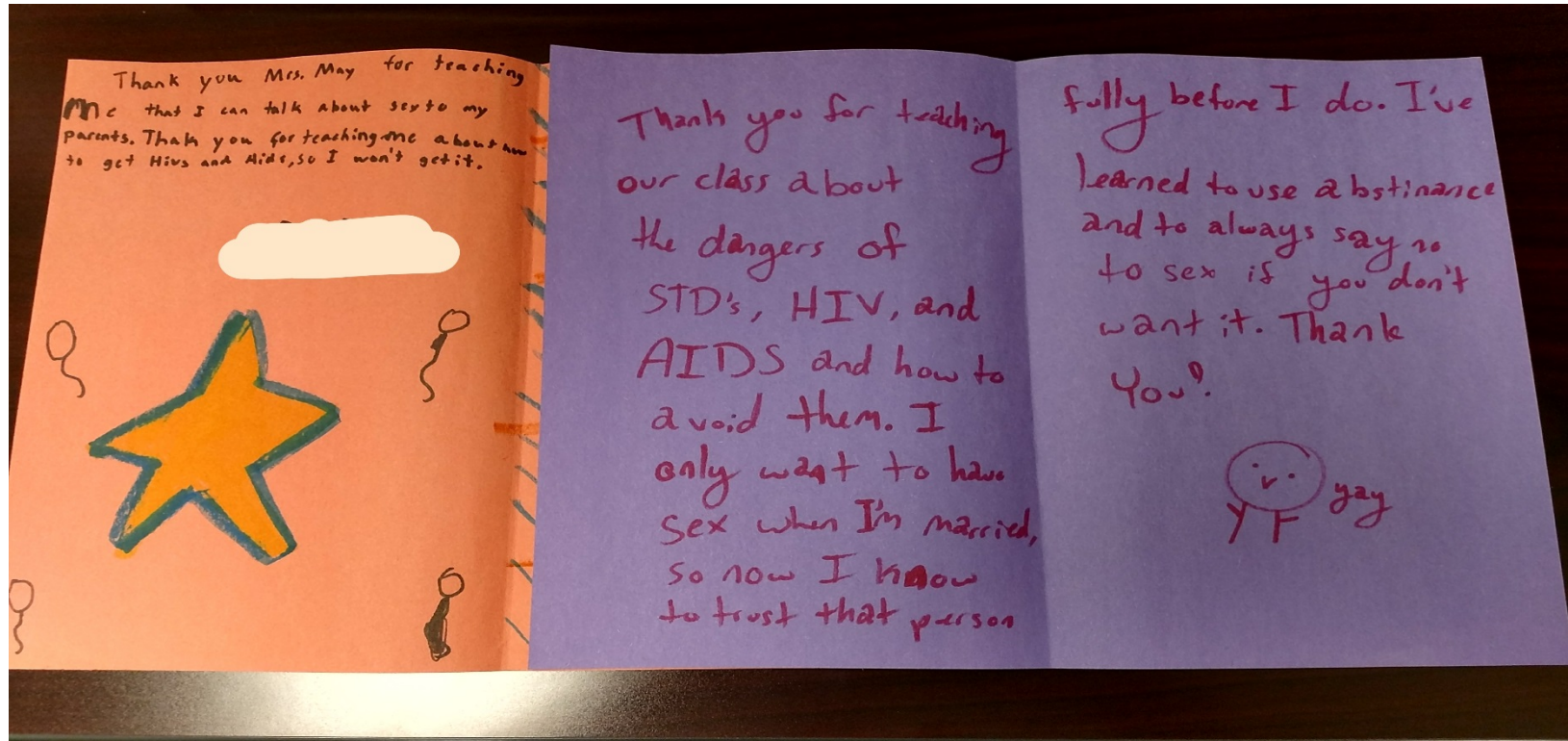
- Prior Sexual Experience, Higher Pregnancy/STI Knowledge, and Juvenile Justice Involvement were significant predictors of parent-youth sexual communication.
- Implies parents are responding to youth after-the-fact (after they have already initiated sexual activity, after they have learned pregnancy/STI knowledge, after they have been involved with juvenile justice system).
- Supports the need for early intervention programs like STAR and parent education programs that promote parent-youth communication.

Quantitative Data Example 3

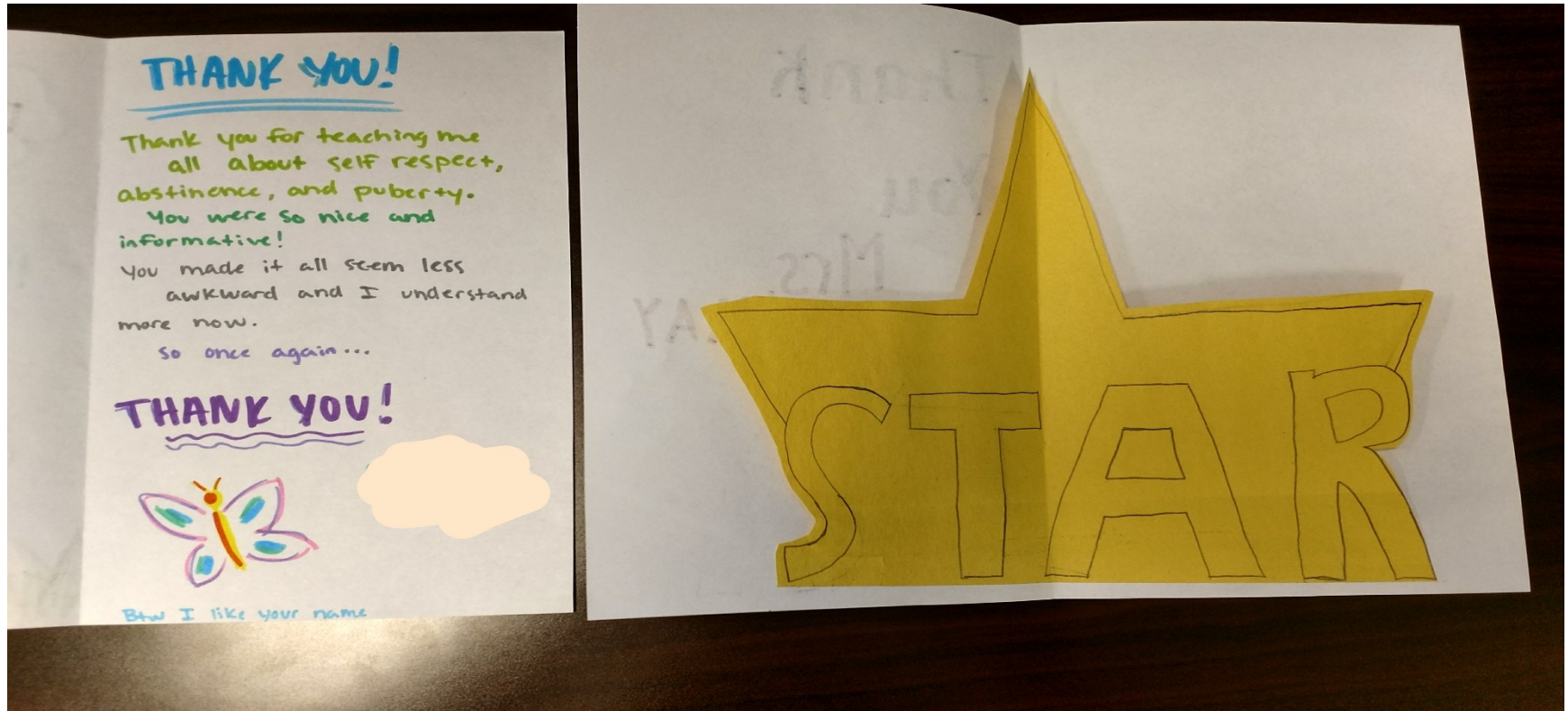
Session Fidelity/Feedback Forms Analysis

Session Reflections	
Completed Lesson (Yes)	54%
Changes to Lesson (Yes)	43%
Not Complete Reason	
Not enough time	33%
Not age appropriate	0%
Not LGBTQ+ inclusive	0%
Did not use handouts	10%
Did not use videos	10%
Youth behavior issues	0%
Other	4.6%

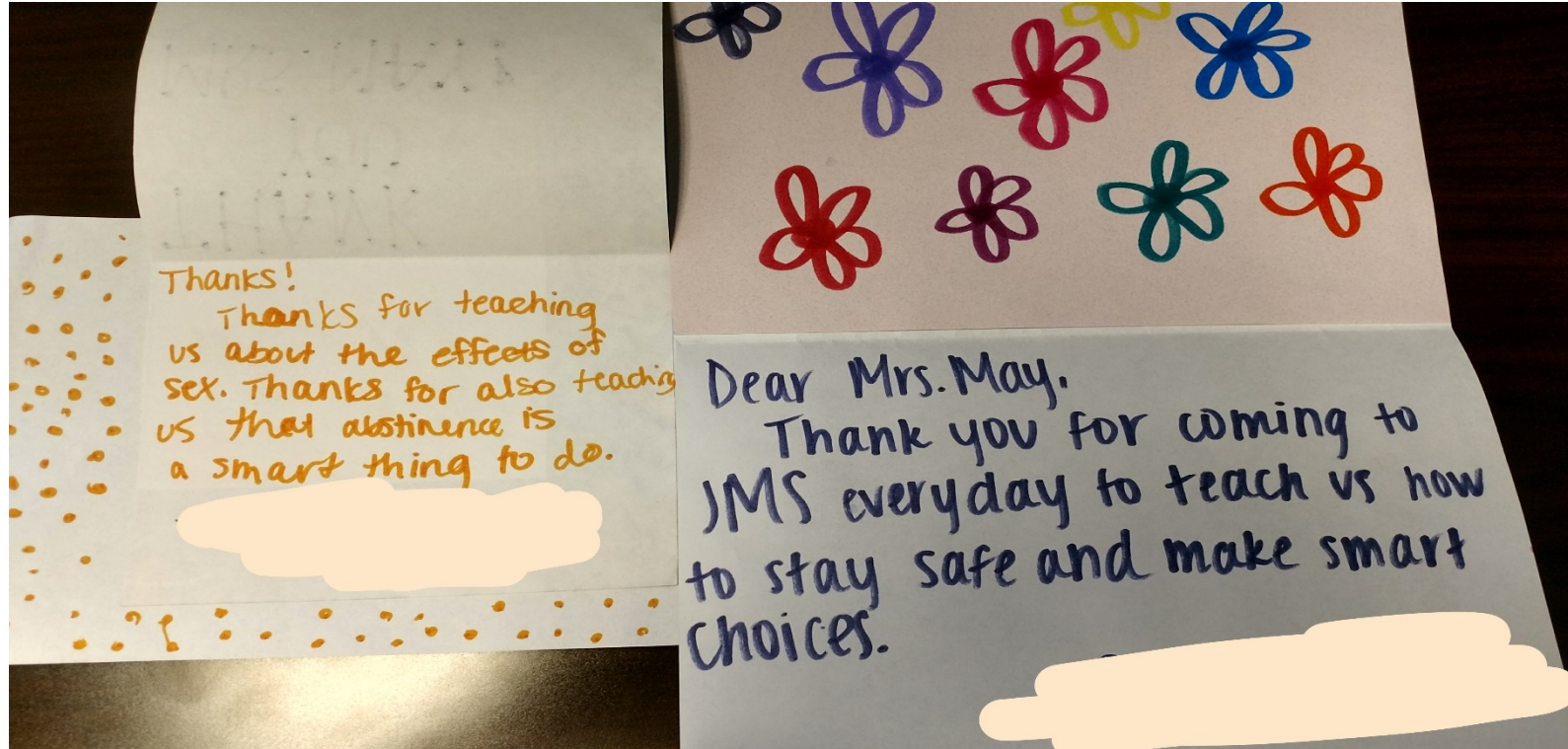
Qualitative Data Example 1



Qualitative Data Example 1 (cont.)



Qualitative Data Example 1 (cont.)



Qualitative Data Example 2

Post-Survey Final Question: What did you learn from this program?

“I learned how to say no to drugs and sex. I do not have to do bad things that make me uncomfortable even if I am pressured.”

“I’ve learned that it is ok to be unsure about things while going through puberty.”

“I have learned that you can not get HIV from sharing a drink.”

“From this program I learned not to use drugs and not to have sex until I’m ready.”

“Babies cost a lot.”

Qualitative Data Example 3—Facilitator Fidelity/Feedback Form (Session Reflection Forms)

“There is one particular female student who has always participated throughout the program but has always been fairly quiet. Today, she took me aside, and wanted to thank me for coming into their class and educating them. She especially thanked me for educating her classmates about HIV - and then proceeded to say that she has HIV and it was passed to her by her mother. The student said that she has always been afraid to tell even her close friends about her having HIV but now that everyone knows that you can't get it just by touching someone, she thinks she might tell a few of her friends about her HIV status. I encouraged her to definitely talk to her parents/guardians first (to keep them in the loop and to make sure she is able to lean on her support system).”

Data to Action

- Create “Green Light” adaptation list for time management.
- Plan to fund parent education programs.
- Promote STAR to be implemented in primarily 6th and 7th grade.
- Provide site stakeholders with summary data of their youth responses for program sustainability.

THANK YOU!!

Doug Cope-Barnes MSW, LCSW

Evaluation Manager

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317-247-9008

Funding made possibly through Sexual Risk Avoidance Education Grant ACF/DHHS: 90AR0024-01-00

Whiteboard Activity


Do you have a helpful tip for creating a low-cost/cost-effective program evaluation? Share it now!

(These responses are anonymous.)

IDENTIFYING ACHIEVEMENTS AND LESSONS LEARNED THROUGH THE EVALUATION OF GEORGIA PREP

SYREETA SKELTON-WILSON, MPA
GEORGIA PREP EVALUATION TEAM
GEORGIA STATE UNIVERSITY

TODAY'S AGENDA

- ✓ Overview of Georgia's Personal Responsibility Education Program (PREP) Evaluation
 - ✓ Key Achievements of GA PREP
 - ✓ Challenges and Lessons Learned
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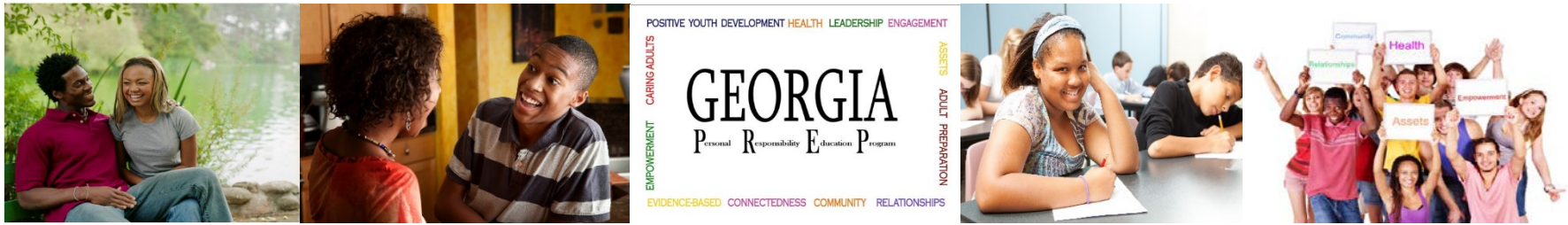
INTRODUCTION

GA PREP

TEEN PREGNANCY CONTEXT IN GEORGIA

On average, 2% of all pregnancies in the 15 targeted counties were among 10–19 year of females, with a disproportionate number of those pregnancies being among black or African American teen girls.

Teen Pregnancies in Targeted Counties	Number	Percent
Asian	72	1%
Black/African American	3,334	62%
Hispanic/Latina	986	18%
Multi-Racial	125	2%
White/Caucasian	711	13%
Other	153	3%
Total	5381	100%



ABOUT GEORGIA PREP

- Administered through competitive funding solicitations sub-contracted public and private agencies
- Delivers evidence-based teen pregnancy prevention programs and supplemental adult preparation subjects to Georgia youth ages 10 to 19
- Targets disparate at-risk populations, including youth in foster care, minority youth, and LGBTQ youth
- Uses evidence-based program models that have been proven to delay sexual activity, increase condom or contraceptive use for sexually active youth, and reduce pregnancy among youth
- Offers adult preparation services: Healthy Relationships; Healthy Life Skills; and Adolescent Development
- Also provides training to adult caregivers and foster parents on holding effective and age-appropriate conversations about sex and relationships

GEORGIA PREP CURRICULA

Program Model	Setting		Race/Ethnicity			Gender		Grade	
	School	Community of After School	Mixed Racial/ Ethnic Groups	African American	Hispanic/Latino	Males	Females	Junior High 10-14	Senior High 15-19
Be Proud! Be Responsible! Be Protected!	X	X	X	X	X	X*	X		X
Cuidate		X			X	X	X		X
Making a Difference	X	X	X	X	X	X	X	X	
Making Proud Choices	X	X	X	X	X	X	X	X	X
Family Life and Sexual Health Curriculum (F.L.A.S.H.)	X	X	X	X	X	X	X	X	X

*Applicants interested in implementing this curriculum with teen fathers should contact the PREP Director

EVALUATION OVERVIEW

GA PREP

EVALUATION PURPOSE

- *The purpose of this evaluation study was to determine the extent to which Georgia PREP achieves its performance objectives and short-term and intermediate outcomes.*
- *The evaluation aims to answer these overarching questions:*
 - Did Georgia PREP increase the capacity of funded youth-serving organizations to deliver evidence-based sex education curricula?
 - Did Georgia PREP reduce risky behaviors among participating youth that lead to the occurrence of pregnancy, HIV, and sexually transmitted infections (STIs)?

DATA COLLECTION METHODS

Quantitative Data Sources

- *Youth Surveys*

Qualitative Data Sources

- *Staff Interviews*

Mixed Data Sources

- *Monthly Performance Reports*
- *Fidelity Monitoring Forms*
- *Staff Training Surveys*
- *Administrative Data*

EVALUATION DESIGN AND DECISION MAKING

EXPERIMENTAL DESIGN

- Participants are randomly assigned to either a treatment or control group
- Considered the “gold standard” in study design
- Allows researchers to estimate the “average treatment effect,” in other words, the average effect of receiving the PREP intervention

QUASI-EXPERIMENTAL DESIGN

- In addition to higher costs, experimental designs may also come with ethical concerns, so many researchers choose to use other methods
- In non-randomized studies, intervention effects can be estimated using pre-test/post-test designs and statistical techniques

KEY ACHIEVEMENTS

2012-2017 OUTCOMES

EVALUATION FINDINGS ON YOUTH OUTCOMES

Evidence of Program Effectiveness

- *Program Reach*



98% ($n=6,253$) of the total number of youth targeted ($N=6,380$) were reached by subcontractors

11% increase in youth completing 75% or more of PREP programming

- *Youth Attitudes*



Improvements attributed to participation in PREP

- Interest in curriculum contents
- Conflict management skills
- Drugs and alcohol decision-making skills
- Ability to form healthy, positive relationships

- *Youth Knowledge*



82% of staff interviewees reported youth were more knowledgeable about contraception options at program completion

91% of staff interviewees reported youth were better informed about STI and HIV/AIDS prevention strategies at program completion

EVALUATION FINDINGS ON YOUTH OUTCOMES

Evidence of Program Effectiveness

- *Healthy Behaviors*



More participants reported intent to use some form of birth control from baseline to post-survey



Fewer participants reported no intent to use recommended forms of birth control from baseline to post-survey



Most participants (58%) reported that they were either somewhat less likely or much less likely to have sexual intercourse within 6 months post-survey

- *Health Risks*



Fewer participants reported having been pregnant or gotten someone pregnant than in the previous year

EVALUATION FINDINGS ON PROGRAM CAPACITY

Evidence of Increased Capacity

- ↑ 11% increase in youth graduation rate since 2012
- ↑ 11% increase in lessons taught “as described,” or with fidelity
- ↑ 12.5% increase in sub-contracts awarded from the previous year
 - 62.5% of sub-contractors from the previous program year were retained
 - Sub-contractors implemented 84 programs at 59 different sites
 - Sub-contractors reported increased partnerships with schools to deliver PREP
- ↑ 25% increase in sub-contractors providing non-instructional youth activities from previous year
 - More youth-specific non-instructional activities were reported than previous years
- ↑ 11% increase in lessons taught “as described,” or with fidelity
 - More lessons rated as having the appropriate amount of instruction time allotted than previous years

MORE EVALUATION FINDINGS ON CHANGES IN PROGRAM CAPACITY

Evidence of Increased Efficiency



\$7k decrease in the cost per sub-contractor

- Fewer programs were implemented overall
- Fewer sites were used to deliver PREP programs



51% decrease in the # total instructional hours from previous year

- Fewer lessons required more than one day of instruction
- Fewer make-up lessons were required in order to graduate youth from PREP programs



109% increase in the average number of implementations per sub-contractor, where on average each subcontractor implemented ~14 PREP programs within the program year

CHALLENGES AND LESSONS FOR PROGRAM SUSTAINABILITY

SUB-CONTRACTOR ADAPTIVE CAPACITY BUILDING

ADAPTIVE PRACTICES TO BUILD COST EFFICIENCIES AND MINIMIZE IMPLEMENTATION BARRIERS

Primary Implementation Issues

- Facilitator turnover
- Participant attrition
- Knowing the target population

ADAPTIVE PRACTICES TO BUILD COST EFFICIENCIES AND MINIMIZE IMPLEMENTATION BARRIERS

Issue—Facilitator turnover has been a consistent issue over and barrier to program implementation.

- Factors Contributing to Turnover Among Instructional Staff
 - training requirements
 - part-time status of the position
 - challenge of delivering sex education to teens

Solutions

- Sharing of independently contracted facilitators across sub-contractors
- Hiring student interns from local colleges, particularly those majoring in public health related fields

ADAPTIVE PRACTICES TO BUILD COST EFFICIENCIES AND MINIMIZE IMPLEMENTATION BARRIERS

Issue—Minimizing drop-out and absences reduces the number of program implementations that sub-contractors have to complete in order to reach their service targets.

- Factors Contributing to Youth Attrition
 - Competing obligations (i.e., sports)
 - Lack of parental engagement, buy-in, or support

Solutions

- Maintaining communication and following up with youth between sessions
- Providing incentives for enrollment and participation in sessions
- Working with partners to promote the program among youth, parents and the broader community
- Ensuring instruction is youth-friendly and engaging
- Ensuring that facilitators have access to resources for effective instruction (i.e., classroom management tools)

ADAPTIVE PRACTICES TO BUILD COST EFFICIENCIES AND MINIMIZE IMPLEMENTATION BARRIERS

Issue—Lack of knowledge about the needs of target population can lead to mismatched programming and attrition.

- Factors Contributing to Youth Attrition
 - Ineffective partnerships
 - Lack of parental engagement, buy-in, or support

Solutions

- Using data to inform programming, curricula selection, and recruitment
- Sharing data with partners
- Formalizing partner agreements (i.e., MOUs, LOAs)
- Increasing communication and collaboration with partner sites (i.e., community outreach, funding applications, program implementation, plan for program sustainability, etc.)

FUTURE EVALUATION STUDIES

DISTILLING WHAT WORKS

UNDERSTANDING HOW PROCESS MEETS PROGRESS

Planned analyses for 2018–2019

- Explore organizational characteristics that affect youth outcomes (i.e., youths' intention to have sex and use a condom within 6 months post participation in the program)
 - Differences among implementation settings (school-based versus community-based programs)
 - Differences among programs with high versus low retention rates
- Explore significant relationships between program factors that facilitate and inhibit changes in program capacity and sustainability
 - Difference among programs with high versus low program longevity, graduation rates, and accomplishment of year-end performance goals
- Explore effects of youth perceptions of PREP instruction on outcomes around healthy relationship skill development
 - Differences among youth with more versus less perceived ability to learn from discussions, ask questions, and engage in conversation without fear of being teased or mocked during PREP instruction

Questions?



Webinar Evaluation

- Please complete the following evaluation related to your experience with today's webinar.

[https://www.surveygizmo.com/s3/4238712/
Evaluating-Outcomes-Webinar-Evaluation](https://www.surveygizmo.com/s3/4238712/Evaluating-Outcomes-Webinar-Evaluation)

- If you attended the webinar with other team members, please share the link and complete the evaluation separately.

