

PROMOTING SCIENCE-BASED APPROACHES TO TEEN PREGANCY PREVENTION USING GETTING TO OUTCOMES

2016



Adolescent Reproductive Health

Strong Teens, Strong Communities

This manual, Promoting Science-Based Approaches - Getting To Outcomes for Teen Pregnancy Prevention (PSBA-GTO-TPP), was developed under a CDC contract with Manilla (CDC contract number 200-2006-16591/0002). Authors are Catherine A. Lesesne, Kelly M. Lewis, Deborah Fisher, L. Duane House, Trish Mueller, Taleria R. Fuller, Anna Brittain, and Abraham Wandersman. It was adapted in part from Chinman M, Imm P, Wandersman A (2004). Getting to Outcomes 2004: Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation. No. TR-TR101. Santa Monica, CA: RAND Corporation <http://www.rand.org/publications/TR/TR101/>. Getting To Outcomes is a registered trademark of the University of South Carolina and the RAND Corporation and is used with permission.

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Preface

All of us working to prevent teen pregnancy ask ourselves: *Are we making a difference?* We want to achieve **outcomes**¹ regardless of whether we are working at the school, neighborhood, community or state level. In fact, *outcomes, results, impacts, and accountability* represent a common language that is part of the prevention landscape in any arena. Whether our focus is to prevent substance abuse, HIV, heart disease, unintentional injuries, or teen pregnancy, it is imperative that we impact outcomes. Of course, we want to obtain and retain funding, but more importantly, *we need to make a difference.*

The Centers for Disease Control and Prevention is committed to improving the health of our nation and preventing disease, injury, and disability. This guide represents an effort to help a wide audience of teen pregnancy prevention practitioners employ science-based approaches as they consider, set goals for, and plan prevention programs; develop and conduct process and outcome evaluations of programs; and learn ways to improve and sustain programs that are reaching outcomes.

In the field of teen pregnancy prevention, many effective prevention programs are available, but adoption of these programs is slow and inconsistent at the community level. Knowledge about evidence-based programs is a necessary but insufficient condition to achieve outcomes. If you operate in the everyday world of putting programs into place, you are probably familiar with the essential elements for effective prevention:

- Perform a needs and resource assessment
- Develop clear goals and objectives
- Employ science-based practices
- Become culturally competent
- Build the organizational capacity to do prevention well
- Make high-quality implementation plans
- Implement your plan and perform process and outcome evaluations
- Use evaluation findings to continually improve your work
- Sustain your work

¹ Terms defined in the glossary located at the end of the Introduction, display in **bold face** the first time they appear in the text.

Effectively employing all of these elements in your work can be a daunting proposition. This guide describes the model known as *Promoting Science-Based Approaches-Getting to Outcomes-Teen Pregnancy Prevention* (PSBA-GTO-TPP), a comprehensive model that combines all of the aforementioned elements with the teen pregnancy prevention knowledge base. PSBA-GTO-TPP integrates the ten-step Getting to Outcomes process (Chinman, Imm & Wandersman 2004; Fisher, Imm, Chinman & Wandersman 2006) with the concepts, content, practices, and experiences shared by partners who worked in a CDC PSBA project to promote the use of science-based approaches to teen pregnancy prevention from 2005-2010. Thus, PSBA-GTO-TPP offers local practitioners a succinct and clear process for applying a science-based approach to their teen pregnancy prevention programs.

This PSBA-GTO-TPP guide also draws from three other completed GTO books in diverse areas of public health:

- Chinman, M., Imm, P. & Wandersman, A. (2004). *Getting To Outcomes: Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation*. RAND Corporation. It is available for free at: www.rand.org/publications/TR/TR101.
- Fisher, D., Imm, P., Chinman, M. Wandersman, A. (2006). *Getting to Outcomes with Developmental Assets: Ten Steps to Measuring Success in Youth Programs and Communities*. Minneapolis: Search Institute.
- Imm, Pamela, Matthew Chinman, Abraham Wandersman, David Rosenbloom, Sarah Guckenbug and Roberta Leis. *Preventing Underage Drinking: Using Getting To Outcomes™ with the SAMHSA Strategic Prevention Framework to Achieve Results*. Santa Monica, CA: RAND Corporation, 2007. Available for free at: http://www.rand.org/pubs/technical_reports/TR403.html.

Social research has shown that the GTO model improves individual capacity and program performance and facilitates the planning, implementation, and evaluation of prevention programs (Chinman et al.²). In the study by Chinman, et al., the GTO guide was supplemented with training and technical assistance. Likewise, we recommend that you supplement this

² Chinman et al.: A novel test of the GTO implementation support intervention in low resource settings: Year 1 * Correspondence: chinman@rand.org findings and challenges. *Implementation Science* 2015 10(Suppl 1):A34.

guide with training and technical assistance so that you and your program may achieve the maximum impact in teen pregnancy prevention.

Acknowledgments

Promoting Science-Based Approaches to Teen Pregnancy Prevention Using GTO (PSBA-GTO-TPP) is the product of a collaborative effort to translate research into practice by guiding community organizations through the process of planning, implementing, and evaluating effective programs to prevent teen pregnancy. This guide was authored by a team of public health professionals dedicated to improving the reproductive and sexual health of young people, and was funded by the Centers for Disease Control and Prevention (CDC), an agency of the United States Department of Health and Human Services (HHS).

This guide is built on work by Wandersman, Imm, Chinman, and Kaftarian that was originally conducted for the National Center for the Advancement of Prevention and was funded by the Center for Substance Abuse Prevention. The initial *Getting To Outcomes* was based, in part, on a review of more than 40 books and guides on evaluation. It has since been expanded beyond the substance abuse field into many other areas of public health and public policy.

This project was accomplished with the help of many partners who were supported in part, either directly or indirectly, through a CDC cooperative agreement. The agreement was designed to help national teen pregnancy prevention organizations working to increase the capacity of state coalitions and local organizations to use science-based principles to prevent teen pregnancy and promote adolescent reproductive health. The authors would like to acknowledge partners from the PSBA grantee communities and the following organizations and individuals whose patience, dedication, expertise, and enthusiasm contributed to this guide:

- The PSBA-GTO External Advisory Group:
 - Mary Martha Wilson & Gina Desiderio, Healthy Teen Network
 - Barbara Huberman (deceased) & Tom Klaus, formerly of Advocates for Youth
 - Katy Suellentrop, Cindy Costello, and Kristen Tertzakian, National Campaign to Prevent Teen and Unplanned Pregnancy
 - Sally Swanson, Sexual Health Initiatives for Teens North Carolina (SHIFT NC), (formerly Adolescent Pregnancy Prevention Coalition of North Carolina)

Lisa Turnham, Teenwise Minnesota (formerly Minnesota Organization of Adolescent Pregnancy, Prevention, and Parenting)

Sharon Rodine, Oklahoma Institute for Child Advocacy

- Grantees of the CDC PSBA Cooperative Agreement, 2005-2010
- Lori Rolleri, Michelle Bliesner, and Doug Kirby (deceased); formerly of Education, Training and Research Associates (ETR)
- Members of the Adolescent Reproductive Health Team in CDC's Division of Reproductive Health, Applied Sciences Branch including current and former members, specifically, Diane Green, Claire Moore Hahn, Kimberly Leeks, Teresa Powell-Robinson, Lisa Romero, Mary Schauer, Alison Spitz, Heather Tevendale, Carla P. White, and Lisa Whittle.
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Introduction

Science-Based Approaches to Teen Pregnancy Prevention

Although there have been significant declines in the pregnancy and birth rates of teens, teen pregnancy is still a major public health concern in many communities around the country. *Pregnancy* data from 2010 (the sum of live births, fetal losses, and induced abortions) indicate a rate of 58.9 pregnancies per 1,000 girls aged 15-19 years old, a 50% decline from the 1990 peak and a historic low for the nation.³ Similarly, *birth* data for 2014 indicate a continuation of the decline that began in 1991⁴-- a 61% decline, from 61.8 births per 1,000 female teens aged 15-19 years old in 1991, to 24.2 in 2014.

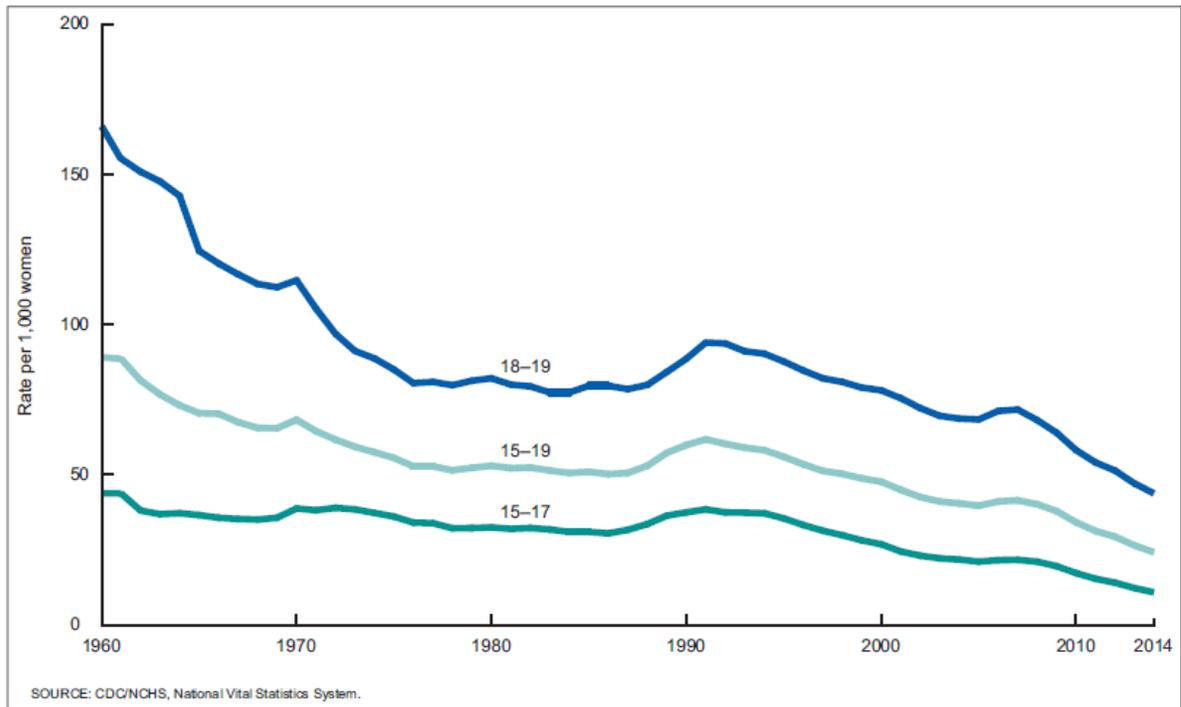


Figure 1. Birth rate for females aged 15-19, by age; United States, 1960-2014

³ Curtin SC, Abma JC. 2010 pregnancy rates among U.S. women. National Center for Health Statistics. December 2015. Available from:

http://www.cdc.gov/nchs/data/hestat/pregnancy/2010_pregnancy_rates.htm.

⁴ Hamilton BE, Martin JA, Osterman MJK, et al. Births: Final data for 2014. National vital statistics reports; vol 64 no. 12. Hyattsville, MD: National Center for Health Statistics. 2015.

Yet, in 2014, teenagers gave birth to almost 250,000 infants. While the trends are encouraging, the numbers clearly highlight the fact that teen pregnancy remains an enormous problem.

International comparisons continue to suggest that the U.S. could do much better in reducing teen pregnancy and birth rates. Sedgh et al. examined pregnancy and birth rates among 15- to 19-year-olds in the 21 countries categorized as having liberal abortion laws and complete teen pregnancy estimates for 2008-2011 (2015). They found that, outside the former Soviet bloc, the United States has the highest teen pregnancy rate in the developed world, despite the declines since 1991. The *pregnancy* rate ranged from a low of 8 per 1,000 females aged 15-19 in Switzerland to a high in the United States of 57 pregnancies per 1,000 females aged 15-19 in 2010⁵. The *birth* rates in these countries ranged from 2 per 1,000 females aged 15-19 in Switzerland, to 34 in the United States. The Healthy People 2020 goals for behaviors associated with sex and actual rates, according to recent U.S. data, are shown in Table 1.

Sexual behaviors that put teens at risk for pregnancy also put them at risk for HIV/AIDS and STIs. An estimated 9,961 teens and young adults 13-24 years old were diagnosed as living with HIV in 2013⁶. In 2010, 12,200 young people 13-24 years old accounted for 26% of all new HIV infections (12,200/47,500), even though they accounted for only 17% of the U.S. population⁷. Although they represent only 25% of the sexually experienced population in the U.S., young people (ages 15-24) account for half (50%) of all new sexually transmitted infections (STIs)⁸. Clearly, the magnitude of the consequences of sexual risk behaviors among youth requires new efforts to improve the reproductive and sexual health of our youth.

There are many costs associated with these high rates of teen pregnancy. Teen pregnancy is linked to adverse consequences for teen mothers, fathers, and their children. It is also extremely expensive to federal, state, and local governments, and, therefore, to the supporting taxpayers. According to the National Campaign to Prevent Teen Pregnancy, teen childbearing costs taxpayers at least \$9.4 billion in 2010. That makes teen pregnancy a public health concern of major consequence.

⁵ Among the 21 countries with liberal abortion laws and complete teen pregnancy estimates for 2008-2011.

⁶ CDC. [Diagnoses of HIV Infection in the United States and Dependent Areas, 2013](http://www.cdc.gov/hiv/library/reports/surveillance/2013/surveillance_Report_vol_25.html)(http://www.cdc.gov/hiv/library/reports/surveillance/2013/surveillance_Report_vol_25.html). *HIV Surveillance Report* 2015;25.

⁷ CDC. Estimated HIV incidence in the United States, 2007-2010. *HIV Surveillance Supplemental Report* 2012; 17(No. 4).

⁸ Satterwhite CL, et al. Sexually transmitted infections among U.S. women and men: Prevalence and incidence estimates, 2008. *Sex Transm Dis* 2013; 40(3): pp. 187-193.

Table 1: 2020 goals and baseline incidences of teen experiencing sex-linked behaviors

Outcomes	HP 2020 Goal* (rate per 1,000 population)	2005 (rate per 1,000 population)	2009 (rate per 1,000 population)
Reduce pregnancies among females aged 15 to 17 years	36.2	40.2	36.4
Reduce pregnancies among females aged 18 to 19 years	105.9	116.2	106.3
Behavior	HP 2020 Goal* (% of population)	2006-2010 (% of population)	2011-2013 (% of population)
Increase the proportion of females aged 15 to 17 years who have never had sexual intercourse	80.2	72.9	69.6
Increase the proportion of males aged 15 to 17 years who have never had sexual intercourse	79.2	72.0	65.6
Increase the proportion of sexually active females aged 15 to 19 years who use a condom at first intercourse	74.8	68.0	72.4
Increase the proportion of sexually active males aged 15 to 19 years who use a condom at first intercourse	87.6	79.6	78.1
Increase the proportion of sexually active females aged 15 to 19 years who use a condom at last intercourse	55.6	50.5	54.8
Increase the proportion of sexually active males aged 15 to 19 years who use a condom at last intercourse	81.5	74.1	77.3
Increase the proportion of sexually active females aged 15 to 19 years who use a condom and hormonal or intrauterine contraception at first intercourse	15.4	14.0	16.1
Increase the proportion of sexually active males aged 15 to 19 years who use a condom and whose partner used hormonal or intrauterine contraception at first intercourse	17.3	15.7	20.6
Increase the proportion of sexually active females aged 15 to 19 years who use a condom and hormonal or intrauterine contraception at last intercourse	20.1	18.3	20.0
Increase the proportion of sexually active males aged 15 to 19 years who use a condom and whose partner used hormonal or intrauterine contraception at last intercourse	35.3	32.1	36.9

* HHS, Healthy People at www.healthypeople.gov/2020; www.healthypeople.gov/2020/topics-objectives/topic/family-planning/objectives; NOTE: Numbers in bold indicate the HP 2020 Goal has been achieved.

Risk and protective factors affecting teen pregnancy, STI, & HIV

Determinants defined in this guide are the factors that affect whether individuals, groups, or institutions engage in specific behaviors. Determinants can be broken into two groups: **risk factors** and **protective factors**.

Risk factors are associated with increased risk for a disease or condition.

Examples of risk factors include being behind in school or having school problems, limited **health literacy**, alcohol use, and a history of sexually transmitted diseases. It does not mean that any of these factors cause someone to become pregnant or get someone pregnant but teens that have these risk factors are more likely to get pregnant or get someone pregnant.

Protective factors are associated with increased protection from a disease or condition. Some examples of protective factors are greater parental oversight, high educational aspirations and plans for the future, and discussing pregnancy and STI prevention with a partner. Again, these protective factors will not necessarily prevent a given person from becoming pregnant or getting someone pregnant, but youth who have some of these protective factors are less likely to become pregnant or get someone pregnant.



Note

Ideally, youth would have many protective factors and few risk factors in their lives. Teen pregnancy prevention programs aim to reduce the risk factors and strengthen the protective factors among youth participants.

Risk and protective factors can be categorized. Kirby (2005) has categorized determinants as environmental (e.g., community, family, peers), partners, or teen individual factors. The many determinants Kirby notes point to the complexity of helping youth develop a healthy sexuality and to the many areas where programs can have an impact. Though determinants are varied, culture can have an impact on their identification as negative or positive. For example, one assumed protective factor is a youth's perception that becoming pregnant would be a negative consequence of having sex. This is true in some cultures; however in others, becoming pregnant at an early age is not always perceived as a negative outcome.



Tip sheet

A catalog of determinants derived from Kirby's work can be found in Step 1 Needs & Resources (see [Determinants](#)).

Kirby's list of determinants indicates that some groups are at higher risk for teen pregnancy. For example African-American and Latino youth are at a higher risk for becoming pregnant than are white youth. Socio-economic status also plays into teen pregnancy rates. Youth are less likely to become pregnant if their parents have a high level of education or if youth live with two biological parents. Greater community disorder (e.g., greater rates of substance use, violence, and food insecurity) has also been associated with a higher risk for teen pregnancy.

Family and peer norms, medical and service providers, knowledge and self-efficacy, lack of knowledge, and the understanding of and familiarity with available services and how to access them are just a few of the many influences on youth sexual behavior. We also need to recognize that teen pregnancy (and teen fatherhood) is often interrelated with a host of negative outcomes and behaviors such as lower levels of academic success, delinquency, skipping school, drinking alcohol and/or experimenting with illicit drugs, among others.

Sexual behavior is complex—but giving youth the best chance to make informed and responsible decisions about sex lies at the heart of many prevention programs. As we consider the complexity of influencing sexual behavior and the connection between sexual risk behaviors and other negative outcomes among youth, it is clear much work has been done in this area of prevention.

The first of CDC's capacity building efforts to improve local-level prevention programming were supported by CDC's grant, "Coalition Capacity Building to Prevent Teen Pregnancy" (CCB). CCB, conducted from 2002-2005, aimed to increase the capacity of local coalitions and organizations to use **science-based approaches (SBA)** in their teen pregnancy prevention programs (see Table 2). Grantees and their partners learned a great deal about helping local prevention programs improve their work using SBAs. The CCB project also encountered barriers such as lack of awareness of SBAs, perceived incompatibility between prevention programs and their communities, fear of political controversy, and the complexity of implementing evidence-based programs (Philliber, Nolte, 2008).

Addressing these barriers and building on the successes of the CCB project, CDC launched the 2005 – 2010 effort known as "Promoting Science-based Approaches

to Teen Pregnancy Prevention” (or PSBA project) and adapted Getting To Outcomes for the field of teen pregnancy prevention, creating PSBA-GTO to help local practitioners select, implement, and evaluate teen pregnancy prevention programs using science-based approaches.

Table 2: Components of science-based approaches

Science-Based Approach (SBA) Components
Uses demographic, epidemiological and social science research to identify populations at risk of early pregnancy and/or sexually transmitted infections, and to identify the risk and protective factors for those populations.
Uses health behavior or health education theory to guide the selection of risk and protective factors that will be addressed by the program, and to guide the selection of intervention activities.
Uses a logic model to link risk and protective factors with program strategies and outcomes.
Selects, adapts if necessary, and implements programs that are either science-based or have many of the characteristics of evidence-based programs.
Conducts process and outcome evaluation of the implemented program, and modifies the approach based on results.

PSBA-GTO-TPP also promotes the use of evidence-based programs. In 2009, HHS undertook a process to identify evidence-based teen pregnancy prevention programs that had documented positive impact on teen pregnancy and related factors through rigorous evaluation⁹. This process included a systematic, comprehensive review of the literature on teen pregnancy, STIs, and sexual risk behaviors, known as the **HHS Pregnancy Prevention Evidence Review**¹⁰. The Evidence Review initially identified 28 evidence-based programs. Subsequent reviews have been conducted periodically and, as of the February 2015 review, 35 programs have been identified. The Evidence Review includes programs using a number of approaches: abstinence-based, sexual health education, youth development, and programs for delivery in clinical settings and for special populations.

Following the Evidence Review, HHS Office of Adolescent Health (OAH) issued two separate funding opportunity announcements (FOAs) in April 2010. The first, known as Tier 1, focused on the replication of evidence-based programs. The second FOA, known as Tier 2, was to fund research and demonstration

⁹ Kappeler EM, Farb AF. Historical context for the creation of the Office of Adolescent Health and the Teen Pregnancy Prevention Program. *J Adolesc Health* 2014; 54:S3–9.

¹⁰ <http://tppevidencereview.aspe.hhs.gov/ReviewProtocol.aspx>

projects to test additional models and innovative strategies for preventing teen pregnancy.

As part of Tier 2, CDC, OAH, and the Office of Population Affairs, released a 2010-2015 FOA to fund projects to demonstrate the effectiveness of innovative, multicomponent, community-wide initiatives in reducing rates of teen pregnancy and births in communities with the highest rates, with a focus on reaching African American and Latino or Hispanic young people aged 15 to 19 years. Nine state- and community-based organizations and five national organizations were funded through “Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Communitywide Initiatives.” A key component of this initiative was to increase the number of youth within the target community exposed to evidence-based teen pregnancy prevention programs and build the capacity of local partners to select, implement, and evaluate these programs using PSBA-GTO-TPP.

Building off the previously described work, this guide offers a clear and succinct process for local practitioners to follow in delivering teen pregnancy prevention programs using a systematic and science-based approach to their work. PSBA-GTO-TPP integrates the process and guidance offered by the 10-step, Getting To Outcomes process (Chinman, Imm & Wandersman 2004; Fisher, Imm, Chinman & Wandersman 2006) with the concepts, content, practices, and experiences shared by partners in the CCB, PSBA, and community-wide initiatives projects to promote the use of science-based approaches to teen pregnancy prevention.



Tip sheet ahead

As you prepare to embark on the PSBA-GTO-TPP process, you can use the tip sheet **Considerations in Advance of the PSBA-GTO-TPP Process** to think about the issues ahead.



Considerations in Advance of the PSBA-GTO-TPP Process

Many organizational and environmental issues, challenges, and barriers can negatively influence teen pregnancy prevention programming decisions. While we wish there were easy ways to address all of them, this guide cannot do so. Determine if your organization is ready by considering the following questions *before* moving ahead.

Are we committed to making a difference and reaching our desired outcomes even if that means making changes to our program or the way we do business?

The PSBA-GTO-TPP process requires you to look critically at the issue of teen pregnancy in your community and the program that you might implement. In order to reach your desired outcomes, change may be required. Change can seem scary; however, the benefits can improve young people's lives. PSBA-GTO-TPP is a detailed process because it's important to have a well-planned and implemented program to reach your desired outcomes and make a difference.

Do our board and management support the use of PSBA-GTO-TPP to improve our programming?

Because PSBA-GTO-TPP might stretch your program in new directions, producing change, it's important to have the support of your board and management. It's especially important to have board and management support during the time it takes to fully pursue the PSBA-GTO-TPP process. Further, continuous quality improvement and sustainability are best achieved with a firm commitment. Therefore, if your board and management know, understand, and support the PSBA-GTO-TPP process from the start, change should proceed more smoothly.

Do we know the community we'll be working in? Who are the key partners? PSBA-GTO-TPP includes a needs and resource assessment step; however, it's helpful to know the community you'll be serving *before* you start the process. If you don't know the community well, it will be even more critical to involve community members in the PSBA-GTO-TPP process. Understanding the community is also critical to understanding health literacy issues.

Is our organization financially stable enough to embark on the PSBA-GTO-TPP process? Even though this guide points you toward ways to build and promote resource sustainability, it requires some financial resources to get started and work through the process. The advice we offer about developing financial and other resources is really about finding resources to implement a program, not to sustain an entire organization.

Do we already have the organizational capacity and infrastructure needed? We assume you are starting this process with the organizational structure already in place to move ahead. This guide will not describe how to set up or structure a community-based organization. PSBA-GTO-TPP does have information on building capacity, but this is specific to the program you will implement.

Do we have adequate staff and expertise to carry out the PSBA-GTO-TPP process? You don't need everyone on board to run a program at the start of PSBA-GTO-TPP, but using this guide does require a staff member or volunteer to head up the process. It's not absolutely necessary but would be helpful to have or involve people with experience in program planning, evaluation, and implementation, including conducting a needs and resources assessment.

Are we in it for the long haul? Deep and lasting change to prevent teen pregnancy requires a long-term commitment, and the PSBA-GTO-TPP process is meant to be useful in accomplishing this vision. It does take time to accomplish the tasks laid out in the guide, and your organization should be realistic about that before you begin.

What is PSBA-GTO-TPP?

Getting To Outcomes (GTO®) is a user friendly process for comprehensive planning, implementation, and evaluation of programs and community initiatives. It's designed to help programs and initiatives do exactly what it says: get to desired outcomes. Many of the steps in this GTO process will look familiar because this is just a structured way of approaching the work you're already doing.

The original Getting To Outcomes guide was written in 1999 for drug-free community coalitions to help bridge the gap between research and practice (Wandersman, Imm, Chinman & Kaftarian, 1999). It was updated in 2004 to broaden its scope and applicability to a wider range of programs and organizations (*Getting to Outcomes 2004: Promoting Accountability through Methods and Tools for Planning, Implementation and Evaluation*; Chinman, Imm & Wandersman, 2004). Based on established theories of traditional evaluation, empowerment evaluation, results-based accountability, and continuous quality improvement, GTO represents a collaborative effort to synthesize evidence-based knowledge and translate it into evidence-based practice. Combined with promoting science-based approaches (PSBA) to teen pregnancy prevention, this guide puts a practical, powerful set of tools in your hands, which you can use to plan, implement, and evaluate new programs or refine existing ones.

The Ten Accountability Questions

The primary purpose of this guide is to help you improve the quality of your programs aimed at preventing teen pregnancy and reducing risk for HIV/STI among youth. Funders are increasingly mandating "accountability" for the funds they provide by demanding high-quality outcome data to determine the success of programs. This guide's planning, implementation, and evaluation processes are organized according to ten accountability questions, which correspond to the 10 steps of Getting to Outcomes. The structure will help you conduct needs assessments, select evidence-based programs that fit your community, and effectively plan and implement quality programs while collecting solid outcome data. Following all ten steps will increase your chances of success, as well as help you meet widely accepted accountability criteria.

The term **accountability** is basic to an understanding of PSBA-GTO-TPP. We define accountability as the systematic inclusion of critical elements of program planning, implementation, and evaluation in order to achieve results. In PSBA-GTO-TPP, program development and program evaluation are integral to promoting program accountability. Asking and answering the ten questions begins the accountability process. Many excellent resources discuss the importance of each program element, and this guide will direct you to the most relevant ones. By linking these program elements systematically, programs can succeed in achieving their desired outcomes and demonstrate to their funders the kind of accountability that will ensure continued funding.

These are the ten steps and associated accountability questions tailored to the PSBA-GTO-TPP process:

-  Step 1
Needs & Resources What underlying needs and resources must be addressed to prevent teen pregnancy in your community?
-  Step 2
Goals & Outcomes What are the goals and desired outcomes for your teen pregnancy prevention program?
-  Step 3
Best Practices Which evidence-based programs can help you reach your goals and desired outcomes?
-  Step 4
Fit What actions should be taken to ensure the selected program fits with your community context?
-  Step 5
Capacity What organizational capacities are needed to implement the program?
-  Step 6
Plan How do you create a clear, rational, and focused plan for a successful teen pregnancy program?
-  Step 7
Process Evaluation How will you assess the quality of the program planning and implementation?
-  Step 8
Outcome Evaluation Has your program had the desired impact?
-  Step 9
CQI How will you continuously improve the quality of the program?
-  Step 10
Sustainability If your program is successful, how will it be sustained?

The steps are designed to provide a practical and continuous process for conducting good, long-term programming. To illustrate the point, we've provided an example you may personally relate to, showing how you might answer the questions as if you were planning a vacation. As you read the

example, notice how the steps fall into a sequence of natural groupings, which eventually bring you back to Step 1 - the time to reassess needs and resources.



Tip sheet ahead

The tip sheet [Use GTO to Plan a Vacation](#) applies the ten steps to a common situation.



Use GTO to Plan a Vacation

GTO Step	Question	Response
1. Needs/ Resources	How do you know you need a vacation? What resources do you have for it?	You know you need a vacation because you feel exhausted, bored, or restless. You check your bank account to see how much money you can afford to spend and check the amount of vacation time you have available.
2. Goals / Outcomes	What are the goals of your vacation? Who will go with you?	Different kinds of vacations reap different outcomes. You decide what you want based on needs you identified in Step 1. If you're tired, your goals may include catching up on rest. If you're restless, you may pursue adventure and new places. Your goals may suggest you go alone, with a partner, or with the whole family.
3. Best Practices	What are the best ways known to achieve your vacation goals?	Now you want to select the best strategy available to achieve what you want. You may turn to the Internet or travel magazines and books for information. If you decided you want fun for your whole family, you might choose a cruise and research cruise lines with top reputations for pleasing both adults and children.
4. Fit	Does it suit other aspects of your life? Can you adapt it to do so?	Now you consider the best dates for your vacation in light of school, office plans, and such. If you want to go to the Caribbean, you may choose not to go during hurricane season.
5. Capacity	Do you have the necessary capacity to go on the vacation you have chosen?	If you've decided to climb the Rockies (at ~13,000 feet), but your experience is in the Blue Ridge mountains (at ~4,000 feet), you may not have the capacity to hike the Rockies. You may need to adjust the vacation or to develop capacity by training for it.
6. Plan	What is the plan for your vacation?	Once you finalize the destination based on goals, best practices, fit, and capacity, you can plan it (e.g., schedule flights, find directions, reserve rooms, make a packing list). Decide who does what, when.
7. Process Evaluation	The fun part! Did your vacation go as planned?	You actually go on vacation. Along the way, plans may go smoothly, or not. You may need to make adjustments. You note the quality of the airline and hotel service.
8. Outcome Evaluation	Did you achieve the goals of your vacation?	When it's over you evaluate whether the vacation successfully met your goals. Do you feel rested? Did you reconnect with a friend? Did you reawaken your adventurous spirit? What were some outcomes you didn't expect?
9. Continuous Quality Improvement (CQI)	What would you do differently to make the next vacation better?	If you're happy with the outcomes of your vacation, you may want to do it again, perhaps with improvements. If you're disappointed, you can consider what went wrong and correct it next time. Look through all the steps to identify what should stay the same and what should change.
10. Sustainability	How will you make sure you can take more vacations?	You might plan to save money every month so you can go on vacation, again, next year. You might decide to save vacation days so that you can go on an even longer one.

Key features of PSBA-GTO-TPP

The PSBA-GTO-TPP process is designed to be flexible enough to support your work in planning and implementing brand new programs. It can also be used to strengthen existing ones because the same steps and associated tasks can help you improve any current programming in this area. If you are already implementing teen pregnancy prevention programs, you won't need to start over or reinvent work you've already begun. The PSBA-GTO-TPP process provides an opportunity to review, update, and improve your current activities or plans in a structured way.



Memory flash

PSBA-GTO-TPP is a process for selecting, planning, implementing, evaluating, continuously improving, and sustaining evidence-based programs in teen pregnancy and sexual risk behavior reduction.

Whether you are planning a new program or refining an existing one, we encourage you to periodically cycle back through the steps on a regular basis as your work changes and evolves. Responding to change in your community and updating your work accordingly helps keep your work relevant and contributes toward sustaining your successes.

PSBA-GTO-TPP helps you think about and work through the following:

- Focusing on the most important needs in your community related to teen pregnancy as well as on existing resources that could support your work
- Using current research to identify critical risk and protective factors on which to center your work for maximum impact
- Developing a clear and simple logic model that maps out the story of your work through your program and evaluation plans
- Understanding and practicing cultural competence, including development and support of culturally sensitive programs and staff
- Incorporating continuous quality improvement and sustainability practices into new programs from the outset and infusing them into your work if you already have one ongoing

Each step in the guide introduces important content and tasks that logically lead to subsequent steps. Each contains:

- Step-specific table of contents
- Focus question
- Brief overview
- Materials list
- Checklist of key tasks that you'll accomplish
- Tip sheets with support information
- Instructions to complete the step
- Ongoing fictional case study for the *Fayetteville Youth Network* to illustrate the process
- Tools specific to the step
- Key points, reminders, enrichment data
- Section on using the step when you're already implementing a program
- Ideas on the application of continuous quality improvement (CQI) practices and ways to build and promote sustainability
- Preparation hints for the next step

Taken together, the PSBA-GTO-TPP process promotes clarity in your work from the inception of a new program (or targeted improvement of an existing one) all the way through planning, implementation, and evaluation. The process is designed to help you continually improve and sustain your work as an aid to achieving your desired outcomes, all to the benefit of the young people with whom you work and the community where they live.

How to use this guide

The guide is divided into four parts:

Part I: Goal Setting (Steps 1 - 2) starts by guiding you in the identification of specific needs in your community and assessment of existing resources you can bring to bear on those needs in *Step 1 Needs and Resources*. With *Step 2 Goals & Outcomes*, you tie the priorities you develop in Step 1 to goals and desired outcomes that clearly express the direction your work will take. The goals and desired outcomes you develop at this stage form the foundation of the next phase of your work.

Part II: Program Development (Steps 3 - 5) takes those goals and desired outcomes you identified and helps you assess whether you can realistically proceed with a program. *Step 3 Best Practices* walks you through researching and selecting several evidence-based programs to consider; then *Step 4 Fit* helps you decide which one might be the best fit for your community. During Step 4 you might examine reasonable adaptations to an evidence-based program that would increase its fit with your youth and community. Once you have chosen a good candidate program, then *Step 5 Capacity* helps you determine whether you have the necessary **capacities** to fully implement the program.

These three steps help you test any assumptions you have about the right program for your organization. After you assess fit and capacity, you may decide that none of the candidate programs are suitable. You can cycle back to Step 3 to find new candidate programs to consider and proceed to Steps 4 and 5, again. This three-step cycle in the process will save you time since you won't move forward to planning until you're certain you've chosen the most appropriate program.

Part III: Program Planning and Evaluation (Steps 6 - 8) helps you finalize, plan, implement, and evaluate the program. It contains a planning sequence that proceeds across all three steps before you actually implement a program. It starts with Step 6 Plan in which you lay out and document the implementation process in detail. Because you may need to establish the evaluation tasks before, we tell you where to pause in Step 6 Plan, then move briefly ahead to Step 7 Process Evaluation, and Step 8 Outcome Evaluation to be clear about your process before launching your program.

We show you how your plans stay tied to the priorities you identified in Step 1 and the goals and outcomes you specified in Step 2 as your work incorporates some of what you learned in Step 5 about the capacities you'll need to carry out and evaluate your program.

Part IV: Improving and Sustaining Your Program (Steps 9 - 10) is dedicated to the future. Once you've completed the implementation, you spend valuable time in Step 9 CQI, considering how to strategically and continuously improve program performance in future cycles. If all has gone as planned, you will have gathered data in the process and outcome evaluations which demonstrate your success. That success underpins your efforts to sustain the good work and culminates in Step 10 Sustainability.

Steps 9 and 10 include the latest thinking on CQI and sustainability. Both are written in a way that helps you pull together information you'll be developing along the way in Steps 1-8 so that you won't feel as though you need to start brand new processes for improvement and sustainability.

Between each section, a transition summary describes where you are in the flow of events. It includes an image mapping the steps in the section along with tasks and thumbnail images of tools you'll be completing. These connecting graphics should help you see how the ten-step process builds as you move forward.

Throughout the guide, each step contains signpost images calling your attention to important notes, key ideas, tip sheets, examples, resources, and tools. Meanings associated with the images are show below.



Focus question
The purpose of each step



Note
Extra credit information



Checklist
Tasks for the current step



Tool
Located on the CD accompanying the guide; print all that you need



Example
Uses our fictional Fayetteville Youth Network



Tip sheet
Identifies expanded information

**Key point**

Extracted from a segment of information

**Online**

Found on the Internet

**Memory flash**

Repeat of something mentioned earlier

**Collaboration**

Help for building and maintaining partnerships

**Save it**

Need we say more?

**CQI and Sustainability**

Checkpoints along the way

To better aid your understanding of the PSBA-GTO-TPP process, we developed a fictional organization—the Fayetteville Youth Network (FYN)—that works through all the steps to implement a new teen pregnancy prevention program. The network’s story unfolds in each step, accompanied by completed examples of the tools for that step.

Although CQI and sustainability are steps 9 and 10, respectively, these topics are addressed throughout the manual as they can and should be implemented in an ongoing manner. At the end of each step, you’ll find the latest information on ways to continuously improve the performance quality of your program as well as actions you can take at each stage to sustain it. CQI and sustainability actions are clearly called out in the text.

Each chapter also contains a section entitled **If you already have a program**. We know that many of you using this guide have been working in the teen pregnancy prevention field for some time, and you may be tempted to jump to the information about implementation and evaluation in Steps 6-7-8. We encourage you to methodically proceed through each step as though you were starting anew. Using this guide to rework steps you’ve already completed such as needs assessment, goal setting, and planning can help refocus and strengthen your program. Reviewing the steps can also help you avoid selecting or perpetuating unproductive strategies that waste money and resources and do *not* promote desired outcomes. You will also find relevant and important information about CQI and sustainability. The PSBA-GTO-TPP process is cyclical and ongoing, so using the full process will be more beneficial to your programs over the long term. Each step is an important link in the PSBA-GTO-TPP process and critical to using a science- and evidence-based approach to your prevention work.

Getting started with PSBA-GTO-TPP

We've created this guide for program staff using prevention programming to reduce adolescent sexual risk behaviors and pregnancy. You may be providing programs for youth participants (typically thought of as "serving" youth) and you may also be implementing programs more in partnership *with* youth who add their voices to yours to help plan, facilitate, and even evaluate your work. We assume you're starting off with a basic level of overall organizational capacity and infrastructure that will allow you to engage in this process effectively (later in the PSBA-GTO-TPP process, you'll examine capacity specific to a program). If you don't feel you have the capacity to carry out teen prevention programming yet, or are unsure about your capacity, you might consider spending some time examining your organizational capacity *first* to make sure you're ready to move ahead.



Online

If you're concerned about organizational capacity, we recommend you look at these sources before you launch into PSBA-GTO-TPP:

- Information on building organizational capacity can be found at *The Community Toolbox*: <http://ctb.ku.edu/>
- *Get Organized: A Guide to Preventing Teen Pregnancy* www.thenationalcampaign.org/resources/getorganized/default.aspx
- In the *Facilitator's Resources* section on the CDC Teen Pregnancy website, there is an assessment tool called "Measuring Organizational Capacity" you might find useful.

For more about youth-adult partnerships, you can visit:

<http://www.advocatesforyouth.org/workingwithyouth/910?task=view>

First things first

PSBA-GTO-TPP works best when members of a group work through the ten steps together. There are many colleagues, stakeholders, and other participants who may be eager and able to assist you and your organization in this effort. Before moving ahead, we recommend you:

Establish a team or workgroup to lead, implement and monitor the process. A workgroup should include staff, administrators, and volunteers from your

program as well as participants. If you already have an existing work group, you could modify it or form a sub-workgroup to concentrate on working through the process. You'll probably want a team leader or perhaps two co-leaders to take responsibility for guiding the overall process.

Think about who needs to be at the table. Your work group should represent the diversity in your community—that includes parents and youth—and the diversity of other relevant stakeholders—such as people served by your organization, geographic area, community. You want to think ahead to those whose help you might need to implement plans later on, and invite them now to get better buy-in. If you have an evaluator or evaluation team, or funders, having them join you at the table right from the very beginning of your process will be very beneficial.

When considering the overall makeup of your team, look for a good mix of thinkers and doers while keeping the size manageable; you may be able to create sub-committees for specific tasks such as CQI monitoring or developing sustainability plans. Also, don't be afraid to invite people that you haven't worked with before that may serve as new potential partners. Lastly, don't forget to identify potential champions- those in influential roles who can obtain access to difficult-to-get information or help develop broader partnerships.

Develop and agree upon a plan for working together. Keep this simple, but hammer out these important details early on to keep your process on track. Your plan can include such elements as a meeting schedule, the design for your work process, assumptions about roles and responsibilities of the participating individuals and agencies, identifying available technical assistance, and developing a desired timeline for your work together. Before starting work on all the steps:

- Quickly look over the entire guide, perhaps using the section graphics a guide, to get a feel for the overall ten-step process. This will help you see the bigger picture of where you're going.
- Build process monitoring into your work plan. This will help you stay on top of changes and keep you moving in the right direction.
- Ensure that everyone is informed about all stages of the work over time. When not everyone can make face-to-face meetings, for example, make sure there are ways of keeping everyone up-to-date using email, listservs, and other communications channels.

- Agree on a decision-making process. Will you use consensus or voting? The decision making process should be culturally relevant to the community and institutions in your coalition. It will also be important to agree upon when agreements are binding so that someone who misses a meeting can't come back later and un-do what others have decided.

Use PSBA-GTO-TPP as a common framework. This guide is full of tips, templates, tools, forms, and checklists that will help you plan and keep track of your work. It is recommended to have the tools readily available and use them as you work through each step together. This will help you easily integrate the PSBA-GTO-TPP process into your everyday work.

Set up a three-ring PSBA-GTO-TPP binder. Designate someone to be responsible for collecting in one place copies of completed tools and gathered materials, such as program research or evaluation results. In the guide, we remind you about the most critical materials to gather and save, but you can add any



other materials to this binder you feel are relevant to your work. As we are building towards CQI and sustainability using the multiple tools and tasks in the guide, having all these materials collected along the way will save you time later on.

We have done all we can to make the PSBA-GTO-TPP process as clear and simple as possible. Looking ahead, it probably looks like a lot of work, but keep in mind that we've written this as a guide. You need to be realistic within the scope of your organization's time and available resources about how much you can do. We recommend you don't skip steps and try to remain true to the key tasks of the ten-step process, but we also recognize that you may need to tailor the process to the unique needs of your organization.

It starts with a vision

Once you establish your workgroup, you need to articulate a vision in partnership with your community. Developing a vision statement is typically done at the beginning of a planning process and is the first step you'll take in writing the *story* of your work. This process should include ideas, insights, and opinions from a diverse group of individuals and stakeholders including people we call *champions*. Champions understand what you're trying to do and help you do it. They may be strategically placed within your own organizations or they might be different kinds of leaders out in the community who want to help you build your efforts on behalf of young people. Working together to develop a

clear vision statement, you will always have a reminder of what the community is trying to accomplish by defining the results to be achieved.

Developing a vision statement can be challenging, but it doesn't have to be. If you are working on a large community planning process, it can take longer to develop a shared vision than if you represent a smaller group that's looking to change the conditions within a more narrowly defined community such as a school.

We recommend a short, strategic process to develop the vision statement if you don't already have one. These guidelines might help you:

1. Discuss the importance of a vision statement in the initial meetings of your group.
2. Obtain buy-in from all members about the need to have a vision statement.
3. Tap qualified people—volunteers or paid professionals—to help you conduct the envisioning process.
4. Determine the best ways to obtain personal visions from the members and key stakeholders in the community.
5. Obtain input from diverse groups of stakeholders.
6. Draft an initial vision statement to be circulated to key stakeholders; revise based on feedback.
7. Finalize the vision statement and share it with the community.
8. Agree upon and finalize a reasonable timeline for developing the vision statement that doesn't go on too long. It's possible to develop a good, working vision statement in a single meeting.

Vision statements can vary in length. Here are a few examples:

Our vision is to promote reproductive health among young people, with a primary focus on preventing teen pregnancy among youth ages 10-24.

Our vision is to address the most important risk factors among young people that contribute to teen parenthood, injury, violence and substance abuse.

Our vision is to provide support to local and national agencies and institutions implementing programs to reduce teen pregnancy in their communities.



Online

You can find more help for developing a vision statement at *The Community Toolbox*, Work Group for Community Health and Development at the University of Kansas:

<http://ctb.ku.edu/>

PSBA-GTO-TPP assumes that your vision will become central to the work you do. It can be helpful as a touchstone in keeping everyone moving in the same direction as you work through all of the steps and complexities in implementing and evaluating your programs. It's also important to revisit your vision statement regularly, especially as needs and conditions change.

Once the vision statement has been agreed upon, you're ready to move ahead and address the first accountability question.

Glossary

Accountability – the systematic inclusion of critical elements of program planning, implementation, and evaluation in order to achieve results.

Activities are components of the selected curriculum that constitute implementation elements contributing to the desired outcomes.

Adaptation is the process of changing an evidence-based program to make it more suitable to a particular population or an organization’s capacity without compromising or deleting the core components.

Assent is the direct written or verbal consent from a minor (under age 18) to participate in a program or research study. Getting assent from minors involves educating them about the program or research study so that they understand what participation entails and, therefore, make informed decisions. Assent should be given freely, without pressure or coercion. It is usually accompanied by the *parental permission* of a parent or legal guardian, however in some cases this requirement may be waived.

Behavior-Determinant-Intervention (BDI) logic model is a type of logic model that links a health goal, behaviors directly related to it, determinants that influence those behaviors, and intervention activities designed to change those determinants.

Capacities are the resources (staff, skills, facilities, finances, and other resources) an organization has to implement and sustain a program (see also **cultural competence, fiscal, resource, and technical capacities, leadership capacity, partnership and collaboration capacities, staff and volunteer capacities**).

Continuous quality improvement (CQI) is a systematic assessment using feedback from evaluation information about planning, implementation, and outcomes to improve programs.

Control groups are samples of test subjects left untreated or unexposed to the process being tested and then compared with the treated subjects in order to measure the value of the process.

Core components are the essential elements of an evidence-based program believed to make it effective that should be repeated or replicated to maintain program effectiveness.

Cultural competence is a specific kind of human capacity defined as a set of congruent skills and attitudes that can enable a person to work effectively with diverse groups and in diverse situations. This could include adapting services or approaches to meet diverse needs.

Desired outcomes are those specific changes that you expect as a result of your actions. These changes should reflect the changes in behaviors and determinants that you desire. Desired outcomes are also sometimes called objectives.

Determinants (of behavior) are risk and protective factors that affect whether individuals, groups or institutions engage in specific behaviors.

Dosage is the amount of time a participant actually receives the program sessions and activities; i.e., hours per session, days per week, etc.

Evidence-based programs have been shown through research to be effective in changing at least one behavior that contributes to early pregnancy and HIV/STIs: delaying sexual initiation, reducing the frequency of sexual intercourse, reducing the number of sexual partners, or increasing the use of condoms and other contraceptives.

Fidelity describes the faithfulness with which an evidence-based program is implemented. This includes implementing a program without removing parts of the program that are essential to the program's effectiveness (core components). This is also sometimes called compliance or adherence.

Fidelity monitoring systematically tracks how closely each intervention activity was implemented as laid out in your final work plan.

Fiscal, resource, and technical capacities encompass adequate funding and other resources needed to implement the program as planned (e.g., transportation, food, printed materials, and evaluation resources); technical capacities constitute the expertise needed to address all aspects of program planning, implementation, and evaluation; access to special materials needed to deliver the program; technology appropriate to the implementation of the program such as computers.

Fit expresses the overall compatibility between a program and the youth, organization and stakeholders, that is, the community served.

Health goal is the overarching, big-picture, desired outcome. Goals reflect the hoped-for impact in the future, such as "to reduce teen pregnancy rates in X county."

Health literacy describes the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decision.

Informed consent ensures that persons of legal age of majority clearly understand what participation in a program or research study involves before agreeing to participate. Consent must be given freely, without pressure or coercion.

Institutional Review Board (IRB) is a group of people responsible for reviewing research procedures and making sure they are ethical, legal, and contain minimal risk to those involved in the research.

Instrument is a stand-alone survey or collection of questions (measures) that are part of an evaluation.

Integrity, with regard to an evidence-based program, refers to a condition of completeness and soundness.

Intervention activities consist of specific activities conducted with an individual or group in order to change behaviors. These are the actual details of what you will do to deliver your programs that are often spelled out in a curriculum or BDI logic model.

Leadership capacity encompasses leaders who understand and support the program including board members as well as those within organizations and in the community who support the program.

Logic model is a visual representation of the sequence of related events connecting the need for a planned program with the program's desired outcomes.

Measures are individual questions or data items gathered on a survey or instrument designed to obtain information/data about the behavior and determinants being examined.

Midcourse correction CQI involves a series of activities for making program improvements as the program unfolds or in the ongoing operations of a program.

Needs and resources assessment is a systematic way to identify current conditions underlying the potential "need" for a program or intervention and to identify related community resources.

Outcome evaluation determines whether a program caused an improvement among its participants on specific areas of interest (e.g., reduction in sexual risk behaviors, fewer teen pregnancies, etc.) and by how much.

Parental permission involves obtaining permission from a child's parent or legal guardian for their child who is not of the legal age of majority to participate in a program or research study.

Partnership and collaboration capacities involve connections with other community partners who can help implement and support the program.

Priority population is the target group to be served by the program interventions that your group eventually plans to institute.

Process evaluation assesses the degree to which your program is implemented as planned. It includes monitoring the activities, who participated and how often, as well as the strengths and weaknesses (quality) of the implementation.

Protective factor is one whose presence is associated with increased protection from a disease or condition.

Qualitative data answers the questions "why" and "how," which usually involve talking to or observing people in focus groups, forums, in-depth interviews, observation (participatory or non-participatory), key informant interviews, or case studies.

Quantitative data answers "who, what, where, and how much." Numerical in form, quantitative data are the result of comparison on a scale or counting people, behaviors, conditions, or events. It can be gathered using written surveys, telephone interviews, in-person interviews, observation and recording well-defined events, experiments, and clinical trials.

Risk factors are those whose presence is associated with and increased risk of a disease or condition.

Science-based approach (SBA) uses research and health education theory to guide the selection of risk and protective factors that will be addressed by a program as well as the selection of intervention activities. This approach includes using a logic model to link factors, strategies, and outcomes; use of evidence-based programs; and use of process and outcome evaluation.

Sexually Transmitted Diseases (STDs) and Sexually Transmitted Infections (STIs) are transmitted between humans by means of sexual contact. Many programs and organizations use the term STD; for our guide, we've chosen to use the more comprehensive term STI. You'll often find them used interchangeably.

SMART desired outcome statements articulate strong outcomes structured on five essential components. They are Specific, Measurable, Achievable, Realistic, and Time-bound.

Staff and volunteer capacities refer to staff with appropriate credentials, training, experience, and commitment to the program; trained and committed volunteers.

Stakeholders are the individuals and organizations invested in your program's delivery and results. Stakeholders include participants, their families, program staff and volunteers, funders, and community organizations.

Strategic CQI refers to the systematic assessment and feedback of evaluation information about planning, implementation, and outcomes to improve programs conducted after a round of a program has been implemented.

Sustainability - the continuation of a program after initial funding has ended.

Tasks encompass all of the broader actions needed to prepare for and carry out a program which includes such things as preparation, training, and staff debriefings among others.

Work plan is the organized, formal documentation of components and tasks necessary to implement a program, broken down by resources, personnel, delivery dates, and accomplishments; the work plan specifies who will do what, when, where, and how.

Step 1 Needs & Resources

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Focus question

What underlying needs and resources must be assessed to prevent teen pregnancy in your community?

Step 1 Needs & Resources Assessment lies at the core of a fully informed plan for an effective program. It is a systematic method for detecting conditions in your community that underlie the need for a program and for identifying assets that could contribute to its success. Thus, the **needs and resources assessment**¹ is key to making good decisions about what to accomplish and how to accomplish it. A critical first step in shaping the design of the program(s), the assessment helps you identify three types of factors in your community:

- Most prevalent risk and protective factors
- Factors most likely to change as a result of an intervention
- Factors your community has the greatest capacity to change

Among the resources that an assessment reveals are the community's image of itself, its goals, and its readiness to implement and sustain a successful program. The assessment also locates other groups whose activities may overlap yours and who may be willing and able to leverage funding, contacts, workforce, and effort.



Take note

In **Emerging Answers**, Dr. Kirby concluded “No program could or should try to address all of these **antecedents** [of teen pregnancy]; yet at the same time, effective [prevention] programs are more likely to focus intentionally on several of them in a clear, purposeful way.”

Materials

- Step 1 tools: **Data Catalog**, **Resource Assessment**, and **Priority Needs Filter**
- Known sources of local or regional demographic, risk behavior, and resource data
- Extra copies as needed of the tip sheets, **Important Behaviors and Determinants Addressed in EBPs** (p. 1-9), **Determinants** (p. 1-10), and **Existing Data Sources/Resources** (p. 1-18)
- Internet access as needed

¹ Terms defined in the glossary located at the end of the Introduction, display in **bold face** the first time they appear in the text.



Step 1 Checklist

Upon completing Step 1, your organization will have performed the *tasks* necessary to assess needs and resources in your community and develop a **Data Catalog**.

- Set up a diverse assessment group to collect, analyze, and interpret the data.
- Develop a data catalog listing existing and needed data sources.
- Identify current, community-specific information on teen pregnancy outcomes (e.g. teen births, abortions), teen behaviors (e.g., sexual activity) and risk and protective factors (youth assets) specific to your community.
- Collect or gain access to the necessary data.
- Analyze the data to identify the critical populations, behaviors, risk and protective factors connected to teen pregnancy specific to your community.
- Identify the **priority population** you intend to serve.
- Assess resources that are available to help address teen pregnancy issues.
- Prioritize factors to address from assessment data.
- Use Step 1 tools to review your work.



FYN Tackles Step 1

The Fayetteville Youth Network (FYN) promotes positive youth development and provides substance abuse services. Staff members noticed, however, that a growing number of teens in the program were getting pregnant. They were concerned about effects of these pregnancies, and they decided to investigate more closely. They thought they might need to add a teen pregnancy prevention component to the current youth program. The staff formed a working group to take a closer look at the problem and plan how to address it. The group completed Step 1 in three parts.

- The state health department provided results from a survey of middle and high school students' sexual behavior and data on pregnancies in each

Fayetteville ZIP code, so the group could see where the majority of teen pregnancies were concentrated.

- They surveyed middle and high school students to assess sexual behavior and related **determinants** (e.g., knowledge and attitudes about sexuality, **STIs**, and condom use).
- They conducted focus groups with school staff members to get their perspectives on risk factors facing youth in school.
- They looked at literacy and school achievement data and decided that traditional health education messages would not be a good fit.

With these data, FYN identified the priority population: middle school-aged youth in ZIP code 98765. While the data showed that teen pregnancy rates were increasing for students of all ages, they noticed that the greatest rate of increase was among older middle school youth. Other data, such as truancy, disciplinary actions, and school failure rates, showed that 8th graders seemed to be having trouble during early adolescence. FYN decided to establish a program focusing on teen pregnancy prevention among 8th graders with the following goals: delaying and reducing sexual activity and increasing correct and consistent condom use among sexually active youth.

Reasons for assessing needs & resources

Even if you performed an assessment of your community in the past, changing needs and shifting resources make it essential that you complete regular assessments before, during, and after implementation. Working through this step helps clarify outcomes and ensures that you select the right strategies and identify the right group to serve. Though resources and time typically limit the assessment scope, you can conduct an economical and useful examination of community factors within three months, which will contribute to effective programming in youth pregnancy and sexual risk behavior reduction. Collection tasks in Step 1 provide information that will inform many decisions:

Locate places (ZIP codes, census tracts) where teen pregnancy and sexual risk behaviors are common.

Identify risk and protective factors most closely associated with teen pregnancy and sexual risk behaviors.

Learn about needs - those you already suspect, and new ones.

Identify groups with needs for insight into prospective participants.

Assess community resources currently working to reduce youth pregnancy or sexual risk behavior. They can help or hinder efforts to reduce problems or protect individuals from the risks that contribute to them.

Obtain baseline data that can be monitored over time. These data can be useful in shaping the services that you provide and the outcomes that you design and then measure.

Gather support from stakeholders and assess the readiness of the community to act and address the issues you identify.



Key Points

Changing needs and resources necessitate an up-to-date assessment.

Effective assessments can be limited and affordable.

Data about prospective participants inform selection of EBPs.

Community resources, including programs, can affect success.

Information to get you started

Needs and resources assessments commonly begin with the broad assumption that you are examining the entire community to identify problems that you need to solve. Focusing on one overarching **health goal**—such as preventing teen pregnancy—keeps the mission doable. Four behaviors are associated with teen pregnancy prevention; Step 1 helps you see specific ways your community and potential participants display these behaviors. Knowing them will help you choose specific goals and **desired outcomes** for your programming.



It's a fact

Four behaviors influence teen pregnancy prevention:

1. Delayed initiation of sex (abstinence)
 2. Reduced frequency of sex (or return to abstinence)
 3. Consistent contraception use
 4. Consistent condom use
-

The risk and protective factors leading to these four behaviors are called **determinants**. Factors vary depending on individual community characteristics, and they exert influence in different combinations. Successful programs increase and strengthen multiple protective factors as they strive to reduce risk factors. Therefore, understanding the particular risk and protective factors that influence teen pregnancy in your community will help you formulate and strengthen approaches. Equally important is detecting determinants that you can influence.



Take note

Groups need to focus on two primary community issues:

- Factors that influence teen decisions about sex
- Factors that can be changed

Knowledge, attitudes, skills & behaviors

Evidence-based teen pregnancy prevention programs (EBPs) commonly focus on achieving progress in 11 specific determinants of the protective (not risk) factor variety. The 11 protective determinants are a subset of a much larger inventory of risk and protective factors associated with youth sexual behavior. These

determinants involve a combination of knowledge, attitudes, skills, and behaviors, which youths derive from their environments.



It's a fact

Evidence-based teen pregnancy prevention programs (EBPs) typically address 11 protective determinants.

1. Knowledge, including knowledge of sexual issues, HIV, other STIs, and pregnancy (including effective methods of prevention)
 2. Perception of HIV risk
 3. Personal values about sex and abstinence
 4. Attitudes toward condoms (pro and con)
 5. Perception of peer norms and behavior about sex
 6. Individual ability to refuse sex and to use condoms
 7. Intent to abstain from sex, restrict it, or limit number of partners
 8. Communication with parents or other adults about sex, condoms, and contraception
 9. Individual ability to avoid HIV/STI risk and risk behaviors
 10. Avoidance of places and situations that might lead to sex
 11. Intent to use a condom
-

We know how difficult—in some cases outside of your scope—it can be to change the environmental factors (e.g., unemployment rates, education attainment rates). Still, knowledge lets you better understand the context of your program. Understanding the context of known determinants in combination with the data you gather in the course of this step can help you brainstorm, sort through issues, and plan your data-gathering strategy.



Online

Sexual Risk and Protective Factors is available from the National Campaign to Prevent Teen and Unplanned Pregnancy:
www.thenationalcampaign.org/sites/default/files/resource-primary-download/protective_factors_full.pdf

Curriculum incorporated into EBPs is founded on evidence that aiming for improvement in any of the 11 main protective determinants increases the likelihood of success; that is, reducing sexual risk-taking among teens. The programs, therefore, recognize that important protective factors incorporate

characteristics of communities, families, friends, peers, romantic and sexual partners, and the youth themselves. They also include ongoing relationships between youth and other individuals and organizations.



Tip sheets ahead

Important Behaviors and Determinants Addressed in EBPs collects the two lists on an easily copied reference sheet.

Determinants summarizes important risk and protective factors related to adolescent sexual behavior, use of condoms and contraception, HIV and other STIs, and pregnancy.



Important Behaviors and Determinants Addressed in EBPs

This guide addresses these four behaviors associated with teen pregnancy prevention and 11 protective determinants that EBPs commonly aim to achieve.

Behaviors Associated with Pregnancy Prevention

- | | |
|---|--|
| 1 | Delayed initiation of sex (abstinence) |
| 2 | Reduced frequency of sex (or return to abstinence) |
| 3 | Consistent contraception use |
| 4 | Consistent condom use |

Protective Determinants for which EBPs Commonly Strive

- | | |
|----|---|
| 1 | Knowledge, including knowledge of sexual issues, HIV, other STIs, and pregnancy (including methods of prevention) |
| 2 | Perception of HIV risk |
| 3 | Personal values about sex and abstinence |
| 4 | Attitudes toward condoms (pro and con) |
| 5 | Perception of peer norms and behavior about sex |
| 6 | Individual ability to refuse sex and to use condoms |
| 7 | Intent to abstain from sex or to restrict it or to limit number of partners |
| 8 | Communication with parents or other adults about sex, condoms, and contraception |
| 9 | Individual ability to avoid HIV and other STI risk and other risk behaviors |
| 10 | Avoidance of places and situations that might lead to sex |
| 11 | Intent to use a condom |



Determinants

The risk and protective factors in these tables—limited to factors supported by strong and consistent evidence—can affect adolescent sexual behavior, use of condoms and contraception, pregnancy, and incidence of *STIs/STDs*.

Legend: + denotes a protective factor; – denotes a risk factor; +/- denotes a factor that can sometimes act as a protective factor and sometimes as a risk factor.

Environmental Factors

Community	Family
Romantic partner characteristics	Family Structure
– Having a romantic or sexual partner who is older	+ Living with two biological parents (vs. one parent or a step parent)
+ Partner support for condom and contraceptive use	– Family disruption (e.g., divorce or separation)
Foreign born	Educational Level
+ Higher percent foreign born	+ Higher level of parental education
Peer age	Substance abuse
– Older age of peer group and close friends	– Household substance abuse (alcohol or drugs)
Peer attitudes and behavior	Family attitudes about and modeling of sexual risk-taking and early childbearing
– Peer alcohol use, drug use, and other high risk behavior	– Mother’s early age at first birth
– Peer pro-childbearing attitudes or behavior	– Older sibling’s early sexual behavior and early age of first birth
– Peer permissive values about sex	+ Parental disapproval of premarital sex or teen sex
– Sexually active peers	+ Parental acceptance and support of contraceptive use if sexually active
+ Positive peer norms or support for condom or contraceptive use	Positive family dynamics and attachment
+ Peer use of condoms	+ Higher quality family interactions, connectedness and relationship satisfaction
Community disorganization	+ Greater parental supervision and monitoring
– Greater community social disorganization (e.g., violence, hunger & substance use)	– Physical abuse and general maltreatment
	Communication about sex and contraception
	+ Greater parent/child communication about sex and condoms or contraception especially before youth initiates sex

Teen Individual Factors

Biological Factors	Sexual Beliefs, Attitudes and Skills
+/- Being male	- Has permissive attitudes toward premarital sex
+/- Older age	- Feels guilt about possibly having sex
+ Older age at physical maturity/ menarche	- Perceives more personal and social benefits (than costs) of having sex
Race/Ethnicity	+ Takes a virginity pledge
- Is Black (vs. white)	+ Believes male responsible for preventing pregnancy
- Is Hispanic vs. non-Hispanic white	+ Values partner appreciation for condom use
Attachment to and success in school	+ Believes that condoms don't reduce sexual pleasure
+ Connected to school	+ Has positive view of condoms and contraception
+ Higher academic performance	+ Exhibits self-efficacy to demand condom use
- Is behind in school or has school problems	+ Perceives more benefit, fewer costs and barriers to using condoms
+ High educational aspirations and plans for the future	+ Exhibits self-efficacy in using condoms / other contraception
Attachment to faith communities	+ Motivated to use condoms / other contraception
+ Having a religious affiliation	+ Intend to use condoms
+ More frequent religious attendance	+ Perceives negative consequences of pregnancy
Problem or risk-taking behaviors	+ Greater motivation to avoid pregnancy, HIV/STIs
- Alcohol use	Romantic relationships and past sexual behavior
- Drug use	- Dates more frequently
- Being part of a gang	- Going steady, having a close relationship
- Physical fighting and carrying weapons	- Ever kissed or necked
- Other problem behaviors or delinquency	+ Older age of first voluntary sex
Other behaviors	- Greater frequency of sex
- Work for pay more than 20 hours/week	- Has a new sexual relationship
+ Involvement in sports (females only)	- Greater number of sexual partners
Cognitive and personality traits	+ Discusses sexual risks with partner
+ Higher level of cognitive development	+ Discusses pregnancy & STI prevention with partner
+ Greater internal locus of control	+ Prior effective use of condoms or contraception
Emotional well-being and distress	- Prior pregnancy or birth
- Thoughts of suicide	- History of STD
	- History of prior sexual coercion or abuse
	- Exhibits same-sex attraction or behavior
	- Is married

Source: Kirby D, Lepore G, & Ryan J, "Sexual Risk and Protective Factors," (Scotts Valley, CA: Education • Training • Research, 2007). http://thenationalcampaign.org/sites/default/files/resource-primary-download/protective_factors_full.pdf

How to conduct a needs & resources assessment

Now that you understand why the needs and resources assessment is vital, it's time to roll up our sleeves. We've broken the process down to seven tasks:

1. Establish a work group
2. Determine data needed
3. Gather existing data
4. Collect new data
5. Assess community resources
6. Interpret and analyze the data
7. Use the data to finalize priority needs

The bulk of this chapter offers information about ways to achieve each objective. We employ our fictional Fayetteville Youth Network whenever we suggest using one of the tools for collecting the data.

1. Establish a work group

Set the stage for a robust process by establishing a small assessment committee or work group to help you collect information. There may even be an existing group you could use or expand. Also, consider seeking organizing assistance from your state or local coalition or health department if you need it. A few members to consider for the team are:

- Parents
- Teachers
- Adolescents

Stakeholders

- Data holders e.g. local health department
- Adults who work with youth

Three conditions will help establish productive attitudes and elicit reliable participation if you agree on at the outset.

Designate a leader for the work group to keep the process moving. The role can include facilitating meetings, defining responsibilities, and helping develop the **work plan**.

Set a reasonable time limit. Conducting a needs and resources assessment may take some time, but you don't want it to go on forever. Members are easier to recruit when they know the term of their commitment.



Note

We recommend taking around three months maximum for your assessments, depending on your needs. We also caution you not to get stuck in the needs assessment phase.

Make it easy to get going. Start the work group off with some preliminary data. The tip sheet listing risk and protective factors can be coupled with data on teen pregnancy rates in your community and a profile of youth most at risk.

Consider collaborating with other organizations. Look for existing relationships between persons in your group and individuals and groups who you would like to work with or need data from whom you need to gather information. As mentioned earlier, you may find it easier to elicit enthusiastic effort if you assure them that the data and results will be available to them. Make certain that everyone in the work group and staff works from copies of the tools. It literally keeps everyone on the same page, and it encourages members from disparate groups to employ a common language. The tools also simplify data sharing with other stakeholders and the community.



Collaboration

Buy-in now from a diverse group strengthens later efforts.

Look for existing relationships between members and sources.

Share results with participants in exchange for their help.

Give everyone in the group copies of the tools that will be used.

Use the tools to report back.



Who saves everything?

Before you move on to gathering data, you need to assign someone the task of maintaining it. There may be a lot of data, and it may take many forms. The person who takes responsibility for compiling and tracking the various documents, spreadsheets, Internet addresses, and tools needs to be someone you can count on to keep it safe and organized in files or three-ring binders. You'll be counting on this person throughout every step of this process to show up on time with the information you need.

2. Determine data needed

Answering a few key questions will help you determine the types of data and information your work group needs.

What do we want to know?

What factors contribute to teen pregnancy in our community?

Which of these factors can we change?



Key point

You will most likely need to search for existing data and collect new data to get the complete picture that you will need to move forward.

It may be useful to have your work group brainstorm a list to get the ball rolling. Ask them to suggest what they think would be helpful. We recommend that the list include gathering as much of the following information about your community as possible:

- Census figures and demographic information for a profile of the youth in your community
- Data for youth pregnancy and STI/HIV in one year (e.g., number of teen pregnancies, births, abortions, and new STI/HIV cases,)
- Prevalence of common behaviors and risk and protective factors (determinants) associated with teen pregnancy
- Cultural, community and social factors that may affect teen sexual behavior

- Number and characteristics of youth served by your program, clinic, or organization and/or youth you expect to reach in your community.
- Existing programs that target teen pregnancy issues
- Existing strengths and resources that could help reduce risk and increase protective factors
- Level of readiness to embrace your selected evidence-based teen pregnancy prevention intervention.



Tool

Find the **Data Catalog** tool and instructions for using it on the CDC Teen Pregnancy website. The fictional FYN example illustrates its use.

Filling in the **Data Catalog** can help you manage your data sources and make sure that the research effort matches the scope of the work you plan to do in your targeted community. The more conscientious you are in gathering essential data, the more effective and accurate you'll be in designing and implementing programs and evaluations that meet the needs of those you wish to serve.

Tie the specifics of the cataloged data to your key concerns. Make sure you gather information relevant to the identified issues. This makes it easier to focus your efforts and more quickly narrow the results to identify priorities.

Find creative ways to get the information you need. You may need to negotiate with other agencies, organizations, or individuals for the data you want. If they're not a part of your work group, you'll want to elicit their participation.

Be realistic. Clearly define the information you're after, where it resides, who will get it, and when you'll be done. Clarity up front helps you stay true to the plan. If you must deviate, have a logical and compelling reason for doing so.



Save it

The **Data Catalog** and the incoming data need to go somewhere safe, organized, and handy.



FYN catalogs data sources

Here's the Fayetteville Youth Network's data catalog.



Data Catalog

Community Assessment Issue	Data Source	Existing or New data	Responsible / date due
1. Youth demographics	- State health surveys with data by ZIP code.	E	Program coordinator 09/30/2015
2. Incidence of teen pregnancy, birth, STIs & HIV	State vital Statistics and Reportable Disease Data by ZIP code	E	(same)
3. Common sexual risk-taking behaviors	- State health surveys - Youth Risk Behavior Survey	E	Program coordinator 11/01/2015
4. Important determinants influencing the above sexual behaviors	- School health survey - Focus group of school staff members	N	School liaison / coordinator 11/01/2015
5. Existing programs, services, and resources addressing adolescent pregnancy, and HIV/STI	- Our organization community resource database - Phone book - Interviews with known community resource staff	E E N	- Administrative associate - Admin Assoc - Program coordinator 11/01/2015
6. Potential collaborations or partners to support our efforts	Interviews with known community resource staff	N	Program coordinator 11/01/2015

3. Gather existing data

Though national and state data on rates of teen pregnancy may be readily available, you probably also need to know the rates within your county or immediate urban area. You may be able to find what you need at little or no cost and with relative ease:

Look for existing assessments. If partners or other local resources recently have completed a needs assessment you can use (i.e., in the past 6 months) make sure that it addresses the prospective participants and relevant issues.

Look for the most current data. Determine any limitations associated with using the data, and consider how you might update or confirm it.

Look for the data most relevant to your needs. Consider the pros and cons of the available types of data and the merits of using one source over another. You can probably find resources that contain components addressing your questions.

Look for data that describes the most important risk and protective factors. You want data and information on determinants specific to teen pregnancy issues in your community. You can select protective factors to enhance and risk factors to reduce.



Note

One staff person or volunteer may be able to pull together key information in an afternoon on the Internet.

Organization resources may limit the breadth of your assessment. Ask yourselves:

Do we have staff or volunteers who can get the information we want?

Do we have computer access and people trained to use them for research?

If our staff is too small, could we partner with another agency, use the library for internet access and research assistance, or recruit college students to help?



Tip sheet ahead

Existing Data Sources/Resources can guide you to some good sources. You may need to supplement it by collecting new data.



Existing Data Sources/Resources

Source	Resource
National and State Data on Birth, Pregnancy, and Sexual Health	Reports and fact sheets (updated frequently), summarizing birth, pregnancy, and sexual health related data
Locations: www.cdc.gov/nchs/births.htm AND www.cdc.gov/nchs/nsfg.htm	
VitalStats—Births (National Center for Health Statistics)	Prebuilt birth and population tables and data files in the VitalStats births section
Location: www.cdc.gov/nchs/VitalStats.htm	
Youth Risk Behavior Surveillance System (YRBSS)	Survey of high school youth conducted in many states, large counties and cities in the US; find reports, graphs, and data summaries for your state or locality
Location: www.cdc.gov/HealthyYouth/yrbs/index.htm	
Youth Online: Comprehensive Results	Interactive system that allows comparisons of data from the YRBSS
Location: https://nccd.cdc.gov/youthonline/App/	
Guttmacher Institute: State Center	Statistics, and policies in your state
Location: http://guttmacher.org/statecenter/	
Guttmacher Institute: Data Center	Create and customize your own data tables for your state or the US
Location: http://guttmacher.org/statecenter/tablemaker/index.html?statecenter=nostate	
Guttmacher Institute: Publications	Statistics, fact sheets, other resources
Location: www.guttmacher.org/sections/index.php	
National Campaign to Prevent Teen and Unplanned Pregnancy	Searchable databases showing state, county, and local teen pregnancy related data as available; easy to understand
Location: http://thenationalcampaign.org/data/landing	

4. Collect new data

If you need to collect new data, surveys, interviews, and focus groups are methods that can produce **qualitative** and **quantitative data**. Staying mindful of your purpose will keep your efforts focused.

Step 8 Outcome Evaluation

Step into the future

In Step 8, you'll design instruments to examine program results but you may need to start thinking now about the kinds of questions you'll eventually want to answer about your work. Among the support materials, the bank of **Survey Questions for Sexual Behavior & Determinants** might be useful to you now. Find it in the Step 8 folder at <http://www.cdc.gov/teenpregnancy/about/index.htm> provided with this manual.

Decide who will supply new data. Develop ideas about what you want to know and who will provide it: parents, youth, teachers, other program partners, or community leaders.

Choose your methods for collecting information. Consider the pros and cons of various data collection techniques. This helps you design an appropriate format for data gathering and data entry.

Be sensitive as you gather information from youth or other individuals. If you plan to gather data and information directly from individuals, you must protect their privacy and ensure data integrity. This is particularly important when collecting sensitive information on sexual attitudes, knowledge, skills, and behaviors among youth.

Get informed consent or assent and parental permission if applicable. You need signed parental permission from parents and other legal guardians if not waived and informed **assent or consent** from participating adolescents. Most large institutions (e.g., universities, hospitals, departments of health, large school districts) have an **Institutional Review Board (IRB) that can provide ethical review and approval of these documents if your organization does not have one**.

5. Assess community resources

Next, you need to find out if any community resources already exist that can help you do the job. When preparing to do a resource assessment, think about a

wide range of programs, institutions and organizations—schools, faith communities, local governments, funding sources, cultural organizations, recreational programs, youth-serving organizations, health institutions, volunteer groups—and funding initiatives.



Collaboration

Community agencies—such as Planned Parenthood or YMCA—may already be working to reduce teen pregnancy or boost protective factors. Maybe they could help your program.

Understanding the resources available in your community and assessing their effectiveness will spark new ideas and help you identify any gaps. You will **save time and money** and **avoid duplicating efforts** if you determine what is already working.



Tool

The **Resource Assessment** tool and instructions for using it are located at <http://www.cdc.gov/teenpregnancy/about/index.htm>. The fictional FYN example illustrates its use.

As you go about gathering data and risk information through focus groups and interviews, you may find it convenient to ask about resources at the same time. Again, look for existing materials or connect with partners or other individuals who may be willing to collect data for your organization such as graduate students at a local university, paraprofessionals, or volunteers. Even if you don't have a lot of resources and staff, there are ways to get data and information you need.



Save it

Save the Resource Assessment and any associated documents.



FYN performs a resource assessment

Middle-school youth are known to visit certain resources originally thought to address only the needs of older teens.



Resource Assessment

	Resource 1	Resource 2	Resource 3
Name of resource	<i>Local teen center</i>	<i>Local Planned Parenthood</i>	<i>School health center</i>
Location	<i>Near local schools for program as well as adjacent to local mall where youth hang out</i>	<i>Throughout the state Location closest to school selected for this program is within town limits, within 1 mile of the school</i>	<i>In many middle schools throughout the state, including the one selected for this program</i>
Ages served	<i>12-18-year-olds</i>	<i>All ages</i>	<i>Any student at the school (typically those aged 13 - 18 years)</i>
Hours of operation	<i>Mon. - Thur., 3 - 10PM Fri. - Sat., noon - midnight Sun., noon - 6PM</i>	<i>Mon, 9AM-5PM Wed., 10:30AM-7PM Thur., 9AM-5:30 PM Fri., 8AM -3PM Sat., 9:AM1PM (3rd Sat of each month)</i>	<i>Mon. - Fri., 8AM - 4:30PM</i>
Who uses it?	<i>Homeless teens; youth from 2 high schools and 3 middle schools</i>	<i>Youth from high schools and middle schools across the state</i>	<i>Currently enrolled students</i>
Risk factors addressed	<i>Sexually active teens and peers; substance abuse; depression and isolation</i>	<i>Access to sexual and reproductive health care; knowledge and attitudes about condoms and contraception</i>	<i>General health issues; physicals for sports participation; sexually active teens and peers; depression and isolation</i>
Protective factors addressed	<i>Safety; connections to positive adults; productive use of time; community support</i>	<i>Access to sexual and reproductive health care; knowledge and attitudes about condoms and contraception</i>	<i>Access to health care; referrals for sexual and reproductive health care</i>
What's working?	<i>Homework help, music, and weekend coffee house</i>	<i>1:1 interaction; confidential services, evening and weekend hours, free or low cost services</i>	<i>1:1 interaction; confidential services and referrals; free services</i>

6. Interpret and analyze the data

Once you gather the relevant data, you want to be sure the information you present is clear, simple, useful, and understandable. A good analysis will help you identify the population to work with, specify your interventions, and use your resources wisely:

Use the most recent data available.

Choose people over data. Emphasize what local people say, as they are more likely to know the area best and have the most recent, personal information.

Look for patterns. Spend time asking “why” and “how do you know” to help you determine why the data suggests certain patterns.



Key point

You want to understand factors that influence adolescent decisions about sex and factors that influence youth in your community.

Once you fully grasp the factors that influence youth in your community, you will need to know which of these factors can be changed. Clarifying this information eventually will help you develop or select a program appropriate for your community and design achievable outcomes. If you are already implementing a program, this information will help to update your data, improve your program, or design better evaluations in later steps.

Consider the following questions as you analyze the data:

Which risks are most prevalent in our community? Risks emerge from trend analysis, data comparison, and risk factor comparison.

Which risk and protective factors are operating in our community? Focus on building or increasing key protective factors that already exist in your community to strengthen your program and increase your chances of success.

What factors influence adolescent decisions about sex? Consider all that you’ve learned from other studies and what you found out about the chief influences on teens in your community.

Which of these factors can be altered? Be clear about those factors that can be changed at all and those you think your program can change.

Who will we try to reach?

To keep your efforts current, you'll need to update and reassess the information regularly. You could set up a simple system to track data gathering efforts, noting survey dates, and entering a date on your **Data Catalog** for reevaluating them.

7. Use the data to finalize priority needs

Use your analysis to determine the priorities to address around teen pregnancy in your community. Information you've collected and knowledge about priority risk and protective factors provides a roadmap, guiding you to appropriate interventions. This will also help you develop clear, measurable outcomes.

Select priorities ➡ **Choose appropriate interventions** ➡ **Develop measurable outcomes**

For example, your data and analysis on peer attitudes and behavior may reveal that teens in your community have high rates of substance abuse and easy access to alcohol, both of which can increase teen pregnancy risk. There may be data that indicate positive peer norms in support of condom and contraceptive use, both of which are strong protective factors. If your assessment shows particular problems in a school or with a targeted set of youth, then perhaps strategies that are school-based will be most appropriate. For every strategy you choose to implement, you should be able to point to data in your needs and resource assessment that led you to choose it.



Collaboration

You may decide to work with other groups dealing with teen substance abuse and develop a joint education campaign to teach teens ways to avoid substance abuse and increase contraceptive use.

Convene members of your work group, staff, volunteers, community members, and program participants to go over the results of your assessment and select priorities in the effort to reduce teen pregnancy in your community. Because there is no single answer or approach to solving the problem of teen pregnancy, conclusions should reflect a balanced approach that targets risks that should be reduced and cites strengths or protective factors that should be increased.



Tool

If you're not sure, use the **Priority Needs Filter**. FYN illustrates it.



FYN uses the Priority Needs Filter

With the middle school youth in their community in mind, FYN methodically completed the Priority Needs Filter. They decided to use a strong partnership with the middle school to address attitudes and behaviors in relation to responsible sex.



Priority Needs Filter

Process	Needs: Important Behaviors and Determinants to Change
1. List behaviors that need to change.	<i>Behaviors: Frequency of sexual intercourse</i>
2. List risk and protective factors (determinants) that need to change.	<i>Correct and consistent use of condoms</i>
3. Cross out any behaviors or determinants currently being addressed elsewhere.	<i>Risk determinants: General knowledge about sexuality below normal</i>
4. Cross out any behaviors or determinants that we lack the resources (time and budget) to confront.	<i>Careless attitudes about HIV/STIs, and pregnancy risk show lack of knowledge</i>
5. Cross out any priorities that we cannot change or whose change we cannot measure.	<i>Household substance abuse</i>
6. Cross out any behaviors and determinants that we choose not to address at this time.	<i>Behind in school</i>
7. Highlight the remaining behaviors and determinants. These are our priority needs.	<i>Drug and alcohol abuse above average for 13-year olds</i>
8. What general approach could we take for maximum impact?	<i>Resistance to use of condoms and contraception;</i>
9. Who will benefit from that approach?	<i>Low social and personal self-efficacy</i>
	<i>Protective determinants: Youth tend to feel connected to the middle school</i>
	<i>Parental disapproval of premarital sex</i>
	<i>Integrate STI, HIV, and pregnancy prevention curriculum that addresses these behaviors and determinants into our existing substance abuse program</i>
	<i>Eighth-grade students at Fayetteville Middle School</i>



FYN finishes Step 1

FYN used the Step 1 tools to help reach its priority conclusions and prepare to move on to setting goals and outcomes:

Completing the Data Catalogue helped the work group readily see the best existing information sources available, including material it had in-house and opportunities for interviews to be conducted using existing relationships in the community. Existing baseline data provided by the state health department helped FYN focus on developing a short, new survey to assess determinants and key questions for local middle-school students.

Performing a Resource Assessment revealed three good resources—and potential partners—for FYN’s efforts, including a local teen center, Planned Parenthood, and the local middle school’s health center. The teen center offers after-school programs centered largely on homework help, while Planned Parenthood and the school health center provide different kinds of health information and support. FYN concluded, however, that no one else in the community was providing a program aimed at reducing pregnancy among middle school youth.

Using the Priority Needs Filter led FYN through a filtering process that helped the work group see, based on all it had learned, the most important determinants to address. While they hoped to eventually target all local teenagers, FYN decided to focus its initial efforts on eighth-graders at Fayetteville Middle School.

Applying Step 1 when you already have a program

Whether you have already selected a program to implement or have been implementing one for a while, you can use the Step 1 tools to examine it with a fresh set of eyes.

Review your basic information. Perhaps you've never done a complete needs or resource assessment. Even if you have, it may be time to update the data and information on which your interventions are based. The **Determinants: Risk & Protective Factors** tip sheet can help you make sure your efforts are current and focused on feasible and realistic goals for your organization.

Review your assumptions and priorities. You could convene an afternoon work group to review the major questions in this step. The group could just contain members of your staff or you could include program volunteers and participants. You could also convene a work group that includes people from programs similar to yours or stakeholders drawn from the larger community. A review can reveal specific areas to explore or fine tune, or it could reassure you that your work is right on target.

Change your focus. If your work has been largely risk focused, now may be the time to strengthen protective factors in addition to reducing risk factors. Using the data you collected, you may generate ideas to more fully address the promotion of protective factors among the youth you serve.

Find new resources and partnerships. A review of your data and assessments at this time could help you identify new sources of support, funding, or partnerships. New programs or interventions may have started since you began your work. Developing relationships with other effective programs will help not only to address issues in your community, but also to help you strengthen and sustain your work.

CQI and sustainability at this stage

You don't need to wait until the end of your process to start thinking about ways to:

- Continuously improve your work as you go.
- Sustain your work in the future.

Starting here, we'll summarize a few critical **continuous quality improvement (CQI)** and **sustainability** issues to think about as you work through each step of the Promoting Science-based Approaches Using Getting to Outcomes (PSBA-GTO-TPP) process. Spending a little time in the course of each step to examine these issues will save you time later on when you get to Step 9 CQI and Step 10 Sustainability.



Note

If you haven't already done so, take time now to read Step 9 CQI and Step 10 Sustainability so you can see where you're headed. This may help you identify additional information to capture for later use.

In the Introduction, we talked about the importance of establishing a group committed to working through the PSBA-GTO-TPP process together. While this is important for sharing the workload, it's also foundational for the process. Research into improving program performance and sustainability shows that involving key stakeholders and developing relationships are vital to success. You may be able to tap stakeholders and existing relationships to help you get the data and information you need. This also exposes your work to more people. You can use these relationships to expand investment and ownership in the work you're doing.

You may learn something else very important as you gather data and information: where there are gaps. You might not be able to get the data you really need in some areas, or you may discover that you need to build some new relationships with people who can help you. Discovering gaps will help lead you to insights about needed improvement strategies for refining your work (CQI) and potential capacity-building strategies for keeping your work going (sustainability).

Lessons learned

Later on, when you get to Step 9 CQI, we'll help you determine whether to update your needs and resources assessments. In Step 10 Sustainability, you'll consider how to maintain high quality needs and resources assessments in the future. Right now, here are some questions to help you think through any lessons learned during the needs and resources assessment process that will help you later on.

How hard was it to find the information we needed?

You may easily have found multiple sources for some data but were unable to find good data in other key areas. Did you have to make decisions about the best or most reliable data to use? At some point you have to move ahead in your process with the information available, but you need to know what gaps you were left with in your data, needs, and resources information gathering process.

What key pieces of information will need to be updated regularly?

There may be some excellent data and information sources at the heart of your assessment and planning. Identify the most salient ones and track opportunities to update them.

What kinds of resources do we need to maintain high quality needs and resources assessments?

Even if you are able to make good use of free and existing data sources, it takes staff time and attention to stay on top of the job. Consider whether your organization needs to ensure that data collection activities become part of policies, procedures, job descriptions, or requirements. Determine if you will need continued staff training and education to maintain data and information collection.

Do we need new partners to support high quality assessment in the future?

Stakeholders and supporters of your program and organization may be able to extend your reach when it comes to getting the information you need to stay current. Ask people you already know who else you should work with, and let them help you make new connections.



Tool

If you find it helpful, use the **Lessons Learned** tool found at <http://www.cdc.gov/teenpregnancy/> to capture information as you work through each step.

Getting ready for Step 2



Compiling current and accurate information about the needs of youth, their risk behaviors, and resources available in your community is a critical first step for PSBA-GTO-TPP. Identifying the youth you want to work with and understanding their needs will help you clearly tell the story of your program to potential partners and stakeholders. Funders want to know why you need resources in your community, and the information you've gathered so far helps you make the case.

Now, you'll use the information you've gathered and the priorities you've identified to help you develop specific goals and desired outcomes. In Step 2 Goals & Desired Outcomes, the information gathered in Step 1 will be used to finalize the priority youth population to be served and set realistic program goals and objectives that evidence indicates will lead to the desired behaviors and outcomes. The priorities from Step 1 and the goals and desired outcomes you develop in Step 2 will form the basis for selecting the programs and strategies you plan to implement and the outcomes you eventually plan to measure.

Step 2 Goals & Outcomes

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Focus question

What are the goals and desired outcomes for our teen pregnancy prevention program?

Step 2 Goals & Outcomes gets specific about tangible goals and desired outcomes for your program. In Step 1 you chose the top priorities to address with your program and identified the priority population to serve. Step 2 helps

you decide what you want to accomplish and identify behaviors that the program will address in your participants.

We begin this step by discussing **logic models** in general and the **Behaviors-Determinants-Interventions** Logic Model (BDI logic model) in particular. We return to the BDI logic model in upcoming Promoting Science-based Approaches using Getting to Outcomes (PSBA-GTO-TPP) steps. Then we use the results of your Step 1 needs and resources assessment to identify which of the four key behaviors associated with pregnancy prevention and 11 determinants (i.e., risk and protective factors) your programs will address. Identifying the key behaviors and determinants early on makes it easier to stay focused on your desired outcomes later. Also, capturing this information concisely in a logic model gives you a powerful tool for communicating your vision, your plans, and your program.



Take note

Step 2 helps you to lay the groundwork for showing the logic behind your program and, later, for linking specific program activities to desired outcomes.

Materials

- Completed Step 1 **Resource Assessment** and **Priority Needs Filter** tools
- Copies of the Step 2 **BDI Logic Model** and **SMART Desired Outcomes** tools located on the <http://www.cdc.gov/teenpregnancy/index.htm>.
- Any additional information you gathered about potential participants in the assessment phase that may help you focus in on key behaviors and determinants
- Extra copies as needed of the tip sheet **Determinants Most Easily Changed by a Prevention Program** located on p. 2-11



Step 2 Checklist

Whether you're planning a new program or improving an existing program, you'll complete four main tasks before proceeding to Step 3.

- Develop clear health goals
- Select behaviors and determinants to address with your program
- Develop a clear set of SMART desired outcomes statements¹ focused on the behaviors and determinants
- Summarize and document all your work in a **BDI logic model** and in the **SMART Desired Outcomes** tool



FYN Starts Step 2

The FYN work group identified goals and desired outcomes that they wanted to see achieved among their youth participants. The work group started with a few initial thoughts, which helped to clarify some of their evaluation challenges.

Health goal: Reduce teen pregnancy rates in the local school district

Desired outcomes: Delay initiation of sex and increase use of condoms and other contraception

Protective determinants: Increase knowledge about preventing pregnancy, HIV, and STIs. Increase self-efficacy in the use of condoms and contraception.

¹ SMART statements articulate strong desired outcomes structured on five essential components. They are Specific, Measurable, Achievable, Realistic, and Time-bound.

Reasons for specifying goals and desired outcomes

Articulating clear goals and desired outcomes for your program keeps the entire work group headed in the same direction. Therefore, your efforts in Step 2, describing the desired impact of programming, will aid the processes involved in completing upcoming GTO steps. They will help you develop a plan that defines specific programs. A strong plan also helps you to identify and clearly explain **activities** that you can measure and evaluate. In the course of completing Step 2 you will:

Express in detail what you want to accomplish

Describe your program's desired impact

Define specific programs and activities

Suggest evaluation methods for measuring program impact



Key point

Clearly defined goals and outcomes are essential to science-based programming. They contribute to a strong plan with measurable components.

Information to get you started

Logic models provide a means of visualizing a program, initiative, or intervention that is being developed in response to a problem. The model depicts logical relationships among resources committed, activities performed, and results accrued. It shows how your program is supposed to work, by connecting a string of “if...then” statements. For example, if you get adequate amounts of sleep, then you will feel more energetic and alert during the day.

Whether you use flow charts, maps, or tables, a logic model provides a snapshot of the process you are using to accomplish something. It depicts program inputs (resources) that contribute to certain activities that involve identifiable outputs all leading to specific desired outcomes. Typically, logic models flow left-to-right, although you complete them from right to left.

Inputs	Program Activities	Outputs	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes or Impact
<ul style="list-style-type: none"> • Program staff • Funds • Building & rooms • Vans • Program curriculum • Program equipment 	<ul style="list-style-type: none"> • Field trips • Role plays • Focus groups • Lectures • Home visits • Clinic visits 	<ul style="list-style-type: none"> • Number of attendees • Brochures • Flyers • Reports • Evaluation summaries • Number of program activities completed 	<ul style="list-style-type: none"> • Change in participant knowledge 	<ul style="list-style-type: none"> • Change in participant attitudes or skills 	<ul style="list-style-type: none"> • Change in participant behaviors

BDI Logic Models

The logic model that we prefer and that we use in this guide is called the *Behaviors-Determinants-Intervention (BDI)* logic model. The BDI model forms a clear path by linking goals, behaviors, determinants that influence behaviors and are amenable to change, and **interventions** (activities). Again, you develop BDI logic models from right to left, and then you read them from left to right.

Health goal to be achieved



Behaviors to be changed



Determinants amenable to change



Interventions influencing determinants



It's a fact

BDI logic models were developed for use in teen pregnancy and STI/HIV prevention. They clearly show the connection between your health goal for reducing and preventing teen pregnancy and program activities for changing the identified behaviors.



FYN's simple BDI logic model

Here is the simple BDI logic model that our fictional FYN program created. (While this example includes some intervention activities, you won't actually finalize interventions until Step 6 Plan.) If you are looking at a color print, notice that the colored elements identifying the four components in this example correspond to the same components in the basic model.

Intervention Activities	Determinants	Behaviors	Health Goal
<ul style="list-style-type: none"> • Large group discussion of HIV/STI/Pregnancy • AIDS Jeopardy • Role play decision-making skills 	<ul style="list-style-type: none"> • Increase knowledge of HIV/STI/Pregnancy • Increase self-efficacy for using condoms 	<ul style="list-style-type: none"> • Delay initiation of sex • Increase use of condoms 	<ul style="list-style-type: none"> • Reduce teen pregnancy rates high school-aged youth in zip code 98765



Online

Learn more about BDI Logic Models from ETR Associates:
www.recapp.etr.org/recapp/documents/BDILOGICMODEL20030924.pdf
<http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.professionalcreditshome>

How to develop goals & outcomes

Developing goals and desired outcomes using the BDI logic model involves a process to complete three of the four sections of the model. The final task is to restate the selected determinants as measurable outcomes.

1. Select a health goal.
2. Identify behaviors affecting the goal, and choose specific ones to change.
3. Select determinants linked to the chosen behaviors.
4. Develop clear desired outcomes statements.

You should look at your priority needs from Step 1 to help with this process. You will use the information you gather later in Steps 3-5 to help you identify possible interventions and activities that may affect the determinants you select for change. Now you are focusing on the health goal, behaviors, and determinants as these form the foundation for strong programs and selecting the best possible strategies to achieve these goals and outcomes.

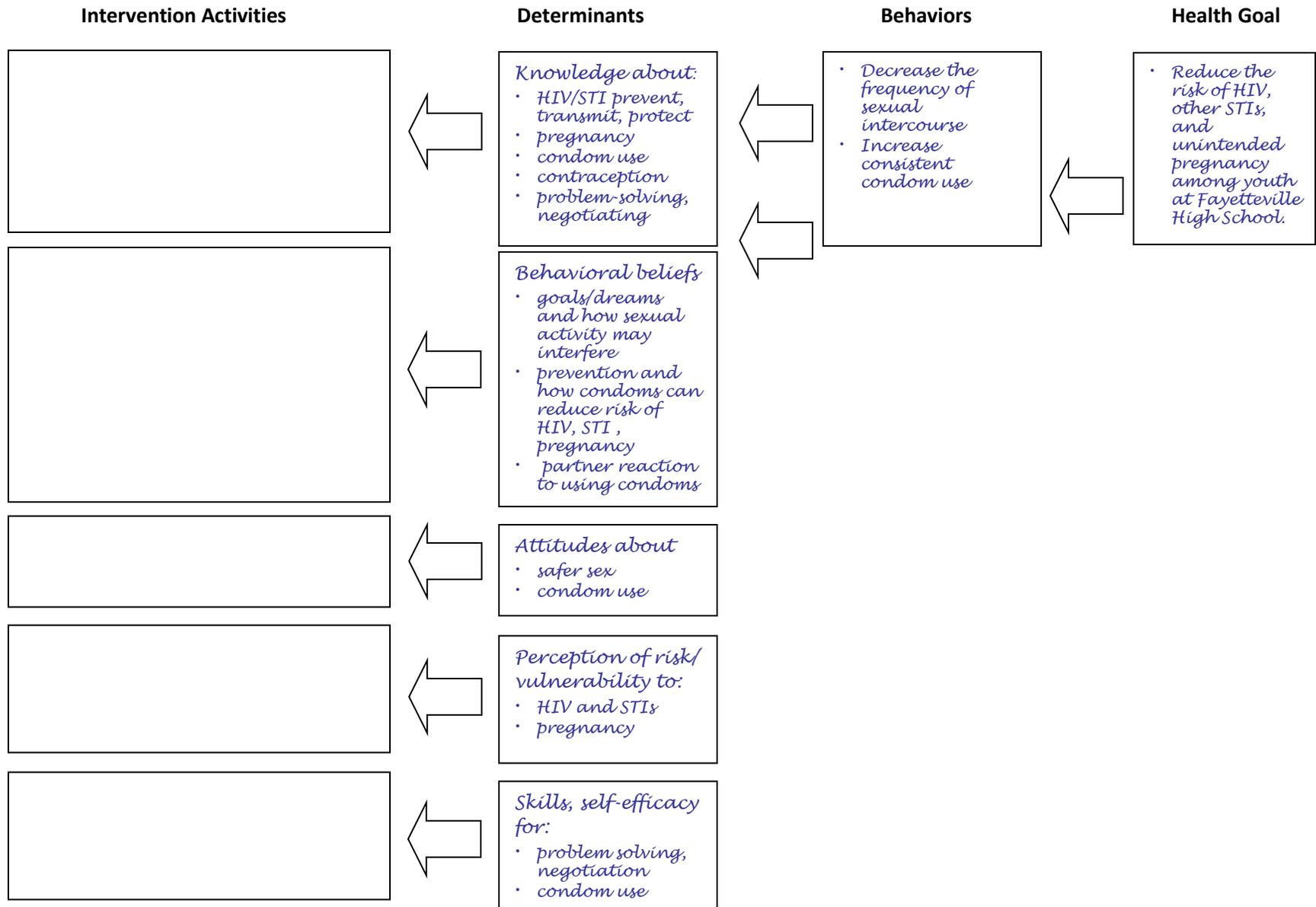


FYN uses the BDI Logic Model tool

FYN used the BDI Logic Model tool to create a more detailed logic model shown on the following page. The tool condenses material onto one page, which FYN entered on several sheets as they worked through the goal and outcome development process. Intervention activities will be identified later when FYN works on Step 6, Plan.



BDI Logic Model Tool





Tool

Find the **BDI Logic Model** and instructions for using it in the Step 2 folder on the CDC Teen Pregnancy website.

1. Select a health goal.

A goal indicates the direction your program will take and describes the impact you hope to have. Your goals should be built upon priorities you identified in Step 1. Be sure that they're consistent with your organization's mission as well as achievable given the resources you have. Here are some examples:

- Reduce teen pregnancy rates for 13- to 18-year-olds in King County.
- Reduce birth rates among 17- to 19-year-old Atlanta mothers in foster care.
- Reduce the pregnancy rates of El Paso teens newly immigrated to the U.S.
- Increase condom use among sexually active teen males in the Madison County Juvenile Assistance program.

Once you have determined your health goal, enter it in the column marked *Health Goal* on your **BDI Logic Model**.



Key point

It is not necessary to have a lot of goals. Keeping to one or two clear goals will help you stay focused.

2. Identify behaviors affecting the goal

Now you're ready to start precisely describing the behaviors you hope your program will change. Behaviors resulting in teen pregnancy and HIV/STI are linked primarily to unprotected sex. So, you should focus your work on two or three of these four behaviors:

1. Delayed initiation of sex (abstinence)
2. Reduced frequency of sex (or return to abstinence)
3. Consistent contraception use
4. Consistent condom use

Based on the data and resource assessments you did in Step 1, you are choosing the specific behavior or combination of behaviors that reflect the biggest concerns you and your community have about teen pregnancy. To keep it manageable, focus only on one or two of these behaviors rather than all of them. To help decide which ones to consider, ask yourself:

Which behaviors have the greatest impact and constitute the biggest problems among the teenaged youth we serve?

Given our resources, which behaviors can we realistically affect?

Given our community values and political climate, which behaviors are the most feasible to address?

Once you have identified behaviors that affect your health goal, write them in the column marked *Behaviors* on the **BDI Logic Model** tool.

3. Select determinants

Now you're ready to move on to the next part of your logic model: identifying determinants linked to the behaviors you've chosen. These could be knowledge, skills, attitudes, behaviors, or others. For example, if the behavior you aim to change is to increase condom use, then you include determinants linked to condom use, such as knowing how to correctly use condoms and having the skills to negotiate using them.

We suggest you start by reviewing the **Priority Needs Filter** from Step 1. While you are reviewing these determinants, also consider the list of determinants that Kirby, et al, (2005) believe most teen pregnancy and STI prevention programs have the greatest possibility of changing. The **Determinants Mostly Easily Changed by a Prevention Program** tip sheet derives from the longer **Risk and Protective Factors** tip sheet found in the Step 1 chapter.



Tip sheet ahead

Kirby, et al, (2005) narrowed a long list of risk and protective factors to **Determinants Mostly Easily Changed by a Prevention Program**



Online

You can search Kirby et al. for determinants, causal relationships, and factors most readily changed.

www.thenationalcampaign.org/sites/default/files/resource-primary-download/protective_factors_full.pdf



Determinants Most Easily Changed by Prevention Programs

Legend: + denotes a protective factor; – denotes a risk factor; +/- denotes a factor can sometimes act as a protective factor and sometimes as a risk factor.

Determinant	
+	Older age of first voluntary sex
–	Greater frequency of sex
–	Having a new sexual relationship
–	Greater number of sexual partners
+	Discussing sexual risks with partner
+	Discussing pregnancy and STD prevention with partner
+	Previous effective use of condoms or contraception
–	Previous pregnancy or impregnation
–	History of recent STD
–	More permissive attitudes toward premarital sex
–	Perceiving more personal and social benefits (than costs) of having sex
+	Greater feelings of guilt about possibly having sex
+	Taking a virginity pledge
+	Greater perceived male responsibility for pregnancy prevention
+	Stronger beliefs that condoms do not reduce sexual pleasure
+	Greater value of partner appreciation of condom use
+	More positive attitudes towards condoms & other forms of contraception
+	More perceived benefits and/or fewer costs & barriers to using condoms
+	Greater self-efficacy to demand condom use
+	Greater self-efficacy to use condoms or other forms of contraception
+	Greater motivation to use condoms or other forms of contraception
+	Greater intention to use condoms
+	Greater perceived negative consequences of pregnancy
+	Greater motivation to avoid pregnancy, HIV and other STD
–	Permissive values about sex
–	Sexually active peers
+	Positive peer norms or support for condom or contraceptive use
+	Peer use of condoms
–	Peers' pro-childbearing attitudes or behavior
+	Greater parent/child communication about sex & condoms or contraception, especially before youth initiates sex

Source: Kirby, D., Lepore, G., & Ryan, J. (2005). *Sexual risk and protective factors: Factors affecting teen sexual behavior, pregnancy, childbearing and sexually transmitted disease: Which are important? Which can you change?* Washington, DC: National Campaign to Prevent Teen Pregnancy

Once you have identified individual determinants that influence the chosen behaviors and that you can change, list them in the Determinant column on the **BDI Logic Model**. The specific determinants to be addressed will guide program design and selection. Additionally, identifying the behaviors and determinants will help you to draft SMART desired outcomes statements, that is, specific desired outcomes using the SMART approach.



Note

You can use the BDI logic model to help train staff. The better they understand the links between goals, behaviors, determinants, and desired outcomes, the more effective they can be in delivering the interventions. Better yet, involve the staff in the process.

4. Develop desired outcomes statements

Defining desired outcomes using **SMART** statements will help you describe the purpose of your effort and guide the work group's decisions regarding program approaches. SMART statements will also focus evaluation efforts described later in Step 7 and Step 8.

The desired outcomes of your program should focus on both the behaviors and determinants of behavior that you selected when developing your BDI logic model. The next step is making these behaviors and determinants into desired outcomes statements using the SMART method.

Specific	Decide what will change and for whom.
Measurable	Identify measurable desired outcomes and the amount of change the program will produce.
Achievable	Choose achievable desired outcomes.
Realistic	Choose realistic desired outcomes given your resources.
Time bound	Set a date when you expect to observe the desired outcomes.



Online

Kirby, et al, created a matrix of factors affecting teen sexual behavior, pregnancy, childbearing, and HIV/STI. You can search it for determinants, causal relationships, and factors most readily changed. www.thenationalcampaign.org/sites/default/files/resource-primary-download/protective_factors_full.pdf



Tool

Find the **SMART Desired Outcomes** tool at <http://www.cdc.gov/teenpregnancy/index.htm>. The FYN example illustrates its use.

Rather than merely describe an activity, it is important to write SMART desired outcomes statements that clearly articulate the behaviors and determinants you want to change and the amount you want them to change in your priority population.

Weak: to engender positive attitudes about contraceptives

The weak statement vaguely describes a positive outcome. It does not describe the outcome using measurable or limiting criteria.

Strong: to increase the frequency of condom use from 20% to 30% in 12 months among youth aged 16-18 in the Henderson School District.

The strong example focuses on a measurable behavioral change in a specific period of time among students ages 16-18. It reflects all elements of SMART.

Bear in mind that knowledge and attitudinal determinants can be easier and take less time to change than skills-based determinants. That's simply because skill takes practice. As a result, it usually takes more time to see behavior changes than knowledge changes, and the behavior changes may not be as great in magnitude as, for example, a 60% increase in knowledge may be associated with a 20% change in behavior.



Key point

Write desired outcomes statements that include the amount of change you want to achieve.

Here are some strong desired outcomes statements using common determinants:

- Over the next two months at Clayton County High School, increase students' basic knowledge about HIV transmission from 70% to 90%.
- Over the next three months, increase by 25% the number youth attending the Holy Cross after-school program who have talked to their parents or a trusted adult about abstinence.

- In 12 months, increase from 12% to 20% the consistent use of effective contraception among sexually active youth in the *Making Proud Choices!* program.



Save it

File your **BDI Logic Model, SMART Desired Outcomes**; whatever you produce in Step 2. Keep them handy; you'll need them for Step 3.



FYN defines SMART Desired Outcomes

FYN gave each work group member multiple copies of the blank tool in order to work on all the behaviors and determinants everyone identified.



SMART Desired Outcomes

	Behavior or Determinant	Measurable Evidence Statement
1	<i>Behavior: Decrease frequency of sexual intercourse</i>	1a. <i>Increase knowledge of HIV/STI prevention, transmission, and protection by 20%, according to post-exposure surveys.</i>
	Desired Outcome	1b.
S	<i>Decrease participant frequency of sexual intercourse.</i>	<i>Increase knowledge of pregnancy among teens by 20%...</i>
M	<i>Down 15%</i>	1c. <i>Increase problem-solving/negotiation by 20%...</i>
A	<i>Yes</i>	
R	<i>Yes</i>	
T	<i>End of program</i>	1d. <i>Increase by 30% the belief that sexual involvement may hinder one's goals & dreams for education and career....</i>
		1e. <i>Increase problem-solving/negotiation skills and self-efficacy by 25%...</i>
	Behavior or Determinant	Measurable Evidence Statement
2	<i>Increase consistent condom use</i>	2a. <i>Increase knowledge of condom use by 20% per post-exposure surveys</i>
	Desired Outcome	2b.
S	<i>Increased, consistent, and correct condom use among participants</i>	<i>Increase knowledge of contraceptive methods by 60% per post-exposure surveys</i>
M	<i>Knowledge up 20%</i>	2c.

A	Yes	Increase prevention beliefs —condoms can reduce the risk of HIV, STIs, and pregnancy—by 30% per post-exposure surveys
R	Yes	<u>2d.</u>
T	End of program	Increase positive attitudes about safer sex and condoms, by 30% according to post-exposure surveys

Applying Step 2 when you already have a program

Even if you have already selected a program to implement or have been running one for a while, use the tools provided in this chapter to help you review your program's goals and outcomes and explain the logic of your program. If you do not have written goals or a program logic model, develop them. The process may confirm your direction or illuminate areas that need clarification. Try some of the following ideas.

Start new conversations. Convene a work group, staff group, or subcommittee for a discussion about your program's goals and outcomes using copies of the tools from this step to help you think about your work.

Review and revise your existing goals and desired outcomes. Use the information in this step to review your program's health goals and desired outcomes to see if they need to be clarified or fine-tuned. (You may have called them objectives in other projects; desired outcomes and objectives mean the same thing here). Revise desired outcomes statements using the **SMART Desired Outcomes** tool.

Create a BDI logic model. Even if you are already running a teen pregnancy prevention program in your community, it is important to describe how you think the program works. If you do not have a BDI logic model, review the information on logic models in this step and follow the process to develop one for your current program.

CQI and sustainability at this stage

You're already practicing continuous quality improvement by fine-tuning your work as you go. Moving through the next series of steps in the PSBA-GTO-TPP process, you'll further refine your goals and outcome statements as you collect important information about the best strategies or programs to use to accomplish your goals, assess whether your choices fit with your participants and your organization, and assess your capacity to do everything you're planning. What you learn now will make it easier later to compare results with expectations by evaluating your process and outcomes.

Because we encourage you to identify goals and outcomes early, your work will become increasingly strong and more focused as you move forward, thus improving your chances of successfully reaching goals and outcomes. One of the most important ways to sustain your work is to achieve success. This close connection, reinforced by science, *fit*, and adequate *capacities*, contributes to the potential sustainability of your work.



Key point

Making sure there's a close connection between your identified needs and your goals and outcomes raises your chance of success.

Lessons learned

Later on in Step 9 CQI, you'll consider whether you need to adjust targeted behaviors and determinants or refine your goals. In Step 10 Sustainability, you'll consider ways to strengthen the alignment between your program and the needs of your participants and to adjust your work to changes in the larger community context.

Right now, here are some questions you can use to help you think about lessons learned during the development of your goals and outcomes that will help you later on.

How hard was it to come up with goals and outcome statements?

Consider revisiting your needs and priorities to become more focused. In addition, you may need to learn more about the population with whom you would like to work.

Does it seem clear that our desired outcomes will result in meeting the needs of the youth in our community?

Studies suggest that, regardless of your organization's capacity to support the continued implementation of a program, it will not be sustainable unless it meets the needs of your participants (Johnson et al., 2004).

Does our logic model make sense?

Not everyone is comfortable developing or using logic models. Once completed and submitted as required e.g. funding or other stakeholder reports, logic models sometimes end up unused. Think of ways to make it easy to understand and explain. A logic model can be a very useful internal tool for your board, staff, and participants as well as a good external communications tool to show funders, community members, and other stakeholders how you plan to reach desired outcomes. Like many other aspects of your PSBA-GTO-TPP work, your logic model should be a living document, with periodic assessments and updates.



Save it

Keep taking notes about your findings. Make sure everything is safely stored in that folder or binder.

Getting ready for Step 3



All the information you have developed so far should be collected in your BDI logic model and the **SMART Desired Outcomes Statement Tool**. You now have some of the most compelling chapters of your program's story completed and in hand.

It's time to use this material to help develop and revise more planning and implementation details. The next three PSBA-GTO-TPP steps work well as a unit to lead you through exploring and selecting the best science-based approaches to use to:

- **Achieve** your goals and desired outcomes.
- **Assist** in reviewing your program choices for the best fit with your community.
- **Make sure** you have the organizational capacity you need to actually deliver your chosen activities.

Step 3 Best Practices

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Focus question

Which evidence-based programs can help you reach your goals and desired outcomes?

Step 3 Best Practices introduces you to evidence-based teen pregnancy prevention programs (EBPs). An EBP is a program that research has shown to effectively change at least one key behavior related to teen pregnancy. The needs and resources assessment aided your process of articulating initial health goals and desired outcomes for your program. The logic model helped you to specify what you want to accomplish. Now, we begin to explore ways to achieve your goals. This step introduces you to important information about effective curriculum-based programs that will help you to:

- Examine the key characteristics of successful EBPs.
- Review EBPs that you could adopt.
- Select 2-4 candidate programs to explore further.

Step 3 guides you through a process of finding and selecting EBPs whose goals and desired outcomes match yours. This effort will help focus your work and increase your prospects for success.



Take note

Although implementing EBPs increases the likelihood that you will achieve your desired outcomes, it does not guarantee success. You still need to carefully plan, implement, and evaluate your program to verify the desired outcomes.

Materials

- Completed Step 1 tool, **Data Catalog**
- Completed Step 2 tool, **BDI Logic Model**
- Any existing information you have on specific evidence-based programs
- Extra copies as needed of the tip sheet **17 Characteristics of Curriculum-Based Programs**, p. 3-10.
- Copies of the Step 3 tool, **Checklist for Programs**



Step 3 Checklist

Whether you're planning a new program, improving, or expanding an existing one, you'll be checking off the following items before you proceed to Step 4 Fit.

- Grasp the key characteristics of evidence-based programs (EBPs).
- Find potential EBPs for achieving your goals and desired outcomes.
- Consider whether you can use an existing EBP or adapt one to your needs.
- Select 2-4 candidate programs for further research, or use the **17 Characteristics of Curriculum-Based Programs** tip sheet to identify ways to improve an existing program.
- If you have an existing program, find ways to strengthen it, using the features of EBPs.



Fayetteville Youth Network (FYN) takes on Step 3

With their health goal and outcomes in mind, the FYN work group reviewed the HHS list of Evidence-based Teen Pregnancy Prevention Programs (EBPs) to find some programs that address the behaviors and determinants they wanted to change. The group reviewed and identified a few EBPs that could possibly meet their needs, particularly Becoming a Responsible Teen (BART) and Making Proud Choices! (MPC). Both programs share the same desired behavior outcomes among similar youth populations, although MPC was centered more on middle school youth as compared to BART, which focused on African American high school students in the original research.

Next, the group obtained copies of the programs and reviewed information about the curricula and evaluations. They also discussed advantages and disadvantages of replicating an existing program in their community. As they reviewed the programs, the group considered that the community already had a good infrastructure of existing programs: community capacity enhanced by long-time cross-agency collaboration and a high value placed on working together. They also noted that a primary advantage of using an EBP is the rigorous testing it has already undergone.

Reasons for identifying best practices

Many programs aimed at preventing teen pregnancy and reducing adolescent sexual risk behaviors have been evaluated and shown to change sexual behaviors and determinants. Using proven effective programs increases the likelihood of success and support:

Use what is already known to focus planning and increase program success.

Increase confidence among partners. You can counter partner concerns or resistance and tackle uneasy subjects while furthering an understanding of how a program should work to meet your goals by using a program with demonstrated effectiveness.

Clarify appropriate adaptations. It's possible that no EBP will meet all of your needs as is. Understanding what can and cannot be adapted will help you to maintain program fidelity and enhance effectiveness.

Spend resources wisely. Adopting an EBP that has been shown to be effective can help you feel more confident about your investment.

Use limited project staff wisely. It can take as much time to implement a program without a proven track record as to implement one that does.

Reassure funders that your program is evidence-based and shown to work, enhancing your prospects of making a difference in teen pregnancy.

Taking some time to learn more about existing EBPs can help focus your program planning and avoid wasting resources on ineffective interventions. Finding out what works in the field can also help you overcome barriers that you encounter when trying to implement programs.



Key point

Involving staff in the whole process creates a safe environment where concerns are openly expressed or changes made. It also promotes better adherence to the program design and builds greater confidence in the program as well as skill building for later implementation.

Information to get you started

An EBP is a program that rigorous evaluation research has shown to effectively change at least one key behavior related to teen pregnancy. The change could be delayed sexual initiation, reduced frequency of sexual intercourse, reduced number of sexual partners, or increased use of condoms and other contraceptives. To qualify as evidence based, the program must be medically accurate, scientifically valid, and rigorously tested. In 2010, the U.S. Department of Health & Human Services (HHS)/Office of Adolescent Health (OAH) released the results of a systematic review of the evidence base on programs to reduce teen pregnancy, STIs, and associated sexual risk behaviors. In 2013, 2015, and 2016, HHS/OAH released an update to the review with new research findings and newly identified EBPs. For information and program summaries, see Lists of Effective Programs on p. 3-6 or [the OAH website](#).

Keep two questions in mind as you research potential programs:

Can we use an existing EBP with fidelity; that is, “as -is”?

Do we need to adapt (change) an EBP in some way to make it fit more appropriately with our target population?

It may not be possible to simply replicate all components of an existing program. A program proven effective for inner-city African American teens will not automatically translate into success in a rural community. It may need to be adapted. If changes must be made, you need to understand how to make them without undermining the effectiveness of the program.



Key point

The first standard is to implement with fidelity to the original intent and the core components of a program.

Potential EBPs

Whether you are starting a new program or are looking to improve your current one, you need to find EBPs that you could use. Be sure to examine them to see what could work for your participants, and that will help you reach the goals and outcomes that you have selected. The steps in this guide will help you filter your choices to 2-4 possible programs.

Keep a copy of your **BDI Logic Model** tool on hand to use as a touchstone, reminding you of the goals, desired outcomes, and potential participants that you have selected. Your examination will reveal successful programs that have reached similar goals and outcomes with similar youth.



Lists of Effective Programs

In fiscal year 2010, Congress funded the President's Teen Pregnancy Prevention Initiative. A majority of the funding was made available to replicate programs that have been proven effective through rigorous evaluation. The remaining funds were made available to pay for demonstration programs to develop and test additional models and innovative strategies.

Under a contract with HHS, Mathematica Policy Research conducted an independent, systematic review of the evidence base for programs to prevent teen pregnancy, STIs, and associated sexual risk behaviors. This review defined the criteria for the quality of an evaluation study and the strength of evidence for a particular intervention. Based on these criteria, HHS defined a set of rigorous standards which an evaluation must meet in order for a program to be considered effective and therefore eligible for funding as an evidence-based program.

To learn more about these standards and to see a list of programs meeting the review's criteria with evidence of effectiveness, go to:

http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/index.html

Some communities may wish to address HIV/STIs as well. In this case, CDC's Diffusion of Effective Behavioral Interventions (DEBI) project was designed to bring evidence-based, community-, group-, and individual-level HIV prevention

interventions to community-based service providers and state and local health departments. The DEBI project provides a list of effective HIV/STI programs.

To learn more about the DEBI project and to see a list of behavioral interventions supported by CDC for HIV/STI prevention, go to:

www.effectiveinterventions.org

Recognize appropriate programming

As you review the lists of EBPs, you stand the best chance of selecting appropriate programming if you methodically *find out all you can* about each program under consideration. For a detailed summary of the program's purpose, activities, delivery setting, staffing requirements, etc., go to:

<http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs.html>

You may also try contacting the program developer or publisher if the information is not available online.

Also, *make as close a match as possible*. Focus on programs that best match the age, ethnicity, sex, and gender identity of your intended participants. Be sure to choose a program that has been shown to be effective in achieving the goals and desired outcomes that are similar to yours. The question you need to answer when encountering a partial match is:

Will you need to make a lot of changes to the program or just a few in order to make the program work for your staff and participants?



Key points

A good sense of core components and activities in each program you're considering helps you understand what it would take to implement it.

Taking the time to find the best program fit will make it easier to achieve your goals and desired outcomes with available resources. The next steps will help you systematically consider these aspects before making your final selection.

A valuable supplementary resource to use in your research is commonly known as the TAC:

Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs (TAC) (Kirby, D, Roller, L, and Wilson, MM, 2007):

<http://www.etr.org/recapp/documents/programs/tac.pdf>

The TAC consists of an organized set of questions designed to help practitioners assess whether curriculum-based programs incorporate common characteristics of effective programs. Even if a program has been reviewed using the TAC, however, it does not necessarily mean that it is a good program. Research may have shown it to be ineffective or it may never have been formally evaluated.



Collaboration

If you need additional information or direction to find the program you need, talk with your state coalition or to national organizations for ideas or suggestions. Talking with others who have implemented a program you are considering can be very helpful practice-based information to gather.

Even when you can't find an exact match, a program could still be a good fit. While it's important to identify programs you think you can deliver with a high level of **fidelity**, your best option may be to adapt an EBP, which we will explore in Step 4 Fit. At this stage, just keep in mind that changing an activity and omitting critical program elements will likely undermine the scientific foundation and impact the program's effectiveness. You should keep several basic concepts in mind as you consider the appropriateness of prospective programs. You will want to:

Maintain program dosage. Reducing the number of sessions or prescribed session length will likely compromise the program's content and effectiveness.

Keep a consistent number of facilitators. Using fewer than the recommended number of facilitators could make it harder to achieve results in the recommended timeframe or even make the sessions less effective.

Follow the same format. A program based on interactive activities is unlikely to work as expected if it is changed to a lecture format.

Apply the program to similar priority populations. What works for one age group or ethnic community will not automatically work well for a different one (see Step 4 Fit).

Consider resource requirements. Carefully review program requirements for the number of sessions and activities, cost of materials, and special training needs to keep it feasible for your organization (see Step 5 Capacity).

See it in action if you can. Ask questions of those with first-hand experience, and find out what the program is really like. This will help you to anticipate challenges and hone in on the successes.



Tip sheet ahead

We borrowed a specific section from the *Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs* (TAC) that describes **17 Characteristics of Effective Curriculum-Based Programs**. For our purposes, we focus on the eight curriculum characteristics highlighted in the center of the tip sheet.



17 Characteristics of Effective Curriculum-Based Programs

Process of Developing the Curriculum

1. Involve multiple people with different backgrounds in theory, research, and sex/HIV education to develop the curriculum
2. Assess relevant needs and assets of target group
3. Use a logic model approach to develop a curriculum that specifies the health goals, behaviors affecting those health goals, risk and protective factors affecting those behaviors, and activities addressing those risk and protective factors
4. Design activities consistent with community values and available resources (e.g., staff time, staff skills, facility space, and supplies)
5. Pilot-test the program

Contents of the Curriculum Itself

Curriculum Goals and Objectives

1. Focus on clear health goals—e.g., the prevention of HIV and other STIs and/or pregnancy
2. Focus narrowly on specific behaviors leading to these health goals (e.g., abstaining from sex or using condoms or other contraceptives), give clear messages about these behaviors, address situations that might lead to them, and suggest ways to avoid such situations
3. Address multiple sexual psychosocial risk and protective factors affecting sexual behaviors (e.g., knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy)

Activities and Teaching Methodologies

4. Create a safe social environment for participating youth
5. Include multiple activities to change each of the targeted risk and protective factors
6. Employ instructionally sound teaching methods that actively involve the participants, help participants personalize the information, and are designed to change each group of risk and protective factors
7. Employ activities, instructional methods, and behavioral messages that are appropriate to the youths' culture, development age, and sexual experience
8. Cover topics in a logical sequence

Implementation of the Curriculum

1. Secure at least minimal support from appropriate authorities such as ministries of health, school districts, or community organizations
2. Select educators with desired characteristics (whenever possible), train them, and provide monitoring, supervision, and support
3. If needed, implement activities to recruit and retain youth and overcome barriers to their involvement (e.g., publicize the program, offer food, or obtain consent)
4. Implement virtually all activities with reasonable fidelity

Source: *Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs*, Healthy Teen Network & ETR Associates, February 2007



Tool

Find the **Checklist for Programs** tool and instructions for using it at <http://www.cdc.gov/teenpregnancy/index.htm> website. The FYN example illustrates the use of the checklist for prospective EBPs.

Narrow the options

It's time to narrow your program choices. Unless you're absolutely confident that you've found just the right program, stay open-minded here, and widen your perspective *beyond* a single selection.

Narrow your choices to 2-4 EBPs. Pick those that seem like the best match for your goals and desired outcomes. The **Checklist for Programs: Prospective EBPs** can help you with this task.

Prioritize your selections from 1-4. Start with the first one being the one that seems most appropriate and appealing.

Consider the possibility that none may be exactly right for your organization. If you are unsure about selecting an EBP, don't automatically assume you should develop one of your own. Developing a program from the ground up is hard work. Implementing a program that has not been proven effective increases your risk of investing time and resources in a program that may not work.



Take note

You may find after reviewing your initial set of "likely" programs that none of them really fit with your youth, organization, or community. You could decide to adapt an existing EBP or come back to this step and do a little more exploration.



FYN uses the Checklist for Programs: Prospective

Because FYN is considering a program new to them, they fill out copies of the **Checklist for Programs: Prospective EBPs** for both BART and MPC. While both programs are evidence-based programs and generally FYN can answer “yes” to all the questions on the checklist for both programs, they consider the following issues when comparing BART and MPC:

- The BART curriculum is less expensive than MPC.
- MPC is more focused on younger adolescents than BART.
- MPC seems to have more content aimed at pregnancy prevention.
- Both programs can appropriately be used in community-based settings.
- While both programs target African American adolescents, MPC seems to have had broader application with other groups, including Hispanic and white adolescents
- MPC will soon be making a student workbook available as part of its materials

Because FYN wants to concentrate its initial efforts on eighth graders, they choose MPC as their leading candidate program.

Applying Step 3 when you already have a program

Although we highly encourage you to incorporate EBPs that might meet your needs since they are already proven to be effective, perhaps your organization already has a lot of time invested in a program that you have been using awhile. If you are using a program that is not considered evidence-based (e.g., not on the list of HHS list of EBPs or DEBI) or using pieces of different programs but not an entire EBP as it was intended, there is still much you can do even if you decide not to adopt an EBP at this time.

Now may be a good time to involve your stakeholders in the effort to find creative ways based on current research to improve your existing program. Incorporating as many characteristics of proven programs as possible will strengthen the infrastructure and guide the construction of sound interventions. Staff competence and confidence will also rise. You may provide a program that is more capable of producing the results you seek. It is important to remember that evaluating your existing program following Steps 7 and 8 will help you know if you are achieving your expected outcomes.

Document your program's logic

Using the Step 2 BDI logic model in which you filled in your health goal, behaviors, and determinants, add activities from your current program and link them to the appropriate determinant. Then, ask yourself the following:

Do these activities logically lead to the determinants, behaviors, outcomes we think they do? If not, why not? What can be changed?



Tip sheet

You can use the tip sheet on the **17 Characteristics of Effective Curriculum-Based Programs**. If you want to learn more than the information included in the tip sheet, a longer excerpt of the TAC can be found on the CDC Teen Pregnancy website.

Find ways to improve your program.

Review your program to identify opportunities for improvement. As noted earlier, effective EBPs contain 17 characteristics, and the *Tool to Assess the Characteristics (TAC) of Effective Sex and STD/HIV Education Programs* shows that each fits into one of three categories: (1) development; (2) content; and (3) implementation.

We recommend that you focus for now on the eight curriculum content characteristics highlighted in the center of the tip sheet since those are most applicable to existing programs and changes that could enhance such programs. Using the tip sheet as a reference, you can complete the **Checklist for Programs: Existing**, documenting your program's content and analyzing its status relative to the eight characteristics listed.



Tool

Complete the **Checklist for Programs: Existing** located on the CDC Teen Pregnancy website.

Find new ideas

To gather new ideas for improving or updating your work, review reports on preventing teen pregnancy in specific populations might be helpful (e.g., *It's a Guy Thing: Boys, Young Men, and Teen Pregnancy Prevention* or *Parent-Child Connectedness: New Interventions for Teen Pregnancy Prevention*). These resources can be found on such websites as Advocates for Youth, Healthy Teen Network, and The National Campaign to Prevent Teen and Unplanned Pregnancy.



Online

Advocates for Youth: www.advocatesforyouth.org

Healthy Teen Network: www.healthyteennetwork.org/

The National Campaign to Prevent Teen and Unplanned Pregnancy:
www.thenationalcampaign.org/

Resource Center for Adolescent Pregnancy Prevention:
www.etr.org/recapp/

Evaluate your work

Regardless of whether your program is an EBP, take steps to have it evaluated or use the materials in this guide to find ways to begin evaluating your program. This may be most important for programs with little or no evaluation data. You want to know if your program achieves the desired outcomes. If it does not, you want to determine how to modify and strengthen the program so it does work or you will need to change your direction. If the program does work, be sure to document its success and share the results! See Steps 7 and 8 for guidance on evaluating your program.

CQI and sustainability at this stage

Taking the time now to find a proven EBP that meets the needs of your participants saves time later on. If you clearly identify the needs you're trying to address and then compose succinct goals and desired outcomes that will indicate when you meet those needs, you will have an easier time spotlighting potential EBPs to use. If you can find one that closely matches your participants' needs, and it later turns out to be effective, then there will be less fine-tuning necessary down the road in Step 9 Continuous Quality Improvement (CQI).

If you find a proven EBP that works for you and implement it with fidelity, you will increase your chances of replicating the EBP's success and thus your own. The foundation of sustainability is documenting the achievement of your goals and outcomes.

Lessons learned

Later on when you get to Step 9 CQI, we'll help you determine whether your selected program is still meeting your needs. In Step 10 Sustainability, we'll demonstrate the importance of continually being aware of the evolving evidence base for your work. The following questions will help you think through any lessons learned during the selection of candidate EBPs, and they may help you later on.

Have we brought community knowledge into our decision-making process?

While there is now more solid evidence for teen pregnancy prevention programming, the field is still growing. You may be considering a candidate EBP that has been successful among a population with needs and characteristics similar to those of your target youth, but even small changes can have unintended consequences if not done sensitively. The deep knowledge of those living in diverse communities—their experiences, perspectives, and insights—may be useful in interpreting existing data from Step 1 or filling in gaps. Community members you invite to participate and with whom you build relationships or partnerships can become allies and champions in many aspects of your work. The knowledge and skills they bring with them can enhance your work in many ways.

Do we have some creative new ideas?

There are still opportunities for demonstration programs to develop and test innovative models and strategies. You may have some new ideas for enhancing or strengthening aspects of the EBP you've selected, such as going deeper to engage youth in the leadership, implementation, and evaluation of the program. You might even have ideas percolating from your experience and the experience of others in the community about an entirely new approach you hope to try out some day. Document your thoughts and experiences. They might help you enhance your evaluation approaches or make discoveries about how to fine-tune your work later on in the PSBA-GTO-TPP process.

What else do we want to learn?

Science is always changing as we learn more. It may be that right now you're focused on working through the PSBA-GTO-TPP steps so you can launch your program, but CQI and sustainability both involve continuous learning. Staying current on evolving evidence base can contribute to making informed choices about changes and improvements. Learning and sharing information among staff, administrators, and volunteers within your organization helps build knowledge about and support for EBPs. Infusing that knowledge more deeply into your organization helps build longevity for your program by increasing management awareness and support while ensuring that even if program staff leave, the knowledge about what you're doing lives on in the organization.



Save it

Keep making notes about your findings in the Lessons Learned tool.

Getting ready for Step 4



Now you are ready to move on to Step 4 Fit, which ensures that your program fits your participants, your organization, and your community. You may already have chosen effective programs to explore further with fit in mind, or you may have been implementing a program for a while and already know what it takes to make sure there's a good fit between the young people in your community and the activities that you offer.

Step 4 Fit and Step 5 Capacity help you refine your work in a way that maximizes your resources and increases your chances of success. Spending time finding the right program and making sure it's likely to yield the results you're after also makes it easier to plan your program implementation and evaluation.

Step 4 will help you determine if there is a good fit between each potential program you have selected and your participants and community. We will also provide more information on ways to adapt a program.

Step 5 will help you assess your organizational capacity to deliver your candidate programs in order to narrow your list of choices to the best one.

Step 4 Fit

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Focus question

What actions should be taken to ensure that the selected program fits with your community context?

Step 4 Fit walks you through a compatibility appraisal so you can be confident that the programs under consideration are appropriate for your community, organization, stakeholders, and potential participants. For example, you would probably not implement a program designed for urban African American youth among youth in a rural migrant-worker community. In the course of this step, you'll examine material you gathered in Step 1 Needs & Resources and build on your work in Step 2 Goals & Outcomes and Step 3 Best Practices to assess the suitability of the program you already have or evidence-based teen pregnancy prevention programs (EBPs) you are considering. The tasks will help you identify best practices and prevention strategies that match or fit your youth population and specific goals and outcomes. You'll also consider **adaptations** for a better fit.



Key point

As you work through Step 4 Fit and Step 5 Capacity, you may realize that a program is not that good a match for your prospective participants or organizational capacities. You may want to adapt it, or you may choose another potential program to explore further.

The exact meaning of “community” partly depends on the geographic scope of your work. Your organization could be instituting a program in a school, clinic, city, or region. Whatever its scope, the program needs to harmonize with many aspects of the community:

- Culture
- Values and practices
- Readiness for a program of this nature
- Organizational mission and philosophy
- Characteristics and context of the youth you are serving (e.g., age, sex, gender identity, ethnicity, language, urban/suburban/rural, level of need)
- Priorities of key stakeholders (e.g., funders, program partners, policymakers, service providers, community leaders)
- Existing programs and services that may be doing some of the same activities with some of the same youth



Take note

Even if you are currently implementing a program, don't give in to an urge to bypass this step. Taking the time to make sure you know how well your program really fits with your participants could help strengthen your program, maximize the use of resources, and improve results.

Materials

- Copies of the Step 4 tools, **Program Fit Assessment** and **Culturally Appropriate Programs Checklist**.
- Summaries of the evidence-based curricula under consideration
- Copies of the tip sheet, **Green-Yellow-Red Light General Adaptation Guidance**, p. 4-8
- Completed Step 2 tools, **BDI Logic Model** and **SMART Desired Outcomes**



Step 4 Checklist

By the time you finish this step, you will have progressed from learning the term “fit” to applying the concept to your selection process. You’ll be able to:

- Understand what “fit” means.
- Assess the fit of your prospective programs in light of several important aspects of your youth participants, organization, and stakeholders.
- Decide if a program fits your participants, organization, and stakeholders.
- Determine whether adaptations are needed.
- Identify the type and depth of appropriate adaptations you want to make.
- Continue narrowing the selection of programs to implement.



Fayetteville Youth Network (FYN) Starts Step 4

The FYN work group began to examine how their leading candidate EBP—Making Proud Choices! (MPC)—fits with their participants, the values of their organization, and the larger community. They examined Becoming a Responsible Teen (BART) in a similar fashion. They carefully worked through the questions in the Assessing Program Fit tool. They had a copy of the MPC curriculum in front of them as they worked and used several other resources to help them, including the Green-Yellow-Red Light General Adaptation Guidance, to highlight safe and unsafe adaptations. As decisions were made about program fit with youth, FYN, and the community, all potential adaptations to MPC were noted in the Program Fit Assessment tool.

Reasons for assessing fit

Evaluating a program's fit increases the chances it will be appropriate to and accepted by the community and participating youth. If your program does not fit with the culture and values of your youth, organization, and stakeholders, it will be harder to implement and may be less effective. To ascertain fit, you need to grasp the full context in which your program will operate. The resulting benefits affect all participants and constituents because they:

- Make your program and strategies work for participating youth as well as your community
- Complement the efforts of other groups in the community, reducing duplication, and perhaps boosting results for multiple groups
- Build strong relationships with other providers, funders, and stakeholders
- Ensure sufficient participation in a program meaningful to those that attend
- Allow you to choose and adapt the right program, increasing your chances of making the changes you want to see

Often small changes to an EBP can and should be made to increase fit, especially when it comes to working with your particular youth participants. Thinking about possible adaptations now will help you implement the program with fidelity and avoid making changes to the program on the spur of the moment, which might diminish its effectiveness. Understanding fit can help you select appropriate adaptations.



Take note

Just as a good fit makes it more likely that a person will choose to wear a particular piece of clothing, good program fit can increase the chances that the program will be appropriate for and accepted by the participating youth and the community.

Information to get you started

To start assessing your candidate programs, you need to assemble some basic information about each program, such as content, activities, dosage, and setting. The information should include data on the age, sex, and race/ethnicity of youth participating in the evaluated version of the program. It should cite evaluation results demonstrating other outcomes consistent with the goals of the program. If you are considering an existing non-EBP, fit is just as important and the same process can be used.



It's a fact

Making Proud Choices! (MPC) is an effective EBP.

Content: Curriculum designed for African American, Hispanic, and white youth aged 11 to 13. The program emphasizes safer sex, including information about abstinence and condoms.

Activities: Eight sessions led by two adult or peer co-facilitators who are trained in basic facilitation skills. Participants learn through group discussion, games, brainstorming, role-play, videos, and behavioral skills exercises.

Dosage: Eight sessions lasting 60 minutes each

Setting: Middle school and youth-serving, community-based organizations.

Effectiveness: MPC has been shown to delay the initiation of sexual intercourse, reduce frequency of sex, and reduce the incidence of unprotected sex.

If you don't know the basics of the programs you are considering, you may be able to get information from the developers, organizations currently using it, websites, published articles, or surveys mentioned in Step 3 Best Practices.

Before moving too far ahead in examining the fit of your program, it is important to understand the *core components* and what you can and can't change about EBPs. *Core components* are the essential elements of an evidence-based program believed to make it effective that should be repeated or replicated to maintain program effectiveness. This information will help you to determine if the changes you want to make to achieve fit would maintain or compromise the **integrity** of the program. If the changes are too substantial, you should consider selecting another program.

EBP adaptations

As we briefly discussed in Step 3 Best Practices, the first thing to consider is implementing an EBP with fidelity. This involves delivering the program “as is” or adapting the program while maintaining the *core components*, elements that are essential to program effectiveness. Removing core components or deviating from a verified curriculum risks reducing the effectiveness of any EBP you try to adapt. Maintaining them increases the likelihood that the program will generate the same outcomes.

Once you understand how a program you’re considering works and what its core components are, you’re in a position to anticipate the effect of potential changes. EBPs constitute a recipe of activities that address determinants. Let’s compare implementing an EBP to making cookies. Cookie recipes call for flour, eggs, oil, and sugar. If you take out any one of these core ingredients you will not produce cookies. These ingredients are similar to the core components of an EBP. If you take out a core component, you are not implementing the EBP with fidelity, and it is unlikely that you will get the results that you want.



It's a fact

Teen Outreach Program (TOP) is an evidence-based youth development program in which the core components include service learning activities (which entails supervised community service), discussion of the service learning activities, and discussion/activities about social development and learning tasks. Removing any one of these core components could undermine the science base of the program and reduce effectiveness.

On the other hand, there are thousands of cookie variations. Whether you toss in raisins, chocolate chips, nuts, sprinkles, or coconut, it’s still a cookie. Cookie variations are like EBP elements that can be changed, such as names of characters in role-plays or settings where role-plays are staged. The role-plays themselves are essential to your program, but the names of the characters and the settings are flexible.

While there is no single standard for making decisions about adapting EBPs, we offer a simple model for determining appropriate adaptations:

Green Light Changes are considered safe, easy changes that good facilitators make to help a program connect with the audience (i.e., to fit the program to the youth’s culture and context). The changes do not alter the determinants

(risk and protective factors) addressed in the program. They are generally minor changes, like changing the location of a role-play to one familiar to your youth participants. Most programs can be improved by tailoring these minor elements to better reflect the population being served, and you should feel comfortable making them.

IMPORTANT: Green-light changes do not alter or diminish the core components.

Yellow-Light Changes are more complex and you should proceed with caution before making them. They are changes that require expert assistance to avoid compromising the integrity and fidelity of the program. Before you incorporate a yellow-light change, you should obtain the advice of a skilled curriculum developer and a person who understands behavioral health and health education theory (e.g., a professor or another researcher). Substituting a program video for one that fits more closely with your population and addresses the specific determinants of the original video is an example of a yellow-light change that must be made carefully and thoughtfully.

Red-Light Changes, such as reducing or eliminating activities, substantially compromise the core components of the program, and we strongly advise against making them. For example, programs often provide opportunities for youth to practice new skills as a critical step in changing behavior. You can expect optimal outcomes *only* when the participants practice new skills for the full amount of time that the program states. Reducing or eliminating practice components is very likely to compromise the integrity of the program. (e.g., removing a condom demonstration when condom activities are a core component of the original curriculum).

The full version of the General Adaptation Guidance and program-specific Adaptation Kits for All4You!, Becoming a Responsible Teen, Draw the Line/Respect the Line, Reducing the Risk, Safer Choices, Safer Sex Intervention, and SiHLE can be found at:

<http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.adaptationshome>



Tip sheet ahead

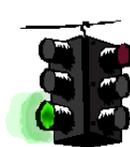
The snapshot of the **Green-Yellow-Red Light General Adaptation Guidance** (p. 4-8) can help you make informed, appropriate adaptations to your selected EBP.

If you want more information, we've also included a longer version of the guide at <http://www.cdc.gov/teenpregnancy/index.htm>.



Snapshot of General Green-Yellow-Red Light Adaptation Guidance

Green-light adaptations are those you can feel comfortable making to an EBP. Yellow-light adaptations require some skill and expertise to make while retaining EPB effectiveness. Red-light adaptations should be avoided, because they will likely change EBP core components. Use this general guide as you consider adapting your selected EBP.

Green Light Adaptations	
Updating and/or customizing statistics and other reproductive health information.	
Customizing role play scenarios (e.g., using wording more reflective of youth being served).	
Making activities more interactive, appealing to different learning styles.	
Tailoring learning activities and instructional methods to youth culture, developmental stage, sex, gender identity, sexual orientation.	
Yellow Light Adaptations	
Changing session order or sequence of activities.	
Adding activities to reinforce learning or to address additional risk and protective factors.	
Modifying condom activities to accommodate the level of demonstration and practice appropriate for audience (e.g. leading students in an activity where they order steps of proper condom use printed on cards – instead of practicing proper condom use on a model).	
Replacing or supplementing videos (with other videos or activities) or replacing activities with videos.	
Implementing the program with a different population or in a different setting.	
Red Light Adaptations	
Shortening a program.	
Reducing or eliminating activities that allow youth to personalize risk or practice skills	
Removing condom activities entirely. Learning to use a condom, like any other skill, takes practice. If you wish to see a change in condom use behavior, you must include a condom demonstration and as much of the practice activities as possible.	
Contradicting, competing with, or diluting the program’s goal.	
Minimizing or eliminating strategies built into the curriculum that promote effective classroom management.	
Replacing interactive activities with lectures or individual work.	

How to assess fit

To assess the program's fit, you need to understand the values and traditions of the target youth's culture. We highly recommend that you involve youth and adults from the community in analysis and assessment activities, such as interviews and discussion groups. You might also find it helpful to have the information from your Step 1 assessment handy. We'll start by addressing fit for each group individually and then we'll consider EBP adaptations.

1. Assess fit with the participants.
2. Assess fit with the organization.
3. Assess fit with the stakeholders.
4. Consider adaptations that would improve fit.
5. Narrow the field of possible programs.



Key point

Avoid making assumptions about a culture. Invite youth and/or community members from diverse groups to help you learn more and think through appropriate cultural adaptations.

Ascertaining the amount of fit also involves determining whether your community is ready and willing to support a particular program. This will involve speaking with community leaders and key stakeholders, and sharing what you learn. The tasks involve using the **Program Fit Assessment** tool to examine each program you're considering and ascertain the amount of fit with participants, your organization, and stakeholders. If you are already implementing a program, the tool can help you find areas for improvement.



Tool

You'll need to print the **Program Fit Assessment** tool at <http://www.cdc.gov/teenpregnancy/index.htm>, and use it to work through the tasks in this section. We use the fictional FYN to illustrate its use.

Once you determine which aspects of a program fit and which don't, you can use the tip sheet, **Green-Yellow-Red Light General Adaptation Guidance** (p. 4-8), to help you complete the last two columns on the tool as you contemplate appropriate changes for improving all-around fit. There's no single solution that makes a program fit perfectly. You may need to understand competing interests first, and then balance them. For example, a program might fit with tech-savvy youth, but many youth you serve may not have access to all the same gadgets. If you're considering a number of programs, identifying necessary changes and any expenses, complications, or difficulties you'll have incorporating them can help you narrow the field before proceeding to Step 5 Capacities.



Take note

Important considerations are the cost and feasibility of adaptations under consideration. If it looks like the program requires a lot of time, money, and effort to adapt, perhaps you can find one that is a better fit (i.e., requires fewer changes).

1. Assess fit with potential participants

The assessment you conduct here will help you identify the right program. Even if the program isn't a perfect fit as it stands, the results may imply appropriate green-light changes you could make to improve the fit. Answering these questions will tell you if a program is likely to work with your potential participants or any other youth to whom you offer it:

Have youth similar to ours been helped by the same program?

Are the planned activities socially and developmentally suitable for our youth?

Are the planned activities culturally and linguistically appropriate?

Would the youth we plan to serve enjoy this program and attend it?

You want to know if and how program activities and delivery methods fit with your youth population. Consider the upper section of the **Program Fit Assessment** tool once you have the following information:

1. Gather the same basic information about *characteristics* of your chosen youth participants, as you did about the programs: age, sex, and race/ethnicity. Include their level of literacy, education, and health literacy, geographic location, and setting (e.g., rural/suburban/urban) if

known. This should be available from your work in Step 1 or easily compiled.

2. Learn about the *social and cultural context*. Involve youth and other community members in the process and learn more about their values, practices, beliefs, religion, customs, rituals, and language—especially characteristics relevant to your program. The program may address peer norms, but you need to know if your youth participants’ norms are similar to those of the youth participants in the original program. For example, diverse groups may view teen parenthood differently. Some youth may come from cultural or ethnic backgrounds where teen pregnancy is perceived less negatively and is relatively common. Also keep in mind that programs are not implemented in a vacuum and that the social context in which youth reside may play a significant role in program implementation details and potential outcomes (e.g., socioeconomic status).
3. Identify issues arising from *special situations*, such as youth in foster care, alternative schools, or juvenile detention.



It's a fact

Research ties culture-related assets and protective factors to positive sexual health outcomes for Latina youth, including high aspirations and strong family relationships.¹ Understanding such connections or perceptions in different cultures can improve success in implementing programs and may aid in engaging families.

Once you know more about the context in which your youth live, you can determine whether the program is appropriate as written or if adaptations would be needed to help the candidate program fit more appropriately with your youth. This is just as relevant for non-EBPs as it is for EBPs.



Tool

The **Culturally Appropriate Program Checklist**, located on the CDC Teen Pregnancy website, can help you make sure that all parts of a program are culturally sensitive and appropriate.

¹ Sue Alford, “The Sexual Health of Latina Adolescents—Focus on Assets” (Advocates for Youth, 2006). www.advocatesforyouth.org/storage/advfy/documents/latina.pdf

2. Assess fit with the organization

Organizations work toward their mission by accomplishing goals. Whether an organization grows tomatoes or operates a hospice, a clear line of sight between mission and goals eliminates doubts about purpose, focuses action, and improves the quality of decisions made by staff, volunteers, and other participants. Thus, an organization's philosophy and values must be congruent with those embodied in any program it implements. Staff members are much more likely to deliver the program with fidelity if they believe it fits with their organization's vision and mission. Consider the middle section of the **Assessing Program Fit Tool** once you have the following information:

1. Review each candidate program's goals, and determine if they are compatible with the **mission of your organization**.
2. Find out what your **board, staff, and leadership** think of the candidate programs. Involving staff and volunteers in the selection or adaptation process ensures a good fit with the range of motivations for belonging to or working for your organization.
3. Consider the **program context/setting** in which the original EBP was delivered (and tested) versus the one you plan to use. If the program used a school but you plan to use a broader community setting, would you be undermining an important contributing factor to success? Perhaps not, but you should consider the possibility.
4. Determine how realistic the **program dosage**—the number and duration of sessions and activities—is within the scope of your organization, program setting, and timing.

3. Assess fit with stakeholders

The next level of fit to consider expands your circle of support to the larger community and specifically calls attention to the priorities and values of key stakeholders, such as funders, policymakers, service providers, and other community leaders. Consider the lower section of the **Program Fit Assessment tool** once you have the following information:

1. Review **other local programs** to determine if a group in the community is already implementing similar efforts. Information you collected in Step 1 Needs & Resources should help you answer a few questions:

Would our candidate program complement or conflict with existing programs in the community?

Would it make sense to collaborate on EBP-related efforts?

What void will our program fill in the community?

2. Assess the **potential participant and the community level of readiness**. Depending on the answers to the following questions, you may need to rethink your starting point and spend some time building readiness regardless of which program you ultimately select:

Are our potential participants and community really ready for the activities in these candidate programs?

Will the community support them?

Do they already have the health literacy skills to understand and apply information and recommendations in the program?

Is something more basic required first to build their health literacy skills?

3. Informally survey **key stakeholder priorities**. If funders and other partners do not share your vision, you may end up wasting time trying to persuade them to support your plans. At the same time, get to know those who disagree and learn their priorities so that conversation remains productive.



Online

Resources for assessing community readiness.

Community Readiness Model, Tri-Ethnic Center for Prevention Research at Colorado State University:

www.triethniccenter.colostate.edu/communityReadiness_home.htm

The Community Toolbox, Work Group for Community Health and Development at the University of Kansas, Chap. 2, Sec. 9:

http://ctb.ku.edu/en/tablecontents/sub_section_main_1014.aspx

4. Consider adaptations that would improve fit

Though an EBP may not match the characteristics of your participants exactly, it may not require much alteration to achieve an acceptable fit. Of course, you *don't* want to make changes that compromise the intent or internal logic of an EBP. For example, *sharing* information about ways to say no to sex is not the same as

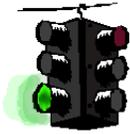
practicing them during a role-play. As you consider possible adaptations, keep the following factors in mind:

- Costs incurred while making changes in the curriculum
- Staff training requirements
- Adaptation feasibility
- Materials needed

Enter potential adaptations on the **Program Fit Assessment** tool for each candidate program. Adaptations could be associated with any of the three stakeholders affected by the program choice: youth, organization, or community.

Youth

- Alter a proposed program to make it appropriate for the special needs, and the social and cultural context of your target population.



Possible green-light change

If most of your youth participants are of Asian heritage, you could alter wording or content of behavioral messages so they are suitable to the specific Asian culture as long as the underlying message stays the same.

Organization

- Change a program to work in a new setting.
- Change the dosage, but assess its effect on your ability to deliver a program with fidelity. For example, you might not be able to deliver a 20-session program when one month is allotted for it. This type of adaptation is discouraged.



Possible red-light change

Shortening programs or reducing or eliminating activities are potential red-light changes that could compromise outcomes.

Stakeholders

- Adapt the program in order to successfully launch it among existing stakeholders.
- Alter program strategies to get stakeholders ready, given their priorities.



Memory flash

If you believe you must make yellow-light adaptations, talk first with someone—perhaps a university professor—experienced in curriculum development, EBPs, and health education theory.

Do not make red-light adaptations to an evidence-based program.

5. Narrow the field of possible programs

With the completed **Program Fit Assessment** and **Culturally Appropriate Programs Checklist**, discuss any adaptations you will need to make to improve each potential program's fit. Reconsider each program in light of the following with regard to youth, organization, and stakeholder priorities:

- High cost
- Redundancy
- Incompatible time commitments
- Yellow- or red-light adaptations needed

No matter how appealing a program looks on paper, selecting the wrong one for your community may lead to ineffective programs. If an ill-suited program alienates any of the three stakeholder groups, it may be difficult to garner support for future efforts. Therefore, you should be careful to review a range of programs, determine those that are most appropriate, and make informed adaptations if necessary. It is critical that you implement your program with fidelity.



Save it

Keep all the assessment and adaptation materials in a place where you can get to them when you need them.



FYN performs a Program Fit Assessment

With MPC and BART being the EBPs under consideration, FYN gathered information about its three stakeholder groups and used the **Green-Yellow-Red Light General Adaptation Guidance** to assess program fit for their stakeholder groups and

to consider the need for appropriate adaptations. Below, we describe FYN’s assessment for MPC only (for brevity); however, they similarly assessed BART as they further explored their program selection.

First, FYN considered MPC with respect to the age and background of their potential youth participants:

MPC was originally implemented with male and female African American youth, 11-13 years of age, living in an urban setting. Program materials indicate that MPC can be adapted for other racial/ethnic groups, other age groups, single sex groups, and other geographic settings, though the attitudes and myths addressed in the program must be relevant to the new population. Because the age, culture, and racial/ethnic composition of FYN middle school is similar to that specified in the program, there’s no need to change learning activities or instructional methods.

Based on recommendations in the program materials, FYN concluded it would be helpful to survey or talk with FYN middle school youth to gather additional information. They wanted to make sure that MPC delivery accurately addressed the attitudes and beliefs of the youth and that the language and examples were appropriate to their experience. These changes are considered appropriate green-light changes.

FYN concluded that core MPC activities could remain **unchanged** with respect to youth participants.



Program Fit Assessment

Does the program... Fit with the youth’s...	Yes / No	What steps can be taken to increase program fit? If adaptations are needed, list affected activities and describe adaptations.	Green- Yellow- or Red-Light adaptation
Literacy and/or education level?	Yes		
Age?	Yes		
Sex, Gender Identity?	Yes		
Culture?	Mostly	<i>Adapt language used in modules 2 and 6 of the curriculum to incorporate terms our youth commonly use.</i> <i>Adapt the attitudes and beliefs covered to include those held by our participants.</i>	<i>Green</i> <i>Green as long as EBP components remain intact.</i>
LGBTQ	Yes		
Special circumstances (foster care, juvenile delinquents, etc.)?	Yes		

Then, FYN considered how MPC would fit with their organization:

MPC was developed for delivery in both middle schools and in youth-serving community-based programs. FYN is a community-based organization with experience delivering its substance abuse prevention programs in after-school settings. FYN already has good relationships with local schools and other community organizations on which to proceed with its plans.

MPC was originally implemented with groups of 6-8 youth over two weekends in two 4-hour sessions. However, the program could be done with larger groups as long as the activities remain interactive. The program may be implemented in other formats (e.g., eight sessions of 60 minutes each, four two-module sessions, two 4-module sessions, etc.). All eight modules must be implemented in order. Participants may be broken into small groups to practice skills. If class periods are shorter than one hour, MPC can be spread over more than eight sessions in order to cover all the material. When considering group size, program materials indicated the importance of all activities remaining interactive and allowing participants to participate and practice new skills (core pedagogical components).

FYN determined that more time and/or additional facilitators might be needed. Since the program allowed for peer facilitators to help deliver the curriculum, FYN viewed this as a good opportunity to involve youth as leaders, which would, in turn, help increase some important protective factors.

FYN concluded that with only minor, appropriate green-light changes in the implementation schedule and format, MPC could fit with their organization.

Does the program...	Yes / No	What steps can be taken to increase program fit?	Green-Yellow- or Red-Light adaptation
Fit with the organization's...			
Mission?	<i>Yes</i>		
Board support?	<i>Yes</i>		
Staff support?	<i>Yes</i>		
Leadership support?	<i>Yes</i>		
Context/setting?	<i>Mostly</i>	<i>We plan to implement MPC in the middle school as a voluntary after-school program.</i>	<i>Green light. This is an approved context change for this EBP.</i>
Program dosage?	<i>Yes</i>		

Then, FYN considered MPC in light of other stakeholders:

MPC’s program design contained no special requirements involving stakeholders. Based on what was learned during the data collection and resource assessment phase, FYN determined that delivering a teen pregnancy prevention program would address an unmet need in the community and yet not interfere or duplicate work other organizations were doing. It would, in fact, complement existing programming.

However, FYN also knew that trying to introduce a teen pregnancy prevention curriculum into the schools might be controversial for some members of the community. They concluded that, if selected, MPC would be best conducted in an after-school setting with parental permission.

Does the program... Fit with stakeholder's...	Yes / No	What steps can be taken to increase program fit?	Green- Yellow- or Red-Light adaptation
Other programs?	Yes	<i>To build our relationship with local Planned Parenthood and in recognition of their resources, we plan to invite a guest speaker from their clinic to cover the factual information in module 6.</i>	
Readiness for prevention intervention?	Yes		
Priorities and values?	Yes	<i>We decided to change the name of the “How to Make Condoms Fun and Pleasurable” activity to avoid controversy in the community. But the content will remain the same, because it is critical that youth get to talk about strategies that increase the likelihood that they will use condoms with their partners.</i>	Green-light

Finally, the work group used the **Culturally Appropriate Programs Checklist** tool (see next page) to examine MPC’s content relevance for the diverse cultures at FYN middle school, including LGBTQ youth. While FYN felt confident about staff knowledge and MPC’s fit with its youth, they decided to adapt some of the language used in the curriculum to incorporate terms commonly used in the school.

After thoroughly reviewing MPC, the work group members did a similar assessment of BART (not shown). With a few green-light adaptations, BART fit the organization, community, and other stakeholders. It fit the FYN youth less well, however, since it was designed for a high school age group. The curriculum would likely require more substantial adaptation to make it appropriate for 8th graders.



Culturally Appropriate Programs Checklist

	Yes / No	This is what we plan to do
<p>Community relevance Have you verified the relevance of the materials you plan to use (e.g., applicable, understandable, specific)?</p> <p>Have you modified them to make them more relevant?</p>	Yes	
<p>Informed review Have the curriculum and materials been reviewed by members of the community or knowledgeable others?</p>	Yes	<i>We'll also make sure peer facilitators have a chance to review the curriculum and have conversation with staff if there are questions.</i>
<p>Cultural sensitivity throughout Is the curriculum culturally sensitive throughout and not just in certain sections?</p>	Mostly	<i>A committee will examine the material to help ensure cultural and LGBTQ sensitivity.</i>
<p>Social infrastructure considerations Does the program take into account language, environment, values, socioeconomic status of the community members in its materials and programming?</p>	Yes	<i>We're making sure facilitators know about the types of sexual behaviors in which youth are engaging and their attitudes about sex, as well as the language they use to talk about these behaviors, to make sure these activities are relevant as possible to participating youth.</i>
<p>Staff experience Are all your program staff members knowledgeable? Do they have expertise working with the community?</p>	Yes	
<p>Cultural competence training Has the program staff received specialized training in cultural competence?</p>	Yes	<i>Will do a refresher before program implementation to enhance understanding of the target population and new curriculum.</i>

Applying Step 4 when you already have a program

You *cannot* take fit for granted, even if you have been implementing your program for a while. You will likely increase your program's relevance and effectiveness if you consider ways to make it fit your various stakeholder groups better, especially with the population you are working with. Consider your current program, from several angles:

Discuss program fit. Assemble a small work group, and go through the areas of program fit together. In an afternoon's conversation, you may discover several creative ideas for updating your work.

Take a fresh look. Use the **Program Fit Assessment** tool to explore the overall fit of the program. Perhaps your work group can think of adaptations related to fit that would improve your program.

Update adaptations. If you are using an EBP, use the **Green-Yellow-Red Light General Adaptation Guidance** (p. 4-8) to review changes you have made. Make sure that your adaptations retain the original meaning of the curriculum.

The full version of the General Adaptation Guidance and program-specific Adaptation Kits for All4You!, Becoming a Responsible Teen, Draw the Line/Respect the Line, Reducing the Risk, Safer Choices, Safer Sex Intervention, and SiHLE and be found at:

<http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.adaptationshome>

CQI and sustainability at this stage

Taking time before you implement a program to make sure it fits for all stakeholder groups increases the likelihood that your community will continue to support it and participate in it. Aspects of fit may change, influenced by any number of factors, like the economy, funding, or shifts in your organization's operations. By staying on top of potentially relevant internal and external influences, you'll be better able to continuously improve fit as well as respond to factors that could affect the longer-term sustainability of your work.

Lessons learned

Later on, when you get to Step 9 CQI, we'll help you determine whether your selected program continues to fit with your participants, organization, and community. In Step 10 Sustainability, you'll ensure that adaptations as well as staff training and learning about the continued use of the program are relevant and up-to-date.

Right now, here are some questions to think through any lessons learned during your fit assessment that will help you later on.

Do we have organizational support for our program?

It's probably easy to ascertain whether the staff closely associated with your program support it, but are you sure you know whether other staff in your organization support it? How about buy-in from administrators and management? The more everyone understands the potential benefits of your program, the more likely your program can be sustained over time. It is especially important to demonstrate your program's compatibility with the work your organization is already doing.

How do we communicate the benefits of our program?

You can facilitate better fit within your organization and with your stakeholders and community by telling people your story, explaining the need for this program, and underscoring what everyone will get out of it. Training can be used to help infuse the entire organization with knowledge about the program. Ongoing training and communication are necessary to keep information fresh and to reach new staff and volunteers coming into the organization.

Do we have a variety of champions that support our work?

Champions are people who understand what you're trying to do and want to help. A champion can be a program manager, administrator, or a board member. You can have champions throughout an organization; you also might have someone out in the community who supports your program and organization—a funder, school superintendent, or policy maker. Champions can help spread the word, support high quality implementation, and provide links to a variety of resources.



Save it

Keep taking notes about your findings in the Lessons Learned tool.

Getting ready for Step 5



After reviewing prospective programs with fit in mind, you might have a clearer idea which programs are still good possibilities. If none of your prospective programs have weathered the fit test, you may need to go back to Step 3 Best Practices, and conduct additional research to find a new set of EBPs to consider. Knowing more about fit now may also help you more quickly zero in on potential programs if you do circle back to Step 3 for more research.

In Step 5 Capacity, we show you how to examine the current capacities of your organization to make sure you can do a good job implementing the candidate programs. Step 5 is the final reviewing step before you select a program and move onto planning and implementing a program and establishing your evaluation criteria.

Step 5 Capacity

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Focus question

What capacities does our organization need so that we can implement the program?

Step 5 Capacity helps you assess your organization’s pertinent resources. Assessing suitability in Step 4 Fit has helped you better understand if the programs you’re considering are compatible with your community. Now, you assess whether your leadership, staff, facilities, finances, and other resources are adequate to carry out those programs with fidelity. The degree to which your organization’s resources are up to the task is your organizational capacity. Developing capacity, therefore, involves building and maintaining key

stakeholder support for the program by ensuring, from the outset, that it will be properly planned, implemented, and evaluated.



Collaboration

When planning a program in collaboration with other agencies, developing capacity involves clarifying roles and responsibilities with all partners.

Possessing the full range of capacities that a program requires indicates that your organization can deliver it well enough to produce the changes and measurable outcomes you desire. A capacity assessment will show you what you currently have to work with and what you might need to improve before you make a final selection and launch a program.



Key point

This step is about making sure your organization and your key partners have the capacities necessary to carry out and evaluate the impact of your selected program.

Developer materials associated with the candidate programs should clearly identify the specific capacity requirements and, in some cases, explain ways you can build them. If they don't, you may need to investigate further, perhaps by performing Internet searches, contacting program designers, or talking to groups already using the program. Throughout this step, we point out additional online resources from which you can learn more about the different capacities we list, including ways to develop them.

Materials

- Completed Step 1 **Resources Assessment**
- Copies of curricula under consideration
- Copies of the Step 5 **Capacity Assessment** tool located on the CDC Teen Pregnancy website



Step 5 Checklist

In this step, you will complete the following to find out if your organization has sufficient capacity to successfully deliver a particular program:

- Understand key capacities you need to support your work
- Determine whether you have the right levels of capacity for the potential programs
- Identify capacities that must be further developed so that you can proceed
- Use this information to narrow your choice of programs to implement



Fayetteville Youth Network (FYN) Starts Step 5

A basic question for the work group researching evidence-based teen pregnancy prevention programs (EBPs) was whether the FYN had the organizational capacity to implement the two candidate programs that fit, *Making Proud Choices* (MPC) and *Becoming a Responsible Teen* (BART). They examined both programs, but here, we present FYN's assessment of MPC. A number of circumstances combined to increase FYN's overall capacity to deliver MPC:

- Not long ago, the state Department of Public Health granted FYN a two-year, \$100,000 grant to carry out teen pregnancy prevention programs. Even so, they would need to maximize their financial and human resources by finding other organizations willing to collaborate. Fortunately, because MPC also influences determinants related to teen violence, violence prevention funding also could be applied to the program. This was good news for members, who were inspired by the prospect of leveraging their teen pregnancy prevention funding. They could possibly bridge a variety of prevention efforts, which until now had been disconnected and funded separately.
- Several teachers from the middle school stepped forward to express their interest in becoming MPC facilitators in FYN's afterschool program.
- As a last bit of good news, the group learned that three other communities in the state were using MPC and would be glad to provide advice, support, cross training, and implementation tips.

Reasons for evaluating capacities

This step confirms well in advance of starting a program that you have the organizational and financial ability to carry it out effectively. If, for example, your staff members were not fully trained in methods of delivering the selected program, or if there were not enough staff members to deliver its components, the quality of the program and its outcomes would suffer. With concerns like these, an organization needs to examine itself thoroughly to determine if its capacity meets the capacity requirements of any program, EBP or otherwise.

Is our staff qualified?

Do we have sufficient support within the organization?

Do we have appropriate supervision available for the staff?

Can we afford the curriculum, other materials, and training?

Can the organization meet evaluation needs for the program?

Using the information and assessment tool provided, you can address any areas of inadequacy before they undermine program outcomes or render the program unsustainable. This step provides a process for discovering and fixing problems or for changing course.



Take note

If you find you don't have adequate capacity for your top-choice program and can't build it soon, you may want to revisit Step 3 Best Practices and select another candidate program.

Even if you are already implementing a program, EBP or otherwise, this step will help you examine key capacities you're using and anticipate future needs.

Information to get you started

Some capacities can be easily assessed, while others just as crucial to success may seem vague or hard to measure. You'll probably find that ascertaining your technical and financial capacity to deliver the program is fairly straightforward. You either have enough money to purchase the program or you don't; either you have a computer in the office on which to track your work or you don't. Human resources, on the other hand, may be tricky to assess and quantify, but good staff, volunteers, leaders, partners, and community members are absolutely essential.

Staff & volunteer capacities

You are going to need different people filling different roles to effectively deliver a program. Staff and volunteer capacities will be important. Essential staff and volunteers could include healthcare professionals, peer educators, and skilled facilitators delivering the content; evaluators monitoring progress and outcomes, as well as supplemental support such as drivers, cooks, childcare workers.



Online

Programs for Replication, *Teen Pregnancy Prevention Research Evidence Review* by the HHS Office of Adolescent Health includes key staffing and capacity needs for programs on the list:

<http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs.html>

Conflict Resolution Network provides materials for training staff in conflict resolution, such as the CR Trainers Manual: 12 Skills:

www.crnhq.org/

Skilled facilitators are essential to success because they implement the actual program with the youth. Successful facilitators possess a number of skills:

- Ability to engage, inform, and involve individuals in groups
- Knowledge of adolescent development
- Effective classroom management
- Expertise in the program content
- Cultural competence



Key point

For a program to have the desired impact, your organization must have the capacity to implement all program components the way its developers intended. We recommend that your organization adhere to all program requirements. EBPs often require high levels of skills to deliver well.

An EBP may call for facilitators possessing specific experience or education. They may need to have in-depth knowledge of the curriculum, content, adolescent sexual and reproductive health, or instructional methods. The person running the group also needs to be comfortable discussing with youth such topics as personal values, contraception, and sexual attitudes. Under-qualified staff, even if trained in program specifics, could make the program less effective.

Staff and volunteers must always work in culturally sensitive ways. Many teen pregnancy programs are aimed at young people with specific cultural and ethnic backgrounds, and the program should be delivered with an awareness and understanding of these young people's experiences. The program you're considering may or may not contain specific materials addressing relevant cultural issues. Thus, you may need additional knowledge and training to clearly understand how best to deliver the program in a culturally competent manner. You also want to make certain that all staff members and volunteers are well trained in cultural competence and systematically apply these skills in their work with youth.



Online

Cultural Competence, National Prevention Information Network:
<https://npin.cdc.gov/pages/cultural-competence>

Cultural Competency Resources for Professionals, Advocates for Youth:
www.advocatesforyouth.org/index.php?option=com_content&task=view&id=33&Itemid=62

The Community Toolbox, Work Group for Community Health and Development at the University of Kansas, Chap. 27:
http://ctb.ku.edu/en/tablecontents/chapter_1027.aspx

Ensuring Cultural Competence from Provisional Procedural Guidance for Community Based Organizations, CDC:
http://www.cdc.gov/hiv/pdf/pro_guidance_contents.pdf



Memory flash

You used the **Culturally Appropriate Programs Checklist** in Step 4 Fit to assess programs under consideration. Make notes and fine-tune your assessment as you think about needed staff capacities.

Some programs are based on young people teaching, leading, and participating. Success for some programs for young teens may depend on recruiting and training students as peer educators. In that case, assessing your organization's capacity to do so will be an essential aspect of program selection.



Key point

If implementing a program with fidelity requires you to recruit and train peer educators, you need to consider your organization's capacity for that effort.

Leadership capacity

Strong leadership capacity is always important to the success of programs and organizations, but there are many other kinds of leadership that might not be so easy to see. For example, traditional community leaders can provide access to more resources or help promote your program across the larger community. To successfully achieve your program goals, you need diverse set of leaders who stay involved over the long term. Leadership is necessary at the program, organization, and community levels so consider all angles when assessing leadership capacity to deliver and maintain your program(s).



Key point

Developing relationships with diverse types of leaders deepens your understanding of different cultures and communities, opens the organization to ideas, and fosters effective approaches.

Cultivating diverse leadership strengthens programs and organizations. You can find many types of leaders among your staff, volunteers, and board or other advisory group members. However, you should also go outside your organization, actively recruiting people with a variety of perspectives and skills:

- Different kinds of thinkers
- People of different cultures, professions, and ages
- Community elders and other natural leaders
- Youth themselves
- Parent leaders



Online

The Advocates for Youth has information about youth activism.
<http://www.advocatesforyouth.org/youthactivism>

Develop Community Leaders by the United Way of Rochester, NY, provides training

<https://www.uwrochester.org/develop-community-leaders.aspx>

Applying Evidence Based Practice Approaches to Leadership Development by the Leadership Learning Community

<http://leadershiplearning.org/system/files/Evidence%20Based%20Practice%20Final%20Report.pdf>

Partnership and collaboration capacities

Partnership and collaboration capacities are important to the implementation, growth, and improvement of your work. Partners and collaborators provide access to new skill sets, assets, and opportunities for leveraging limited community resources in support of youth. That makes them indispensable. Partners can bring needed skills that might be missing from your organization, share their assets, provide other voices to communicate your messages, and much more.

Collaboration also fosters the wide use of available resources. By increasing the number of people involved, collaboration can enhance effectiveness and build support for the organization's work. When more organizations collaborate, a greater number of sources are spreading consistent messages about positive choices.

Collaboration can have a powerful effect, because research has shown that when similar messages are delivered by multiple sources, people pay closer attention and message effectiveness increases. Of course, cultivating partners and developing collaborations takes time. The effort often involves significant changes in everyone's thinking about how the work gets done.



Collaboration

Principles into Practice: Strengthening Leadership for a Diverse Society

by the National Coalition Building Institute:

ncbi.org/wp-content/uploads/2009/05/principlesintopractice.pdf

Healthy People in Healthy Communities by HHS is a guide for building partnerships and measuring results:

<http://healthypeople.gov/2020/implementing/default.aspx>

Generally, there are four levels of collaboration, each with requirements and benefits¹.

Networking involves the exchange of information for mutual benefit. The most informal type requires little trust or time, although these factors may create barriers to expanded collaboration.

Example: two teen pregnancy prevention program coordinators share information about their programs.

Coordinating combines networking and a change in activities for mutual benefit and common purpose. The result might be a reduction in turf issues and increase of trust and time.

Example: two programs providing similar services change their operating hours, reducing duplication and providing more complete coverage in their area.

Cooperating combines networking, coordinating, and sharing resources for mutual benefit and a common purpose. Shared resources can include any combination of *human, technical, and financial capacities*. It requires high amounts of trust, time, and access to each other's sphere of influence. Thus, effective cooperation requires a greater organizational commitment than networking or coordinating does.

Example: the two programs share space and funding for their services and better meet the needs of the populations they serve.

Collaborating constitutes a formal, sustained commitment by several organizations to enhance each other's capacity for a common mission by sharing risks, responsibilities, and rewards.

¹ Chinman, Imm & Wandersman, 2004; Himmelman, 1996

Example: the two programs provide professional development to each other's staff and improve service delivery to the populations they serve.

To establish a viable collaboration, organizations must acknowledge potential barriers, like resource limits. You may have to be deliberate and take time to build relationships. You will need to be specific about what you want and what you expect from participating organizations, which can be easier to negotiate than casual or general agreements.



Collaboration

Contact your state teen pregnancy coalition to help you identify potential partners.

Advocates for Youth has resources for building local coalitions, developing media campaigns, overcoming barriers, and advocating for teen pregnancy prevention. They also provide links to other organizations experienced in coalition building:

<http://www.advocatesforyouth.org>

Fiscal, resource, and technical capacities

No matter what program you select, you'll need a number of basic tools – what we call fiscal, resource, and technical capacities -- to do the work, such as computers, Internet access, spreadsheet programs, and, of course, original copies of the program materials. Depending on the activities built into the program, you might also need a number of specific, practical items, such as meeting space, transportation, condoms, notebooks, food, or DVDs and the audio-visual equipment to show them.



Collaboration

Resource capacities can sometimes be improved through collaboration. For instance, you may decide to share expensive program materials with other partners using the same program, however it is important to ensure the complete package is utilized by both partners.

When considering the total cost to run your program, think ahead over the life of the project. For example, you may need to consider hiring an evaluator with technical expertise your organization lacks. Furthermore, a program that involves recruiting and training local teachers to present the curriculum may

have other built-in resource requirements that aren't readily apparent. For example, if you need to recruit five teachers for a three-day training, you'll need to build in the cost of paying those teachers *and* the cost for substitutes to cover their classrooms during that time. You may not be able to get the same five teachers again the next year, either, which means recruiting and training new teachers at additional cost.



Online

W.K. Kellogg Foundation Evaluation Handbook by the W.K. Kellogg Foundation program for Helping Communities Stand Up for Children offers a one-page checklist for selecting an evaluator:
<http://www.wkkf.org/>

Find an Evaluator by the American Evaluation Association:
www.eval.org

Evaluation for Improvement: A Seven-Step Empowerment Evaluation Approach was created by CDC to help violence prevention programs hire evaluators:
www.cdc.gov/violenceprevention/pub/evaluation_improvement.html

How to assess capacity

The **Capacity Assessment** tool will help you capture information about essential capacities needed to implement your program with fidelity and evaluate it. Using the materials that describe the program you're considering, you will determine the requirements for each type of capacity. From that information you will assess your organization's ability to meet those requirements, including possible solutions for areas of insufficient capacity.



Tool

The **Capacity Assessment** tool is located on the CDC Teen Pregnancy website. We use the fictional FYN to illustrate its use.

The **Capacity Assessment** tool measures the capacities of six resource areas and prompts you to identify potential solutions to areas where capacity is inadequate. Use this tool to measure capacity in these areas for each of the candidate programs you are considering.

- **Program facilitator** capacity refers to the number, qualifications, and expertise of those who manage participant activities.
- **Other program staff** capacity describes employees with the knowledge and skill to plan, implement, evaluate, and promote a program.
- **Board and leadership** capacity looks at the quality of interaction between those who head the organization and the staff.
- **Technical** capacity assesses your access to specialized materials.
- **Fiscal and other resource** capacity breaks down potential costs and prompts you to consider funding and technical resource needs. You may need a range of grants, gifts, sponsorships, and fundraising to operate the program.
- **Collaboration and partnership** capacity explores contacts for building community collaboration in support of the program.



Collaboration

From the very outset, try to involve organizations that can provide ongoing leadership and financial support that extends beyond the pilot phase.

Set yourself up to succeed—assess your capacity!

Even if you encounter areas of insufficient capacity, your work group may be able to brainstorm creative and useful ways to get what you need. On the other hand, your assessment may force you to conclude that the program you're considering is not the right one for you. This is the reality for many organizations. Don't be discouraged. If you can't achieve capacities sufficient to carry out your current EBP choices with fidelity, you can return to your Step 3 short list of evidence-based teen pregnancy prevention programs and select another one that might fit and work better with your capacities.

The **Capacity Assessment** tool could also serve as a helpful planning **instrument**. Filling it out may inform regular staffing processes by indicating areas of expertise to seek in the future.



Save it

Keep all assessment and support materials in a place where you can get to them when you need them.



FYN completes the Capacity Assessment Tool

FYN filled out the **Capacity Assessment** tool for both MPC and BART. On the whole, FYN was most satisfied with their capacities (we show just one section of the tool in our example to implement MPC). Assessing other program staff, leadership, technical, and **fiscal and resource capacities** in light of MPC requirements, they concluded that their capacities were adequate for all four areas. They answered **Yes** to all questions.

With respect to facilitator capacity, MPC stipulates that educators who lack knowledge about HIV and other STIs and adolescent sexuality, or lack experience implementing such a curriculum with youth may need about 24

hours of curriculum-specific training. FYN is committed to providing the training.

They concluded at the end of the assessment that they were ready to proceed on to Step 6 Plan.

e.g. Capacity Assessment

Facilitator capacities	Requirements	OK?	Plan to increase capacity
Do you have the number of adult and youth facilitators recommended for the program?	<i>One adult facilitator or two peer facilitators. If peer facilitators, two peers should co-facilitate rather than a single peer leader, and they should be one age group older than the participants.</i>	<i>Yes</i>	<i>We plan to use 1 adult facilitator and 2 peer facilitators in each session.</i>
Do your facilitators meet program qualifications, including level of education, years of experience and necessary communications skills?	<i>Facilitators need a minimum level of comfort with adolescent sexuality and the language used to talk about it. If not knowledgeable and experienced, facilitators need 24 hours of training</i>	<i>No</i>	<i>Our facilitators work with youth on sensitive issues and communicate effectively with them. Facilitators are more familiar with substance abuse and will require the 24 hours of training in adolescent sexuality curriculum.</i>
Are your facilitators comfortable enough with sexuality topics to effectively deliver the program with fidelity?		<i>No</i>	<i>Facilitators will require training.</i>
Have your facilitators received all training necessary for working with youth (e.g., group facilitation, abuse and neglect reporting, CPR)?		<i>Yes</i>	
Have your facilitators received sufficient training specific to the program?		<i>Not yet</i>	<i>We've scheduled training prior to the beginning of the program.</i>

Applying Step 5 when you already have a program

We keep reminding you about the importance of periodically reassessing what you're doing. In this step, you need to stay on top of your organization's ongoing capacities so that you can maintain high-quality work delivering your chosen program with fidelity. Consider these questions:

Since the program began, have we hired new staff members who need to be trained?

In recent years, have our facilitators attended refresher courses or updated their skills?

Are additional training resources that we need currently available?

We suggest you use the **Capacity Assessment** tool to revisit the capacities you need.

CQI and sustainability at this stage

One of the challenges organizations face is staff turnover. You may do everything right when it comes to selecting and implementing an EBP, but if you lose staff trained in delivering the program, you lose important knowledge and skills—capacities—you’ll need to continue delivering a high quality program. There are ways you can retain both staff and important knowledge about your program within your organization. Staff training and continuing education have been found to cut turnover and when staff remain on the job, they help embed successful programs more deeply into an organization. If key activities associated with the program are integrated into your organization, especially implementation, monitoring, and evaluation, you can support the program even if you lose staff.

Lessons learned

Later on, when you get to Step 9 CQI, we’ll help you determine whether your capacities continue to support high quality program implementation. In Step 10 Sustainability, you’ll consider how to maintain and even expand the various capacities needed to sustain your work.

Right now, here are some questions to help you think through any lessons learned during capacity assessment that will benefit you later on.

How well do we understand our organization’s overall capacity?

You’ve just completed an assessment that helps you understand capacity with regard to supporting a specific program. Understanding the bigger picture of capacity could help strengthen your organization as a whole.

In the Facilitator Resources section of the CDC Teen Pregnancy website we’ve included a special tool that might be useful to you. Called *Measuring Organizational Capacity*, it walks you through rating your organization in a variety of capacity elements. The tool was adapted by Advocates for Youth from an Annie E. Casey Foundation document and is specifically geared toward organizations engaged in the PSBA-GTO-TPP process.

Do we need to go outside the organization to build our capacities?

Some of what you need may be found by expanding or deepening relationships you have outside of your organization. These relationships can help maintain your existing capacities or find new resources. You may need

to learn some new skills and then share them with your stakeholders, including how to collaborate better, increase trust, and maintain continued successful communications.

Are we comfortable engaging youth?

In this guide we've been trying to shift the tone used to describe youth. Typically, participants have been referred to over the years as "target populations," leading to a perception that programs are being done "to" them. More programs, organizations, and community initiatives are instead learning to work *with* youth, rather than doing programs "to" them. Some proven programs have important peer facilitator components that enhance the impact of the program. Learning to authentically engage youth sometimes requires adults to learn new skills. Is this an area where you need to learn more?



Save it

Keep taking notes about your findings in the Lessons Learned tool.

Getting ready for Step 6



You've now completed an assessment cycle for selecting some evidence-based teen pregnancy prevention programs that fit your youth, organization, and community, and that you have the capacity to deliver with quality. You've examined its potential to meet your goals and desired outcomes, the programs' fit with your community, and your capacity for implementing the programs with fidelity. You may have repeated this cycle to examine several potential programs.

In Step 6 Plan, you will select the program that best fits your youth and that you believe you can effectively deliver. Step 6 also outlines the process of developing a plan for delivering the program. Finally, you will complete the BDI logic model you started in Step 2 Goals & Outcomes.

Step 6 Plan

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Focus question

How do we create a clear, realistic, and focused plan for successful implementation of a teen pregnancy prevention program?

Step 6 Plan marks the transition from exploration and self-assessment to planning and operation. In the course of the next three steps, you will create the work plan and program schedule, a **process evaluation** plan to monitor the implementation, and an **outcome evaluation** plan to measure your results. In the course of creating these plans, you will also embark upon the program implementation. Therefore, these three steps may transpire over an extended period of time.

By finishing Step 6 you will formulate a detailed plan for implementing and running the program your group chooses. By completing the tools and tasks incorporated into this step, you can be sure that you have covered all the details. You will begin assigning roles and tasks and setting deadlines for accomplishing them. You will also be able to confirm that you have done everything you can to make your program culturally appropriate.



Key point

The goal in this step is to develop a plan that prepares your team to implement, monitor, and evaluate your program.

Materials

- Copies of the Step 6 tools located on the CDC Teen Pregnancy website, **Work Plan** and **Program Budget**
- Copies of the program curriculum
- Completed Step 1 tools, **Resource Assessment**, **Data Collection Plan**, **Priority Needs Filter**
- Completed Step 2 tools, **BDI Logic Model** and **SMART Desired Outcomes** tool
- Completed Step 3 tool, the appropriate **Checklist for Programs**
- Completed Step 4 tools, **Program Fit Assessment** and **Culturally Appropriate Programs Checklist**
- Completed Step 5 tool, **Capacity Assessment**



Step 6 Checklist

As you complete Step 6, you will perform the tasks necessary to develop a plan for establishing and running a successful teen pregnancy prevention program:

- Finalize your program selection
- Identify program activities
- Complete the BDI logic model you started in Step 2 Goals & Outcomes
- Consider and select participant recruitment strategies
- Look ahead to logistics for process and outcome evaluation
- Complete a program budget
- Develop a written work plan incorporating decisions you've made thus far



FYN tackles Step 6

After selecting a popular evidence-based teen pregnancy prevention program (EBP) called *Making Proud Choices!* (MPC), FYN planned to implement it as a voluntary after-school program aimed at 8th graders in the local middle school. In preparation for constructing a detailed plan, the FYN work group pulled together the completed materials from PSBA-GTO-TPP and the MPC program materials. In a series of working meetings, the work group walked through a mock implementation of the program and brainstormed everything that needed to be done. They remembered they would need to do some advance planning on their process and evaluation efforts so they could account for tasks, timing, and costs in their work plan. The staff person keeping track of all the work group's products and materials also mentioned that the PSBA-GTO-TPP process called for a CQI (continuous quality improvement) review after implementation. The work group added it to the work plan.

Reasons for formulating a plan

The written plan acts as a blueprint, guiding program implementation and evaluation. Like the blueprint for a building, a carefully engineered plan increases the likelihood of success. Without one, details tend to fall through the cracks, thereby undermining fidelity and reducing the effectiveness of your work. A well-laid plan is especially vital to the conscientious, thorough, and sensitive adoption of an evidence-based teen pregnancy prevention program, each element serving as a benchmark for accountability.

Every minute you apply to developing your plan is time well spent. That's because investing time up front saves time and resources later, increases staff and stakeholder confidence, and promotes the sort of community goodwill that comes from shared understanding. A good plan increases your chances of reaching your identified desired outcomes. Even if not everything goes right in implementation or evaluation, a well-thought out plan can help you find out why and correct it.

This step produces a clear, thorough, and detailed guide that you can share as needed. It may be especially helpful when staff turnover occurs or new staff is hired. When you finish the tasks in this step, you'll be ready to launch your program.

Among its many advantages, a good plan can:

- Improve partner communication, keeping everyone on the same page
- Help you spot the need for changes before problems arise
- Reduce lost time, wasted energy, and turmoil from staff turnover by anticipating and thus easing the process of integrating new personnel
- Explain the scope of the program and any limitations to the community
- Provide a foundation for sustainable, long-term plans



Key point

Investing the time to develop the plan up front will save time and resources later.

Information (and tasks) to get you started

Creating the plan incorporates all the decisions that have emerged thus far. The first two tasks are critical to complete before you can start assembling work plan components. Once you finish the first two tasks, proceed to the next section and find out **How to plan a program** (p. 6-7).



Tool

Find the **Work Plan Tool** and instructions for using it in the Step 6 folder at <http://www.cdc.gov/teenpregnancy/>. The fictional FYN illustrates its use at the end of this section on page 6-15.

1. Finalize program selection

In the process of completing Step 3 Best Practices, Step 4 Fit, and Step 5 Capacity, you compiled a short list of evidence-based teen pregnancy prevention programs for consideration. You assessed them for fit with your priority population and local context. You also considered the organization's capacity to implement them. You may have quickly identified a prime candidate programs, or you may have repeated the steps with several candidates before a clear choice emerged. If you haven't already identified the program you want to implement, now is the time to do so. Only then can you move ahead.

Enter the name of your chosen program on the **Work Plan Tool**.



Note

If you're still not ready to settle on a program, or you have other programs yet to consider, stop here. Whatever the case, you need to rework Steps 3, 4, and 5 and evaluate other potential programs.

2. Complete the BDI Logic Model

Once you've selected an evidence-based teen pregnancy prevention program, you are ready to complete the final column of the **BDI Logic Model** you started in Step 2 Goals & Outcomes. Under Intervention Activities, list each major activity you will be implementing. Link each activity to the determinant you believe is

being addressed. Provide key details but keep it manageable. A massive, complex logic model doesn't easily convey the logic of your program to those who might examine it.



Save it

Keep all these decision-making materials in the file, folder, or binder where you maintain and organize your process.

How to plan a program

Creating the plan helps you cover all the bases so that you'll truly be ready to start. We focus on identifying and arranging essential preparation and delivery tasks and compiling the resources you'll need to take your program through implementation and evaluation. You'll use two more tools to break out components and calculate costs. In the process you'll answer basic questions as to what, who, when, where, why, how, and how much.



Note

As we use the terms, *tasks* are jobs to be accomplished by your group in the process of preparing for and implementing the program; **activities** are program elements for the participants.

What needs to be done?

- Tasks to be performed in preparation
- Main activities to be organized

Who will be responsible for each task and activity?

- Timing for each task to be carried out (timelines)

Where will each task be accomplished?

Are all planned activities related to our goals and desired outcomes?

- Degree to which activity components in the program address the group's objectives

How will tasks be completed?

How many sessions are involved in program delivery?

- Amount of content to be covered (outline in plan)
- Hours to be spent on each activity (dosage)

How many participants do we hope to attract; how many can we accept?

The tools we provide in this step do not comprise a complete plan. They help you consolidate the essential elements of your plan, which you can then compile into whatever format you need for obtaining approvals, cooperation, and funding; for accountability; and for evaluating your process and outcomes. Proceed through the remaining steps as thoroughly and efficiently as possible, perhaps dividing into smaller groups responsible for particular components.

3. Break down the management tasks

Persons familiar with the process of adopting and implementing programs are in the best position to spell out the work that goes into preparing an organization for putting programs into action. They know the value of listing everything the organization needs to do to get ready by considering:

- Budgetary issues
- People best suited for each task
- Ways staff jobs may need to change
- Policies and procedures that need to be put into place
- Types of meetings required to get the organization moving together
- Timeframes for completing each item



Collaboration

Remember to consider your partners when it comes to assigning tasks. Tasks may include a local organization donating classroom space or a partner becoming involved with fundraising.

Enter your decisions under Administrative and Policies & Procedures on the Work Plan Tool. Include details, due dates, responsible parties, and sources of materials.

4. Identify personnel, setting, & materials needed for sessions

In your assessments of fit (Step 4) and capacity (Step 5), you surveyed your assets and acknowledged your limitations. From the program, you know what you will need to carry it out: facilitators, training, photocopying, meeting space, writing materials, audio-visual equipment, etc. From your familiarity with your community and your prospective participants, you know if you'll need to provide transportation, food, or childcare.



It's a fact

Reducing the Risk endeavors to reduce the incidence of unprotected sexual intercourse among high school students by encouraging abstinence and condom use. Being school-based, preparations for implementing Reducing the Risk include obtaining the means to distribute a newsletter, eliciting cooperation from local social service providers, and working with teachers to get classroom time.

Enter information under Facilitation and Location & Materials on the Work Plan Tool. Remember that this includes professional and peer facilitators, copying printed materials, arranging meals, and lining up volunteers.

5. Design recruitment and retention strategies

In order to recruit and retain the attention of young people and their parents, you probably need to use a variety of methods:

- Incentives (care should be taken not to ensure undue influence)
- Word-of-mouth
- Flyers and ads in local papers
- Popular communications technologies
- Presentations— with food—at places where youth like to gather

Be creative when you think about where and how to reach youth both inside and outside of schools. Consider recruitment and implementation in places youth frequent. Desirable incentives can encourage participation. For example, food is an especially reliable magnet and peer educators may get credit for community service hours. Interested youth to help with recruitment using their preferred technologies, such as texting, tweets, and social networking websites.

When it comes to getting parents involved and gaining their support for the program, you'll need to think of ways that specifically appeal to adults. Traditional methods, like posting flyers, might work. You also may need to consider providing childcare, sibling care, and transportation for parents so they can attend informational sessions or a parent support event. You might take advantage of school orientations or parent-teacher nights to offer introductory sessions, during which you could also obtain parental consent for their children to participate in your program.

Recruitment and retention should be done in a culturally relevant manner, for example, meeting etiquette may vary by different cultures. You may also need to think about having flyers or other printed information translated into different languages to increase participation. In some cases, it's more effective to work with trusted leaders in a particular community and ask them to talk about your program and help recruit participants.

Enter your strategies under Recruitment & Retention on the Work Plan Tool. Include information regarding resources, time, and personnel requirements.

6. Itemize implementation components

Keeping your **BDI Logic Model** and actual program materials close at hand, compile a list of all the tasks, activities, and events that will occur during the implementation from start to finish. Include all scheduled sessions with your

participants and all scheduled meetings and debriefings with teachers, facilitators, volunteers, and others who help run the sessions.

Be sure to include consent and assent forms, whichever is necessary. If your participants are young enough to require parental permission for participation, the forms must be signed and returned to you before you can begin providing instruction. Regardless of which type of form you require, be sure that the language is clear and easy to understand and there are opportunities for participants to ask clarifying questions.



Online

A Practical Guide to Informed Consent developed by Temple University Health System and the Robert Wood Johnson Foundation
<http://www.templehealth.org/ICTOOLKIT/html/ictoolkitpage16.html>

Enter the tasks under Implementation on the **Work Plan Tool**. Include individual sessions, debriefings, and all other scheduled events.



Save it

Put the **Work Plan Tool** with the other materials for easy reference when you create your plan.



Pause – create process and outcome evaluation plans

Before you can complete your work plan and budget for program implementation, you need to look ahead to your evaluation needs. You have to know what to measure, which methods to use, and how to time both process and outcome evaluations so that you can realistically build those tasks and their costs into your work plan.

We advise you to take the time now to look ahead to the planning sections of Step 7 Process Evaluation and Step 8 Outcome Evaluation to identify what you will need. We've provided space on the **Work Plan Tool** for you to capture important planning details. You should also note budget implications on the **Program Budget** tool.



Resume – continue constructing the program plan

Enter your anticipated process and outcome evaluation tasks on the Work Plan Tool under Program Evaluation. Include information regarding resources, time, and personnel requirements.

7. Develop a budget



Tool

If you don't have a detailed budget yet, the **Program Budget** tool at <http://www.cdc.gov/teenpregnancy/> can help you develop a basic one. The FYN illustrates its use on page 6-17.

Of course, it's important to anticipate the costs of your program. You may have already developed a budget to get your grants. Often funders require very specific budget reporting as a condition of their awards. You might be able to get budget information from program developers or from other organizations using the same program. The more details you can estimate, the more accurate your budget will be.



Save it

Put the **Program Budget** with your other materials for easy reference when you create your plan.

8. Draft a final plan

Once you've selected a program, the work plan you compile should keep you on track throughout preparation, implementation, and evaluation. It should help you communicate to boards, funding bodies, partners, oversight agencies, community members, etc. Project plans commonly include—but certainly aren't limited to or organized exactly like—the following components:

Program summary sketching out the need, selected program, desired outcomes, scope, and costs

Preparation tasks, personnel requirements, schedule, assignments

Implementation activities, support components, process evaluation activities, schedule, assignments

Outcome evaluation tasks, schedule, assignments

Appendices such as detailed budget, timeline, BDI logic model

You may already have a template, or you may use a specific type of project software. The CDC Teen Pregnancy website has a work plan tool. It will be up to you to package your plan according to your specific requirements.

Start at the end

The *Start at the end* report plan template helps you clarify where you are heading by guiding you through a process of gathering program information before you conduct the evaluations. This template can help you summarize much of the information you have developed using the PSBA-GTO-TPP process and compile it into a report or plan that is compatible with many of the tools we've already provided. If you start using this template now, you can also use it to complete your process and outcome evaluation plans and, moving forward, to compile the results. This template provides a type of plan tool and can serve as a reporting tool to use with funders and other stakeholders.

A copy of the *Start at the end* template can be found on the CDC Teen Pregnancy website. We've also included an article describing the use of the template as well as a filled-in example of the template for a community-based organization.

Get Organized

The comprehensive guide to developing a teen pregnancy prevention program includes Chapter 13, "Planning and Carrying Out a Teen Pregnancy Prevention Project," in which the section on page 8 is dedicated to writing the plan. The guide was created by the National Campaign to Prevent Teen Pregnancy and the U.S. Department of Health and Human Services and is available for free online: <http://aspe.hhs.gov/hsp/get-organized99/>.



Save it

You should refer your work plan regularly and update it as needed.



FYN completes the Work Plan Tool and Program Budget

The FYN work group designed a phased implementation plan.

1. FYN's program director worked with the school board and local middle school to get approval to use the MPC curriculum in an after-school setting and to secure the staff time needed to launch and develop the program.
2. The program director developed a two-year plan for curriculum implementation.
3. Teachers from the middle school received facilitator training.

4. Working with the teachers, FYN developed a process for recruiting and training two peer educators.
5. The school guidance counselor worked with the FYN director during the summer to decide when each lesson would be taught during the school year.
6. FYN created a schedule of Thursday lessons so the program director would always be onsite and available to teachers who needed help.
7. FYN established a schedule for ongoing, monthly planning meetings where involved staff, teachers, and peer educators discussed any problems that came up and discussed ways to improve the program.
8. Working with the middle school, FYN developed a recruitment and information sharing process for MPC. Other school organizations agreed to distribute relevant information from the MPC curriculum whenever possible at existing school activities, especially those related to teen sexuality.

Before implementing the program for the first time, FYN paused to develop its process and evaluation plans to make sure that important data would be collected at the right times, including before and during implementation. FYN also noted in its work plan that it would conduct a strategic CQI review after the program was implemented and evaluated for the first time. FYN decided to use the information gathered on all of the PSBA-GTO-TPP tools to build a *Start at the End* report as they moved forward.

Once all implementation and evaluation plans were in place, FYN launched Making Proud Choices!



Work Plan

Program: Making Proud Choices! Local name: _____

Name/title: Linda Date: May 20, 2016

Summary: A program to teach 8th graders (i.e., middle schoolers) to make healthy choices in relationships

Tasks: Administrative	When will it be done?	Who is responsible?	Where will we get any resources we need?	Date done
Write job descriptions, plan staff meetings, prepare budget, etc.				
<i>Staff meeting to introduce the program</i>	<i>June 30</i>	<i>Linda</i>	<i>N/A</i>	
<i>Staff meeting for update on beginning of program</i>	<i>August 30</i>	<i>Linda</i>	<i>N/A</i>	
Tasks: Policies and Procedures	When will it be done?	Who is responsible?	Where will we get any resources we need?	Date done
Set confidentiality and mandatory reporting policies; get signed consent forms from participants, etc.				
<i>Write assent and consent form for kids, as well as parental permission to have signed by parents</i>	<i>July 31</i>	<i>Linda</i>	<i>N/A</i>	
<i>Write policy regarding disclosures of abuse and other reportable events such as harm to self or others</i>	<i>July 31</i>	<i>Linda</i>	<i>N/A</i>	
Tasks: Facilitation	When will it be done?	Who is responsible?	Where will we get any resources we need?	Date done
Hire appropriate facilitators, train volunteers and facilitators, etc.				
<i>Find and engage a facilitator trained in MPC.</i>	<i>July 7-12</i>	<i>Marion</i>	<i>\$1200—see budget</i>	
<i>After-school program leaders trained in “Making Proud Choices!”</i>	<i>July 11-14</i>	<i>Miguel, Anna</i>	<i>\$4000—see for travel, fees, etc. in budget</i>	

Tasks: Location and Materials	When will it be done?	Who is responsible?	Where will we get any resources we need?	Date done
Reserve and pay for meeting space as needed; obtain and copy materials, etc.				
<i>Buy flip chart paper</i>	<i>August 30</i>	<i>Linda</i>	<i>\$10.00</i>	
<i>Make copies of work sheets</i>	<i>August 30</i>	<i>Linda</i>	<i>\$5.00</i>	
Tasks: Recruitment and Retention	When will it be done?	Who is responsible?	Where will we get any resources we need?	Date done
Recruit participants, develop retention and referral plans, etc.				
<i>Present program at PTA and school administration meetings to increase program awareness and buy-in.</i>	<i>August 27, Sept. 9</i>	<i>Linda, Anna</i>	<i>N/A</i>	
<i>Build partnership with the school health clinic</i>	<i>August 30</i>	<i>Linda</i>	<i>N/A</i>	
Tasks: Implementation	When will it be done?	Who is responsible?	Where will we get any resources we need?	Date done
Plan intervention activities listed in BDI logic model, schedule periodic debriefings, etc.				
<i>Send consent forms</i>	<i>Sept. 13</i>	<i>Miguel, Anna</i>	<i>N/A</i>	
<i>Collect consent forms</i>	<i>Sept. 30</i>	<i>Miguel, Anna</i>	<i>N/A</i>	
<i>Pre-exposure survey and Session 1</i>	<i>Sept. 28</i>	<i>Linda, Miguel, Anna</i>	<i>N/A</i>	
<i>Debriefing</i>	<i>Sept. 28, 1:00</i>	<i>Linda, Miguel, Anna</i>	<i>N/A</i>	
<i>Session 2</i>	<i>Oct. 4</i>	<i>Linda, Miguel, Anna</i>	<i>N/A</i>	
<i>Session 3</i>	<i>Oct. 11</i>	<i>Linda, Miguel, Anna</i>	<i>N/A</i>	
<i>Session 4</i>	<i>Oct. 18</i>	<i>Linda, Miguel, Anna</i>	<i>N/A</i>	
<i>Debriefing</i>	<i>Oct. 19 1:30</i>	<i>Linda, Miguel, Anna</i>	<i>N/A</i>	
<i>Session 5</i>	<i>Oct. 25</i>	<i>Miguel, Anna</i>	<i>N/A</i>	
<i>Session 6</i>	<i>Nov. 1</i>	<i>Miguel, Anna</i>	<i>N/A</i>	
<i>Session 7</i>	<i>Nov. 8</i>	<i>Miguel, Anna</i>	<i>N/A</i>	
<i>Session 8</i>	<i>Nov. 15</i>	<i>Miguel, Anna</i>	<i>N/A</i>	
<i>Post-exposure survey</i>				
<i>Debriefing</i>	<i>Nov. 16</i>	<i>Linda, Miguel, Anna</i>	<i>N/A</i>	



Program Budget

Item by Category	Calculation	Cost Estimate
Personnel		
<i>Facilitator</i>	$\# \text{ hours} \times \$ / \text{hour}$	
<i>Program director</i>	$\# \text{ hours} \times \$ / \text{hour}$	
<i>Personnel benefits</i>	$\$ / \text{staff member}$	
<i>Program manager</i>	25% annual salary (10 hrs/week)	
	Personnel subtotal	
Travel		
	<i>To training for # of staff members</i>	
<i>Airfare</i>	$\$ \text{ airfare} \times \# \text{ of staff}$	
<i>Food</i>	$\$ \text{ food} \times \# \text{ of days} \times \# \text{ of staff}$	
<i>Lodging</i>	$\$ \text{ room rate} \times \# \text{ of days} \times \# \text{ of staff}$	
<i>Miscellaneous</i>	$\$ \text{ misc.} \times \# \text{ of days} \times \# \text{ of staff}$	
<i>Local mileage</i>	$\$ \text{ mileage rate} \times \# \text{ of days} \times \# \text{ of staff}$	
	Travel subtotal	
Equipment		
<i>Television, 20 inch</i>	$\$ \text{ TV} \times \# \text{ of TVs}$	
<i>DVD player</i>	$\$ \text{ DVD player} \times \# \text{ of DVD players}$	
<i>Computer</i>	$\$ \text{ computer} \times \# \text{ of computers}$	
<i>Printer</i>	$\$ \text{ printer}$	
<i>Easel</i>	$\$ \text{ easel} \times \# \text{ of easels}$	
	Equipment subtotal	
Supplies		
<i>Copy paper-various colors</i>	$\$ \text{ box} \times \# \text{ of boxes}$	
<i>Easel paper</i>	$\$ \text{ pad} \times \# \text{ pads}$	
<i>Basketballs, footballs</i>	$\$ \text{ apiece} \times \# \text{ balls}$	
	Supplies subtotal	
Other		
<i>Peer facilitator stipends</i>	$\$ / \text{two facilitators} \dots$	
<i>Copier expense</i>	$\$ \text{ per copy} \times \# \text{ estimated copies}$	
<i>Food for participants</i>	$\# \text{ days} \times \$ \text{ for food}$	
<i>Participant incentives</i>	$\# \text{ youth expected} \times \$ / \text{incentive}$	
TOTAL COST OF PROGRAM	Sum of all category subtotals	

Applying Step 6 when you already have a program

You probably have a plan if you're already running a program, but a revised and expanded plan can illuminate things you haven't thought of or identify needs that may arise as you implement. Reviewing the ideas in this step can help you:

- Add details to your plan that you hadn't thought about before.
- Rethink your plan more critically and perhaps strengthen it.
- Ensure that activities are linked to the sexual behavior determinants relevant to your priority population, because those determinants are linked to the behaviors you hope to influence.
- Make an evaluation plan.

CQI and sustainability at this stage

Developing a clear plan of action for implementation and evaluation has several advantages. The more you can anticipate what needs to be done, the less likely you are to overlook something important. This increases the chances of staying true to your vision, goals, and outcomes, which also increases your chances of implementing with fidelity. You should have less to correct or refine on the other side of implementation. At the very least, having a detailed road map in your work plan simplifies the process of figuring out what did and didn't work.

Strong plans also contribute to sustainability. You increase your chances of maintaining your work by continuing to involve stakeholders, key staff, and organizational leadership, by using a plan that includes process and outcome evaluation.

Lessons learned

Later, when you get to Step 9 CQI, we'll help you decide whether the details of your work plan were adequate for program implementation. In Step 10 Sustainability you'll reconsider the circumstances of your implementation in a broader context to help strengthen the sustainability of your work.

Right now, here are some questions to help you think through any lessons learned while developing your work plan that will help you later on.

Is everyone on board with the plan?

There's a lot of work to do at this stage. You may find that not everyone understands all the details of your plan or is completely sold on the idea. Some might be concerned about the resource commitments. You may find that some additional time spent on internal communications to make sure everyone understands your plans will strengthen buy-in. You might also get some new ideas that will make your plan better, too!

Is the concept of fidelity clear?

Working through the details of your plan may make it easier for everyone to really understand what it means to implement an EBP with fidelity or "as is." Especially if you are involving youth as peer facilitators or in some other capacity, it might be a good idea to go over some of the details of the work plan as they relate to implementing your EBP with fidelity. Good questions

might come up or you might anticipate some areas that need a little extra monitoring.

Are there any new opportunities for relationship-building at this stage?

Always keep your eyes open for chances to connect with potential new champions and supporters of your work. As you publicize your program and recruit participants, talk up the benefits of the work you're doing. Look for potential new partnerships and alliances that could benefit your organization beyond one-time program implementation.



Save it

Keep taking notes about your findings in the Lessons Learned tool.

Getting ready for Step 7

Step 7
Process
Evaluation

You've now incorporated all of the PSBA-GTO-TPP tasks you've finished up to this point into a solid work plan. Before launching your program, if you have not already done so, we recommend you take some time to review and perform the preparation tasks in Step 7 Process Evaluation and Step 8 Outcome Evaluation. Doing so will help you identify the process and outcome measures you need to gather or develop before you launch your program and the ones you need to monitor while the program is running.

Step 7 Process Evaluation

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Focus question

How will you assess the quality of your program planning and implementation?

Step 7 Process Evaluation begins with more planning for your process evaluation and monitoring, and it contains the start of your actual program. During

Step 6, you methodically selected an evidence-based teen pregnancy prevention program (EBP), and developed plans for rolling it out. Congratulations!

Now, in Step 7 before you implement your program, you'll decide how to monitor and document the quality of your program implementation. Between deciding what to measure and initiating the process and outcome evaluations—still prior to implementation—you'll also want to develop **measures** for the Step 8 Outcome Evaluation. When the program is completely finished, you'll return to Step 8 and finish the outcome evaluation itself. Steps 7 and 8, therefore, encompass two periods of time each—a creation phase and an evaluation phase—the first phase being the period for which you'll want to consider and plan prior to implementing. Once you actually start the program, you'll initiate the process and outcome evaluations activities.



Key point

Planning the process evaluation reveals what you need to measure and how to measure it during program implementation.

Materials

For the planning portion of this step, you'll need:

- Completed Step 2 **BDI Logic Model** tool
- Completed Step 6 work plan and associated tool
- Copies of the Step 7 **Process Evaluation Planner** tool
- Curriculum materials for the selected program, including descriptions of specific components
- Extra copies of the tip sheets [Process Evaluation Questions & Tasks](#) (p. 7-10) and [Sources of Process Evaluation Information](#) (p. 7-12)
- Copies as desired of the Sample Project Insight Form, Sample End of Session Satisfaction Survey, Sample Overall Satisfaction Survey, and Sample Fidelity Rating Instrument For the evaluation portion of this step, you'll need:
- Your assessment instruments
- Copies of the Step 7 **Process Evaluation** tool



Step 7 Checklist

Prior to launching your program

- Develop a clear process evaluation

When the process and (Step 8) outcome evaluations are set

- Implement your teen-pregnancy prevention program

Once your program has begun

- Examine whether the activities captured in your logic model were implemented as planned.
- Monitor the work plan you started in Step 6.
- Determine the quality of your activities.
- Identify and make midcourse corrections as needed
- Track the number of participants and their attendance
- Monitor your program fidelity



Fayetteville Youth Network tackles Step 7

As FYN prepared to launch *Making Proud Choices!* for the first time, the work group paused before completing its work plan to familiarize themselves with tasks and tools needed to conduct a high quality process evaluation. Using the **Process Evaluation Planner**, the work group made decisions about the methods and tools they would use, paying particular attention to any pre-test information they needed to capture before launching MPC.

The work group also noted that, as part of ongoing staff and peer facilitator training during implementation, they wanted to make sure that people could tell when it was appropriate to make **midcourse corrections** and identify the means to handle them.

Reasons for evaluating the process

Measuring the quality of your implementation efforts tells you how well your work plan and the program process are proceeding. Using a variety of methods to assess the ongoing implementation process, you can recognize immediate and critical opportunities for making midcourse corrections that will improve program operation.

Objective measures also provide data you need to maintain accountability with your stakeholders, organization, and funding sources. Many granting agencies require as a condition for approval that proposals promise standard evaluation measures accompanied by an unbroken paper trail.

As we discussed in Step 3 Best Practices, implementing an EBP with quality and fidelity increases your chances of replicating its success. Therefore, this step also shows you ways to track and measure quality and fidelity.



Collaboration

A formal process evaluation provides transparency for partners and stakeholders.

Information to get you started

A process evaluation helps you identify successful aspects of your plan that are worth repeating and unsuccessful aspects that need to be changed. With your work plan and the curriculum, you will identify measurable items such as dosage, attendance, session quantity, and content covered. The data will help you improve your program in the short and long terms.

Short-term benefit

Process evaluations produce in-the-moment data indicating, first, whether you implemented everything you had planned, and then second, how well things are going, thus providing opportunities to eliminate problems and adjust your activities as needed in real time. As your program proceeds, you want to monitor those factors you can control—like the time activities start and end—and those you can't—like a snowstorm that forces participants to stay home. If the appointed hour turns out to be inconvenient or you need to repeat a session, timely data suggest the need to reschedule.

If you can, you also want to use opportunities for improvement as they arise, rather than wait and miss your chance as problems grow or resources diminish. For example, if monitoring indicates that you're in danger of running out of money when the program is 75% complete, you may still be able to raise more or economize. Finally, monitoring can indicate corrections to make before the program is implemented again, such as updating a video.

Long-term benefit

When you developed your **BDI Logic Model**, you saw the close tie between the intervention activities and your desired outcomes. Evaluating your implementation process, therefore, can help explain why you did or did not reach your desired outcomes.

Combining good data from the Step 7 Process Evaluation and the Step 8 Outcome Evaluation will help you reach productive conclusions about the suitability of your program and the quality with which you implemented it. Both types of information are essential to any organization committed to a long-term community presence, dedicated to making a difference in the priority population, and accountable to outside funding sources, collaborators, and stakeholders.

If the process evaluation showed...	And the outcome evaluation showed...	Then it's likely the staff chose and developed an...
High-quality implementation	Positive outcomes	Appropriate program and logic model
High-quality implementation	Negative outcomes	Inappropriate program and logic model
Poor-quality implementation	Negative outcomes	Appropriate OR inappropriate program or logic model



Key point

It's just as important to identify any successes you want to repeat as it is to change what's not working well.

How to perform a process evaluation

The process evaluation tells you how well your plans are being put into action. It measures the quality and fidelity of your implementation, participant satisfaction, staff perceptions, and adherence to the work plan by compiling data in six areas:

- Participant demographics
- Individual participant attendance
- Fidelity to the selected program
- Participant satisfaction
- Staff perceptions
- Adherence to the work plan
- Clarity and appropriateness of communication

We've created tip sheets to help you select evaluation methods that will work for you in each of these six areas. We've also provided a tool on which you can compile your decisions about gathering the data. Upon implementing the program you will use your selected instruments to gather the actual data. Finally, you can compile the information on the **Process Evaluation** tool. This section, therefore, is divided into two parts, each with its own tasks: create the process evaluation and perform process evaluations.



Memory Flash: Get help/get ready!

It's all about getting your ducks in a row, so have you...

- Hired an evaluator if you need one?
 - Committed to evaluation?
 - Truly recognized your limits?
 - Obtained broad leadership support?
-

You will create the evaluation instruments now and then proceed to Step 8 Outcome Evaluation to do the same for outcomes. With both evaluation instruments in hand, you will implement the program. Once it is up and running, you will then return to this step and evaluate the implementation as it progresses.

Create the process evaluation

In order to develop a process evaluation that is specific to your selected program and to your health goal and desired outcomes, you will need to proceed methodically. We suggest the following sequence:

1. Engage or assign personnel to perform the evaluations
2. Decide what to measure
3. Choose methods for obtaining data
4. Set the schedule and assign the responsible parties

1. Engage or assign personnel to perform the evaluations

Persons evaluating implementation should be independent of facilitators and other persons involved with presenting a program, and vice versa. Separating implementation and evaluation personnel helps avoid conflicts of interest, let alone burnout. Though everyone involved in the program is committed to its success, the goals, requirements, and personal stake in presentation and evaluation differ. For the cleanest data you need a separation of duties. Whether you hire outside evaluators or train someone associated with your organization is a matter of budget and opportunity. Whichever path you take, however, evaluators must remain independent of facilitators.

2. Decide what to measure

We strongly recommend that, throughout the program, you track information about participation, adherence to curriculum and planning, and personal perceptions. The [Process Evaluation Questions & Tasks](#) tip sheet (p. 7-14) frames the areas of interest as questions and then suggests methods for obtaining answers. Informed by the curriculum and your **BDI Logic Model**, use the tip sheet to brainstorm a list of specific program elements that you need to monitor.

Participation

Demographic data reveals the success of the program at reaching your priority population. Demographic data is essential to describing the teens that attend sessions in your program. It can include, but isn't limited to, age, sex, family size, race/ethnicity, grade/education level, job, household income, and religion. You've probably gathered this sort of information in the course of planning, establishing, or running other programs. You can use surveys and interviews to get it.

Attendance records reveal participant dosage. Keep records of participant attendance at each session, using a roster of names and sessions by date.

Fidelity to curriculum and adherence to the work plan

Fidelity monitoring shows how closely you adhered to the program. As we've stated, the closer you can come to implementing the program as intended, the better your chance of achieving your goals and desired outcomes.

Measuring adherence to your work plan assesses its quality and exposes problematic departures. Use the work plan you created in Step 6 to identify measurable benchmarks.

Personal perceptions

Participant satisfaction leads to commitment. Evidence-based programs depend on certain minimum dosages for validity, which makes returning participants a prerequisite to success. As each session ends or at the conclusion of the program, you can conduct satisfaction surveys or debrief with participants.

High program satisfaction doesn't inevitably produce desired outcomes, however. A program could have very satisfied participants who do not improve at all in the areas targeted by the program. Satisfaction surveys should be considered one part of an overall evaluation.

Staff perceptions provide a mature view of an event. Sometimes the presenter is the only staff member present, but most sessions call for other adults to lend a hand. Obtaining staff perceptions can be as simple as holding a quick debriefing after a session and as thorough as a scheduled focus group. Periodically having an observer witness sessions can also give outside perceptions of the program's implementation.



Tip sheet ahead

Process Evaluation Questions & Tasks offers questions and the means to gather the answers.



Process Evaluation Questions & Tasks

Process Evaluation Questions	When Asked	Evaluation Methods & Tools	Resource Requirements	
1. What are the program participants' characteristics?	Before and after program implementation	Data collection form, interview, or observation	Expertise: Time:	moderate moderate
2. What were the individual program participants' dosages?	During program; summarize after	Attendance roster	Expertise: Time:	low moderate
3. What level of fidelity did the program achieve?	During/after program	Fidelity monitoring/ staff	Expertise: Time:	moderate moderate
		Fidelity monitoring/ observers	Expertise: Time:	moderate high
4. What is the participants' level of satisfaction?	During/after program	Satisfaction surveys	Expertise: Time:	low high
		Focus groups	Expertise: Time:	moderate low
5. What is the staff's perception of the program?	During/after program	Debriefing	Expertise: Time:	low low
		Staff surveys	Expertise: Time:	low low
		Focus groups	Expertise: Time:	high moderate
		Interviews	Expertise: Time:	moderate moderate
6. How closely did the program follow the work plan?	During/after program	Comparison of actual to planned events	Expertise: Time:	low low
7. How clearly did the staff communicate program goals and content?	During/after program	Observers	Expertise: Time:	moderate moderate
		Surveys and focus groups	Expertise: Time:	moderate high

3. Choose methods for obtaining data

Select data-gathering methods and instruments that will supply the information you've identified for revealing the quality of your implementation processes. As you select methods, keep in mind your organization's current resources and capacities. Ideally, you will want to assign at least one method to each question shown in the tip sheet on [Process Evaluation Questions & Tasks](#).

Data collection forms and surveys

Collect demographic data from individual participants with fill-in-the-blank questionnaires (perhaps included in your pre-test survey, which we cover in Step 8) or structured program enrollment forms/documents. You can choose to collect this information anonymously in order to obtain details the respondent may otherwise find too intimate for sharing. Consider this carefully, however, as it will limit your ability to link these data to other aspects of your program.

Rosters and attendance sheets

Attendance records track participant attendance at each session, which will allow you to quantify program dosage per participant (e.g., Bob received 50% of the program, Sally received 80% of the program).

Satisfaction surveys

Obtain immediate, detailed feedback (1) at the end of each session and/or (2) at the end of the entire program by handing out anonymous surveys. Once the program ends, surveys can help you sum up pros and cons regarding the group's efforts. Satisfaction surveys are best used in combination with other methods because participants often limit ratings to "somewhat satisfied." Strong negative results require serious attention, but, as we mentioned earlier, high satisfaction does not necessarily equate with positive outcomes. You can find examples of satisfaction surveys on the CDC Teen Pregnancy website that came with this guide: [Sample End of Session Satisfaction Survey](#) and [Sample Overall Satisfaction Survey](#).



Tip sheets ahead

The [Sources of Process Evaluation Information](#), p. 7-12, summarizes some common ways to get information.

[Fidelity Tracking](#), p. 7-14, expands on the primary means of assessing adherence to the program.



Sources of Process Evaluation Information

Data Collection Form

What it is: A handout for gathering information from individuals OR a roster the facilitator uses to document participation

How to use it: To make sure that you get complete and valid data, be strategic about information you gather, keep the form as short and easy to finish as possible, and consider making it anonymous if you are gathering details that participants may be reluctant to share.

Advantage: You can obtain a variety of data for statistical analysis.

Satisfaction Survey

What it is: Information collected from participants after an event. It reveals the level of enjoyment, perceived value, perceived clarity of the information as delivered, and degree to which the event met needs or expectations. Best used in combination with other measures for the whole picture.

How to use it: For immediate, detailed feedback, administer brief surveys to participants at the end of each session or activity. In addition at the end of a program, you can hand out surveys with self-addressed, stamped envelopes for participant to complete and return later (see the CDC Teen Pregnancy website for a **Sample End of Session Satisfaction Survey** and a **Sample Overall Satisfaction Survey**). This latter approach will increase participants' sense of privacy, but will result in a lower response rate.

Advantage: Immediate understanding of issues that may impact participant enjoyment, likelihood of returning, and areas to fine tune.

Debriefing

What it is: Quick post-session meeting to gather observer insight into what worked and what didn't.

How to use it: Right after a session, gather staff members, volunteers, and others from whom you desire first-hand observations. Ask them to quickly complete a project insight form (see the CDC Teen Pregnancy website for a **Sample Project Insight Form**) or note their responses to two quick questions:

- What went well in the session?
- What didn't go so well, and how can we improve it next time?

Advantage: Staff members and other adults can offer observations on the implementation quality.

Focus Group

What it is: A trained facilitator-led discussion of a specific topic by a group of 8-10 persons.

How to use it: Typically focus groups are led by 1-2 facilitators who ask the group a limited number of open-ended questions. Facilitators introduce a broad question and then guide the group to respond with increasing specificity, striving to elicit opinions from all group members. Record the proceedings and designate note takers. Analyze the data by looking for emerging themes, new information, and general opinions.

Advantage: They give you an opportunity to gather a broader range of information about how people view your program and suggestions to make your program better.

Fidelity Tracking

What it is: The systematic tracking of program adherence to the curriculum.

How to use it: An evidence-based program should contain a fidelity-monitoring instrument. If it doesn't, contact the distributors to see if they have one. If a fidelity instrument isn't available or you developed your own program, use the **Fidelity Tracking** tip sheet to create and employ your own.

Advantage: The closer you come to implementing the program as it was intended, the better your chances of achieving your goals and desired outcomes.

Sources: *Getting to Outcomes: Promoting Accountability Through Methods and Tools for Planning, Implementation and Evaluation*, RAND Corporation (2004); *Getting to Outcomes With Developmental Assets: Ten Steps to Measuring Success in Youth Programs and Communities*, Search Institute (2006)



Fidelity Tracking

Simple tracking/rating forms are easy ways to track fidelity. If you're using an EBP kit or package, check to see if it includes a fidelity instrument. If it doesn't, contact the distributors to see if they have one. They are not always included with packaged program materials, but you can develop your own from the curriculum materials. Find the lists of session objectives and major activities in the material—the more detail the better—to get started.

1. List the sessions and the key activities associated with them
2. To each activity, add one or more statements of accomplishment, according to curriculum expectations. Check out the **Sample Fidelity Rating Instrument** on the CDC Teen Pregnancy website.
3. Add a rating column to the left of the list.

Did not cover	Covered partially	Covered fully
1	2	3

4. Calculate the average score: sum the checklist items and divide the total by the number of items. Repeat for each session; then average the sessions for an overall fidelity score.
5. Calculate the average percent of activities that are covered fully: Count the number that are covered fully and divide by the total number of activities. Repeat for each session, then average the percentage for all sessions. There is no golden rule but higher levels of fidelity (above 80%) are considered good.

Who does the rating? You decide. There are pros and cons for each type of rater. Below, we offer a summary of pros and cons to aid in your decision-making.

Program presenters

Pros	Cons
Inexpensive because they're already present	Could produce biased ratings
Should know the material enough to rate what is happening	May resent the extra work involved in making the ratings
Checklists help them plan sessions	

Program participants

Pros	Cons
Inexpensive because they're already present	Do not know the program well enough to rate what should be happening (regarding content)
Able to rate the "feel" of the program (e.g., Did the session allow for participant discussion?)	Could take time away from activities

Outside raters (by live observation or viewing videotapes)

Pros	Cons
Likely to provide the least biased ratings	Requires resources: training in rating, extra staff, and possibly videotape equipment



Tool

The **Process Evaluation Planner** displays the seven questions from the tip sheet and provides columns for entering your decisions about addressing them.

Session debriefings

Immediately following a session, midway through the program, or at the end of the program, you can hold a quick debriefing meeting to get instant, first-hand feedback from observers (not participants) such as staff members, facilitators, or volunteers. You can gather the information by asking them to complete an insight form (see **Sample Project Insight Form** on the CDC Teen Pregnancy website). More commonly, debriefing boils down to taking notes during a quick conversation about three questions:

What went well in the session(s)?

What didn't go so well?

How can we improve it next time?

Focus groups

Elicit valuable—even surprising—information from participants, staff, volunteers, partners, parents, and other members of the community by holding a formal focus group. The usual focus group employs one or two trained facilitators leading a group discussion on a single topic. Groups usually contain no more than 8-10 people brought together for a couple of hours to share their opinions. The format is designed to draw out ideas that members may not have articulated to themselves, yet, or that they are reluctant to share. Usually, the event is structured like a funnel—with each major topic starting with broad questions and narrowing for increasing specificity. It's up to the facilitator to moderate group dynamics as they emerge, make sure that everyone gets their say, and tease out thorny or controversial issues.

It can be useful to audiotape the focus group and to designate note takers. Analyzing audiotapes takes time, however. Analysis involves looking for patterns or themes, identifying attitudes, and noting word choices. The result is qualitative (as opposed to quantitative) insight into the way group members are thinking. Listening as people share and compare their different points of view provides a wealth of information about the way they think and

the reasons they think the way they do. For youth focus groups, see the ETR developed focus group guide on the CDC website.



Online

Focus Group Best practices developed by ETR Associates describes all aspects of conducting focus groups from development to analysis: http://pub.etr.org/upfiles/etr_best_practices_focus_groups.pdf

Focus Groups: A Practical Guide for Applied Research by Richard Krueger and Mary Anne Casey is a straightforward how-to guide (2009) available from SAGE Publications: www.sagepub.com

Your process evaluation instruments will probably include a combination of surveys, assent or consent forms, attendance sheets, and meeting notes. Please think carefully about the means you will use to collect and store the data.

4. Set the schedule and assign the responsible parties

Once you have selected your methods you should set the schedule for administering them and assign the appropriate person to do so. You will have associated at least one method with each of the seven questions. You also need to make sure that your choices result, at the very least, in a method for each session.



Note

If you've set the program schedule, you might find it helpful to add the process evaluation schedule to it and list the associated methods.

Regarding the keeper of the data, this assignment is as important as any you make in the course of setting up and providing a program. You need to select an organized person on whom you can rely to be consistent and thorough. Poorly administered collection or lost data could invalidate your evaluation and keep you in the dark as to how well your efforts are being implemented. Enter the schedule and assignment on the **Process Evaluation Planner**.



Save it

Save the **Process Evaluation Planner** and any instruments you plan to use. You'll need them once the program gets started.



FYN completes the Process Evaluation Planner



Process Evaluation Planner

	Evaluation Methods & Tools	Anticipated Schedule for Completion	Person Responsible
1. What were the program participant characteristics?	<i>Demographic data collection (surveys or observations)</i>	<i>First session</i>	<i>Session Facilitator</i>
2. What were the individual dosages of the program participants?	<i>Create attendance roster and take roll at every meeting</i>	<i>Each session</i>	<i>Peer facilitator</i>
3. What level of fidelity did the program achieve?	<i>Fidelity tracking tool completed by facilitator</i>	<i>Each session</i>	<i>Program director</i>
4. How satisfied were the participants?	<i>Brief surveys alternating with quick debriefs at each session</i>	<i>One or the other at each session on an alternating schedule on the class calendar</i>	<i>Peer facilitator or adult volunteer</i>
5. What was the staff's perception of the process?	<i>Debriefing after sessions and a focus group midway</i>	<i>Each session and an October 3rd focus group in the auditorium</i>	<i>Weekly debrief by facilitator and the focus group run by a trainer</i>
6. How closely did the program follow the work plan?	<i>Include a comparison in the weekly debrief</i>	<i>Weekly</i>	<i>Facilitator and classroom volunteers</i>
7. How clearly did the staff communicate program goals and content?	<i>Part of debrief and focus group sessions</i>	<i>weekly</i>	<i>Facilitator and volunteers</i>



Pause – create the outcome evaluation for Step 8

This is a good time to read ahead through Step 8 Outcome Evaluation and create the instruments you'll need for evaluating the impact of your program. You might discover that you need a pre-test survey of participant determinants and knowledge. Or, for more sophisticated evaluation, you might want to recruit a **control group**. Working on the Step 8 instruments now certainly will give you a handle on timing for both process and outcome evaluations. When you have identified the tools you need for both steps and set the schedule for employing them, you'll be ready to implement your program and start evaluating it.

If you do decide to gather information from pre- and post-tests, you will need to schedule your pre-tests with participants before the program launches. This could be done in advance of your first session or it could be done right at the beginning of your first session, before facilitators start delivering program content. You will want to have a way of gathering and tracking the pre-tests so that you can later match them to individual post-tests.



Resume – implement your program

Now that you have the tools you need for performing the evaluations called for in both Steps 7 and 8, you're ready to implement your program. This means you will initiate two threads simultaneously:

- Program implementation activities have begun, and any pre-testing has been performed or control group instituted.
- Process evaluation data is being gathered.



Tool

After each session, compile data on a copy of the **Process Evaluation**. At the end of the program, aggregate the data on a single copy of the tool.

Perform process evaluations

Now that you've started implementing your program, it's time to start following your process evaluation schedule and accumulating the data. Here's where the importance of the keeper of the data intensifies: conclusions about the quality of the process are only as valid as the data you gather. Maintain careful records.



Save it

Save the **Process Evaluation** forms and data you collect. As they accumulate, save summary documents that capture what is happening or has happened across the program implementation.



FYN completes Step 7

FYN's program director worked with other agency staff members familiar with evaluation activities to find existing tools that could be used to monitor MPC implementation. The work group added to the work plan a list of process evaluation tasks and a schedule for completion. They assigned people to the job of capturing process evaluation data before, during, and after implementation. The program director, for example, took responsibility for overseeing **fidelity monitoring** to ensure the program was implemented as planned and according to the developer's original program model.

FYN assigned both adult and youth facilitators to the task of gathering participant satisfaction information throughout the program. They used a series of regularly scheduled debriefings with staff and facilitators to talk about how things were going and, as needed, used the information to conduct mid-course corrections.

Finally, the organization was able to benefit from the experience of three other communities in the state that were using MCP. Along with process evaluation tips, they obtained and tailored for their own use several tools and surveys the other communities had developed.

Later on, FYN analyzed the results of the process evaluation and found:

- Generally, FYN's staff maintained their support for MPC's implementation, though some still questioned why their agency was getting involved with teen pregnancy prevention.

- Some real-time corrections were needed to keep the program on track. For example, a participant became ill during a session, and the adult facilitator had difficulty getting someone to pick him up from school, which cut short the day's planned activity for everyone. Consequently, the facilitator took time the following week to make sure the activity was delivered before moving on. On another occasion, the facilitators had to run an activity twice, because the participants didn't understand it the first time.
- As they proceeded through the implementation, FYN examined the program materials with respect to health literacy. They considered whether the materials used unfamiliar terms or concepts that the youth would find confusing or made assumptions about participants' understanding of anatomy, bodily functions, and consequences
- FYN summarized relevant details were in the Start at the End report.



Process Evaluation

1. What were the program participant characteristics?	<i>8th graders in a school serving a generally middle income population.</i>
2. What were the individual dosages for each program participant?	<i>Dosage was adequate, with youth on average receiving 75% of the program sessions.</i>
3. What level of fidelity did the program achieve?	<i>Both adult and youth facilitators did a good job of sticking to the curriculum, resulting in high program delivery fidelity.</i>
4. How satisfied were the participants?	<i>Participant satisfaction among youth surveyed was high; however, next time, we want to increase the number of youth responding to the surveys.</i>
5. What was the staff's perception of the process?	<i>Though the organization's emphasis on pregnancy prevention has become controversial among some staff members, most support the program. Of those that maintain support, many are feeling overworked. They are proud of what FYN has accomplished but they want to get more help next time.</i>
6. How closely did the program follow the work plan?	<i>Very closely; the primary deviation came when the session was interrupted by a boy becoming ill in class.</i>

Applying this step when you already have a program

If you are already implementing a program, it's not too late to begin tracking your process and monitoring fidelity. You should monitor things that are going well and be ready to change things that aren't working out. The tools and tip sheets contain information and suggestions that will help you gather information that you can apply even when you're well into implementation. If your goal is to make the interventions resonate with the priority population, evaluating the progress and making midcourse corrections maximizes the benefit to those who attend your program.

Use this time also to consider ways to evaluate your program outcomes. As long as the program hasn't ended, you have time—theoretically at least—to develop an outcome evaluation that could be helpful. We recommend that you:

1. Create your process evaluation instruments and start monitoring as soon as possible.
2. Proceed to Step 8 Outcome Evaluation and devise a mechanism for assessing your results.
3. Once your program and process evaluation is complete, proceed to Step 8 and evaluate the outcomes.

CQI and sustainability at this stage

Your program's sustainability is largely based on documenting success in achieving your stated goals and outcomes; that is, having the positive impact you'd hoped for. Being able to document evidence that you implemented your program with quality and fidelity is an important part of telling the story of your success. Identifying strengths, weaknesses, and areas for improvement increases overall effectiveness and builds confidence in the program among participants, staff, and stakeholders—all of which contributes to sustainability.

Lessons learned

It is important to learn as you proceed through the process evaluations. When you get to Step 9 CQI, we'll help you use process evaluation data to determine whether you implemented the entire program with fidelity. In Step 10 Sustainability, you'll look at ways to improve process evaluation and thus enhance sustainability. At this point, considering these questions regarding capacity may be revealing.

Does our organization have existing evaluation capacity to offer?

There may be other staff in your organization that are familiar with process evaluation or have experience recognizing and making midcourse corrections during an implementation. You may find additional help in the section starting on p. 7-8 on creating your process evaluation. Engage or assign personnel to perform the evaluation.

Are there new skills for our staff to learn?

Skill enhancement increases program performance and personal confidence. If more people are learning new skills associated with your program, you're actually taking steps toward building more organizational memory, too. If some staff get promoted later, they take those skills with them, which might also allow them to link different interests in the organization for continued support of a variety of successful programs.



Save it

Keep taking notes about your findings in the Lessons Learned tool.

Getting ready for Step 8



Halfway through Step 7, you moved into Step 8 in order to set up an outcome evaluation prior to implementing the program. Once you established evaluation methods and schedules for both process and outcomes, you returned to Step 7 and implemented your program.

Throughout the program, you have followed the process evaluation schedule and gathered data using the methods you selected. You have entered that data onto session-specific process evaluation tools, and you aggregated the session data onto a single copy of the **Process Evaluation Tool**. That gave you an important means for eventually recognizing any process factors that may have contributed to the program's success or failure at achieving the health goal and desired outcomes.

When you finish implementing the program and then compile the aggregate data, you are completely finished with Step 7. You are now ready to complete the second half of Step 8: perform the outcome evaluation and find out how successful the program actually was.

Step 8 Outcome Evaluation

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Focus question

Has our program had the desired impact?

Step 8 Outcome Evaluation addresses the results of implementing your evidence-based teen pregnancy prevention program. As in Step 7 Process

Evaluation, you will need to create measurement instruments before you implement your program. This also makes Step 8 a two-stage operation, the difference from Step 7 being that you actually evaluate the outcomes after the program is finished.

Once you set the methods for an outcome evaluation, you will return to Step 7 to implement the program and perform the process evaluation. If you have chosen a method involving pre-test data collection prior to the program start, you will also initiate outcome evaluation. As you finish the program or possibly months afterward, depending on the method you have chosen, you will advance to Step 8, again, to implement post-test data collection. The outcome evaluation will:

- Determine whether those who participated in your program reported changes in participant knowledge, skills, attitudes, and behaviors related to teen pregnancy and/or sexual risk-taking
- Provide evidence that your program worked or didn't work
- Begin to identify challenges and successes based on the data you have, with a more thorough examination of this occurring in Step 9 Continuous Quality Improvement

Materials

For the planning portion of this step, you'll need:

- Completed Step 2 **BDI Logic Model** and **SMART Outcomes Statement** tools
- Completed Step 6 work plan and **Work Plan** tool
- Completed Step 7 **Process Evaluation Planner** tool
- Existing outcome measures that came with your program as available
- Copies of the [Data Collection Methods at a Glance](#) tip sheet on p. 8-9
- Copies of the Step 8 **Outcome Evaluation Planner** tool on the CDC Teen Pregnancy website

For the evaluation portion of this step once the program has ended, you'll need:

- Copies of the Step 8 **Outcome Evaluation** and **Report Our Findings** tools, also on the CDC website
- Copies of the [Calculate Frequencies & Means](#) tip sheet, p. 8-18



Checklist for Step 8

Prior to launching your program

- Identify measures
- Choose the evaluation design
- Develop methods to use
- Develop and finalize a plan for putting the methods into place
- Collect any pre-test data just prior to implementing your program

Return to Step 7 to implement your program and perform the process evaluation.

When your program is finished

- Collect outcome data (post-test data after the last program session and possibly also several months or longer after the program ends)
- Analyze data, interpret the findings, and report the results



FYN tackles Step 8

As FYN prepared to launch *Making Proud Choices!* for the first time, the work group paused in the development of its work plan to familiarize themselves with tasks and tools needed to conduct a high quality outcome evaluation. Using the tip sheet [Data Collection Methods at a Glance](#) with the **Outcome Evaluation Planner** tool, the group decided what to measure, how to gather the information it wanted, and when to get certain types of outcome evaluation data. Again, certain kinds of data needed to be collected in a pre-test time period, before the program starts.

Reasons for evaluating outcomes

You need to know if your program had the desired effect, meeting the goals and desired outcomes you set for the youth that you served. Planning and completing an outcome evaluation supplies the evidence that the program reached or did not reach its goals and desired outcomes. The Step 7 process evaluation, which shows where your implementation strengths and weaknesses lie, can be crucial to understanding why your efforts did or didn't succeed (see Step 7, **Information to get you started**).

We all want our youth to grow up making healthy choices, and an outcome evaluation can tell us if our program is helping them to do so. This information is useful because it can:

Supply data you need to see if your goals and objectives were met and to incorporate into reports for funding agencies, stakeholders, contributors, collaborators, and the community

Help you decide whether or not to repeat the program

Refine your understanding of your priority population

Suggest other policies, programming, or education needed

Lead to improved interactions with collaborators and extended network

Information to get you started

Each step has contributed to sound planning and analysis. Now, the identified behaviors, determinants, and goals and desired outcomes all become the focus of your outcome evaluation. In this step you complete the formal planning process that started with the work plan (Step 6 Plan) and implementation plan (Step 7 Process Evaluation). To start, you will use the tools and materials you've accumulated and some additional information to plan your outcome evaluation.

Characteristics of good survey instruments

Besides defining questions well, a number of other considerations go into selecting or developing survey instruments that get good data from the persons to whom you administer them. As you proceed through the upcoming sections on exactly how to perform an outcome evaluation, keep the following points in mind to help you use your evaluation resources wisely.

Identify or create at least one measure for each outcome in your BDI Logic Model (desired behaviors and determinants). For complex outcomes like self-efficacy, it's best to develop a set of questions.

Keep it as short as possible. Especially when dealing with youth, shorter instruments take less time and reduce test fatigue. They also save time entering the data into a computer.

Pilot test the instrument. Whenever possible, test potential questions for readability, clarity, etc., with a few users before incorporating them.

Format the survey. Combine the questions into one survey and number them continuously, including the demographic questions, to make your instrument easy to follow. Don't forget to create simple instructions for completing the survey.



Note

Try to measure both behaviors and determinants, but if there are reasons you can't learn about some behaviors (e.g., frequency of sex), do ask about the related determinants in your logic model.

Upon completing the survey instrument, you will pause and return to Step 7, give the pre-test survey (if you chose an evaluation design that uses a pre-test),

implement the program, perform the process evaluation, complete the program, and give the post-test(s) survey (if you chose an evaluation design that uses a post-test or follow-up post-test). When you resume Step 8 at the end of your program, the second part takes you through the final stages of outcome evaluation. For that, we've included basic information to help with the analysis. You can summarize much of the basic data on your own or with a little assistance. However, you may need help with the complex quantitative analysis.



Collaboration

Just as you may have engaged facilitators or evaluators from outside your organization, you might want to seek assistance from a professional evaluator, graduate student, or university faculty member for help with evaluation design and statistical analysis; specifically for more complex evaluation designs.

How to perform an outcome evaluation

Along with a process evaluation, the outcome evaluation needs to be designed during the program planning process, before the program is implemented. The person responsible for performing the outcome evaluation should be involved in the planning process, because the measures, instruments, and schedule must be carefully coordinated, maintained and monitored. As in Step 7, the person selected for the task needs to be organized, reliable, and analytical. It also helps if the person communicates well with youth.

As in Step 7, this section is divided into two parts: **Create the outcome evaluation** and **Perform the outcome evaluation**. Tasks for planning and conducting the outcome evaluation are divided between the two parts:

Create the outcome evaluation before you implement the program

1. Decide what to measure
2. Identify or compose the survey questions
3. Choose a design and collection method
4. Finalize the outcome evaluation instrument
5. Identify the sample and set the evaluation frequency
6. Give the pre-test before the program sessions start (if you chose a design that uses a pre-test survey)

Perform the outcome evaluation

7. Conduct the outcome evaluation—administer the post-test after program sessions have ended and even months later (if you chose a design that uses a post-test or follow-up post-test)
8. Analyze the data and report the results



Tool

The **Outcome Evaluation Planner** helps you compile your measurement selections. Keep it in front of you as you read through the upcoming sections so you can take notes.

1. Decide what to measure

You can evaluate the impact of your intervention activities by measuring changes in the identified behaviors and determinants that you expect the program to affect in your priority population. These are the changes in knowledge, skills, attitudes, and perceptions associated with teen pregnancy and adolescent risk behaviors that you defined using your **BDI Logic Model** and **SMART Desired Outcomes** tools.



Memory flash

You identified behaviors and determinants and then you composed SMART desired outcomes statements for each and you numbered them. These statements tell you what you need to measure.

Enter the Measurable Evidence Statement codes from the SMART Tool

On the **Outcome Evaluation Planner**, in the first column (**#**), copy the numbers associated with each Measureable Evidence item you created in the **SMART Desired Outcomes** tool.

2. Identify or compose the survey questions

Once you know what to measure, you need to decide how to measure it. In the sections that follow, we refer to a measure as an individual or group of related questions on a survey. All the measures together comprise the survey or instrument. Measures may track knowledge or self-reported attitudes or behaviors, the difference being that answers to the knowledge questions are factual in nature, thus objective, either right or wrong. Throughout the program, knowledge questions help you measure the changing level of understanding. Answers to self-reported attitudes or behavior questions are subjective—based on personal perception, memory, or opinion. You will use them to spot shifts in attitude and behavior.



Tip sheets ahead

Survey Questions for Sexual Behavior & Determinants, located on the CD due to its length, contains item from several national surveys.

Data Collection Methods at a Glance on page 8-9 summarizes 8 ways to gather information.



Data Collection Methods at a Glance

Method	Pros	Cons	Cost	Time to do	Response rate	Expertise needed
Self-administered survey	Can be anonymous (e.g., auto computer assisted self-interviews [ACASI]) Inexpensive Standardized	Biased if youth don't understand questions or answer honestly May get incomplete data if not fully completed	Low to moderate	Moderate to high; depends on survey length and number of respondents	Moderate to high; depends on means of administration	Little to administer surveys Moderate to analyze and interpret
Phone survey	Same as self (above) Can be used for additional follow-up	Same as self (above) Limited to phone owners Some may ignore calls	Moderate to high; depends on number. More than self	Moderate to high; depends on survey length and number of respondents	Moderate to high; depends on means of administration	Some for phone surveys Moderate to analyze and interpret
Focus group	Gather data on attitudes, social norms, and perceptions Can inform survey questions	No individual-level data Limits on generalizing themes beyond group Recruitment challenges Sensitive topics may be difficult to address	Low if done internally, moderate cost to hire a professional facilitator and transcriber as needed	High Groups often average about 1.5 hours	Moderate Involvement usually limited to 6-8 people	Strong group facilitation skills Technical aspects can be learned relatively easily Ability to transcribe Qualitative analysis skills
Interviews – face-to-face and open ended	Gather in-depth, detailed info Info can help generate survey questions Structured	A lot of time and expertise needed to conduct and analyze Potential for bias due to limited participants	Same as focus groups	Moderate to high depending on length and content	People usually agree if it fits their schedule	Good interview/conversation skills Formal analysis methods are difficult to learn
Written—open-ended questions	Can add depth and detail to a structured survey	People often ignore these portions Can be hard to interpret written statements	Inexpensive	Adds time to survey length Coding and	Low to moderate	Qualitative analysis skills

				analysis will likely take time		
Participant observation	Can provide detailed data about a program	Observer can be biased Can be lengthy process	Inexpensive by staff or volunteers	Time consuming	Participants may not want to be observed	Requires skills to analyze the data
Record Review	Objective Doesn't require new participants	Can be difficult to abstract information With well-structured data and an abstraction tool, can be easier Often incomplete	Inexpensive	Time consuming	Not an issue	Moderate to analyze and interpret Need to develop coding scheme

Measuring change

You will need to know how much your participants know and what their habits are before you can measure the difference. You may decide to create a pre-test for assessing knowledge and habits at the start of the program, which you can then compare to their post-program survey responses. We discuss pre-testing in “3. Choose a design and collection method” (p. 8-12).

Question sources

Creating questions can be tricky. We’ve included a bank of tested survey questions on the CD: **Survey Questions for Sexual Behavior & Determinants**. Your chosen program may include multi-item evaluation measures. If so, review them to make sure they are appropriate for your priority population before you use them. If your program did not come with evaluation measures, a number of resources are available online, which may help you identify key behaviors you can influence. You can add them to your measures.



Online

Evaluating Teen Pregnancy Prevention Programs, 2nd Ed., 2001,
Sociometrics: <http://www.socio.com/evapub21.php>

YRBS (Youth Risk Behavior Survey):
www.cdc.gov/HealthyYouth/yrbs/index.htm

NSFG (National Survey of Family Growth): www.cdc.gov/nchs/nsfg.htm

Enter your questions

Once you’ve developed measures for your desired outcomes, enter each into the second column of the **Outcome Evaluation Planner**, on the row with the number for the associated Measurable Evidence item on the **SMART Desired Outcomes** tool.

3. Choose a design and collection method

Once you have your measures, you can construct an evaluation that fits your program and available resources. You want to select a design that will identify the outcomes and provide the best evidence possible that your program affected them. Then you will need to select one or more means of collecting the data.

Select the design

You can choose from several combinations of test designs, listed here from weakest to strongest with respect to scientific validity.

Post-test-only measures outcomes after the program. This design is the least useful because you have no way to measure change. There are no baseline measures against which to compare results. All you can do is to compare results with data collected from another source (e.g., national trend data). You have no way of knowing if your program had a positive or negative effect on the behaviors and related determinants. Post-test-only can be used when it is more important to ensure that participants reach a certain threshold (e.g., 75% carry a condom) than to know how much they changed due to attending your program.

Pre-/post-testing reveals changes. You are able to compare baseline measurements from pre-testing to measurements derived from post-testing at the end. Thus, measurements are taken twice (before and after the program) and must be identical in order to be comparable. Although this design is superior to post-test-only, you still can't be sure that your program was responsible for the outcomes. There may be many other reasons for the changes in participant attitudes and behavior, such as changes in local enforcement policies or laws, new programs, media campaigns conducted by others, or even chance.

Pre-/post-testing with a comparison group assesses impact by providing a comparable group that doesn't receive the program. In this design, you give both groups the pre-test, deliver the program to the program group only, and then administer the post-test to both groups when the program finishes. The challenge is to find a same-sized group that is both demographically similar and demonstrates the same risk factors to your program group. The more similar the groups are, the more confidence you can have that the program was responsible for the changes in outcomes. Though a step up from testing only the program group, the design still leaves the possibility that other factors caused the changes, such as the two groups being different in some crucial way (e.g., different ages, races, risk level).

Pre-/post-testing with a control group where receipt of intervention was randomly assigned to participants to either group. Random assignment—perhaps via a coin flip—gives each person equal chances of winding up in one group or the other. The control group is a type of comparison group (members similar to those in the program group but not receiving the program) with random assignment providing the best-known way to ensure that both groups are equal. This design, therefore, offers the strongest basis for claiming that your program caused any observed changes.

Although the pre-/post-test with a randomly assigned control group offers the most confidence that the program has produced the desired outcomes, it's also the most difficult to implement, costs the most, and raises ethical questions about offering some people a program and withholding it from others, though control group participants can be offered the program after the evaluation is complete. You'll have to balance the need for confidence that you know what caused the outcomes against the challenge of more complex outcome evaluation designs.

Select the data collection method

We've referred to many methods for collecting data though we're focusing on surveys. Surveys take many forms as you can see on the [Data Collection Methods at a Glance](#) tip sheet (p. 8-9), which includes several other methods, as well.

For the outcome evaluation, we recommend a self-administered survey. You need to learn from individual participants if and by how much any of the identified behaviors and/or determinants changed. The personal nature of questions about sexual behavior makes it preferable to ask them on a survey rather than in an interview or group setting. You stand a better chance of obtaining reliable information when you eliminate the risk for shame or embarrassment. Some tools such as an automated computer assisted self-interview (ACASI) can facilitate this. If you decide to use interviews, it is recommended to use an interviewer of the same gender as the participant.

Enter the study design and collection method

Enter the selected design into the third column of the **Outcome Evaluation Planner**. You may use the same design for all your desired outcomes. This is the typical approach in most community programs. Add the collection method to the same column, also making sure to associate method with evidence statement if you are using multiple methods.



Outcome Evaluation Planner

#	Measure	Design & Collection Method	Sample	Frequency
1	<i>During the last 3 months, have you had sexual intercourse (vaginal, oral, and anal)?</i>	<i>Pre- and post-tests</i>	25	<i>twice</i>
2	<i>If I don't use condoms, I have a higher chance of getting an STI, such as HIV or AIDS. True/False</i>			
...				
8	<i>I know how to talk to my partner about sex. (Yes/ No/ No Partner)</i>			
...				
22	<i>Being a teen parent makes it harder to reach your goals. (True/ False)</i>			
...				
30	<i>I know how to put on a condom correctly. (True/ False)</i>			

4. Finalize the outcome evaluation instrument

You've created the measures. Now, it's time for you and your work group (or a dedicated subcommittee) to build the instrument itself. The design and collection methods will help drive the creation process (see <http://www.socialresearchmethods.net/kb/surv writ.php> for some tips).



Save it

Save the instrument(s) with any materials you've collected for completing this step.

5. Identify the sample and set the evaluation frequency

Before you implement your program and conduct your evaluations, you need to define your sample and set the frequency of evaluation.

Sample size is typically based on the number of participants. If you are conducting intervention activities with 50 high school students and using a pre-/post-test design, then you will likely be assessing all the participants in your program. If you decide to add a comparison or control group to your design, then you'll assess everyone in each group (approximately 100 students).

If you're conducting a community-wide program or a media campaign of some kind, it's not possible to assess everyone, so you'll need to survey a sample of the overall population. Keep in mind that the larger and more representative the sample is of the overall population, the more confidence you can have about claiming that the results apply to the overall population. Selection of samples is key — do it the same way for comparison/controls (see <http://www.socialresearchmethods.net/kb/surv writ.php> for some guidance)

Frequency of measurement depends on the design. We recommend you do at least pre- and post-tests. It's very useful to conduct additional post-test follow ups after several months to see whether the outcomes are sustained or if they drop off over time. You can build follow-up evaluations into your plan and survey your participants 3, 6, or even 12 months after they finish the program.

Enter the evaluation plan

Once you've identified your sample and determined the size, enter the information into the Sample and Frequency columns of the **Outcome Evaluation Planner**. It's okay to use the same sample and frequency for all of your measurements.



Pause – implement your program and process evaluation

Here's where you put the actual outcome evaluation on hold until you complete the program, which includes performing the Step 7 Process Evaluations. If you are using a pre-test, you will need to administer it just before the program starts. When the program ends, be ready immediately to begin measuring outcomes.



Resume Step 8

6. Conduct the outcome evaluation

The program has ended and you have returned to Step 8 to measure the outcomes. Administer your outcome evaluation according to your plan.

Enter totals

Each time you administer the outcome evaluation, enter the response totals for each measure on the **Outcome Evaluation** tool. Use a separate copy of the tool every time you survey your participants: pre-test, post-test, and each follow-up.



Tool

Use the **Outcome Evaluation** tool located on the CDC Teen Pregnancy website for compiling results from your survey instrument.

7. Analyze the data and report the results

It is important to use appropriate quantitative and qualitative analysis methods for your outcome data. When using quantitative data collection methods like surveys, it's common to use statistical methods like calculating averages and

frequencies. You might find it worthwhile to consult a data analysis expert to ensure appropriate technique and to use the most rigorous statistical methods possible for your data. A local university or community college or an evaluation firm could help you analyze your data or, use the tip sheet for basics.



Tip sheet ahead

The **Calculate Frequencies & Means** tip sheet on page 8-18 may help you with some of the analysis.



Enter results

As you gather and analyze the data, enter it into the appropriate columns of the **Outcome Evaluation** tool. Be sure to include information on the data analysis methods used to arrive at your scores and conclusions for each outcome.



Calculate Frequencies & Means

Frequency

Just as you might think, the statistical term *frequency* tells you how often something occurs. It's often presented as a percent (e.g., 40 boys in a mixed group of 80 youth = 50% boys). It is useful when you want to describe the range of responses to a question, such as a Likert item asking respondents to indicate their level of agreement (e.g., 25% strongly agree, 25% agree, 50% strongly disagree).

Mean

Mean is the average, one of the most common ways to look at quantitative data. To calculate the mean response for a survey question, add up the responses and divide the sum by the total number of persons.

If you have seven youths of various ages



18 17 18 14 14, 17, 16

Find their mean age by adding up the ages $18 + 17 + 18 + 14 + 14 + 17 + 16 = 114$
Then dividing the sum by the number of youths (7) $114 \div 7 = 16.29$

The mean age of the seven youths is 16.29 years

Post-test-only designs employ means to describe or compare results. Use them to

- Describe your group
The average response to the drug attitude question was . . .
- Compare your results to comparable existing data
The average number of times our high school seniors used alcohol in the last 30 days was higher than the national average.
- Compare results to a set threshold
The average score on the drug attitude question was higher than the state alcohol and drug commission standard.

Pre-Post-test designs let you compare the mean scores from the pre-test with those of the post-test. The comparison indicates the amount of change in some factor that occurred between the two tests. You can show differences using

- Mean difference
Average scores on the knowledge test rose by 22 points from 50 to 72 (out of a possible 100).
- Ratios or percent change [mean difference divided by the initial score, $22 \div 50 = .44$]
Average scores on the knowledge test rose 44%.



It's a fact

The t-test examines the distribution of scores to tell you if mean differences between two samples are statistically significant or not. Performing a t-test calls for a statistical analysis expert.

Pre-post-test with comparison or control group lets you compare the mean change over time (as above) with that of the other group. Comparing the mean score difference for each group helps you tease apart the impact of the program from other influences. If an average score for the control group changes by an amount that is:

- Significantly less than the average participant score, you have evidence that the program is working

Average participant scores rose 44%; those of the control group rose 6%.

- About the same as the average participant score, you have an indication that the program has no effect or there may be influences outside your program impacting either group

Average scores for participants and controls rose 44% and 41%, respectively. The difference is not statistically significant.

Statistically more than the average participant score, you have an indication that the program has negative effect or there may be influences outside your program impacting either group. This should be explored further

- *Average scores for controls were 10 points higher than those of the participants.*



It's a fact

Comparing more than two sets of scores (or samples) calls for an analysis of variance (ANOVA) to see if the differences are significant. Consultation with someone with expertise in statistics is advised.

Interpretation

It is important to thoroughly think through the articulation of conclusions about the impact of the program. At this stage, you have data and information from both process and outcome evaluations, which should reveal the extent to which the program has actually affected the behaviors you set out to change. It's conceivable that you could provide a well-implemented program and still not achieve the positive outcomes you hoped for. Compare the data to what your BDI logic model says you were hoping to achieve. Look for patterns that indicate where change has occurred.

Interpreting the results helps you see what worked and what you need to change. Perhaps the original theory you developed isn't right for the population you are working with, or the dosage wasn't adequate for the program to have the desired impact. Process evaluation data can help you interpret your outcomes findings. Together, they will allow you will further assess the overall results of the program and potential changes you should consider in Step 9 Continuous Quality Improvement.

You might find it useful to charge an individual or small group with examining the data and conducting a review of the findings that can be presented to you and your staff for discussion. As with the quantitative analysis, this may be a place where you seek outside evaluation expertise to help you explain your findings.

Enter the findings

Once you interpret the data, enter the information into the final column of the **Outcome Evaluation** tool. You may require extra room on another sheet of paper to compile all the observations and interpretations.



Tool

The **Start at the End** tool found on the CDC website can help you sort through the information you have available to you to report to your stakeholders, community, youth, agencies, etc.

Reporting

We evaluate what we're doing because we want to know whether we're having an impact on the lives of the young people we're working with. Sharing our results in meaningful ways can have other useful effects. Accountability may even be a condition of receiving a grant.

Different groups of stakeholders are likely to care about different types of information. Young people and community members may be less interested in data than funders. You can use the **Start at the End Tool** to help decide what is called for.



FYN completes Step 8

FYN's program director worked with other agency staff familiar with evaluation activities to find existing tools that could be used to measure program performance and gather outcome data before, during, and after implementation. The work group inserted tasks, created a schedule for completion, and assigned persons responsible into the work plan for the outcome evaluation.

FYN decided that it would be easiest to use pre-and-post self-administered surveys and participant observation as the main collection methods. They also debriefed adult and youth facilitators right after each session to capture their observations. Comments went into an online journal that the peer facilitators set up to track the program from week-to-week.

The state grant that funded the program required a 12-month follow-up survey. FYN was able to borrow an existing copy of a similar survey from another community using MPC and tailor it for its own needs.

Some process evaluation data, such as tracking participant dosage, helped inform outcome evaluation. When FYN analyzed the results of the outcome evaluation, they found that there were increases or positive changes in participant knowledge, skills, and attitudes. FYN did not have as much success capturing meaningful data about changes in behaviors.

Using the information gathered in the Start at the End reporting template, FYN also developed a short plan for sharing the results of its evaluation with other stakeholders including those in its own agency.



Outcome Evaluation

Meas. #	Response Totals	Part. pre/post mean Comp. pre/post mean	Mean Diff	Interpretation
1	Pretest Never 97% with 3% leaving question blank Post test Never 100% with 100% reporting	97%./ 100%	3%	Despite a 3% increase reporting abstinence, interpret with caution, because 3% did not answer the question at baseline. However, at post-test, 100% responded.
2	Pretest correct 70% Post test correct 97%	70% / 97%	27%	27% increase in knowledge of HIV/STI prevention, transmission and protection
....				
8	Pretest yes 11%, no 13%, no partner 76% Post test yes 18%, no 3%, no partner 78%	Yes 11% / 18% No 13% / 3% No partner 76% / 78%	7% 10% 2%	The majority reported no partner at both pre- and posttest. Of those with a partner, there was a 7% increase in reported knowledge of problem solving/ negotiation from those who reported some knowledge at baseline of communication about sex, and a 10% decrease in the number of participants who reported that they did NOT have such knowledge.
...				
22	Pretest correct 95% Post test correct 98%	Correct 95% / 98%	3%	Small increase in understanding
...				
30	Pretest affirmative 15% Posttest affirmative 96%	Yes 15% / 96%	81%	There was an 81% positive difference in participant skills and self-efficacy in putting on a condom correctly.

Applying Step 8 when you already have a program

If you are already implementing a program and don't have an outcome evaluation in your plan, it's still important for you to perform one. In this case, you may be limited to a post-test-only design. You may also find it helpful to review the content in this chapter with the goal of applying the information to improving your evaluation of your program when you implement it again.

CQI and sustainability at this stage

Getting good results serves everyone's best interests, most importantly those of the young people with whom you work. Clearly understanding how you got the program's results is also vital to maintaining ongoing efforts. Process and outcome evaluations will reveal what worked and didn't work so you can repeat your successes, correct missteps, and improve your implementation.

Lessons learned

Ask yourself these questions about the evaluation processes:

Do we need to demystify evaluation?

Some aspects of evaluation can be technical or best handled by an experienced evaluator. Nonetheless, program staff or volunteers, including youth, can participate in many types of evaluation. Sometimes the hardest part is just reassuring people that evaluation uses existing skills and familiar data-gathering activities.

Do we need to expand our evaluation methods?

No single instrument or tool can tell you everything you need to know about program performance. Employing multiple methods will reveal different aspects of the results. You can train staff in such techniques as tracking observations in online journals. Teaching survey techniques to youth can improve response rates even as it gives them new skills and confidence.

Do we need to make evaluation more routine?

Consider integrating new methods and skills you develop for process and outcome evaluations into your organization. Integrating monitoring processes for implementation and evaluation has been shown to boost program sustainability potential.



Save it

Keep taking notes about your findings in the Lessons Learned tool.

Getting ready for Step 9



Congratulations! You've implemented a teen pregnancy prevention program and evaluated it. You probably have an idea at this point of the program's success at achieving the outcomes your work group identified. The final two steps in this process will help you reflect on what you've done, fine-tune your work before you conduct your program again, and bring together ideas for sustaining your work.

Step 9 Continuous Quality Improvement (CQI)

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Focus question

How will we continuously improve the quality of the program?

Step 9 CQI takes you through an intentional process of discovering what can be improved so that things work even better the next time you offer this or another teen pregnancy prevention program. Of course, we hope that most things turned out the way you thought they would, demonstrating good processes and outcomes. Even so, you probably discovered that some things didn't turn out as you'd hoped.

We've based the tasks in this step on a common business strategy called continuous quality improvement (CQI). CQI takes what you've learned as you evaluated your planning, implementation, and outcomes and then applies it to the continuous improvement and growth of your programming. It's a simple,

but systematic work review to see what changes you could make to improve your program the next time around.

It means, simply, that you constantly collect and use information to make adaptations to your program so that it works better over time. Although CQI can be used to identify areas in need of improvement, it's more than just a process of finding and fixing problems. It shows you what's working well so that you can build on it and repeat your successes. Asking questions, discussing the possible answers, reaching agreement, and communicating decisions are all part of a cyclical, healthy, and useful CQI process.

CQI also helps build the sustainability of your program. The more you can repeat your successes and improve the planning, implementation, and evaluation of your program at every stage, the more you increase your chances of sustaining your work on a number of levels. Engaging in an on-going CQI process keeps you current and responsive to changes going on around you and within your organization. Being responsive and adaptable is important to keeping your good work going.

Materials

You've probably already compiled all of the materials you will need to do a CQI review in your three-ring binder:

- Completed Step 1 **Resource Assessment** and **Priority Needs Filter** tools
- Completed Step 2 **BDI Logic Model** and **SMART Desired Outcomes** tools
- Completed Step 4 **Program Fit Assessment** tool
- Completed Step 5 **Capacity Assessment** tool
- Completed Step 6 work plan, **Work Plan** tool, and **Culturally Appropriate Programs Checklist**
- Completed Step 7 **Process Evaluation** showing successes and challenges of delivering your program
- Summaries of staff and participant satisfaction surveys (if performed)
- Completed Step 8 **Outcome Evaluation** and data summary from fidelity monitoring

To complete this step, you'll need:

- Copies of the Step 9 **CQI Results** tool on the CDC Teen Pregnancy website



Step 9 checklist

Upon completing Step 9, your organization will have conducted CQI assessments of your work and come up with an associated plan for improvement.

- Document successful program activities
- Assess program activities that did not work well overall or for specific groups
- Identify areas for improvement
- Create strategies for improvement
- Increase buy-in within your organization by soliciting and acting on the suggestions of program staff



FYN tackles Step 9

Before FYN implemented and evaluated MPC for the first time, the work group already knew they wanted to conduct a formal continuous quality improvement review of everything they had done so far. They hoped that a CQI review would show what had worked well, what had not worked out as planned, and where FYN could make improvements the next time they ran MPC.

Led by the FYN program director, the adult and youth facilitators, FYN staff and administrators, and work group members met to review how things had gone. They drew upon the materials saved in their three-ring binder, including program information and evaluation results, and walked through the **CQI Results** tool together.

Reasons for conducting CQI

Programs that are implemented multiple times are frequently subject to some kind of review to ensure that the intended benefits are still being achieved. Funders want evaluation results to demonstrate that their funds are well spent, and those involved with implementing programs want to know they are having the desired impact. Even if adequate resources exist to thoroughly study the impact of programs, however, very few get all components correct the first try.

Continuous quality improvement (CQI) is one important aspect of evaluation that can be used to improve a repeated program's effectiveness. You have already done a short form of CQI by performing needed **midcourse corrections** during the implementation. You now have an opportunity to make more substantial improvements in program performance before you repeat it. We sometimes call this **strategic CQI** because it involves a broader approach to improvement. Being conducted *after* a round of your program has been implemented, strategic CQI is also a great opportunity to learn from previous implementation efforts in which program processes and outcomes were well documented (Wilson et al. 2009).

Benefits to the program

Document program components that worked well. Tracking success helps to ensure that future implementations also will be successful.

Assess program components for elements that did not work well. Recognizing weaknesses and failures helps to clarify improvements you can make.

Support program staff by obtaining and using feedback. Useful critique promotes growth and an increasing ability to produce more effective programs.

Benefits to the organization

Support staff and organizational values. CQI is the right thing to do for those interested in offering the most effective services possible for their clients. Participating in CQI activities can also energize people by reflecting on their work and having input into programming moving forward.

Polish the organization reputation. Funding and sustaining an organization may depend on how much an organization demonstrates to the community that it can provide quality services consistently over time.

Boost service delivery and help maintain consistently high quality. Organizations have to invest time and money to satisfy funder and regulatory requirements for data collection. Systematically studying and using data makes good business sense and provides important information on which to base service improvements, thus helping to increase the return on the investment required to collect the data in the first place.

Promote an understanding of program and organization dynamics. CQI participants become more skilled in anticipating and responding to changes in demand for services or resources.

Show ways to use data for smarter, targeted choices. Learning to collect, study, and use data helps organizations better understand the link between internal goals and outcomes. CQI thus informs organizational processes for reaching those goals and outcomes.



Key point

CQI offers an opportunity to make more substantial improvements in the program's performance before you repeat it.

Information to get you started

Now that you've implemented your program, it's unlikely that everything worked exactly as planned. You may not have obtained all the outcomes you had hoped for. You may have run into barriers and challenges along the way that you didn't anticipate. This is all normal. CQI can help you surmount those issues so that your program can grow and improve.

You can use what you learn to adjust and improve your program. Program staff that learn from evaluations and feedback will implement increasingly more effective programs. For example, there may have been challenges with implementation, participant retention, or issues related to fit. CQI tasks can help you decide how to adjust your plan and its implementation so that you continue to move closer to your goals and desired outcomes. They will help you articulate:

- What worked
- What didn't
- What should be changed

The process takes you through a review of your results by having you answer a few key questions associated with the eight preceding steps.



Step 1 Needs & Resources

Are our data still relevant?

Are the needs we're addressing still the most important ones?

If not, do we need to perform another assessment?

Have there been significant shifts in our resources?



Step 2 Goals & Outcomes

Which of our goals and desired outcomes have we achieved and which ones have we not achieved?

Do we need to adjust or change our desired outcomes or reconsider which participants we're trying to reach?



Step 3 Best Practices

Which strategies are producing our desired outcomes and which ones aren't?

Do we need to find new strategies to achieve our unmet desired outcomes?



Step 4 Fit

Do we need to change our assessment of fit with regard to our participants?

Does the program still fit with our organization and stakeholders?



Step 5 Capacity

As we review what's working and what isn't, do we still have adequate fiscal capacities to support the program?

Do we still have adequate staff capacity (e.g., training, qualifications, time) to maintain program fidelity?



Step 6 Plan

Was our implementation plan adequate?

Were our process and outcome evaluation plans adequate?

How well did we follow our work plan?



Step 7 Process Evaluation

Did we implement the program with fidelity?

What mid-course corrections did we make, if any?

Were our process and outcome evaluation plans adequate?



Step 8 Outcome Evaluation

Did we reach our desired outcomes?

Were our process and outcome evaluation plans adequate?



Note

If you're interested in delving even more deeply into the CQI process, look on the CD for **CQI_description.pdf**, an extract from the Healthy Teen Network CQI and Program Sustainability Training.

How to implement a CQI review

The CQI review process is a straightforward, systematic review of your work to see what changes you could make to improve your program the next time around. When you look at those questions for each step, it sounds more complex than it really is. Actually, when you sit down to look over all that you've learned and accomplished, you're asking yourself one basic question:

What can we do better?

Keep in mind that adjustments to improve the functioning of your program need not be major. You may find, for example, that enhancing staff training in their use of some evaluation tools will help you capture more useful detail. Such adjustments can be made as you move ahead with other successful elements of your program.

Prepare the review

Start by establishing a CQI review group from members of your program work group. To ensure that all the tasks get done and changes get implemented, designate one person to lead the group.

Next, engage your program staff in discussions about the CQI process. Help them understand what's coming so that they'll be ready to offer input, which you'll incorporate into your CQI documentation.



Note

Be thoughtful as you plan CQI meetings in which you discuss challenges. Limit participation to those individuals whose input is essential. Emphasize the team approach and a balanced point of view in CQI discussions so that no one feels blamed for something that didn't work. Critique the program based on data; don't critique the people.

The last bit of preparation before you begin is to gather up all the information you want to review (see Materials, p. 9-2). If you don't already have everything you need assembled in a three-ring binder, now is the time to do it.



Memory flash

CQI starts with actions taken in Step 1 Needs & Resources:

Establish a work group.

Collect data. You probably have already gathered most of the material you need.

Make sure everyone involved in the CQI review obtains the relevant material before they arrive at the review session. That way they can get up to speed in advance, which will save time in the meeting. You could also distribute copies of the **CQI Results** tool ahead of time so that people know which issues to think about.



Tool

The **CQI Results** tool is located at <http://www.cdc.gov/teenpregnancy/about/index.htm>. The fictional FYN illustrates its use.

Complete the review

It may take more than one session to complete the CQI review. Depending on the amount of advance preparation you've done, you might be able to complete your review in a long meeting, or you might want to use several meetings or even a daylong retreat to digest everything.

Let the **CQI Results** tool guide you through your materials and select data. The tool is divided into three parts. Because CQI uses a stepwise process, we ask that you carefully follow the tool instructions to accomplish the following:

Needs & Desired Outcomes

1. Match needs identified in Step 1 Needs & Resources with corresponding Measurable Evidence Statements from the **SMART Desired Outcomes** tool in Step 2 Goals & Outcomes.
2. Rate the success and impact (e.g., indicate whether any perceived change was Positive, Negative, or None [didn't occur at all]) with each measure using data in the Step 8 Outcome Evaluation.
3. Determine whether or not further action is required to revisit the program to address negative impacts or missed targets.

Outcome Evaluation

4. Use information in the Interpretation column of the Step 8 **Outcome Evaluation** to indicate the impact of each evidence measure with respect to the desired outcome and the amount of change.



Key point

If you find that there are new needs in the community, you'll have to come up with new goals and desired outcomes targeting those needs as well as different programming, fit and capacity assessments, plans and evaluations.

Process Evaluation

5. Copy data from the Step 7 **Process Evaluation** into the Dates and Participation Targets and Attendance sections, calculating the percent of your priority population that actually attended and the percent of actual participants included in the evaluation.



Tip sheet

Your **Fidelity Tracking** tip sheet from Step 7 may come in handy here.

Planning Program Improvements

6. Make decisions about changes the group needs to institute before implementing the program again. Even if you don't present the exact same program, the information here can inform further programming decisions.



Save it

Save the completed **CQI Results** tool with all your other program documentation. Whether you recreate the current program or choose something else, this information will help you achieve optimum results in the future.



FYN completes the CQI process

Using the **CQI Results** tool, the FYN work group documented its results. Generally, the group agreed that the need for the program still existed and that their goals and outcomes remained the same. MPC, as adapted and implemented, suited the 8th grade participants in the middle school, but FYN wants to expand the use of the curriculum to other grades in the middle school. FYN knows that adapting MPC to fit with younger students will require some work, however, and expansion may take more resources than they currently have.

The more immediate concern with regard to resources was discovering that it took more time and effort than the staff had anticipated to recruit and train peer facilitators. FYN remained committed to having peer facilitators and planned to use the lessons learned to include more time and support for recruitment and training.

Everyone agreed that the time spent developing a detailed, phased in work plan that included process and outcome evaluation plans was time well spent. It paid off in high quality program implementation and good data collection. Next time, FYN wants to concentrate on improving the outcomes that were not met while maintaining those that were.

Although FYN anticipated that involving peer facilitators could be positive for the youth involved, the peer facilitators themselves reported a significantly increased confidence level and improved leadership skills. The FYN program director wants to enlist these peer facilitators next year to help train new peer facilitators. She also wants to see if there is some way to measure the impact of their leadership on the participant experience.

FYN concluded its CQI process by incorporating several changes into the work plan for the next cycle of MPC implementation.



CQI Results

Program: Making Proud Choices Compiled by: Alisha Date: June 11, 2016

Needs & Desired Outcomes

Need Addressed	Measurable Evidence Statement	Outcome Evaluation Result	Action
1.	<i>By the end of the program, 15% of MPC student participants will decrease the frequency of sexual intercourse, as reported on post-tests.</i>	<input checked="" type="checkbox"/> Reached <input type="checkbox"/> Missed <input type="checkbox"/> Exceeded Change: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> None	<i>No</i>
2	<i>MPC participants will increase knowledge of HIV/STI prevention, transmission, and protection by 20%, as reported on post-tests.</i>	<input type="checkbox"/> Reached <input checked="" type="checkbox"/> Missed <input type="checkbox"/> Exceeded Change: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> None	<i>Yes</i>
...			
8	<i>MPC participants will increase knowledge of problem-solving/ negotiation by 20%, as reported on post-tests.</i>	<input type="checkbox"/> Reached <input checked="" type="checkbox"/> Missed <input type="checkbox"/> Exceeded Change: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> None	<i>Yes</i>
...			
22	<i>MPC participants will increase goals, dreams, and beliefs (belief that sexual involvement might interfere with one's goals and dreams for education and career), by 30%, as reported on post-tests.</i>	<input type="checkbox"/> Reached <input checked="" type="checkbox"/> Missed <input type="checkbox"/> Exceeded Change: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> None	<i>Yes</i>
...			
30	<i>MPC participants will increase condom use skills and self-efficacy, by 25%, as reported on post-tests.</i>	<input type="checkbox"/> Reached <input type="checkbox"/> Missed <input checked="" type="checkbox"/> Exceeded Change: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> None	<i>No</i>

Process Evaluation

Dates and Participation Targets

Program dates _____

A. Total priority population: 252

Age/Grade: 8th

Other characteristics: _____

Attendance

B. Total program participants who attended every session 22

Did you maintain fidelity (offer activities according to program requirements)? Yes No

If No, what percent of the program was actually delivered? _____

Process evaluation results

Divide the total at C. by the total at A.

Divide the total at C. by the total at B.

C. Total participants in evaluation: 25

% of target: 10% (C÷A x 100)

% of actual: 88 (C÷B x 100)

Evaluation participants (check all that apply): Facilitators or staff Participants (all) Participants (some) Others peer facilitators

How well does the evaluation represent the population served? (check on): Not at all well Somewhat well Very well

Planning Program Improvements

CQI Questions	Response	Changes for the Next Time
<p>1. Do we need to do another needs assessment? How relevant and current to our participants is the data?</p>	<p><i>No, we just need to be able to accommodate the whole cohort of 8th graders.</i></p>	<p><i>Grow the program</i></p>
<p>2. Do we need to change goals & desired outcomes or potential participants? Target different behaviors? Address other determinants (see BDI logic model)?</p>	<p><i>No, the original overall goal of decreasing frequency of sexual activity and increasing use of condoms for sexually active youth is still relevant</i></p>	
<p>3. Should we consider another evidence-based program? Or are there other improvements we need to make?</p>	<p><i>No. MPC worked well with our youth population, and so for now. We are interested in continuing the work we started with these youth, by continuing to offer sex education programs throughout their high school tenure. We would like to complete this entire GTO process for our youth who have already completed the MPC program, to identify needs, select and implement another evidence-based program, and evaluate it. We are also interested in differentiating the programs we offer based on age/grade.</i></p>	
<p>4. Does the program still philosophically and logistically fit our organization, stakeholders, and participants? If not, why not? What adaptations could be made?</p>	<p><i>Yes, the program continues to meet the needs of many young people as well as those of the parents and the community, but early research indicates that there is a significant developmental difference in how 9th graders (ages 13-14) learn vs. how teens 16 and older learn.</i></p>	<p><i>We would like to complete this entire GTO process for our youth who have already completed the MPC program, to identify needs, select and implement another evidence-based program, and evaluate it. We also want to differentiate the programs we offer based on age/grade.</i></p>

CQI Questions	Response	Changes for the Next Time
<p>5. Do we have the resources and capacities to do the program well? Has there been a shift in resources? Are new staff capacities needed?</p>	<p><i>The most demanding part of the program is time and effort needed to recruit and train volunteer peer facilitators needed to assist in delivering the curriculum. Because we used groups slightly larger than originally used with MPC, we followed the suggested adaptation of using peer facilitators as well.</i></p>	<p><i>We might reconsider this adaptation. MPC is still proven to be effective without peer facilitators, if the groups are small enough. This however, would require more salaried staff support. We will continue to research this option.</i></p>
<p>6. How well did we plan? Any suggestions for improvement?</p>	<p><i>We followed the 10 steps of GTO, which helped us considerably in our planning. In our work plan specifically however, we might add more detail to capture the preparation adult and peer facilitators need to do, beyond initial curriculum training.</i></p>	<p><i>Plan for more preparation time for adult and peer facilitators.</i></p>
<p>7. How well did we follow our work plan? Did we implement the program with fidelity? What are the main conclusions from the process evaluation?</p>	<p><i>Adult and peer facilitators followed the curriculum quite well. As this was their first time using this curriculum, we expect them to be even better facilitators the next time we implement the program.</i></p> <p><i>We did find the staff fidelity logs to be a helpful instrument in understanding implementation successes and challenges, although sometimes we did wish there was more detail there.</i></p>	<p><i>We'll continue to train facilitators, as well as support them more in their preparation to facilitate.</i></p> <p><i>We plan to prepare more staff training on using these logs so that we can obtain even more detail next time.</i></p>

CQI Questions	Response	Changes for the Next Time
<p>8. How effectively did the program help us reach our desired outcomes?</p>	<p><i>We found that the youth who completed the MPC program were more likely to decrease sexual activity, and among those who were sexually active, they were more likely to increase use of condoms.</i></p> <p><i>One unintended, but positive outcome was the increased confidence level in the student leaders as well as improvement in the skills.</i></p> <p><i>While some outcomes were not reached according to our initial outcome objective statement percentages, we realized some participant knowledge and attitude was higher at baseline, and positive change did still occur.</i></p>	<p><i>With just a few changes in our recruitment, training, and program support, we believe we can continue to deliver this program.</i></p> <p><i>With completion of GTO for MPC “graduates,” we believe we can expand this program.</i></p> <p><i>We did realize that we want to make improvements to our outcome objective statements, as well as our survey tools. We want to be able to better capture data relevant to our outcome objective statements, and we want to better capture a range of change (i.e., ask questions using a range/scale rather than yes/no, to capture changes in degree, from baseline). We also want to modify our outcome objective statements to better reflect participant baseline knowledge and attitudes, as well as be more realistic.</i></p>

Applying Step 9 when you already have a program

If you have been delivering a program for some time now, reviewing what you have done to date is a very important step. Using CQI, you can note the successes and challenges you've encountered and examine your program's effectiveness at achieving your goals and desired outcomes. Gather all the information you have available and work with your staff to conduct a CQI review process using the tools provided, because CQI can:

- Reveal ways to keep improving the program so it continues getting better
- Allow you to update your program as circumstances or research changes
- Clarify the factors that contribute to your successes.
- Build confidence among those involved in your program, from staff and volunteers to funders, community supporters, and key stakeholders

Sustainability at this stage

Clearly continued performance improvement will help you better sustain your efforts. CQI can help identify ways to improve the alignment of your program with participant needs, improve program implementation, and identify resources for maintaining or even expanding your work. It can even lead to ways of finding resources.

Lessons learned

Next, in Step 10 Sustainability you'll consider how to maintain and improve your CQI efforts as part of your overall plan for sustainability.

Here are some questions to think about, regarding any lessons learned during CQI that will help you as you proceed:

What factors are out of our control?

Have circumstances or contexts in our community changed and affected our work?

Have the needs of our participants changed; if so, in what ways?

Do larger funding or staffing issues need to be addressed?

The key questions we suggested for your CQI review relate very closely to the specifics of your work and the program you've implemented. In your conversations, however, you may also want to talk about your collective awareness and experience with factors influencing your work, which may be out of your control. By helping you focus on what you can realistically do about those issues within your control, these conversations could help inform the answers to the CQI questions and clarify the path you need to take to improve your work.

Does it make sense to expand CQI throughout our organization?

We hope the advantages of using CQI with a specific program are clear. A commitment to agency-wide continuous quality improvement has obvious internal benefits (e.g., highlighting your successes, improving your work, etc.). We also hope you see some advantages to expanding the CQI process into other areas of your organization, because you may reap benefits outside the organization as well. Community members and other stakeholders, such as funders, will appreciate an organization that is consciously looking for ways to improve its performance.



Save it

Keep taking notes about your findings in the Lessons Learned tool.

Getting ready for Step 10



Throughout this guide we've suggested ways you could think about sustaining your program at each stage of its development. In Step 10, we'll summarize the information and help you get into it more deeply and intentionally.

Before you move on, you might want to take a little time to digest what you've learned. You could hold a meeting with key members of your staff, volunteers, participants, or stakeholders to talk about your conclusions. If you're confident that the program's impact has been completely positive, by all means, proceed directly to Step 10 Sustainability. If, however, your CQI assessment suggests you should make significant changes to your program or change the program you're delivering, we recommend that you carefully consider the alternatives. You may need to go back and re-do some tasks in previous steps.

Step 10

Sustainability

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Focus question

If our program is successful, how will we sustain it?

Step 10 Sustainability is aimed at helping you perpetuate your successes. If you are reaching your primary goal of helping teenagers avoid pregnancy and other adverse outcomes from unprotected sexual activity, then your program is getting positive results. Those positive results are worth sustaining for the benefit of the young people as well as others in your community who have a vested interest in your work.

Unfortunately, even successful programs can end prematurely due to funding cuts or shrinking resources or changes in priorities among decision makers. Although success at meeting goals and the ability to secure ongoing support and funding are both important, sustaining prevention strategies and programs involves more than money. Building the sustainability of your work involves an

intentional effort to identify and integrate important aspects of your work into the day-to-day operations of your organization as well as provide long-term benefits to the whole spectrum of stakeholders (Johnson et al., 2009). At the same time, building sustainability involves making some potentially difficult choices about what *not* to maintain since not every strategy or program that is implemented should be kept going, especially if it isn't working or if resources become more limited.

Your conversations about sustainability should start with two important questions:

What is working that should be sustained?

How do we sustain elements that merit continuation?

While the field of sustainability research is still emerging, a core set of ideas and actions that you can use to develop your sustainability efforts has emerged. Fortunately, a lot of the work you have already done in the PSBA-GTO-TPP process is grounded in what we are learning about how to build strong sustainability efforts. While much has been written about sustaining coalitions and organizations, this step emphasizes what is known about sustaining *evidence-based programs*. The step provides guidance on:

- Key factors that define sustainability
- How to recognize what you have already done to build and promote sustainability
- What next strategic actions can you take to further strengthen your work

Materials

You've probably compiled all of the materials in your 3-ring binder that you'll need to conduct a sustainability review. In addition to all of the worksheets, tools, information, research, and results you've gathered, the following will be especially useful:

- Any notes or thoughts you gathered when discussing the **Considerations in Advance of the PSBA-GTO-TPP Process** tip sheet found on page xiii of the Introduction.
- Notes gathered as you worked through the **Lessons Learned** tool throughout the PSBA-GTO-TPP process.

- Your **CQI Review** from Step 9.

Step 10 checklist

Upon completing Step 10, your organization will consider a plan for upcoming action. In so doing, you will:

- Identify and assess work you've already done that contributes to sustainability
- Consider a simple, strategic plan for your next actions
- Earmark strategies for gradual financial self-sufficiency
- Recognize and recruit program champions



FYN takes on Step 10

Step 10 – Since the evaluation results showed that *Making Proud Choices!* did have some of the desired results, and CQI showed ways to improve program performance, the FYN work group decided it did want to continue implementing MPC. FYN still also had a longer-term vision of expanding MPC or implementing another program to other middle school grade levels. While funds remained from the state grant to implement MPC for a second year, FYN wanted to find ways to support MPC beyond that second year while also looking at finding the resources to expand teen pregnancy prevention to other grades.

A subcommittee of the FYN work group met to discuss possible next steps on sustainability. Using some of what had been learned in the PSBA-GTO-TPP process from notes compiled in the **Lessons Learned** tool, they considered:

- Developing an intentional sustainability plan with a set of goals and action steps. The subcommittee talked about applying a mini-GTO process to planning for sustainability.

- A communications plan for sharing knowledge about what was learned in the PSBA-GTO-TPP process to better inform current and future program supporters about the work and good planning that had gone into successful implementation of the program. The subcommittee thought if more people learned more about the needs for as well as strengths and benefits of the program, they could increase support and thus, program sustainability.
- Using the sustainability planning process and communications to connect with key people and partners so they could learn about program benefits and value those benefits. This includes people internal and external to the implementing program.
- How to institutionalize MPC into FYN

After some discussion, the subcommittee recommended to the FYN work group that time should be devoted to developing a more intentional sustainability plan for MPC. FYN staff also suggested that sustainability planning would benefit the entire organization, so the work group planned to have a daylong retreat to map out sustainability plans

At the beginning of its second year, MPC seamlessly merged with other extra-curricular activities at the middle school. FYN's program director credited the ease to an emphasis on awareness in the first year of the program. FYN spent time building more stakeholder ownership within its own agency, aligning the use of MPC more with FYN's substance abuse prevention emphasis as well as increasing the connections and relationships with other violence prevention programs and agencies in the community.

Reasons for building and promoting sustainability

Providers can achieve a “Perfect 10” with their program planning, implementation, and evaluation and still not achieve long-term sustainability. Public and private sector leadership changes often bring changes in interests and priorities. Funding sources change their focus or end totally.

The review you undertake with the intent to sustain your program will be unique to your organization, community and program participants, but the first question you should consider is the same for everyone:

Should the program we delivered be sustained?

Also, to help you think about whether your program is worth sustaining, ask yourself:

Does the program continue to address needs in the community?

Has the program been shown to be effective, or does it have the potential to be effective with feasible improvements?

If the answer to any of the questions is no, then it may be better to develop a different program rather than sustain the current one. This doesn't mean you shouldn't continue your efforts to prevent teen pregnancy and HIV/STI. Look for ways to strengthen your efforts as you rework your approach. If your program was not an evidence-based program, and it is not delivering solid results, now is the time to reconsider that decision. You may need to return to Step 3 Best Practices and revisit the process of selecting a more suitable EBP. It is also possible that you used an EBP but it did not have all the desired outcomes for the population(s) you serve. Reconsidering other program options is not a sign of failure—it is a sign of quality improvement and commitment to successful prevention.

If the programs or strategies you implemented were successful, working to sustain these successes provides a wealth of important benefits to youth, your organization, and the many stakeholders involved in your efforts. The sustainability process can enhance the overall effectiveness of your work through:

- Better connection of vision, planning, and outcomes
- Maximized use of available resources

- Development and strengthening of relationships in all parts of the community that you need to sustain your work
- Increased relevance of your work by involving more people from the community more deeply, and creating more opportunities for participation, collaboration, and resource sharing
- Clearer distinctions between the activities that should be sustained from those that should not
- Better capacity building and stronger organizational structures to support your work



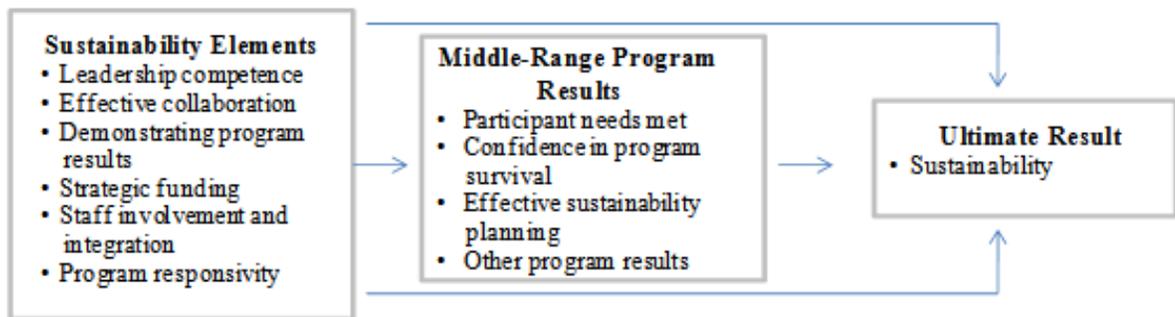
Key point

Intentionally identifying what you want to sustain and then building the capacity to maintain what is working can be used any number of ways to increase the visibility of your work. Sharing your sustainability plans can broaden your outreach, help more deeply root your efforts and successes within the community, and help promote needed and positive change.

The sustainability-building process is not about achieving a status quo, but rather, is more about keeping your fingers on the pulse of changing community needs and responding to it. Sustainability involves finding clear, fresh ways to talk about the importance of investing in the health and wellbeing of adolescents, including effective teen pregnancy prevention programs and efforts. It also involves empowering and engaging youth themselves. They find their own voice to articulate their health needs and support for the types of programs that you provide.

Information to get you started

In recent years, several organizations and a number of researchers have undertaken the study of what constitutes sustainability in programs, organizations, and prevention systems. The Office of Health Policy in the Department of Health & Human Services (HHS) published a review of the scientific literature in 2010 (updated in 2011), which summarized current sustainability definitions and measures and presented a conceptual framework for assessing the sustainability of community coalitions once federal funding expires. While the review emphasized the sustainability of community coalitions, it also cited an investigation into the sustainability of community-based programs by Mancini and Marek that identified seven sustainability elements, shown in the diagram below (Mancini and Marek, 2004), as linking to program results, and together leading to sustainability.



The HHS report goes on to describe how these and other elements of other sustainability models can contribute to building the longevity of programs and coalitions if intentionally applied through *planning* for sustainability. Currently, drug and alcohol prevention coalitions in Tennessee, for example, are applying a multi-step planning process to their work using a GTO-based sustainability toolkit, *A Sustainability Toolkit for Prevention Using Getting To Outcomes™* (<http://www.jrsa.org/njiec/tk-sustainability-sp/sustainabilitytoolkitgettingtooutcomes.pdf>). Those coalitions are finding that developing a strategic plan for sustainability, including the development of goals and outcomes for sustainability, building capacity and assessing their progress – much in the same way you have applied the PSBA-GTO-TPP process to your prevention program – can provide a clear and manageable road map for keeping successful prevention efforts going.

While there are benefits to developing a strategic plan for sustainability, this step will not engage you deeply in the details of such a process. Rather, we will

highlight the important elements identified in sustainability literature that you have already accomplished and suggest, through the use of your existing materials and a **Sustainability Review** tool included in this step, how to summarize possible next actions for your own work. We leave it to you to decide how much further you wish to engage in a sustainability planning process once you have read through this step and completed your Sustainability Review.



Online resource

Literature Review: Developing a Conceptual Framework to Assess the Sustainability of Community Coalitions Post Federal Funding, by National Opinion Research Center for the U.S. Department of Health and Human Services

http://aspe.hhs.gov/health/reports/2010/sustainlit/report.shtml#_Toc266173597

What do we Know about Sustainability?

Our view of sustainability is based largely on work done by Johnson, Hays, Center, & Daley in 2004 summarizing their substantial review of the available literature, leading to a sustainability planning model. The Johnson et al. article then formed the basis for the development of a toolkit on *Sustainability for Prevention Using Getting To Outcomes* currently being field tested by drug and alcohol prevention coalitions in Tennessee. Many of the conclusions reached by Johnson et al. dovetail with those found in the previously mentioned HHS report.

Adapting Johnson et al. to our context, we define sustainability as *the process of building and ensuring adaptive prevention strategies, programs, and organizations, all with the on-going capacity to prevent teen pregnancy* (2009). The use of the term “adaptive” is key here. As previously mentioned, sustainability is not about achieving some sort of status quo, but rather, about understanding the ongoing, changeable nature of your community and being able to adapt your work to it as needed to sustain your efforts. Being adaptive to changing conditions around you will help you keep your work relevant and thus, increase your sustainability chances.

Based, in part, on the work of Johnson et al., we find several important ideas are foundational to our view of sustainability:

Sustainability is about strategic focus. It’s not possible or even desirable to try and do everything at once. We want you to continue building on your current successes while learning to recognize opportunities to further build and promote sustainability. This may mean making some decisions about which elements of sustainability are critical to start with and which ones can wait until later. For example, you may need to concentrate first on better data collection and resource development while deciding to work on strengthening collaborations later. It is entirely possible, however, that it’s strategic for you to focus on strengthening collaborations first as a way to develop better data and new resources.

It’s important that you remain flexible enough to respond to opportunities as they arise without losing sight of the bigger picture of what you are trying to do. As in other parts of the work you have done, this will probably involve

some tension as you work to achieve balance. *The guidance in this step will help you see where to be strategic in your focus.*

There are different levels of sustainability. Although we encourage you to focus first on sustaining your teen pregnancy prevention programs, you may also be considering ways to build and support the capacity of your organization, other partner organizations, as well as the community you are working with. Working on all these levels adds up to the larger context of a prevention system that you're building in which to do your work. *The guidance in this step will help you look at ways to bolster the sustainability of different levels of this system on which you can have a direct impact.*

There are different stages of sustainability. Sustainability isn't really something that can be achieved, but it is something that can be built and promoted over time. We envision you working on maintaining some of the elements you have in place, and then maintaining those areas while moving into building sustainability in new areas as resources and capacity allow. For example, you may have several champions who are currently key to your work, but you know eventually you will have to find new champions to take their place. Your ultimate goal may be to eventually develop a policy for recruiting, training, and supporting prevention champions. *The guidance in this step will help you think about ways to stage and grow your sustainability activities in ways that fit with your current capacities.*

It's important to continue making time to reflect and celebrate! Sustainability is about making sure that your successes continue, which means that individuals and communities will keep benefitting from your prevention efforts. It's important to acknowledge each of the many successes along the way and those yet to come. Sustaining what is working will make everyone's job easier!

The work you have done thus far in the PSBA-GTO-TPP process should be clearly pointing you in the direction of programs worth continuing. Next we examine two important areas identified in the literature to help bolster those successes -- key program elements that aide sustainability on which to concentrate and how to routinize certain practices to deepen your work.

Program characteristics important to sustainability

Research shows that strengthening or increasing the following general characteristics of any program contribute to sustainability (Johnson et al 2004):

- The program aligns with the needs of participants.

- The program is compatible with the implementing organizations.
- There are relationships among key stakeholders.
- The program has been shown to achieve stated goals and outcomes.
- The program has stakeholder ownership.

These align very closely the steps in PSBA-GTO-TPP so you can see that the process itself helps you to stay on course for long-term sustainability of successful efforts. Next we walk through each of these and link it back to the steps in the manual to further show how it all connects and builds toward sustainable programming.

Alignment with participant needs

Starting in Step 1, you began a process of determining whether or not the program you planned to use would meet the needs of the potential participants. This process continued through Steps 3, 4, and 5 as you assessed the evidence base, fit, and capacities related to your chosen EBPs. If your work was impactful, your evaluation data in Steps 7 and 8 provided further proof of alignment between the program and your participants. Confirming and strengthening the alignment of your priority needs with your specific program and prevention activities ensures that activities are indeed targeting the needs of your participants.



It's well-known

Studies suggest that, regardless of your organization's capacity to support the continued implementation of a program, it will not be sustainable unless it meets the needs of your participants (Johnson et al., 2004).

Compatibility with implementing organizations

Even as far back as the Introduction to this guide, you were thinking about the internal supports for your work as well as the community context in which you would be working and who your key partners would be. In addition to program alignment with participants, the EBP you choose to use must also fit well with the organization charged with implementing it. In Step 3, you spent time reviewing potential EBPs based on evidence. In Step 4 you looked at fit, in part, for your organization and in Step 5, you examined your capacity needs to make sure the work could fit in your organization and that you could fully implement the EPBs being considered.

Implementing organizations are more likely to adopt and use a program if they perceive that it will benefit them. This means not only board and management support for a program, but staff engagement with it as well. Organizations examined in the sustainability literature also rate compatibility higher if the program doesn't conflict with work already being done and if it is believed to fit with organizational values.



It's a fact

Simplicity of implementation, compatibility with participants and staff, and perceived benefit for a variety of stakeholders can all enhance program sustainability (Johnson et al., 2004).

Relationships among key stakeholders

Your work on developing and maintaining positive, trusting relationships among participants, staff, administrators, funders, and other stakeholders began in the earliest stages of your PSBA-GTO-TPP work and has been crucial to your success all the way through the process. Research supports this needed focus on relationships as an important ingredient for the sustainability of your work. It is important to establish and maintain positive relationships among organizational decision makers, strategy implementers, and evaluators. Those successful in building sustainability seek to enhance relationships by increasing several key aspects: everyone's ability to collaborate, the level of trust present among stakeholders, success in ongoing communications, and maintaining everyone's enthusiasm and support for the chosen EBPs. Depending on the history of your organization and the level of community stakeholder involvement in teen pregnancy prevention, efforts to mobilize your community leaders around adolescent health, including the prevention of teen pregnancy, may be an important step toward sustained community response to the issue. Fully participating or even creating a community action team or group could be a critical current or future need to maintain momentum and support for collective action. Consider

<http://www.cdc.gov/stopsyphilis/toolkit/Community/CommunityGuide.pdf>
resource for ideas about how to develop a community mobilization strategy and effort if this may be a key to sustaining your work and that of others.

Success at achieving stated goals and outcomes

Clearly, programs are more likely to be sustained—and should be—if they are able to achieve their stated goals and outcomes. Evaluations and assessments

have helped you find out if your chosen programs were successful. Your preliminary review of EBPs in Step 3 helped narrow your choices to those programs that already had demonstrated success. In Steps 7 and 8 you gathered your own process and outcome results, and then in Step 9 you applied a continuous quality improvement process to further strengthen your program's potential for success. All of the information you have gathered thus far contributes toward your understanding of the chosen prevention program's success in helping you achieve the goals and outcomes originally developed in Step 2.

A key to sustainability of a program or effort is demonstrating its worth. If your data support your program's effectiveness, this can drive motivation to sustain it among funders and decision-makers in your community. Sharing your data is a key way to inform others of the successes you are having and to open dialogue about how to sustain this success. Newsletters, partner communications, presentations in the community and in state, regional, or national gatherings, and publication of your success are important strategies to consider in getting the word out.

If your data do not support it or if you did not gather outcome data about the program, this is a much harder position to advocate from. You should seek to sustain programs that show desired outcomes and aim to further refine approaches or consider new ones if data do not support their effectiveness.

Stakeholders have ownership

Across the breadth on your work, the term "stakeholder" has come to include many different types of people and organizations. You started gathering stakeholders during the initial stages of your work. Continued inclusion and support of stakeholders has been an important foundational activity all the way through the process.

Stakeholder ownership is important on a number of levels. People are more likely to participate in something if they feel personally committed to it. Part of your job has been to strengthen a sense of program ownership among diverse stakeholders. Doing so helps secure ongoing stakeholder commitment to helping you sustain your successes once those successes have been demonstrated through your evaluation results. This process might involve facilitating more active involvement and sense of ownership among current stakeholders while recruiting new ones who may be crucial to your sustainability plans. This can be accomplished through the engagement of an active community advocacy or

mobilization group such as a coalition, network, or other stakeholder group that you either join, already participate in, or need to consider developing to further the support for sustained action to prevent teen pregnancy.

With the incredible strides reducing teen births over the last two decades, it is important to continually demonstrate the need, value, and importance of continuing these declines. It may also be important to think more holistically about adolescent health where sexual and reproductive health is an important piece of the work. Broadening and connecting to adolescent health stakeholders will add supporters and increase sustainability options as state and national priorities wax and wane over time. Having your footprint in many sectors can be a winning strategy for maintaining a focus on teen pregnancy prevention and for sustaining important programs that have shown success in helping to reduce teen births in your community.

Institutionalization of practices important to sustainability

Another important area identified in the current research on sustainability talks about the importance of routinizing or operationalizing certain elements of your prevention work. Some researchers refer to this generally as *institutionalization*. Programs have a better chance of being sustained if they become a routine part of day-to-day operations. Johnson et al. (2009) summarize the research into ten institutionalization practices. We've adapted these ten practices to fit the PSBA-GTO-TPP context.



It's a fact

Research done by others, such as Hawe (1997), Goodman/Steckler (1989) and by Pluye et al. (2004) (which is based on work originally done by R.K. Yin), suggests a critical set of practices that involve institutionalizing funding strategies, personnel and staff activities, supplies, training, and organizational governance.

1. Key activities associated with implementing and evaluating the program have been integrated into job descriptions, requirements, and staff assessments.

The more a program becomes a routine way of doing business, the more likely it will live on in the organization even when staff and leadership inevitably come and go. This could mean ensuring that prevention principles associated with your work are embedded in job descriptions and become part of ongoing performance requirements.

2. Key staff and leaders responsible for program implementation and evaluation have been retained.

Essential to sustainability are staff and administrative leaders who:

- Seek to understand useful new innovations in programs and then foster integration of them into your work
- Support and facilitate those who must implement programs to assume leadership roles in planning, implementing, and using them
- Develop broader partnerships to reduce barriers and resolve problems that might inhibit institutionalization

Once staff members become experienced in the programs they are using, promoting them into higher positions can enhance sustainability. They take their knowledge and experience with them and move into positions that allow them to link different interests for continued support of successful programs.



It's a fact

Studies have found that top management support is a primary factor in sustaining programs (Johnson et al., 2004).

3. Supplies, materials, space, and equipment needed to continue implementing and evaluating the program are available.

Resources to support interventions mean more than money. Without computers, paper, books, art supplies or many other kinds of supplies and equipment, programs cannot be sustained. Curricula, videos and other materials may need updating from time to time. Certain activities may require comfortable open space for role-plays. Software needed for ongoing evaluation and record keeping will also need to be updated to keep your program work current.

4. Staff training and continuing education needs associated with implementing and evaluating the program have been incorporated into ongoing operations.

If staff members are not specifically trained to implement and support a program, their chances of success and sustainability can be compromised. A teaching staff may have access to a recognized EBP curriculum, but without good, in-service training from experts on its use, the program will eventually fail.

Trainings can also serve to diffuse knowledge throughout the organization using the program. If only people who are funded to implement a program are trained to use it, then their knowledge might be lost if they leave when funding ends. On-going training also helps to keep more people invested in the program.

Ongoing training ensures that new staff are exposed to information and activities needed to continue successful programs or that existing staff learn updated information. Training has been found to cut staff turnover and when personnel remain on the job, they can continue to implement important programs while training others and forming a constituency to support the longevity of successful programs.

5. The skills needed to implement and evaluate the program have become part of the (organization's/profession's) standards.

If the implementation of a program offers staff members a chance to advance personally or professionally, then they are more likely to promote its institutionalization. Skills training can also boost competency, energy, and enthusiasm, which can have a positive effect on program performance.

6. The program is integrated into manuals, procedures, and regulations of the implementing organization or implementation site.

Organizational memory is an important component to achieving institutionalization. You can establish this memory through written materials such as the report documents and administrative manuals. Such documentation will help to ensure that the necessary knowledge of activities such as needs assessments or EBP selection and implementation are well-documented and available to new and existing staff over time. The 3-ring binder in which you have collected all the materials produced during the PSBA-GTO-TPP process is a good example of documenting organizational memory.

Similarly, policies and procedures help ensure that a successful program remains part of your routine practice, even after staff or top management who may have advocated for it leave the organization. A Finance Project brief on *Sustaining Comprehensive Community Initiatives* (<https://www.center-school.org/fssr/documents/sustaining.pdf>) describes the development of strong internal systems that establish policies and procedures based on generally accepted standards and best practices as key to sustainability. Recommended policies and procedures include:

- Accounting and auditing procedures

- Procurement and personnel procedures
- Information systems
- Governance structures and management systems
- Communications processes to ensure staff, management, and board members are kept up-to-date on financial and administrative affairs as well as alerted to emerging concerns

Data and information from these suggested policies and procedures could help provide some of the information needed to inform the next two institutionalization practices.

7. An implementation monitoring process has been integrated into the program's on-going process evaluation activities.

You have established process and outcome evaluation practices as well as an on-going CQI review process as you proceeded through the PSBA-GTO-TPP steps. Now those practices and reviews should become more routine.

8. On-going outcome evaluation activities have been established and maintained.

Consistent, high quality implementation and evaluation of your work go hand-in-hand and boost your chances of achieving sustainability. Setting up a simple system for monitoring and documenting how well your work is put into practice and gathering ongoing evaluation data on your effectiveness are both important to your sustainability plans. Monitoring coupled with a regular cycle of CQI review can help you stay on top of changes you might need to make to continually strengthen your efforts. Coupled with ongoing evaluation, these important practices help you achieve sustainability while demonstrating to your partners and stakeholders that you are responsibly meeting your goals.

9. The program is supported by continuous soft or hard money.

AND

10. The program has survived annual budget and grant cycles.

These two funding practices also go hand-in-hand. Clearly, evidence-based programs cannot be sustained without money, but continuous grants and funding sources are hard to find. We all face the constant question of how to maintain funding for successful programs. Sadly, even when good programs are successful, changing financial circumstances and political environments sometimes prevent them from continuing. This is one reason why diversified

funding of your work is so important—keeping your work solvent and enabling you to pivot to other funding to keep your programs going even when some resources disappear.

Once you have determined programs that are working and should be sustained, The Finance Project recommends adopting what it calls a “strategic financing orientation” which emphasizes diversification of funding.” This means stakeholders consider a diversified portfolio of funding options aligned with specific purposes and seek to sustain core program components with various sources of support. In its brief on *Sustaining Comprehensive Community Initiatives*, The Finance Project suggests, for example, that capital financing, service subsidies, staff support, management infrastructure, and evaluation might all need to be supported by different funding sources. Developing multiple funding sources will help build a strong budget as well as help provide protection against funders’ changing fiscal priorities.

Assess sustainability and determine next steps

Going through the multi-step PSBA-GTO-TPP process has helped you collect important data used to plan, implement, and then evaluate the results of your program. You've also gathered information to describe the benefits and value of your work. Your CQI review helped you examine your results and make improvements to the program. Now you want to look back over all that you have done with an eye toward what it will take to sustain your teen pregnancy prevention program over time—both those inner-organizational actions and the stakeholder supports outside your organization. A sustainability review will help you get more concrete about what it might take to secure and maintain resources and build capacity for the future.

Using what you have already done as a foundation, sustainability reviews are about working strategically from your existing strengths and successes to determine what your next steps will be to continue building and promoting sustainability. The basis of your sustainability plans may simply be to confirm and keep doing the good work you are already doing, concentrating on maintaining what you have established so far. However, it is likely there are always ways to improve your position and chances for continuing to offer successful programs and services to prevent teen pregnancy.

Reviewing the foregoing information on important sustainability practices can help guide you in choosing the most logical new directions for sustaining your work based on current resources and capacities. For example, you may decide to concentrate your efforts on developing new resources to support your EBP, using your vision, logic model, and evaluation results to continue telling your story. Or you may decide to engage in or create a community action group to help mobilize interest, momentum among community leaders, and leverage multiple avenues for organizational, fiscal, and programmatic support. The action plan will be unique to your organizational needs and reflective of your community needs and resources on this issue.

Preparation

We recommend forming a small work group or subcommittee specifically committed to doing your sustainability review. You will probably want to include some of the people responsible for implementing and evaluating your program in this work group to provide valuable, practical information about how things went as well as continuity in your process.

Most, if not all, the information and data you have collected to date informs your sustainability planning. It will be up to you to choose which materials you think will be most valuable to your review. We suggest using the completed **Lessons Learned** tool you've worked on throughout the process to provide potential insights, particularly when married with the CQI review you completed in Step 9.

One possible angle to take in your sustainability discussions – applying the PSBA-GTO-TPP questions in a sustainability context. Here are the questions adapted for our context from the *Sustainability for Prevention Using Getting To Outcomes Toolkit*:

1. What are our needs and resources for sustainability?
2. What are our goals and outcomes for sustainability?
3. What best practices can be used to build sustainability?
4. How do these best practices for sustainability fit with our work?
5. What capacities do we need to build sustainability?
6. What is our plan for sustainability?
7. How will the implementation of our sustainability plan be assessed?
8. How will we know if our sustainability plan worked?
9. How can the sustainability process be continuously improved over time?

Remember – we are not necessarily suggesting that you undertake a long and detailed planning process here. How much work you decide to do will depend on your current level of resources and capacity. The questions and tools suggested may form a useful starting point for conversation and planning a thoughtful approach that may involve staggered or sequential action to help build the groundwork for sustained success.



Tool

Use the **Sustainability Review** tool located on the CDC Teen Pregnancy website to guide your review and capture your findings. Start with documenting what you have already done and then looking at where there might be gaps. The review tool prompts you to determine possible actions and prioritize them.

Complete your review

It may take more than one session to complete the sustainability review. Depending on how much advance preparation you've done, you might be able to complete your review in a long meeting, or you might want to use several meetings or even a day-long retreat to digest everything.

However you decide to conduct your review, be sure to take time to celebrate all that you have accomplished!



Save it

Keep your **Sustainability Review** with all your other saved materials.

Applying Step 10 when you already have a program

If you have been delivering a program for some time now, assessing sustainability is very important and valuable, no matter how many times you have implemented the program. Gather all the information you have available and work with your staff to conduct a sustainability review using the tools provided.

Building and promoting sustainability of a successful program can contribute to the support your organization over time, but sustaining your organization as a whole will require a sustainability plan with its own set of goals and outcomes.



Tip sheets

Two documents in the *Facilitator's Resources* folder on the CD that accompanies this manual may help you examine the potential for sustainability of your organization:

Characteristics of Highly Effective State Teen Pregnancy Prevention Organizations

Taking the Measure of Your Organization's Capacity
