

10 Steps

For Getting To Outcomes (GTO) in Promoting Evidence-Based
Approaches to Teen Pregnancy Prevention

GTO-OK! (2nd Edition)



Improving Teen Pregnancy Prevention Outcomes

In 2004, the RAND Corporation published an approach called Getting To Outcomes – GTO for short – with the aim of helping communities develop or improve their substance abuse prevention programs. The authors were Matthew Chinman, Pamela Imm, and Abraham Wandersman from the University of South Carolina. RAND's work was supported by the U.S. Centers for Disease Control and Prevention (CDC). Since 2004, GTO has been adopted for use in a wide range of programs, including Search Institute's 40 Developmental Assets.

GTO was adapted by CDC for its Promoting Science-Based Approaches to Prevent Teen Pregnancy initiative, to provide a tool to help communities create and sustain effective teen pregnancy prevention programs. As part of the CDC initiative, the Oklahoma Institute for Child Advocacy created Getting to Outcomes – Oklahoma! (GTO-OK!) in 2008 to provide a more concise, user-friendly version of the 10 Steps.

The original GTO-OK! manual was prepared by Sharon Rodine and Shante Fenner, Oklahoma Institute for Child Advocacy, with contributions from Janene Fluhr, College of Public Health, University of Oklahoma Health Sciences Center, and Michelle Kegler, Ph.D., Rollins School of Public Health, Emory University. Graphic design was provided by Kelli McNeal, Oklahoma Institute for Child Advocacy.

The GTO-OK! 2nd Edition (2016) was revised by Sharon Rodine and Janene Fluhr, Oklahoma Institute for Child Advocacy. GTO-OK! is the property of the Oklahoma Institute for Child Advocacy.



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Introduction

Oklahoma Institute for Child Advocacy

The Oklahoma Institute for Child Advocacy is a nonprofit, statewide child advocacy organization that seeks to create awareness, take action and change both practices and policies that will improve the lives of children and youth across the state -- especially those growing up amid the harsh realities of poverty, inadequate care, economic disparities, abuse and neglect and other situations that put their health, safety, education, well-being and future at risk. (oica.org)

Oklahoma KIDS COUNT

The Institute coordinates the Oklahoma KIDS COUNT, part of the national KIDS COUNT Data Center on child well-being created and supported by the Annie E. Casey Foundation. (datacenter.kidscount.org)

Teen Pregnancy Prevention Resources

The Institute has provided leadership for teen pregnancy prevention and youth development projects and initiatives at the state and national levels and maintains a website with factsheets and resources for local program providers. The Institute's national capacity-building projects have included the CDC-funded HEART of OKC, linking teen pregnancy prevention with youth development, and Healthy Teens OK!, promoting science-based approaches to teen pregnancy prevention. (healthyteensok.org)

Teen Pregnancy Prevention Research

Our national research projects have included the CDC-funded **Youth Asset Study**, with the University of Oklahoma Health Sciences Center; and the multi-state **Power Through Choices Demonstration and Evaluation Project** focused on system-involved youth (foster care and juvenile justice), funded by the HHS/Administration on Children and Families, with additional support from the Evidence-Based Practices Section, Annie E. Casey Foundation. (powerthroughchoices.org)

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Getting To Outcomes – Oklahoma! (GTO-OK!)

Purpose

This booklet is a summary of the manual, *Promoting Science-Based Approaches: Getting To Outcomes (GTO)*, prepared by CDC to increase the understanding and use of evidence-based approaches to plan, implement, evaluate and sustain effective teen pregnancy prevention programs.

All of us working with teen pregnancy prevention want to know: *Are we making a difference?* We want our efforts to achieve the hoped-for **outcomes**. Today, **outcomes, results, impacts and accountability** represent a common language that is part of the prevention landscape, whether we are working at the state or community level. This GTO booklet outlines 10 basic steps that provide a simple, systematic and user-friendly process for moving from problems and needs... to solutions and outcomes.

Getting to Outcomes in Oklahoma (GTO-OK!)

The GTO manual prepared by CDC for the *Promoting Science-Based Approaches to Teen Pregnancy Prevention* initiative was customized for use in Oklahoma by the Oklahoma Institute for Child Advocacy, Healthy Teens OK! Project. This user-friendly version includes additional teen pregnancy prevention and youth development materials developed by Sharon Rodine, Janene Fluhr and Shante Fenner.

For more information about evidence-based approaches and resources for preventing teen pregnancy and promoting youth development, check: healthyteensok.org.

State and county teen birth numbers and rates can be found under the Teen Births (Health indicator/ Birth Outcomes) on the KIDS COUNT Data Center: datacenter.kidscount.org/data#OK/2/0/char/0.

What We've Learned from GTO-OK!

- GTO is a guide with helpful tools and tips; it's a map for the journey, not an end in itself.
- People and programs will be at different steps at various times.
- GTO is a circular process, but not always a clean sequential one. Sometimes it will be two steps forward and one step backward, or vice versa.
- GTO is a flexible tool, not a rigid set of rules nor a "once and done" checklist. New data and opportunities will become available; there may be changes in leadership or funding; the evaluation may show unexpected results which require rethinking assumptions and plans – revisit the step that fits the situation.
- Using a structured process can increase the odds that your investment of time and resources will achieve results
- You can do everything right – be a textbook/best case scenario -- and not achieve your desired outcomes. External factors can sabotage success. Keep "stepping" forward, anyway.

Definitions: Evidence-Based Approaches, Evidence-Based Programs and Promising Programs

Evidence-Based Approach (EBA)

An **evidence-based approach** to teen pregnancy prevention will help ensure a program has a greater chance of succeeding in positive behavior change. An evidence-based approach includes the following:

- Using demographic, epidemiological and social science research to identify populations at risk of early pregnancy and/or sexually transmitted infections, and their specific risk and protective factors.
- Using 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.
- Using a logic model to link risk and protective factors with program strategies and outcomes.
- Selecting, adapting (if necessary), and implementing programs that are evidence-based or promising.
- Conducting process and outcome evaluations and modifying the approach based on results.

Evidence-Based Program (EBP)

An **evidence-based program** is one that research has shown to be effective in changing at least one of the following behaviors that contribute to early pregnancy, STI and HIV infection: 1) delaying sexual initiation, 2) reducing the frequency of sexual intercourse, 3) reducing the number of sexual partners or 4) increasing the use of condoms and other contraceptives. The program was evaluated using a rigorous research design, which includes:

- Using an experimental or quasi-experimental evaluation design
- Measuring knowledge, attitude and behavior
- Having an adequate sample size
- Collecting data from both groups at three months or later after intervention
- Using sound research methods and processes
- Replicating in different locations and finding similar evaluation results
- Publishing results in a peer-reviewed journal

For descriptions of curricula that meet the Federal government EBP criteria, check:

- HHS/Office of Adolescent Health: tppevidencereview.aspe.hhs.gov/
- “What Works” by the National Campaign to Prevent Teen and Unplanned Pregnancy thenationalcampaign.org/resource/what-works

Promising Program

A **promising program** is one that has not been formally evaluated but has most of the characteristics of programs shown to be effective by Dr. Douglas Kirby and his colleagues in their systematic review of 83 curriculum-based sexuality education and HIV prevention program evaluations. Their analysis found that the majority of the effective, curriculum-based programs incorporated 17 common characteristics in three areas: program development, program design/content and program implementation. For a list of the characteristics, check: etr.org/recapp or healthyteennetwork.org. This list of characteristics applies only to curriculum-based sexuality/HIV education programs; it does not apply to clinic-based, youth development or parent education programs.

What is GTO?

Getting To Outcomes (GTO) is a 10-step, user-friendly, logically organized process for planning, implementation, evaluation and continuous improvement of programs and community initiatives. It is designed to help programs and initiatives do exactly what it says: *get to the desired outcomes*. Many GTO steps will be familiar because it is just a structured way to approach the work you're already doing.

The original Getting To Outcomes manual 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 improvement strategies, GTO represents a collaborative effort to synthesize evidence-based knowledge and translate it into evidence-based practice. Combined with CDC's *Promoting Science-Based Approaches to Teen Pregnancy Prevention* initiative, GTO provides both a guide and practical tools to plan, implement and evaluate new teen pregnancy prevention programs or strengthen existing ones.

GTO = Accountability

Good program planning and good program evaluation are integral to good program accountability... and accountability, which includes documentation of outcomes, is the desired result of both program providers and funders. The term **accountability** is basic to an understanding of GTO and how it is used with the research, program and curricula content to promote evidence-based approaches and programs for teen pregnancy prevention.

Accountability is defined as: *"The systematic inclusion of critical elements of program planning, implementation and evaluation in order to achieve results."*

In Getting To Outcomes, **accountability** is defined as:

"The systematic inclusion of critical elements of program planning, implementation and evaluation in order to achieve results."

The GTO process in this booklet is organized by 10 accountability questions that correspond to the 10 GTO steps for effective program planning, implementation, evaluation and improvement. These 10 steps represent widely accepted accountability criteria that will help in conducting needs assessments, selecting evidence-based programs that fit the target audience and community, planning and implementing quality programs and achieving solid outcome data.

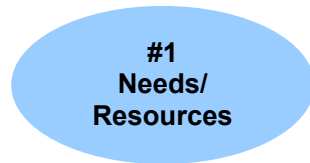
Questions to consider before starting the GTO process:

- » Are we committed to making a difference and reaching our desired outcomes even if that means making changes to our current program or how we do business?
- » Does our board and management staff support the use of the GTO process to improve our teen pregnancy prevention efforts?
- » Do we know the youth and community in which we will be working, and do we have a relationship with the key partners that will be needed to make our program a success?
- » Do we have the organizational capacity, financial stability and infrastructure needed to use the GTO process to initiate new or strengthen current teen pregnancy prevention programs?
- » Do we have adequate staff and expertise to carry out the GTO process, and if not, can we obtain it through our program partners?
- » Are we in this for the long-haul -- committed to sustain these programs as an on-going effort over time?

10 Steps for goal setting, planning, evaluation and improving... for Getting To Outcomes!

Promoting Science-Based Approached to Teen Pregnancy Prevention using Getting to Outcomes (PSBA-GTO)

Part I Goal Setting



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What are the underlying needs and conditions that must be addressed?

What are the goals, target populations, and objectives (i.e. desired outcomes)?

Part II Program Planning

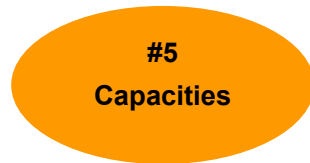


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What science (evidence) based models and best practice programs can be used in reaching goals?

What actions need to be taken so the selected program "fits" the community context?



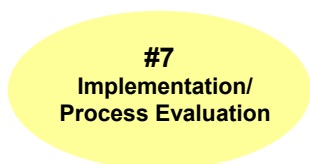
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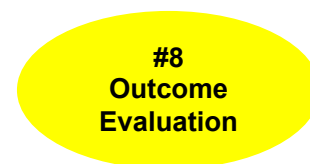
What organizational capacities are needed to implement the program?

What is the plan for the program?

Part III Program Evaluation



+



Is the program being implemented with quality and fidelity?

How well is the program working?

Part IV Improving and Sustaining the Program



+



How will continuous quality improvement strategies be included?

If the program is successful, how will it be sustained?

= Results

10 Important GTO Accountability Questions:

1. What **NEEDS** are priorities and **RESOURCES** are available to prevent teen pregnancy in your community?
2. What are the **GOALS** and **OBJECTIVES** (desired outcomes) and **TARGET POPULATIONS** for your teen pregnancy prevention program?
3. Which **EVIDENCE-BASED PROGRAMS** and **BEST PRACTICES** can help you achieve your goals and objectives (desired outcomes)?
4. How will you ensure a program is a **FIT** for the needs of the youth to be served and your community?
5. What organizational **CAPACITIES** are needed to implement the program?
6. What is the **PLAN** for implementing your chosen program?
7. What **PROCESS EVALUATION** will be used to assess the quality of the program planning and implementation?
8. What **OUTCOME EVALUATION** will be used to determine if the program achieved its desired outcomes -- *if it worked?*
9. How will you ensure **CONTINUOUS QUALITY IMPROVEMENT** of the program?
10. What is needed **SUSTAIN** the program and keep it going if it is successful?

Key Features of GTO

GTO is flexible enough to support your work in planning and implementing brand new programs as well as strengthening existing programs. If you are already implementing teen pregnancy prevention programs, you won't need to start over or reinvent work you've already begun. The GTO process provides an opportunity to review and improve your current activities or plans in a structured way. Specifically, it provides a model to select, implement and evaluate new science-based programs to reduce teen pregnancy and sexual risk behavior or to improve your current programming. Whether you are planning a new program or refining an existing one, we encourage you to cycle back through these ten steps on a regular basis as your work changes and evolves.

Using GTO : An Example

An example of using GTO to address a common issue is provide on the opposite page. This example shows how the 10 steps can be applied to a simple situation - planning a vacation.



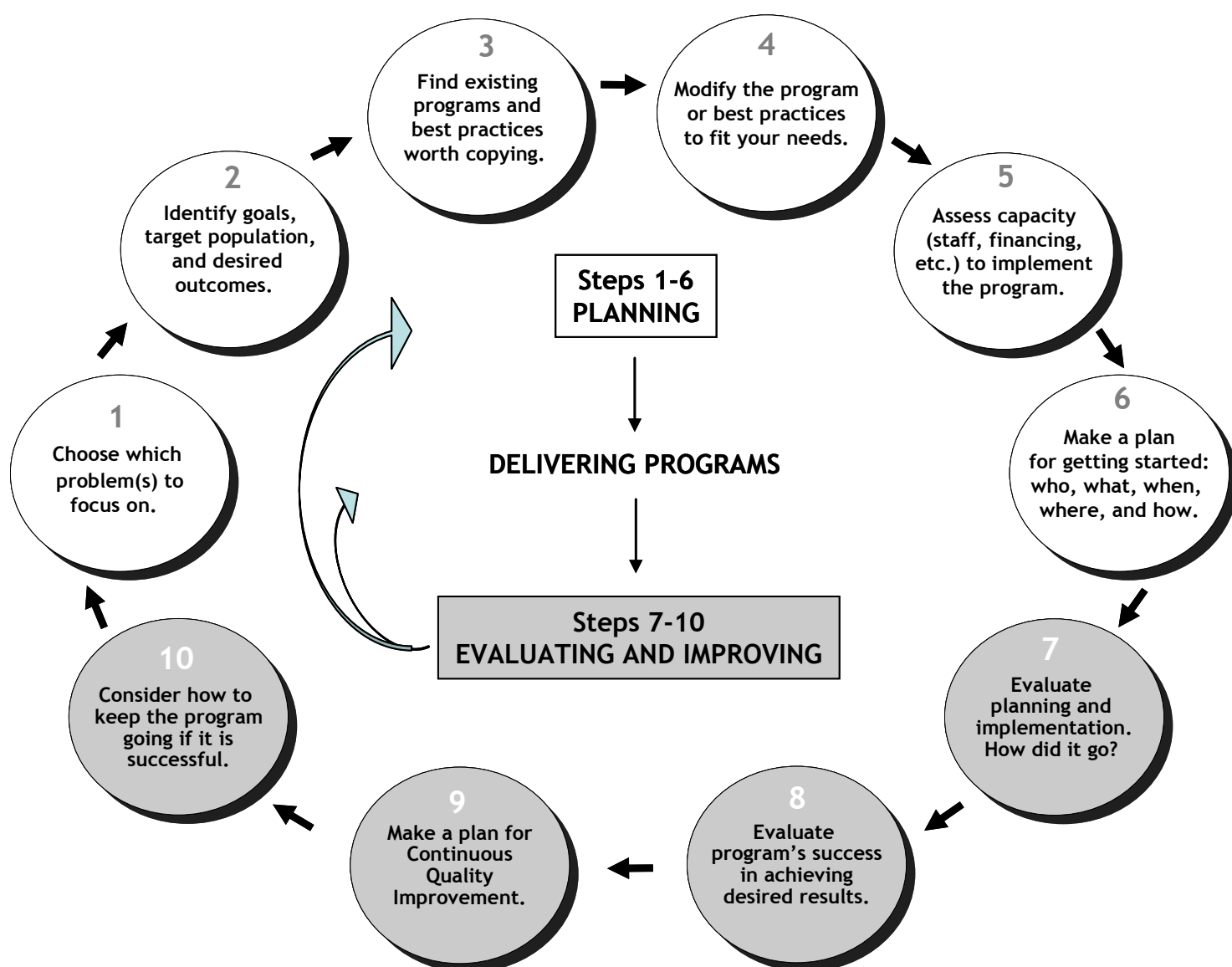
HOW TO USE GTO TO PLAN A VACATION

1. Needs/ Resources	How do you know you need a vacation? What resources do you have for a vacation?	You know you need a vacation when you notice that you are feeling exhausted, bored or restless. You will need to check your bank account to see how much money you can afford to spend on vacation and check the amount of vacation time you have available.
2. Goals / Objectives (Desired Outcomes)	What are the goals of your vacation? Who will go on your vacation?	Different kinds of vacation result in different desired outcomes. In this step, you decide what you want to achieve on your vacation. Your decision should be based on the needs you observed in Step 1. If you are tired, your goal will probably be to get rest. If you are restless, your goal might be to experience adventure and see new places. Based on your goals, you also decide whether to go alone, with your partner, or with your whole family.
3. Best Practices	What are the best known ways to achieve the goals of your vacation?	Now that you know what you want from your vacation, you want to select the best strategy available to achieve it. You may turn to the internet, or travel magazines and books for information. If you decided you want a fun vacation that your whole family can enjoy, you might choose to go on a cruise and then do research to find the cruise lines with the best reputation for pleasing both adults and children.
4. Fit	How will you make your vacation fit with the rest of your life?	In this step, you consider things like the best dates for your vacation so that it doesn't interfere with school and other important events. If you want to go to the Caribbean, you may choose not to go during hurricane season. You will want to make sure that you are not going on vacation the same week as other people in your office.
5. Capacities	Do you have the necessary capacity to go on the vacation you have chosen?	If you have decided to go to climb mountains the Rockies (~13,000 feet high) on your vacation, and you only have experience climbing in the Blue Ridge (~4,000 feet high), you may not have the capacity to hike in the area you have chosen. You may need to make adjustment to your chosen vacation based on your capacity, or you may need to wait until you can develop the capacity to achieve the goals you set by training for it.
6. Plan	What is the plan for your vacation?	Once your chosen vacation destination is finalized based on your goals, best practice, fit and capacity, you are ready to plan the details. You need to schedule flights, find directions, reserve hotel rooms and make reservations for various activities. Decide who will do what and set a time line.
7. Process Evaluation	Did your vacation go as planned?	This is the fun part! In this step, you actually go on your vacation. Along the way, your plan may go smoothly, or it may not. You may need to make adjustments along the way. You will take note of the quality of service of airlines and hotels you have chosen.
8. Outcome Evaluation	Did you achieve the goals of your vacation?	In this step, you evaluate whether your vacation was successful reaching the goals you wanted. For example: Did you feel rested? Did you reconnect with your friend? Did you reawaken your adventurous spirit? What were the unexpected outcomes of your vacation?
9. Continuous Quality Improvement (CQI)	What would you do differently to make your next vacation better?	If you are happy with the outcomes of your vacation, you may want to do something like it again. Even if it went well, you may see ways to improve. Or, if you are disappointed, you want to consider what went wrong so you can correct it next time. Look at what happened in all of the steps to identify what should stay the same and what should change in the future.
10. Sustainability	How will you make sure you can take more vacations in the future?	In this step, you might plan to save a certain amount of money per month so you can go on vacation again next year. You might decide to save your vacation days so that you can go on a longer vacation next year.

Getting To Outcomes (GTO):

An on-going process for program planning, implementation, evaluation and improvement that can be used to start new or strengthen existing teen pregnancy prevention programs.

- **New programs** can start at Step 1 and work through the process.
- **Existing programs** can start where they are (Steps 1-10) and use the strategies and tools to help strengthen their program.





Step 1

Needs and Resources

What needs are priorities and what resources are available to prevent teen pregnancy in your community?

Why?

To make sure you are focusing on a priority need with the appropriate population and using what's available in the community to help.

What?

Needs and priorities

- Identify where teen birth **numbers** and sexual risk **behaviors** are the most prevalent
- Identify which **risk and protective factors** are most closely associated with teen pregnancy and sexual risk behaviors in your community

Resources

- Assess community **resources** that can help reduce teen pregnancy and/or sexual risk behaviors
- Assess the **readiness** of the community to address the identified needs and support evidence-based teen pregnancy prevention programs

How?

- **Use a Group:** Determine if there is an existing committee or coalition that can assist in gathering and reviewing this data. If not, a short-term work group could be established, composed of major

stakeholder groups that have data, resources and/or an interest in this issue.

- **Have a Plan:** Outline a plan for collecting the data that includes the data to be collected, how/where will it be collected, by whom and by when. Look at both risk and protective factors (youth assets).
- **Find the Sources:** Gather local data on adolescent health, teen births and related indicators.
 - » Start with the **quantitative data** -- the numbers -- for sexual activity, teen births, related adolescent health risk behaviors, poverty rates, graduation rates, other. Sources may include state/local health departments, teen pregnancy coalitions, school districts, United Way, city/regional governments or research and planning groups.
 - » Once "hard numbers" have been collected, that data can be shared with stakeholder groups -- youth and adults -- to gather their responses, ideas and opinions. This **qualitative data** can be collected through interviews, focus groups, surveys or community forums.
- **Interpret and Analyze the Data:** Once data has been gathered, a good analysis will help select priority needs, identify higher-risk populations to target, focus on potential interventions and use resources wisely.

Key Points

A needs assessment is important and does not have to be long, expensive or complicated.

A needs assessment should gather a range of information about and from the youth to be served, including their specific risk and protective factors.

Along with the needs, community resources should be assessed, including existing or previous programs, policies that will help or hinder program success, organizational partners, program expertise, facilities and sources of financial support.

Tools for Step 1

The following tools have been included at the end of the Step 1 section:

- *Tip sheet: Potentially Important Risk and Protective Factors*
- *Tip sheet: Existing Data Sources*
- *Resource Assessment Tool*
- *Priorities Tool*

Reviewing Step 1 – A Quick Checklist

Whether starting a new program or improving/expanding an existing program, it will be helpful to review the following checklist before moving to Step 2. Existing programs may have current data and information already. Whether creating a new program or running an existing program, it is important to have a process for reviewing local needs and resources on a periodic basis (at least annually).

Have you...

- Established an **assessment committee or work group** to collect and analyze data
- Developed and carried out a **data collection plan**, gathering new or existing baseline data on teen birth rates and related local adolescent health/education/well-being indicators
- Identified current, **community-specific data and information** on adolescent behaviors (sexual activity, teen births, other), as well as the risk factors and protective factors (youth assets) specific to your community and the youth to be served
- Conducted an **assessment of available resources** necessary for program success
- **Analyzed the data** collected regarding needs, risk/protective factors and resources
- Selected **priority needs** that emerged from the assessments
- Identified the **potential primary population** for new/expanded programs and interventions
- Used the **tools** in this step to review your work if you already have a program

Linking the Steps Together



Having current and accurate information about the needs of youth, their risk behaviors and the resources available is a critical first step for GTO. In Step 2, this information will be used to: a) identify a priority youth population to be served and b) set realistic program goals and objectives that will lead to the desired behaviors and outcomes.

Tip sheet: Potentially Important Risk and Protective Factors

Any of these factors may affect adolescent sexual behavior, use of condoms and contraception, pregnancy and STIs/STDs. This table identifies risk and protective factors with strong and consistent evidence.

- + denotes a **protective** factor
- denotes a **risk** factor
- +/- denotes a factor that was a protective factor for one or more behaviors and also a risk factor for one or more other behaviors

ENVIRONMENTAL FACTORS

Community	Family
Foreign Born	Family Structure
+ Higher percent foreign born	+ Live with two biological parents (vs one parent or stepparents)
Community disorganization	- Family disruption (e.g., divorce or change to single parent household)
- Greater community social disorganization (e.g., violence, hunger & substance use)	Educational Level
Peer	+ Higher level of parental education
Age	Substance abuse
- Older age of peer group and close friends	- Household substance abuse (alcohol or drugs)
Peer attitudes and behavior	Positive family dynamics and attachment
- Peers' alcohol use, drug use and deviant behavior	+ Higher quality family interactions, connectedness and relationship satisfaction
- Peers' pro-childbearing attitudes or behavior	+ Greater parental supervision and monitoring
- Peers' permissive values about sex	- Physical abuse and general maltreatment
- Sexually active peers	Family attitudes about and modeling of sexual risk-taking and early childbearing
+ Positive peer norms or support for condom or contraceptive use	- Mother's early age at first birth
+ Peer use of condoms	- Older sibling's early sexual behavior and early age of first birth
Romantic Partner	+ Parental disapproval of premarital sex or teen sex
Partner characteristics	+ Parental acceptance and support of contraceptive use if sexually active
- Having a romantic or sexual partner who is older	Communication about sex and contraception
+ Partner support for condom and contraceptive	+ 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	- More permissive attitudes toward premarital sex
+/- Older age	- Greater feelings of guilt and possibly having sex
+ Older age of physical maturity or menarche	+ Perceiving more personal and social benefits (than costs) of having sex
Race/Ethnicity	+ Taking a virginity pledge
- Being Black (vs white)	+ Greater perceived male responsibility for pregnancy prevention
- Being Hispanic (vs non-Hispanic white)	+ Greater value of partner appreciation of condom use
Attachment to and success in school	+ Stronger beliefs that condoms do not reduce sexual pleasure
+ Greater connectedness to school	+ More positive attitudes towards condoms and other forms of contraception
+ Higher academic performance	+ Greater self-efficacy to demand condom use
- Being behind in school or having school problems	+ More perceived benefits and /or fewer costs and barriers to using condoms
+ High educational aspirations and plans for the future	+ Greater self-efficacy to use condoms or other forms of contraception
Attachment to faith communities	+ Greater motivation to use condoms or other forms of contraception
+ Having a religious affiliation	+ Greater intention to use condoms
+ More frequent religious attendance	+ Greater perceived negative consequences of pregnancy
Problem or risk-taking behaviors	+ Greater motivation to avoid pregnancy, HIV and other STDs
- Alcohol use	Relationships with romantic partners and previous sexual behaviors
- Drug use	
- Being part of a gang	
- Physical fighting and carrying weapons	
- Other problem behaviors or delinquency	
Other behaviors	+ Older age of first voluntary sex
- Working for pay more than 20 hours per week	- Greater frequency of sex
+ Involvement in sports (females only)	- Having a new sexual relationship
Cognitive and personality traits	- Greater number of sexual partners
+ Higher level of cognitive development	+ Discussing sexual risks with partner
+ Greater internal focus or control	+ Discussing pregnancy and STD prevention with partner

Biological factors	Sexual beliefs, attitudes and skills
	+ Previous effective use of condoms or contraception
Emotional well-being and distress	- Previous pregnancy or impregnation
- Thoughts of suicide	- History of STD
	- History of prior sexual coercion or abuse
	- Same-sex attraction or behavior
	- Being married

Source: Kirby D, Lepore G, & Ryan J. *Sexual Risk and Protective Factors: Factors Affecting Teen Sexual Behavior, Pregnancy, Child-bearing And Sexually Transmitted Disease: Which Are Important? Which Can You Change?* 2005.

Available at: www.etr.org/recapp/theories/RiskProtectiveFactors/index.htm

Narrow Your List of Determinants

Although there are many risk and protective factors believed to affect adolescent sexual behavior, the table below provides a shorter list of determinants that are the most commonly addressed determinants in science-based sex education programs. Changes in these determinants have been linked through research to changes in adolescent sexual behavior (Kirby, Laris & Rolleri 2006). Starting your work by focusing on this more concise list will help you decide which determinants to focus on in your program and will also save you time.

ELEVEN MOST COMMONLY ADDRESSED DETERMINANTS FROM SCIENCE-BASED SEX EDUCATION PROGRAMS

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 (including perceived barriers to their use)
5. Perception of peer norms and behavior about sex
6. Self-efficacy to refuse sex and to use condoms
7. Intention to abstain from sex or to restrict sex or partners
8. Communication with parents or other adults about sex, condoms or contraception
9. Self-efficacy to avoid STI/HIV risk and risk behaviors
10. Actual avoidance of places and situations that might lead to sex
11. Intention to use a condom

Tip sheet: Existing Data Sources and Resources

SOURCE	RESOURCE	LOCATION
CDC National Center for Health Statistics: National and State Data on Birth, Pregnancy and Sexual Health	New reports and fact sheets added frequently summarizing birth, pregnancy and sexual health related data	cdc.gov/nchs/births.htm cdc.gov/nchs/nsfg/index.htm
Vital Stats	In the births section of Vital-Stats, you can access prebuilt birth and population tables, as well as data files	cdc.gov/nchs/VitalStats.htm
Youth Risk Behavior Survey	Survey of U. S. high school youth conducted by state; find reports, graphs and data summaries for your state	cdc.gov/HealthyYouth/yrbs/index.htm
Youth Risk Behavior Survey: Youth Online	Provides statistics, research, policy and sexuality education information	nccd.cdc.gov/youthonline/App/Default.aspx
Guttmacher Institute	Find out about statistics, research, and policies in your state	guttmacher.org
National Campaign to Prevent Teen and Unplanned Pregnancy	Provides national and state data, factsheets and issue/indicator comparisons	thenationalcampaign.org/data/landing
Annie E. Casey Foundation: KIDS COUNT	Teen birth and a wide range of demographic, economic well-being, education, family/ community and health indications for children and youth; multiple years, provided by state and county.	datacenter.kidscount.org
Local Community/County	Data and reports from variety of sources: United Way, school district, county health department, business and economic development groups, etc.	

Resource Assessment Tool

	Resource 1	Resource 2	Resource 3
Name of resource			
Location			
Ages served			
Hours of operation			
Who uses the resource?			
Risk factors addressed			
Protective factors addressed			
What's working?			

Priorities Tool

Important behaviors and determinants to address	
What's already getting attention and resources?	
What priorities still need attention?	
What can we address with our resources, time and budget?	
What can we change and measure?	
What actions will have the greatest impact?	
Who will benefit from these actions?	



Step 2

Goals and Objectives

What are the target populations and specific desired outcomes -- goals and objectives -- for our program?

Why?

To describe what you want to accomplish and be able to explain and measure your program's impact.

What?

- **Goals** describe the overarching, big-picture "end" toward which a program is directed
 - **Objectives** are specific desired outcomes (e.g., what, how many, by whom, by when) that are necessary to achieve the goal. Objectives should be **S.M.A.R.T.** -- **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime-bound
 - In addition to describing the desired outcomes, clear and well-written goals and objectives will help identify appropriate programs and activities to use, choose the best evaluation method and measure your program's impact
- **Objectives** are written in specific, concrete terms that can be measured -- what behaviors will change, for whom, through what action, by how much and by when?
 - **Determinants** are factors that affect whether or not individuals (groups or institutions) engage in specific behaviors. Determinants include both risk and protective factors. Dr. Douglas Kirby has conducted extensive research on teen pregnancy and STD prevention programs that rigorous evaluation has shown to be effective in changing behavior. A table from his research entitled, *Determinants Most Easily Changed by Prevention Programs*, is included at the end of this section.
 - **Logic models** are important tools for mapping out how specific program activities will lead to the desired outcomes. Good logic models help identify the key behaviors to be changed and link them with the associated determinants (risk or protective factors) that you want to influence among the youth to be served.

How?

- **Goals** are written as broad statements that describe what is to be accomplished in the long-term. Program goals are based on the needs and priorities selected to be addressed in Step 1.

Key Points

Goals are the overarching, general descriptions of what is to be accomplished.

Objectives are specific desired outcomes that are necessary to achieve the goal(s) and are to be written in a way that is S.M.A.R.T. -- Specific, Measurable, Achievable, Realistic, and Time-bound.

It is critical that objectives be realistic, given the capacity, staff, funding, time and resources available to plan, implement and sustain a program.

Dr. Douglas Kirby developed a special logic model for use with teen pregnancy and STD prevention programs call the **Behavior-Determinant-Intervention (BDI) Logic Model**, which provides a clear path linking the ...

Health Goal to be achieved, *with the ...*



Behaviors to be changed, *with the...*



Determinants (risk and protective factors) that influence those behaviors and are amenable to change by an intervention (program), *with the...*



Intervention activities that will influence those determinants

Tools for Step 2

The following tools have been included at the end of the Step 2 section:

- *Creating a BDI Logic Model*
- *Worksheet for a BDI Logic Model*
- *List of Determinants most easily changed by prevention programs*
- *SMART Objectives -- Desired Outcomes -- Statement Tool*

Reviewing Step 2 – A Quick Checklist

Whether starting a new program or improving/expanding an existing program, it will be helpful to review the following checklist to make sure you have completed these activities before moving to Step 3.

- Developed a clear health goal(s) and selected behaviors and determinants to address with your program
- Developed a clear set of desired outcome statements that are focused on the behaviors and determinants you want to address with your program
- Summarized and documented all your work in a logic model and in Desired Outcome Statements Worksheet provided at the end of this section

Linking the Steps Together



Step 2 provides a clear description of the goals and objectives to be achieved to address the priority needs and populations identified in Step 1. Step 3 will look at the teen pregnancy prevention programs that research has shown to be effective. One of these existing programs may fit your needs rather than starting from scratch. Elements of these programs may help improve an existing program.

Creating a BDI Logic Model

Write a health goal

A goal indicates the overall direction your program will take and describes the impact you hope to have in the future. Your goals should be built upon the priorities you identified in Step 1, be consistent with your organization's mission and be achievable given the resources available. It is not necessary to have a lot of goals. One or two clear goals will help you stay focused.

In creating a Behavior-Determinant-Intervention (BDI) Logic Model, the Health Goal serves as an overarching umbrella goal. Often, a goal is somewhat specific to the population, geographic area or program setting you wish to serve. For example, your goal may be specific to teens in your community or it may cover a wider geographic area such as your county or state. It may also specify the age, gender, grade or racial/ethnic background of the youth to be served.

Here are some examples of goals:

- Reduce teen birth rates for 15-19 year olds in Adair county
- Reduce the number of pregnancies among the girls living in foster care group homes in Oklahoma City
- Increase condom use among sexually active teen males in the Tulsa County Juvenile Assistance program

Once you have determined your health goal, write it in the far right column of the **BDI Logic Model Tool** that is marked "Health Goal."

Identify the behaviors that directly affect your health goal

Now you're ready to start describing exactly which behaviors you hope to change as a result of your program (Intervention). At this point, you are identifying the specific behaviors that are directly related to your health goal and that you want to influence/change among the youth that you serve. Behaviors resulting in teen pregnancy and HIV/STD are linked primarily to unprotected sex. Consequently, two or three of the following five prevention behaviors should be the focus of your work:

1. Delay initiation of sex (abstinence)
2. Reduce frequency of sex (or return to abstinence)
3. Use contraception (effectively and consistently)
4. Use condoms (effectively and consistently)
5. Reduce number of sexual partners (only relevant to HIV/STD prevention)

Based on your data collection and resource assessments in Step 1, choose the specific behavior, or combination of behaviors, that reflect the biggest concerns you and your community have about teen pregnancy. It will be far more manageable to focus on 1 to 2 of these behaviors, rather than all of them. To help decide which ones to focus on consider:

- Which behaviors have the greatest impact on teen pregnancy in our community? Which are the biggest problems among the youth we serve
- Which behaviors do we think we can realistically impact given our resources?
- Which behaviors are the most feasible to work on given our community values and political climate?

Once you have determined the behaviors that affect your health goal, write them in the second column from the right on the BDI Logic Model Tool marked “Behaviors.”

Identify the determinants linked to the chosen behaviors

Now you’re ready to move to the next part of your logic model – identifying the determinants (risk and protective factors) linked to the behaviors you’ve chosen. These could be knowledge, skills, attitudes, or other important factors. For example, if the behavior you want to change is to increase condom use, then some of the determinants linked to condom use include how to correctly use condoms and the skills to negotiate using them.

We suggest you start by reviewing the determinants you identified in Step 1 in your needs assessments and those listed in **Step 1, Narrow your List of Determinants**. While you are reviewing these determinants, also consider that Dr. Kirby and his colleagues have provided a list of determinants that they believe most teen pregnancy and STD prevention programs will have a greater possibility of changing.

The following table titled Determinants Mostly Easily Changed by a Prevention Program is derived from the longer tip sheet, **Potentially Important Risk and Protective Factors**, provided in Step 1. Dr. Kirby (2005) has narrowed the longer list down to those determinants most easily changed, which are identified by their direction of risk: “-” denotes a risk factor and “+” denotes a protective factor.

Once you have identified the individual determinants that **influence** the chosen behavior(s) and can be **changed** by your efforts, list those in the “Determinant” column on the **BDI Logic Model Worksheet**. The specific determinants to be addressed will guide the intervention (program) design and selection.

BDI Logic Model Tool

Health Goal



Behaviors

Determinants



Intervention Activities



1.

2.



1.

2.



1.

2.



1.

2.



1.

2.

Table: Determinants Most Easily Changed by Prevention Programs

(+) Risk (-) or Protective Factors	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 and other forms of contraception
+	More perceived benefits and/or fewer costs and 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 and condoms or contraception especially before youth initiate sex
SOURCE: Kirby D, Lepore G, Ryan J. <i>Sexual Risk and Protective Factors: Factors Affecting Teen Sexual Behavior, Pregnancy, Childbearing and Sexually Transmitted Disease: Which Are Important? Which Can You Change?</i> 2005 http://www.etr.org/recapp/theories/RiskProtectiveFactors/RiskProtectivefactorPaper.pdf	

SMART Objectives (Desired Outcomes) Statement Tool (Part 1)

List SMART Desired Outcome Statements		
Behaviors and Determinants	Desired Outcomes SMART Questions	
1.	S: What will change and for whom?	
	M: Is it measurable? By how much will things change?	
	A: Is it achievable?	
	R: Is it realistic given your resources?	
	T: By when will the change occur?	
2.	S: What will change and for whom?	
	M: Is it measurable? By how much will things change?	
	A: Is it achievable?	
	R: Is it realistic given your resources?	
	T: By when will the change occur?	
3.	S: What will change and for whom?	
	M: Is it measurable? By how much will things change?	
	A: Is it achievable?	
	R: Is it realistic given your resources?	
	T: By when will the change occur?	

SMART Objectives (Desired Outcomes) Statement Tool (Part 2)

Desired Outcome for the Behavior being addressed	Desired Outcomes for the Determinant being addressed
1.	1.1
	1.2
	1.3
2.	2.1
	2.2
	2.3
3.	3.1
	3.2
	3.3



Step 3 Best Practices

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

Why?

To use the best of what is known about effective programs in order to increase the likelihood of success.

What?

- Programs and curricula that **incorporate the latest research and data** on teen pregnancy prevention, STD/HIV prevention, adolescent reproductive health and youth development ... and show real results
- Programs and curricula that are considered “best practice” provide a guide for helping program providers take the latest science and the best of what is known, and **translate research into practice**.

How?

- Use the resources listed at the end of this section (Step 3) and talk with program leaders in this field
- Focus on programs that were effective for youth similar in age, ethnicity and gender to your participants and that led to outcomes similar to those you desire
- Select 2 - 4 programs to investigate further, regarding their implementation requirements, content, evaluation results and sustainability potential



Key Points

It is more likely that you will achieve your goals if you use programs that have been shown to work for the particular teen pregnancy and sexual risk behaviors you are trying to change.

If you use a program that has been tested and shown to work, it is important to implement the program with fidelity -- in the same *full and complete* way -- to get the same positive results.

This step will help you identify ways to select/design a new program or improve an existing program by using characteristics of effective, evidence-based prevention programs.

Tools for Step 3

The following tools have been included at the end of the Step 3 section:

- *Links to Lists of Evidence-Based Teen Pregnancy Programs*
- *Tip sheet: 17 Characteristics of Effective Curriculum-Based Teen Pregnancy and STD Prevention Programs (Dr. Douglas Kirby and colleagues at ETR Associates)*
- *Tool: Program Characteristics Checklist*

Reviewing Step 3 – A Quick Checklist

Whether planning a new program or improving/expanding an existing program, it will be helpful to review the following checklist to make sure you have completed these activities before moving to Step 4.

If you are starting a new program, have you...

- Gained a basic understanding of evidence-based programs (EBPs)
- Conducted a review process to find potential science-based programs you may be able to use to achieve your goals and outcomes
- Made a preliminary determination as to whether you can adopt a science-based program or adapt one to your needs
- Selected 2-4 possible programs to research further to achieve your goals and reach the targeted participants

If you want to improve an existing program, have you...

- Deepened your understanding of evidence-based programs (EBPs)
- Reviewed your existing program to identify ways to improve it using the characteristics of a science-based program

Linking the Steps Together



In Step 4, you will learn more about how to assure that a program will fit your community's needs, target population and objectives.

Evidence-Based Teen Pregnancy Prevention Programs

Federal

The Federal government's list of Evidence-Based Programs (EBPs) have a recent evaluation showing a change for at least one key teen pregnancy prevention indicator with a specific youth population. These are not the only programs that have been evaluated and shown to be effective over the years, but are the programs the Federal government will fund through its grants.

- **Administration on Children & Families, U.S. Dept. of Health and Human Services**
acf.hhs.gov/programs/fysb/programs/adolescent-pregnancy-prevention
- **Centers for Disease Control and Prevention (CDC)**
cdc.gov/teenpregnancy/prevent-teen-pregnancy/evidence-based-programs.html
- **Office of Adolescent Health, U.S. Dept. of Health and Human Services**
 - » **Choosing an Evidence-Based Program:**
hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/curriculum.html
 - » **List of EBPs approved for Federal funding:**
hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/index.html
 - » **Searchable Database:**
hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/tpp-searchable.html

National Organization

- **Advocates for Youth**
Science & Success: advocatesforyouth.org/for-professionals/programs-that-work
- **Healthy Teen Network**
healthyteennetwork.org/search/gcse/Effective%20programs
- **National Campaign to Prevent Teen & Unplanned Pregnancy**
thenationalcampaign.org/featured-topics/sex-education-and-effective-programs
- **Sociometrics**
A collection of effective program replication kits: socio.com/pasha.php

Oklahoma

Oklahoma Institute for Child Advocacy

- **Healthy Teens OK!** – Resources section: healthyteensok.org
- **Power Through Choices** (system-involved youth): powerthroughchoices.org

Tulsa Campaign to Prevent Teen Pregnancy: tulsacampaign.org

17 Characteristics of Effective Curriculum-Based Programs

The Process of Developing the Curriculum	Contents of the Curriculum Itself	Implementation of the Curriculum
<ol style="list-style-type: none"> 1. Involved multiple people with different backgrounds in theory, research and sex/HIV education to develop the curriculum 2. Assessed relevant needs and assets of target group 3. Used a logic model approach to develop the curriculum that specified the health goals, the behaviors affecting those health goals, the risk and protective factors affecting those behaviors, and the activities addressing those risk and protective factors 4. Designed activities consistent with community values and available resources (e.g., staff time, staff skills, facility space and supplies) 5. Pilot-tested the program 	<p>Curriculum Goals and Objectives</p> <ol style="list-style-type: none"> 1. Focused on clear health goals - the prevention of STD/HIV and/or pregnancy 2. Focused narrowly on specific behaviors leading to these health goals (e.g., abstaining from sex or using condoms or other contraceptives), gave clear messages about these behaviors and addressed situations that might lead to them and how to avoid them 3. Addressed multiple sexual psychosocial risk and protective factors affecting sexual behaviors (e.g., knowledge, perceived risk, values, attitudes, perceived norms and self-efficacy) <p>Activities and Teaching Methodologies</p> <ol style="list-style-type: none"> 4. Created a safe social environment for youth to participate 5. Included multiple activities to change each of the targeted risk and protective factors 6. Employed instructionally sound teaching methods that actively involved the participants, that helped participants personalize the information and that were designed to change each group of risk and protective factors 7. Employed activities, instructional methods and behavioral messages that were appropriate to the culture, developmental age and sexual experience of the youth 8. Covered topics in a logical sequence 	<ol style="list-style-type: none"> 1. Secured at least minimal support from appropriate authorities such as departments of health, school districts or community organizations 2. Selected educators with desired characteristics (whenever possible), trained them and provided monitoring, supervision and support 3. If needed, implemented activities to recruit and retain youth and overcome barriers to their involvement. (e.g., publicized the program, offered food or obtained consent) 4. Implemented virtually all activities with reasonable fidelity

Sex and HIV Education Programs. Kirby et al., 2006.

Program Characteristics Checklist Tool

Characteristics of Effective Programs	Does the program do this?		What steps could be taken to incorporate this characteristic into the program?
	Yes	No	
1. Focuses on clear health goals – the prevention of STD/HIV and/or pregnancy			
2. Focuses narrowly on specific behaviors leading to these health goals (e.g., abstaining from sex or using condoms or other contraceptives), gives clear messages about these behaviors and addresses situations that might lead to them and how to avoid them			
3. Addresses multiple sexual psychosocial risk and protective factors affecting sexual behaviors (e.g., knowledge, perceived risks, values, attitudes, perceived norms and self-efficacy)			
4. Creates a safe social environment for youth to participate			
5. Includes multiple activities to change each of the targeted risk and protective factors			
6. Employs 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. Employs activities, instructional methods and behavioral messages appropriate to the youths' culture, developmental age and sexual experience			
8. Covers topics in a logical sequence			
Source: 17 Characteristics of Effective Curriculum-Based Programs, Tool to Assess Characteristics, Healthy Teen Network & ETR Associates, February 2007			

Applying This Step If You Already Have a Program

If you already are using an intervention program and it is not considered an EBP, or you are using different pieces of different programs but are not using an entire EBP as it was intended, then try these ideas:

1. **Document the logic of your program** – Using the BDI logic model from Step 2 in which you filled in your health goal, behaviors and determinants, now fill in the activities linked directly to the determinants you wish to change.
2. **Find ways to improve your program** – Use the tip sheet of *17 Characteristics of Effective Curriculum-Based Programs* in this section to review your program to see if it could be improved. These 17 characteristics are found in rigorously evaluated prevention programs that have documented changes in behavior. They are organized into three categories: the **process of developing** the curriculum, the **contents** of the curriculum itself and the **implementation** of the curriculum.

It is recommended that existing programs focus, in particular, on the eight content characteristics. Use the *Program Characteristics Checklist Tool* provided in this section to document your program's content. To more deeply analyze your program's status for each of the eight content characteristics in the checklist, you can use the Read/Answer/Summarize pages from the *Tool for Assessing the Characteristics of Effective Sex and STD/HIV Education Programs*, called "TAC" for short.

The Tool for Assessing the Characteristics of Effective Sex and STD/HIV Education Programs (TAC) was developed by Dr. Douglas Kirby, Lori Rolleri and Mary Martha Wilson in 2007. For a copy of the TAC, go to:
recapp.etr.org/recapp/documents/programs/tac.pdf

For the 2006 research report from which the tools are derived, check:
recapp.etr.org/recapp/documents/programs/SexHIVedProgs.pdf

3. **Find new ideas** – Do additional research to gather ideas for improving or updating your work. There are reports on preventing teen pregnancy within specific populations that might be helpful. An extensive array of research reports and EBP program information can be found on the website for the Office of Adolescent Health/HHS, as well as Advocates for Youth, CDC, ETR, Healthy Teen Network, the National Campaign to Prevent Teen and Unplanned Pregnancy and Sociometrics.
4. **Evaluate your work** – Take steps to have your program evaluated or use some of the material in Step 7: Process Evaluation and Step 8: Outcome Evaluation to develop ways to begin evaluating your program. You want to know if your program achieves the desired outcomes. If it doesn't, you want to determine how to modify and strengthen the program so it does work. And, if it does work, you want to document its success and share those results!



Step 4 Fit

How can you make sure a program fits the needs of the youth to be served and your community?

Why?

To increase the chances that the program will be appropriate to and accepted by participating youth and the community.

What?

- “Fit” determines whether a program is suitable and acceptable for the particular group of youth to be served, the goals/objectives to be achieved, the context/setting in which the program will be offered and the community’s norms and values.
 - Fit determines if the program meets the requirements of the funder(s) and sponsoring organizations.
 - Just like a good “fit” makes it more likely a person will like and use a particular piece of clothing, good program “fit” can increase the chances that the program will be appropriate to and accepted by the participating youth and the community.
- match or fit your target population and specific goals and objectives.
 - Determine whether your community is ready and willing to support your program. Talk with community leaders and key stakeholders to share the information you have learned to date.
 - Consider whether you will be able to fully implement the program the way it was designed -- that is, with *fidelity* -- without removing any of the key ingredients that make this program effective.

How?

- Use the data collected in Step 1 and build on the work in Steps 2 and 3 to identify the “best practice” programs and prevention strategies that



Key Points

An evidence-based program might need to be adapted to better meet the needs of your specific youth. Fit will help you think about simple adaptations that won't change the key ingredients of the program.

If you need to make big changes to a certain program, consider selecting another program.

Fit might not relate to the program itself, but to contextual factors in the community, such as the level of support for sexuality education. Clearly articulating the reason a program is or is not a good fit can help identify and address potential concerns or misunderstandings at the outset.

Tools for Step 4

- *How to Determine Program Fit*
- *Tip sheet: Green, Yellow or Red Light Adaptation Guidelines*
- *Determining Levels of Fit*
- *Assessing Program Fit Tool*

Reviewing Step 4 – A Quick Checklist

Whether you are starting a new program or want to improve/expand an existing program, have you...

- Gained a broader understanding of what “fit” means for teen pregnancy prevention programs
- Considered the most important aspects of the program, the needs of the youth to be served and the level of anticipated community support, to assess or to determine whether there is a good fit
- Decided if the program fits your specific participants, organization and stakeholder partners
- Further narrowed your choice of programs based on the potential fit of each
- Determined if the program can be replicated with fidelity, or if some changes are needed
- Determined if the proposed changes ensure that your program fits and still retains its EBP fidelity

Linking the Steps Together



In Step 5, you will evaluate what your organization needs in order to deliver the selected program.

How to Determine Program Fit

There's no single magic solution for how to make your program fit perfectly. You may have to first understand, then balance competing interests such as a program's fit with the youth involved versus fit with your organization. However, it is important to at least consider the fit ideas presented in this chapter while knowing they don't include *all* of the answers you might need. Fit is sometimes an evolving process.

As we briefly covered in Step 3, the first thing to consider is how well you can implement your program with *fidelity*. Fidelity is the faithfulness with which an EBP is implemented. This includes implementing a program without removing parts of the program that are essential to the program's effectiveness – its core components.

Implementing with fidelity also means that the core components and activities are implemented in the proper manner which will lead to better outcomes. We always encourage you to implement an evidence-based program with fidelity. You can still maintain fidelity to the core components while tailoring the programs to better meet the needs of your youth. This tailoring is also called *adaptation*.

Before moving too far ahead into examining the fit of your program, it's important to generally understand what you should and should not change about evidence-based programs. This information will help you determine if the potential changes you want to make to achieve fit will maintain or destroy the integrity of the program. Obviously, if the changes are too substantial, you should consider selecting another program.

Which program components can be adapted?

Once you have a clear understanding of how the program you're considering works and its core components, you're in a better position to assess how any potential changes could compromise the integrity of the program. EBPs have a recipe of activities and determinants that are addressed. By changing parts of the recipe you might be losing the impact you'll have.

Think of it like making cookies. To make cookies, you need flour, eggs, oil, and sugar. If you take out one of these core ingredients you won't get cookies. These are like the core components of program. If you take out a core component, you're not implementing the EBP with fidelity and it's unlikely you'll get the results you expect.

Now think about different types of cookies. There are cookies with raisins, chocolate chips, nuts, etc. Whether or not you add these things to the basic recipe, you'll still get a cookie. These are like the things that can be changed in an EBP such as the names of characters in role plays or the settings of where the role plays are staged. It's important to still include the role plays in your program, but the names of the characters you use or the setting of the role play can be changed.

To illustrate this point further, let's look at the Teen Outreach Program (TOP). TOP is an evidence-based youth development program. Some of its core components are service learning activities (which includes supervised community service), discussion of the service learning activities, and discussion/activities about social development and learning tasks. Drawing on our cookie recipe example, service learning is a core ingredient to the TOP program. If you remove this core ingredient, it's no longer TOP.

Tip sheet: Green, Yellow or Red Light Adaptation Guidelines

While there is no single standard rule for making decisions about adapting SBPs, below is a simple guideline for determining appropriate levels of adaptations.

GREEN LIGHT Changes: These are small, easy changes that good facilitators make to ensure that programs connect with their audience and most often involve the following:

- Updating data and statistics
- Making sure the activities are developmentally appropriate and reflect the reading and comprehension levels of the audience
- Ensuring that the curriculum reflects the culture and experience levels of the youth being served, along with the program context/setting

Most programs can be improved by tailoring elements, scenarios, names, settings or other aspects of the program activities to better reflect the youth who are participating. **IMPORTANT:** Green Light changes **DO NOT** alter or diminish the core content.

YELLOW LIGHT Changes: Just as a yellow traffic light means “proceed with caution”, Yellow Light adaptations need to “proceed with caution” and should be made with the help of a skilled curriculum developer, professor, researcher or someone who understands behavioral health and health education theory. These changes might include the following:

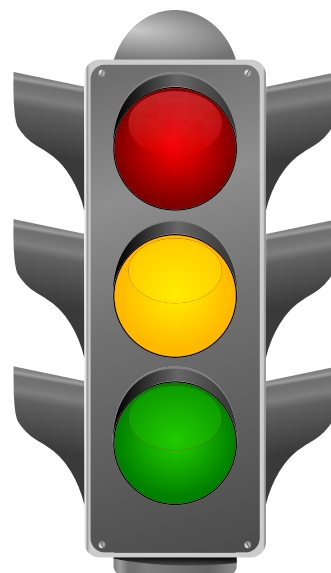
- Substituting a video recommended by a program for one that more closely fits the priority population or is more current
- Changing the sequence of activities
- Adding activities to address additional risk and protective factors that were not included in the original curriculum design

Some of these Yellow Light changes, such as rearranging the sequence of activities or adding activities to address additional factors, can be fairly substantial and require expert assistance so the alterations don’t compromise the integrity and fidelity of the program.

RED LIGHT Changes: Red light changes mean “stop”... don’t do it! These are changes that substantially compromise the core components of the program and often include the following:

- Removing core components (the reproductive health lessons)
- Substantially shortening programs and eliminating sessions
- Reducing or diminishing activities that allow youth to personalize the information
- Reducing or diminishing activities that allow youth to practice skills
- Eliminating certain risk or protective factors
- Contradicting or competing with the intent of the program
- Failing to repeat and reinforce key behavioral messages as prescribed in the curriculum
- Changing the style of facilitation (using an adult health educator instead of the trained high school peer educators used in the evaluated program)

Red Light changes, such as reducing or eliminating core content or activities, are highly discouraged because they compromise the integrity of the original program. Changes that are this extensive mean it is very doubtful that the program will result in the same behavior changes as documented by the original EB program and its evaluation. (Source: ETR Associates and CDC Division of Reproductive Health, 2007)



Determining Levels of Fit

Now we're going to discuss some ideas about what fit means in the following areas:

- Program fit with youth
- Program fit with an organization
- Program fit with a stakeholder community

This next section will help you complete the following tasks:

1. Understand fit at a variety of levels.
2. Use the Assessing Program Fit Tool found at the end of this section to help you examine each of the 2-4 programs you're considering.
3. Use the **Green, Yellow, Red Light Adaptation Guidelines** as you assess your potential programs to determine the appropriate changes you could consider to help you select the right ones.
4. Narrow your list of program choices before moving onto Step 5.

If you are already running a program, the concepts and fit tool could help you review your program to see if there's room for improvement.



Program Fit with Youth

First, you want to know if the program you've selected will work for the young people you'll be serving. Have youth similar to yours been helped by the same program? Are the planned activities suitable for your participants? The assessment you do here will help you identify the right program or the appropriate changes you could make to improve the program's fit with your youth. Remember – don't make changes that compromise the core content, program intent or internal logic of the program.

You want to know *if* and *how* the program fits with your youth in the following ways:

- *Characteristics* – Age, gender, ethnicity, literacy and/or education level, geographic location and setting such as rural, suburban or urban. Determine whether the program activities and methods of delivery are suitable for your priority population
- *Culture of the priority population and their community* – Culture includes values, practices, beliefs, customs, religions, rituals, language and pop-culture. Determine whether the proposed program is appropriate for the given cultural context of the priority population
- *Specific needs of a priority population* – High risk populations can include youth in foster care, special needs programs, alternative schools or juvenile detention. Determine how best to tailor a program, if needed, to issues involved when working with a specific high risk, high priority population

Will the program fit the cultural context of your youth? Talk with different cultural groups in your community and learn about their values and beliefs, especially those that are relevant to your program. What do people believe are the most appropriate ways to communicate and provide helping services? Your program may address peer norms, but are the peer norms the same for your priority population and their culture? For example, is becoming pregnant during high school valued or not by certain cultural groups?

Once you know more about the cultural context in which your youth live, you can determine whether modifications or adaptations are needed to help the selected program more appropriately fit that cultural context. You can identify ways to increase the cultural sensitivity and relevancy of your program with various cultural groups and beliefs in your community by appealing to common interests across groups.

You may not have found a program that matched the characteristics of your population exactly, but often, you won't have to change much to achieve fit. One factor in your decision will be the potential cost of making changes in the curriculum, providing staff training, or buying materials as well as the feasibility of any adaptations you think will be needed. Will the modifications change the intent or internal logic of the program? Not all changes have the same effect. For example, sharing information about ways to say no to sex is not the same as practicing the ways during a role play.

Program fit with an organization

The next level of fit to consider concerns the compatibility between the program you're considering and the organization which will deliver the program. Obviously it's important that an organization's philosophy and values are congruent with the goals of a program. Staff will be much more likely to deliver the program with fidelity if they believe it fits with their organization's vision and mission.

You want to know if and how the program fits with your organization in the following ways:

- *Mission of the host organization* – A strong connection between organizational mission and the programs delivered will contribute to the efficient use of resources and increases the confidence of those involved in the organization. Determine if the program is compatible with the core values of your organization.
- *Board, staff and leadership support* – The next level of key support involves your board, staff and leadership all being on board to support your chosen activities. Involving staff and volunteers in the process of actually selecting or adapting a program creates an opportunity to foster and strengthen these connections.
- *Program context/setting* – The original setting in which the program was delivered is often an important ingredient in its success. If a program was delivered in a school but you plan to operate at a community level, will it still work in the new setting? Determine which changes should be made to the program to work in the new setting. Is there another program that better meets your population's needs?
- *Program dosage* – The number of times and the duration of program sessions and activities contributes to its overall success. To implement the program with fidelity, it should be implemented with the same dosage as the original program. Shortening programs or reducing, diminishing or eliminating activities are all potential "Red Light" changes that could significantly compromise a program's outcomes. Determine how realistic the dosage for the planned program is within the scope of your organization. For example, it may not be possible to do a 20 session program when you only have one month allotted to implement the program.

Assessing and building organizational capacity for program delivery is covered in Step 5.



Program fit with the stakeholder community

The next level of fit to consider expands your circle of support out into the larger community and specifically calls attention to the priorities and values of your key stakeholders such as funders, policy makers, service providers, and other community leaders.

You want to know *if* and *how* the program fits with your stakeholder community in the following ways:

- *Other local programs* – Review existing efforts in the community which may be similar to yours. Determine if there are other programs or organizations doing something similar to what you’ve planned. Does your program add to or compliment theirs? Does your program conflict with existing programs? The information you collected in Step 1 (Needs and Resources Assessment) should help here. Can you join with their efforts or have them join with you? Doing so will avoid duplication of services and use everyone’s resources more wisely. It will also provide opportunities for productive partnerships.
- *Priority population’s/community’s level of readiness* – Are your potential participants and your community really ready for the interventions you’re planning? Considering readiness in these areas may lead you to rethink your starting point or some of your strategies. You might need to spend some time on building readiness before you launch your program.
- *Key stakeholder priorities* – It’s important to understand the priorities of those at the table working on the issues with you. If your funders and other partners do not share your vision, you may end up wasting too much time trying to convince them to support your plans. You shouldn’t avoid those that disagree with you or have different priorities, but it’s a good idea to be well informed about stakeholder priorities so you can have more productive dialogue.

Assessing Program Fit Tool

Does your program:	Yes	No	What steps can be taken to increase program fit?	Is this a "Yes" adaptation?
1. Fit with your youth for ...				
Literacy and/or education level?				
Age?				
Gender?				
Culture?				
Special circumstances (e.g. foster care, juvenile systems, special needs)				
2. Does your program fit with the organization in terms of ...				
Mission of the host organization?				
Board support?				
Staff support?				
Leadership support?				
Context/setting?				
Program dosage?				
3. Does your program fit with the stakeholder community's...				
Other programs?				
Readiness for prevention intervention?				
Priorities and values?				

Step 5 Capacity



What organizational capacities are needed to implement the program?

Why?

To ensure you have the organizational and financial ability to carry out your program effectively.

What?

- Assessing capacity involves identifying the operational, staffing, facility, equipment, resource/material, financial and other needs that will be required to carry out this program successfully and with fidelity
- Capacity involves building and maintaining key stakeholder support for the program by ensuring, from the outset that it will be well-planned, well-implemented and well-evaluated
- When planning a program in collaboration with other agencies, capacity also involves ensuring that all partners are clear about their roles and responsibilities

How?

Make sure your organization has the following:

- **Staff capacity:** People with the knowledge and skills needed to plan, implement, evaluate

and promote the program. Determine what further training might be needed and how it will be provided

- **Fiscal capacity:** Adequate funding from grants, gifts, sponsorships and fund-raising needed to operate the program. From the beginning, it is important to involve the agencies and organizations that might help provide ongoing leadership and financial support for the program after the pilot phase
- **Resource capacity:** Leadership, evaluation and partnership-building capacity
- **Partnership capacity:** Contacts to build community collaboration in support of the program.



Key Points

Staff, fiscal, resource and partnership capacities are critical for planning, implementing, evaluating and sustaining a successful teen pregnancy prevention program.

Identify the areas where capacity needs to be strengthened and include specific, practical capacity-building efforts in the program planning process.

If there is a real shortage of resources or capacity needed to implement a particular program, seriously consider choosing a different program. Set yourself up to succeed!

Tools for Step 5

- *Capacity Assessment Tool*
- *Organizational Capacity-building Resources*

Reviewing Step 5 – A Quick Checklist

Whether starting a new program or improving/expanding an existing program, have you...

- Gained a clearer understanding of the key capacities necessary to support your work and make the program a success
- Assessed whether you have the right levels of capacity needed to implement and sustain your program
- Determined which capacities need to be further developed to move ahead with your work and what type of capacity-building activities will be implemented to strengthen those areas
- Further narrowed your choice of programs to implement and/or strengthen, based on a realistic assessment of capacities

Linking the Steps Together



- » Step 1 identified the **need and priorities** to be addressed and available **resources** to assist
- » Step 2 determined the **goals, objectives and primary population**
- » Step 3 identified **best practices** and potential evidence-based programs, based on Steps 1 and 2
- » Step 4 considered the **program's fit** with the target audience and community
- » Step 5 reviewed the **capacity** necessary to carry out a program successfully

Now, Step 6 will focus on the final program selection and the development of a specific plan to implement the program

Capacity Assessment Tool

PROGRAM FACILITATOR(S) AND OTHER STAFF

Program Name: _____

Name of person completing form: _____

Date: _____

Facilitator capacity assessment	Requirements	Is our capacity sufficient?	Plan to increase the capacity
Do you have the number of facilitators recommended for the program (including adult and youth facilitators)?			
Do your facilitators have adequate qualifications? (e.g., level of education; years of experience)			
Have your facilitators received necessary training for working with youth? (e.g. group facilitation; abuse and neglect reporting; CPR; other required training)			
Have your facilitators received necessary training specific to the program?			

Other staff capacity assessment	Requirements	Is our capacity sufficient?	Plan to increase the capacity
What type of additional staff do you need to do this program?			
Do these staff have adequate qualifications?			
Have these staff received necessary training for their role?			

Board and Leadership

Program Name: _____

Name of person completing form: _____

Date: _____

Board & Leadership capacity assessment	Requirements	Is our capacity sufficient?	Plan to increase the capacity
How committed is the leadership to the program?			
Do they support the program staff?			
Are there clear channels of communication between all leaders involved?			
How effective is conflict resolution?			
Do the leaders involve the staff in decision-making when appropriate?			
Is the meeting facilitation effective?			

Technical Expertise

Program Name: _____

Name of person completing form: _____

Date: _____

Technical capacity assessment	Requirements	Is our capacity sufficient?	Plan to increase the capacity
Do you have any special materials needed to deliver the program?			
Do you need access to a computer or special computer programs?			
Others?			

Fiscal and Resource Capacity

Program Name: _____

Name of person completing form: _____

Date: _____

Fiscal and resource capacity assessment	Requirements	Is our capacity sufficient?	Plan to increase the capacity
Transportation availability			
Cost:			
Special trips			
Cost:			

Fiscal and resource capacity assessment	Requirements	Is our capacity sufficient?	Plan to increase the capacity
Printed materials Cost:			
Participant incentives Cost:			
Food Cost:			
Babysitting/sibling care availability Cost:			
Volunteers			
Equipment availability Cost:			
Amount of space required Cost:			
Evaluation (data collection, entry, tracking over time, analysis, reporting) Cost:			
TOTAL COSTS OF PROGRAM			

Collaborations and Partnerships

Program Name: _____

Name of person completing form: _____

Date: _____

Collaboration capacity assessment	Requirements	Is our capacity sufficient?	Plan to increase the capacity
Collaboration with key partners			
Buy-in of those that could support or hinder your program implementation			



Step 6

Making the Plan

What is the plan for implementing your chosen program?

Why?

To provide a clear, detailed and written guide for use by staff and stakeholders.

What?

- A plan provides a **road map or blueprint** that guides the implementation and evaluation of a program
- A clear, thorough, detailed plan will improve your program's **chances of success**
- Plans can help see the **need for changes** before problems arise
- Plans **reduce lost time, energy and turmoil** when there is staff turnover, and make it easier to move new staff into the program
- Well-prepared plans **improve communication** and ensure all partners are "on the same page"
- Well-prepared plans provide an **outline for the process evaluation**
- A written plan can help **explain the scope and limitations** of your program to the community
- A well-prepared program plan provides a foundation for creating a **sustainability** plan for the long-term

How?

- Select the program to be implemented.
- Prepare a road map for implementation by answering these questions:
 - » **What** needs to be done? What are the main tasks or pieces of your program?
 - » **Who** will do each part of the implementation? What tasks will each person handle?
 - » **When** will they do it? What is the timeline for each task?
 - » **Why** will the tasks be done? Make sure all activities are relevant to the goals and objectives and support the activities necessary to carry out the program successfully.
 - » **Where** will the tasks be done and activities occur?
 - » **How** will the tasks be done?
 - » **Program delivery:** numbers of sessions, content to be covered, hours (dosage) for each activity and number of participants to be served

Key Points

Planning includes outlining activities, staffing, locations and timelines and stating up front what you expect for attendance, duration of activities and resources needed.

Pay attention to the cultural, age, gender and “teen-friendly” relevance of program materials, activities, settings and program presenters. Make sure this is in your final plan.

Clearly outline the roles and responsibilities of everyone involved in the program, including funders.

Tools for Step 6

- *Work Plan Tool*
- *Planning Appropriate Programs (Culturally/Other) Checklist Tool*
- *Sample Budget Tool*

Reviewing Step 6 – A Quick Checklist

If you are starting a new program, have you...

- Finalized your program selection
- Completed the BDI or other logic model you started in Step 2
- Confirmed your program is appropriate, culturally and otherwise, for the youth be served
- Considered and planned appropriate changes to strengthen the program
- Considered and selected participant recruitment strategies
- Completed a detailed work plan for program implementation
- Completed a realistic program budget

If you want to improve an existing program, have you...

- Considered and selected participant recruitment strategies
- Completed a detailed plan for strengthening program implementation
- Completed a realistic program budget
- Confirmed your program is appropriate

Linking the Steps Together



Step 7 discusses **process evaluation**, which looks at the implementation of the program and tracks if the program was carried out as planned.

Work Plan Tool

Program Name: _____

Name of person completing form: _____

Date: _____

Program or project title: _____

Summary: _____

Activities	By when will this be done? When will this occur?	Who is responsible?	Are any resources needed? Where will you get them?	Date completed
Administrative – Job descriptions prepared; staff meetings planned; budget prepared; other				
Policies and procedures – Confidentiality and mandatory reporting policies in place; participants review and sign consent forms; other				

Activities	By when will this be done? When will this occur?	Who is responsible?	Are any resources needed? Where will you get them?	Date completed
Facilitation – Appropriate facilitator(s) hired or volunteer; facilitator(s) trained; follow-up after each session ; other				
Location and materials – Meeting space reserved and paid for if necessary; all materials received and/or copied; room set-up; other				
Recruitment and retention – Participants recruited; retention and referral plans developed; participation attendance; other				

Activities	By when will this be done? When will this occur?	Who is responsible?	Are any resources needed? Where will you get them?	Date completed
Implementation – Intervention activities listed in the BDI Logic Model are planned; periodic debriefings scheduled; ongoing feedback				

Activities	By when will this be done? When will this occur?	Who is responsible?	Are any resources needed? Where will you get them?	Date completed

Activities	By when will this be done? When will this occur?	Who is responsible?	Are any resources needed? Where will you get them?	Date completed
Program evaluation – After completing Steps 7 & 8, fill in process and outcome evaluation details.				

Plan Culturally Appropriate Programs Checklist Tool

Another area for attention in your work plan is to make sure your program activities are going to be culturally appropriate to your population. Working from some of the ideas you developed in Step 4 on Fit, use this short checklist to do a quick review of your plan:

Culturally Appropriate Checklist	Yes	No	If no, what we plan to do
Have you verified that the materials you plan to use are relevant (e.g., specific, applicable, understandable) to your population or have you modified them to make them more relevant?			
Have the curriculum and materials been reviewed by members of the community or knowledgeable individuals?			
Is the curriculum culturally sensitive throughout and not just in certain sections of the program?			
Does the program consider language, context, values and socioeconomic status of the community members in its materials and programming?			
Are all program staff knowledgeable or do they have experience working with the community?			
Has the program staff received training in cultural competence?			

Sample Program Budget Tool

Budget Categories	Specific Calculations	Cost Estimate
PERSONNEL		
	Facilitator @ # of hours X \$/hour	\$
	Program Director @ # of hours X \$/hour	\$
	Personnel Benefits @ \$/staff	\$
	Facilitator @ 25% X Annual Salary (results in .25 FTE or 10 hrs/wk)	\$
	Program Manager @ 25% X Annual Salary (results in .25 FTE or 10 hrs/wk)	\$
TRAVEL		
	[Travel to Training for # of staff]	\$
	Airfare @ \$airfare X # of staff	\$
	Food @ \$food X # of days X # of staff	\$
	Lodging @ \$room rate X # of nights X # of staff	\$
	Miscellaneous @ \$misc X # days X # of staff	\$
	Local Mileage @ \$mileage rate X # of miles X # of staff	\$
EQUIPMENT		
	Television 20 inch @ \$TV X # of TVs	\$
	DVD Player @ \$DVD player X # DVD players	\$
	Computer @ \$computer X # of computers	\$
	Printer @ \$printer X # of printers	\$
	Easel @ \$easel X # of easels	\$
SUPPLIES		
	Copy paper (various colors) @ \$/box X # of boxes	\$
	Easel paper @ \$/pad of paper X # pads	\$
	Basketballs and Footballs @ \$/each X # needed	\$
OTHER		
	Copier expenses @ \$per copy X # estimated copies	\$
	Food for Participants # of days X \$ of food	\$
	Participant incentives @ # of youth expected X \$/incentive	\$
	TOTAL SUM OF COSTS	

PROGRAM BUDGET TOOL

Budget Categories	Specific Calculations	Cost Estimate
PERSONNEL		
		\$
		\$
		\$
		\$
		\$
TRAVEL		
		\$
		\$
		\$
		\$
		\$
EQUIPMENT		
		\$
		\$
		\$
		\$
		\$
SUPPLIES		
		\$
		\$
		\$
OTHER		
		\$
		\$
		\$
	TOTAL SUM OF COSTS	



Step 7 Process Evaluation

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

Why?

A **Process Evaluation** will help determine if the program is being carried out as planned and make any needed adjustments while the program is underway to keep everything on track.

What?

A process evaluation will help:

- Determine how well you *planned your work -- and worked your plan*.
- Identify items in your work plan to be tracked, such as number/content of sessions and attendance.
- Make corrections along the way to keep things on track and being carried out as planned.
- Explain why the desired outcomes were or were not achieved.

How?

A process evaluation measures the **quality** and **fidelity** of your implementation efforts. It gives you an idea about how well your plans were put into action and whether the people who participated were satisfied with their experience. A process evaluation can track the number of sessions, extent to which the proposed content was delivered, fidelity to the original evidence-based program, participant attendance, activities included and other information that will determine whether the program was implemented fully and well. It can involve asking questions of staff and/or program recipients and conducting satisfaction surveys. Process evaluations can answer questions, such as:

- Was the program implemented as planned? If not, why not?
- Was the program implemented on time?
- What was done well? Was the program implemented with *fidelity*, compared to the evidence-based program selected? Were staff and the youth participants satisfied with the program?
- Were the youth who received the program actually from the population you intended to reach?
- What mid-course corrections should be (or were) made and why?

Key Points

A process evaluation documents whether a program was carried out as planned.

A process evaluation should start before the program begins, continue while the program is running and be reviewed at the end of each program session.

A process evaluation, coupled with the outcome evaluation (Step 8), can provide a more complete picture of the program's effects.

Tools for Step 7

- *Tip sheet: Process Evaluation Questions and Activities*
- *Tip sheet: Ways to Gather Process Evaluation Information*
- *Fidelity Monitoring Tool*
- *Process Evaluation Planning Tool*

Reviewing Step 7 – A Quick Checklist

Whether starting a new program or working to improve an existing program, have you...

- Developed a clear process evaluation plan before launching your program
- Examined whether the activities identified in your logic model were implemented as planned
- Monitored the work plan you outlined in Step 6
- Determined the quality of your activities
- Identified and made midcourse corrections if needed
- Tracked the number of participants and their attendance
- Monitored your program fidelity
- Shared this process evaluation information with key stakeholders and gathered their observations

Linking the Steps Together



With a plan for evaluating how well the program was put into place, Step 8 will make a plan for **evaluating the program outcomes**.

Tip sheet: Process Evaluation Questions and Activities

Process Evaluation Questions	Evaluation Methods & Tools	When Conducted	Resource Requirements
1. What are the program participants' characteristics?	Demographic information collection (surveys or observations)	Before and after program implementation	Expertise: moderate Time: moderate
2. What were the individual program participants' dosages?	Individual participation monitoring (tracking attendance by participant)	During program; summarize after	Expertise: low Time: moderate
3. What level of quality did the program achieve?	Fidelity monitoring: staff Fidelity monitoring: observers	During/after program	Expertise: moderate Time: moderate Expertise: high Time: moderate
4. What is the level of satisfaction of the participants?	Satisfaction surveys Focus groups	During/after program	Expertise: low Time: low
5. What is the staff's perception of the program?	Program debriefing Staff surveys Focus groups Interviews	During/after program	Expertise: low Time: low Expertise: low Time: low Expertise: high Time: moderate Expertise: moderate Time: moderate
6. Did the program follow the work plan?	Document completion of work plan tasks	During/after program	Expertise: low Time: low

Tip sheet: Ways to Gather Process Evaluation Information

You are likely to use a variety of methods for collecting your process evaluation data. Here's some additional information about a few key ones we've mentioned in this chapter.

Demographic Data
<p>What it is: Specific information about participants including variables like age, sex, race/ethnicity, grade level, education level, household income, family size and geographic location.</p>
<p>How to gather it: You have probably already gathered much of this kind of information in the course of planning for, establishing or running your program. Often, these types of questions are asked as part of an outcome assessment survey. Information can be gathered during an interview with each participant as well.</p>
<p>Why it is important: So you'll know if your program is serving the participants you planned to engage.</p>
Focus Groups
<p>What they are: A focus group is a facilitator-led discussion on a specific topic with a group of no more than 8-10 participants brought together to share their opinions on that topic.</p>
<p>How to manage them: Generally focus groups are led by 1-2 facilitators who ask the group a limited number of questions. Think of the structure of a focus group like a funnel—each major topic should start with broad questions, then get more specific. Be sure to tape record the focus group or have a designated note taker. The data can be analyzed by looking for the number of instances certain themes appear in the transcripts or notes. If you want more information on focus groups, some good resources are:</p> <ul style="list-style-type: none"> • HHS/Office of Adolescent Health: hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/Assessts/qualitativemethods_evaluate_schools.pdf • CDC: cdc.gov/HealthyYouth/evaluation/pdf/brief13.pdf
<p>Why they're important: Focus groups are an excellent method to learn what people thought about your program and get suggestions about your program. Data from focus groups often yield qualitative (text) data as opposed to surveys, which usually yield quantitative (numerical) data. Listening as people share and compare their different points of view provides a wealth of information—not just about what they think, but why they think the way they do. For more information about qualitative data collection, refer back to Step 1.</p>
Satisfaction Surveys
<p>What they are: Information about how much the participants enjoyed the program, whether they got something out of it and whether the program met their needs or expectations.</p>

<p>How to do them: The easiest way is to administer brief surveys to participants as part of the program, at the end of each session or activity. This is better than waiting to the end of the entire program, because sometimes participants forget details from earlier sessions. It is best to get the information as close to the experience as possible.</p>
<p>Why they're important: So you'll know if the participants are enjoying the program and it can help you identify areas to improve participant satisfaction.</p>
<p style="text-align: center;">Staff Perceptions</p>
<p>What they are: Staff perceptions about what worked and didn't work during the implementation of a program.</p>
<p>How to gather them: There are three methods for gathering data on staff perspectives:</p> <ul style="list-style-type: none"> • Focus groups • Interviews • Program debriefing <p>In addition to what we've already mentioned about focus groups, an interview can be a good way to get detailed information about program implementation from staff. While interviews with staff involve a similar type of questioning as a focus group, you're talking with one person at a time.</p>
<p>A <i>program debriefing</i> is a straightforward way for staff to meet immediately after a program session has been conducted and answer two questions:</p> <ol style="list-style-type: none"> 1. What went well in the session? 2. What didn't go so well, and how can we improve it next time?
<p>Why they're important: Program staff are often in an excellent position to comment on how well a program is being implemented.</p>
<p style="text-align: center;">Fidelity Monitoring</p>
<p>What it is: Systematically tracking how closely each intervention activity was implemented as outlined in your final work plan.</p>
<p>How to do it: If you are using a packaged program, check with those responsible for disseminating the program to see if they have a fidelity instrument. If a fidelity instrument does not come with the packaged program materials or you have developed your own program, use the fidelity tracking tool that we provided in this section to create your own.</p>
<p>Why it's important: The closer you can come to implementing a program as it was intended, the better chance you have of achieving your goals and outcomes.</p>

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 Monitoring Tool

Easy Way to Track Fidelity of a Prevention Program

Many evidence-based programs and “home-grown” programs do not have any tools available to help practitioners track fidelity. If the program/intervention you are implementing does not have a companion fidelity tool, there is a straightforward way for you to develop your own tracking tool. The primary requirement is the availability of program materials that state what the program will do—the more detail, the better. For example, a program curriculum that specifies all the activities of a certain session is ideal. Then, each major activity within a session is made into a statement to be rated as follows:

Did not cover this in the session 1	Covered this partially in the session 2	Covered this fully in the session 3
--	---	--

All the checklist items are then summed and divided by the number of items for an average score. This can be done within a session—then all the sessions are averaged.

Key features of the tool:

- There is space for the session’s date, the session leader, the name of the group, and the person completing the form. These are all important details to record.
- By looking at the curriculum, include a checklist item for each major activity in the session and also an item for the major ideas to be conveyed in the session.
- There is space next to each statement for the 1-3 rating to be made.

What is the process for making ratings?

Ratings are typically made immediately after the completion of the session or activity. Those who are implementing the program should discuss ahead of time what is meant by each rating choice (1-3) on this scale. When choosing who should make these ratings, there are three possible options: The program deliverers, the participants or outside raters. However, the most realistic and common method of fidelity rating is to have the group leader(s)/program deliverer complete the fidelity assessment at the end of each session. Another idea to consider, if there is more than one group leader/program deliverer, is that they could serve as outside raters of sessions by observing and fidelity rating each other’s sessions. Additionally, undergraduates, graduate students or other similar affordable staff in your local community can be easily trained to look for the key features of program sessions. Regardless of which option you choose for fidelity ratings, consider the pros and cons of using each (see table at end of tool).

Additional questions to consider

In addition to the presence of the key activities and ideas of the program, there may be other features of a session or activity that would be important to rate. Some examples of these are listed in the table :

Features of Session		Rating	
Participant interest	1 = Not at all interested	2 = Some were interested	3 = All or almost all were interested
Degree of participation	1 = None or very few participated	2 = Some participated	3 = All or nearly all participated
Control of the group or classroom	1 = Very poorly controlled	2 = Moderately controlled	3 = Very well controlled
Respecting participants	1 = Not at all	2 = Some of the time	3 = All of the time
Conveying the purpose of the session	1 = Not at all	2 = Partially	3 = Fully
Session felt rushed	1 = Not at all rushed	2 = Somewhat rushed	3 = Very rushed
Lesson preparation	1 = Poorly prepared	2 = Moderately prepared	3 = Very well prepared

Other comments about the session? Things that went well and things that did not go well.

Pros and Cons for Types of Fidelity Raters

Program deliverers

Pros	Cons
Inexpensive because they are already there in the room	Could produce biased ratings
Are supposed to know the program enough to rate what should be happening	May resent the extra work involved in making the ratings
Staff have stated that the checklists help them plan their programs	

Program participants

Pros	Cons
Inexpensive because they are already there in the room	Do not know the program enough to rate what should be happening (regarding content)
Are able to rate the “feel” of the program (e.g., Did the session allow for participant discussion? Were all participants engaged?)	Could take time away from program implementation

Outside raters (either through live observation or by watching videotapes)

Pros	Cons
Will likely make the most unbiased ratings	Requires additional resources, training in making ratings, extra staff and possibly videotape equipment

Example Fidelity Tracking Tool

Module 1 Fidelity Checklist: Getting to Know You & Steps to Making Your Dreams Come True (from Making Proud Choices!)

Group Name: Hangin' Around After School Program

Group Leader Name: Nisha

Person completing this form: Allen

Date of Session 9-A: Jan. 19

We would like your feedback about this session in the curriculum. After the session, please rate each activity as: 1 = *did not cover this in the session*, 2 = *partially covered this in the session*, or 3 = *covered this fully in the session*.

	A. Welcome and Program Overview
1 2 3	Foster excitement and enthusiasm about participating, while providing participants with a general overview
1 2 3	Answer any questions participants have
	B. Talking Circle
1 2 3	Everyone introduced themselves and shared one thing they enjoy doing (to make students feel like important contributors to the group and give an opportunity to express their thoughts and feelings)
	C. Creating Group Rules
1 2 3	On newsprint, list student suggested group rules
	D. Be Proud! Be Responsible!
1 2 3	On newsprint, listed students ideas of what it means to be proud, be responsible and make a difference
1 2 3	Define what it means to be proud, be responsible and make a difference
1 2 3	Discuss benefits of making a proud choices and engaging in proud and responsible behavior
	E. Brainstorming About Teens and Sex
1 2 3	On newsprint list, the reasons suggested by the teens of why some teens have sex
1 2 3	On newsprint list, the possible consequences of sex as the teens brainstorm them
1 2 3	On newsprint list, the reasons the teens give as ways to prevent the negative consequences of sex
	F. Goals and Dreams Timeline
1 2 3	Showed the goals and dreams timeline poster
1 2 3	Students complete the Goals and Dreams Timeline handout
1 2 3	List students' goals on left side of Goals newsprint
	G. Brainstorming Obstacles to Your Goals and Dreams
1 2 3	On the newsprint, list the students' obstacles that could get in the way of reaching goals and dreams
1 2 3	Discuss ways to avoid obstacles and avoid pregnancy, getting someone pregnant and getting STI/HIV
	Other Aspects of the Session...
1 2 3	Were the participants interested? 1 = Not at all interested; 2 = Some were interested; 3 = All or almost all were interested
1 2 3	Did the participants participate? 1 = None or very few participated; 2 = Some participated; 3 = All or nearly all participated
1 2 3	Did the session feel rushed? 1 = Very rushed; 2 = Somewhat rushed; 3 = Not at all rushed

Other comments about the session? Things that went well and things that did not go well.

Process Evaluation Planning Tool

Process Evaluation Questions	Evaluation Methods and Tools	Anticipated Schedule for Completion	Person Responsible
1. What were the program participants' characteristics?			
2. What were the individual program participant dosages?			
3. What level of quality did the program achieve?			
4. What was the satisfaction level of the participants?			
5. What was the staff's perception on the program?			
6. Did the program follow the work plan?			



Step 8 Outcome Evaluation

How will you determine if the program is meeting its goals and achieving its desired outcomes?

Why?

An **Outcome Evaluation** will provide evidence that the program worked or help understand why it didn't.

What?

An outcome evaluation will:

- Determine whether your program caused changes in knowledge, skills, attitudes and behaviors of the participants related to teen pregnancy and/or sexual risk-taking activity.
- Provide evidence that your program worked (achieved desired outcomes), or understand how and why it didn't work.
- Identify changes that could make the program more successful.

How?

Planning and completing an outcome evaluation will help determine whether a program reached its goals and desired outcomes, information that program providers and funders need to use their resources effectively. Along with the process evaluation, an outcome evaluation needs to be designed during the program planning process, before the program is implemented.

An outcome evaluation will use the activities and tools from the previous steps, including the BDI Logic Model, work plan, process evaluation plan and existing program measures (provided for the specific evidence-based program). Quite often, it is necessary to seek support from a professional evaluator or a college/university staff member experienced in evaluation. Some professors may have graduate students that can help collect and summarize process and outcome data.

To plan and conduct your outcome evaluation:

- **Identify what will be measured:**
 - » If your program has a standard evaluation form, it can be used; this will provide comparison data with other sites using the same program
 - » If a program does not have an evaluation, find sources with appropriate measures that have been previously developed and tested. One source is Sociometrics: socio.com/evaluationpublications.php
- **Choose the design of the evaluation and determine the evaluation tool(s) to be used**
- **If a new tool is needed, develop the actual program evaluation tool(s) and conduct a pilot test**
- **Finalize the evaluation survey instrument:**

Key Points

An outcome evaluation measures the knowledge, attitudes, skills and behaviors of the youth being served, to see if they have changed. It is especially important, to the extent possible, to evaluate changes in behaviors that the program is designed to influence.

Different designs and methods for data collection and analysis all have benefits and costs that need to be weighed.

Don't confuse process with outcomes; for example, number of classes taught (process) versus change in behavior among participating youth (outcome).

- » Have at least one measure for each outcome
- » Keep questions as short and clear as possible
- » Ensure that the format and reading level is appropriate for the youth being served
- » Pilot test the survey before the actual program begins
- **Develop the methods to be used** and finalize a plan to put those methods into place
- **Conduct the outcome evaluation**
- **Analyze the data, interpret the findings and report your results**

Develop a plan to address issues of consent, confidentiality and anonymity, as needed.

Combine the process data from Step 7 with outcome data to learn about the program's effectiveness.

Tools for Step 8

- *Outcome Evaluation Tool*
- *Tip sheet: Data Collection Methods at a Glance*
- *Reporting Our Findings Tool*

Reviewing Step 8 – A Quick Checklist

If you are starting a new program or want to improve/expand an existing program, have you...

- Identified measures
- Chosen the design of the evaluation
- Developed methods to use
- Developed and finalized a plan to put those methods into place
- Conducted the outcome evaluation (collected your data)
- Analyzed data, interpreted your findings and reported your results

Linking the Steps Together



In Step 9, the information from all the previous steps will be used to continuously evaluate and improve your program.

Tip sheet: Data Collection Methods at a Glance

Methods	Pros	Cons	Cost	Time to Complete	Response rate	Expertise needed
Self-administered surveys	Anonymous Inexpensive Easy to analyze Standardized Easy to compare with other data	Could be biased if youth don't understand the questions or answer honestly. May get incomplete data	Low to moderate	Moderate	Moderate to high, depending on how it is administered	Little to give out surveys. Moderate to analyze and interpret the data
Telephone surveys	Same as paper (above) but may allow for conducting more surveys and doing more follow-up	Same as paper (above) but those without phones may not respond; others may ignore calls	More than self-administered (moderate to high, depending on number of surveys to complete)	Moderate to high	Moderate to high depending on how it is administered	Need experience with phone surveys Moderate to analyze and interpret the data
Focus groups	Can quickly get info about attitudes, perceptions, and social norms. Info can be used to generate survey questions	Cannot get individual-level data from focus group. Can be difficult to run. Hard to generalize themes to larger group. May be hard to gather 6-8 persons at the same time. Sensitive topics may be difficult to address in a focus group	Inexpensive if done in-house. Can be expensive if hiring a professional. Usually incentives are offered to get participants	High: Groups can last 1.5 hours on average	Moderate Typically focus groups involve only 6-8 people	Requires good group facilitation skills Conversation skills Technical aspects can be learned relatively easily

Methods	Pros	Cons	Cost	Time to Complete	Response rate	Expertise needed
Interviews – face-to-face and open ended	Gather in-depth, detailed info. Info can be used to generate survey questions	Takes much time and expertise to conduct and analyze. Potential for interview bias	Inexpensive if done in-house Can be expensive to hire outside interviewers and/or transcribers	About 45 min. per interview. Analysis can be lengthy, depending on method.	People usually agree if it fits into their schedule	Requires good interview/conversation skills Formal analysis methods are difficult to learn
Open-ended questions on a written survey	Can add more in-depth, detailed info to a structured survey	People often do not answer them. May be difficult to interpret meaning of written statements	Inexpensive	Only adds a few more minutes to a written survey. Quick analysis time	Moderate to low	Easy to analyze content.
Participant observation	Can provide detailed information about a program.	Observer can be biased. Can be a lengthy process.	Inexpensive if done by staff or volunteers.	Time consuming	Participants may not want to be observed	Requires skills to analyze the data
Face-to-faced structured surveys	Same as paper and pencil, but you can clarify responses.	Same as paper and pencil but requires more time and staff time.	More than telephone and self-administered surveys.	Moderate to high	More than self-administered survey (same as telephone survey)	Need some expertise to implement a survey and to analyze and interpret the data
Record interview	Objective Quick Does not require new participants	Can be difficult to interpret Often is incomplete	Inexpensive	Time consuming	Not an issue	Little expertise needed. Coding scheme may need to be developed

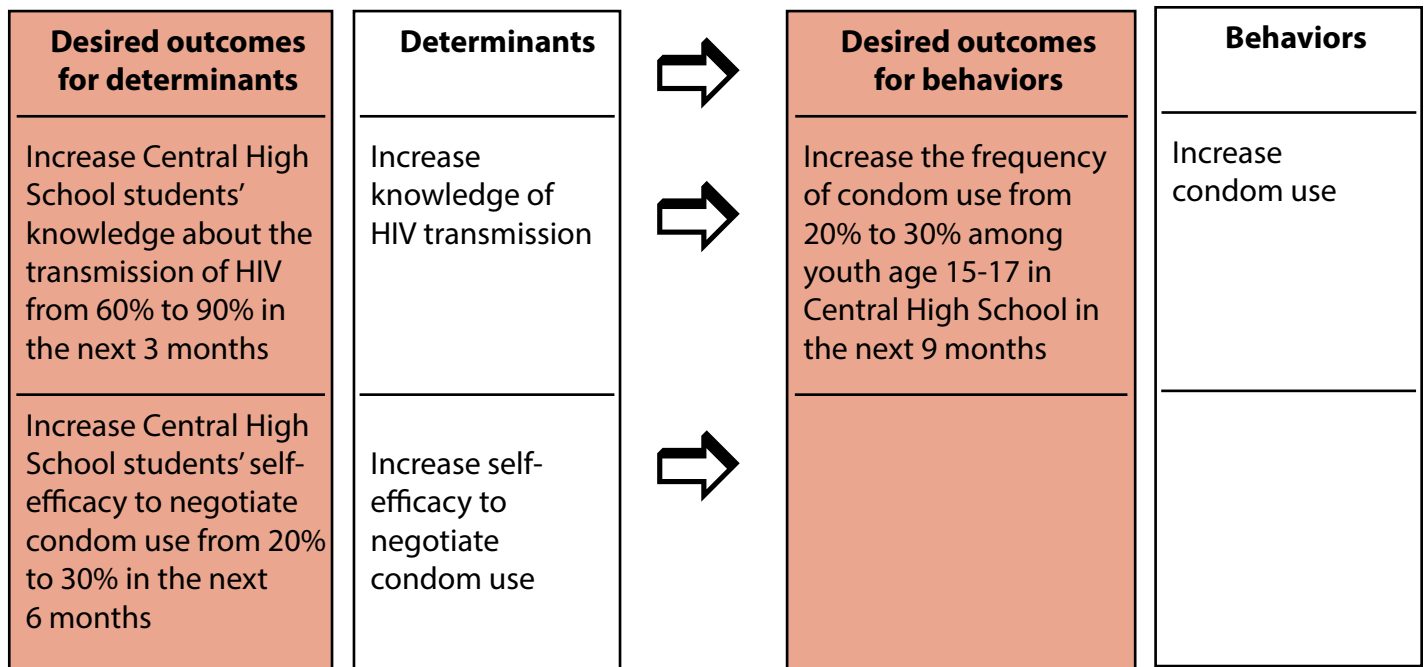
Identify what needs to be measured

Let's start by revisiting your final BDI logic model—this will guide what you actually should plan to measure. In evaluating the impact of your intervention activities, you seek to measure changes in the actual behaviors and determinants that you think you're influencing (knowledge, skills, attitudes and perceptions associated with teen pregnancy and adolescent risk behaviors).

For example, let's say you determined the following in Step 2:

- Your overall health goal is to reduce teen pregnancy rates in your local high school for 15-17 year olds
- One of the key behaviors identified in your local high school that directly affects your health goal is low rates of condom use among sexually active youth
- Some of the determinants linked to condom use that you want to change include:
 - Increase knowledge of HIV transmission
 - Increase self-efficacy in negotiating condom use with a romantic partner

Once you identified your behaviors and determinants, you created SMART desired outcome statements for each of them. These statements are a critical piece of outcome evaluation because they identify what you need to measure. The figure below represents how desired outcomes statements are integrally linked to the behaviors and determinants in your program.



Based on the example in the figure above, it would be important to identify and use a measure of condom use, knowledge of HIV transmission and perceived self-efficacy to negotiate condom use as part of your outcome evaluation plan. The important thing is to measure all of your desired outcomes.

Reporting Our Findings Tool

1. Who are the key groups to which we need to report our findings?

2. How are we going to report to each of these groups?

3. Do we need someone to check our report(s) for accuracy? If so, who could do this?

Source: *First Steps in Evaluation: Basic Tools for Asset-Building Initiatives*, by Thomas H. Berkas and Kathryn L. Hong. Copyright © 2000 by Search Institute, 700 South Third Street, Suite 210, Minneapolis, MN 55415; 800-888-7828; www.search-institute.org.



Step 9 Continuous Quality Improvement (CQI)

What is the plan for continuous quality improvement of the program?

Why?

To use what you learn over time to continuously improve and grow the program.

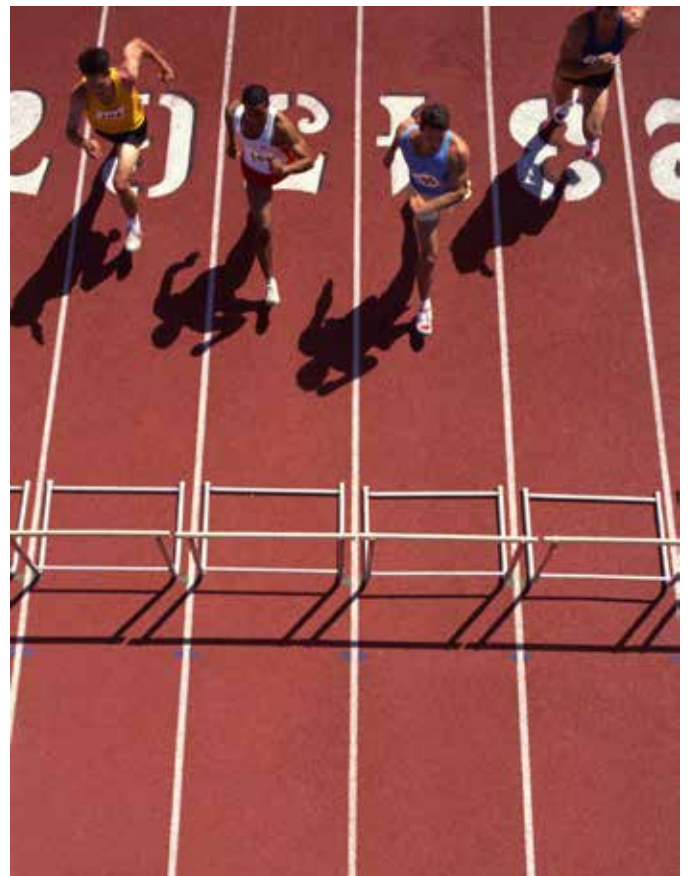
What?

Continuous Quality Improvement (CQI):

- Is used to make changes to the program in an ongoing manner, without starting over
- Helps keep your program fresh and a good fit for your target population and community

How?

- In an orderly way, look at the information and data you have about the planning, implementation and outcomes of the program
- Review your program from Step 1 through Step 8, looking for ways to increase quality
- Consider what the process and participant outcome data suggests regarding program improvements
- Always be thinking of ways to make the program better -- by gathering ideas from the participants, program leaders and parents and by observing the program first-hand



Key Points

When you keep track of what works well, and continually review that information, you can build upon “what works” and avoid repeating mistakes or missteps in the future.

Encourage your staff and participants to be part of the program’s “learning loop,” in which everyone is open to sharing, learning and continuously working to make the program better. More creative ideas, suggestions and solutions can be generated when CQI becomes part of an organization or program’s standard operating procedure.

Evaluation is an important investment for ongoing program improvement.

Tools for Step 9

- *Continuous Quality Improvement (CQI) Tool*

Reviewing Step 9 – A Quick Checklist

Whether starting a new program or improving/expanding an existing one, have you...

- Completed the CQI Tool
- Documented successful program activities
- Assessed program activities which did not work well overall or for specific groups
- Identified areas for improvement
- Created and implemented strategies for improvement
- Increased organizational buy-in by gathering and using the suggestions of program staff

Linking the Steps Together



In Step 10, you will consider different ways to help keep your successful program going.

Continuous Quality Improvement (CQI) Tool

Adapted with permission from The RAND Corporation, 2007.

Program Name: _____
Name of person completing form: _____
Date: _____

PROGRAM NEEDS AND DESIRED OUTCOMES

What were the needs that your program addressed?	What were the desired outcomes of your program?
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Who and when?	
What time period are you reporting on?	_____
Who did you plan to reach with your program?	
A. Number:	_____
Age/grade:	_____
Other relevant characteristics:	_____
How well was the program attended?	
B. How many different participants attended your program even once?	
In general, did you offer all of the intervention activities that were planned for each session and time period (e.g., did you maintain fidelity)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered No, about what percent of the program was actually delivered (for example, how many sessions were delivered out of the total number of sessions planned)?	
If No, what content areas or activities were omitted?	

PROCESS EVALUATION

C. How many people participated in the evaluation? :	_____	% of target: _____ (C/A x 100) ^[1]	% of served: _____ = (C/B x 100) ^[2]
Who took part in the evaluation? (check all that apply)			
<input type="checkbox"/> Program facilitators or staff			
<input type="checkbox"/> Program participants (all of them)			
<input type="checkbox"/> Program participants (some of them)			
<input type="checkbox"/> Others _____			
How well does your evaluation represent the population you served? (check one)			
<input type="checkbox"/> Not at all well			
<input type="checkbox"/> Somewhat well			
<input type="checkbox"/> Very well			
Why?			

^[1] C = the number of people who participated in the evaluation. A = the number of participants you planned to reach with your program. To generate this percentage, use the formal above, C divided by A, times 100.

^[2] C = the number of people who participated in the evaluation. B = the number of participants that attended your program even once. To generate this percentage, use the formal above, C divided by B, times 100.

PLANNING PROGRAM IMPROVEMENTS

CQI Questions	Answers to CQI Questions	What will you do differently next time?
1. Do you need to do another needs assessment? Is your needs assessment data still current and relevant to your population? Have the needs of your priority population/resources in the community changed? Were the data from your needs assessment consistent with what you saw and heard in the program?		
2. Do you need to change your program goals and desired outcomes or priority population? Do you need to change the behaviors you are targeting? Do you need to change the determinants you are addressing? [Review your BDI Logic Model]		
3. Should you consider new evidence-based programs? Should you make other improvements to your program?		
4. Does the program continue to fit with your priority population, organization (both philosophically and logistically) and your stakeholder community? If not, why not? Can adaptations be made to strengthen the program?		
5. Do you have the resources to do the program well? Has there been a shift in resources?		
6. How well did you plan? What suggestions do you have for improvement?		
7. How well did you follow the plan you created? Did you implement the program with fidelity? What were the main conclusions from the process evaluation?		
8. How well did the program reach its outcomes?		

AN EXAMPLE: PLANNING PROGRAM IMPROVEMENTS CQI TOOL

CQI Questions	Answers to CQI Questions	What will you do differently next time?
1. Do you need to do another needs assessment? Is your needs assessment data still current and relevant to your population? Have the needs of your priority population/resources in the community changed? Were the data from your needs assessment consistent with what you saw and heard in the program?	No, there is still a need for the program to help teens postpone sexual involvement.	No need to change the program based on this question.
2. Do you need to change your program goals and desired outcomes or priority population? Do you need to change the behaviors you are targeting? Do you need to change the determinants you are addressing? [Review your BDI Logic Model.]	No, the original overall goal of helping teens learn how to postpone sexual involvement is still relevant.	No, we don't need to change our goals, desired outcomes or priority populations.
3. Should you consider new science-based programs? Should you make other improvements to your program?	Research shows that young teenagers don't respond well to lectures.	Yes, we need to take steps to make sure our program is interactive.
4. Does the program continue to fit with your priority population, organization (both philosophically and logistically) and your stakeholder community? If not, why not? Can adaptations be made?	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 8th graders (age 13-14) learn vs. how teens 16 and older learn.	Yes, we could use the available research on teen development to make sure we are targeting our interventions in age-appropriate ways.
5. Do you have the resources to do the program well? Has there been a shift in resources?	The most demanding part of the program is time an effort needed to recruit and train the student leaders needed to deliver the curriculum. Since leaders are 12th graders, they have to be hired and trained every year.	We will ask outgoing student leaders to help us recruit by recommending 10th and 11th graders. We'll also watch for successful 8th grade graduates of the program who want to become leaders when they reach 11th grade.

CQI Questions	Answers to CQI Questions	What will you do differently next time?
<p>6. How well did you plan? What suggestions do you have for improvement?</p>	<p>We need to fine-tune our plans to make sure activities are interactive and to recruit and train student leaders.</p>	<p>We'll revise some of the materials and activities to make sure they are age appropriate. We'll also build in extra time to recruit and train student leaders.</p>
<p>7. How well did you follow the plan you created? Did you implement the program with fidelity? What were the main conclusions from the process evaluation?</p>	<p>The <i>Postponing Sexual Involvement</i> program went very well. However, we found some programs being implemented did not use a sexuality education lesson.</p>	<p>We need to make sure that everyone using the PSI program ties it to an existing, high-quality, sexuality education course.</p>
<p>8. How well did the program reach its outcomes?</p>	<p>We found that students who participated in the PSI program were less likely to have sex than those who had not. One unintended but positive outcome was the increased confidence level in the high school student educators as well as improvement in their leadership skills.</p>	<p>With just a few key changes in our recruitment, training and curriculum delivery, we believe we can expand and improve our program in two significant ways:</p> <ol style="list-style-type: none"> 1. Develop a more effective, age-appropriate curriculum for the 6th grader students. 2. Develop a follow-through program aimed at reinforcing information and skills for 9th and 10th graders which they learned in the 8th grade.



Step 10 Sustaining Successful Programs

What is needed to keep the program going if it is successful?

Why?

To make sure effective programs continue over time.

What?

Sustainability:

- Is the continuation of a program after the initial funding has ended and/or a new person takes over as program director (especially, if the person follows the well-known, well-liked, well-connected individual who created the program)
- Means that the time, expense and resources devoted to starting an effective program were a good investment with returns on the investment that will continue and grow
- Maintains the good outcomes your successful program has achieved for the participants, community and funders

How?

Program sustainability is hard and elusive. Program providers can plan, implement and evaluate a needed, effective program in a “Perfect 10” manner, and still not achieve long-term sustainability. Public and private sector leadership changes can bring changes in interests

and priorities. Funding sources can change their focus, or end totally. Stock market plunges can leave less funding available for corporations and foundations to contribute. National and state legislative bodies can determine that other issues are a higher priority than funding prevention, especially prevention efforts that include the words *teens, sex and/or pregnancy*.

Sustainability involves looking for **opportunities to connect the dots** between *youth, health, educational and community issues...* and connecting them in clear, compelling ways that have common-sense appeal.

Sustainability starts on day 1 of the program planning, and involves everyone (youth, staff, board members, organizational partners, influential community “friends” and the media). It involves *making the case* for prevention investments -- every day.

Sustainability involves **finding clear, fresh ways to talk about the importance of investing in the health and well-being of adolescents**, including effective teen pregnancy prevention programs and efforts. It also involves empowering and engaging youth themselves in articulating their health needs and their support of the types of programs that you are providing.

Key Points

The likelihood of continued support and funding depends on many factors, including:

- **The sponsor organization promotes the program as part of its mission and has the capacity and resources to support the program.**
- **The program has articulate and influential advocates – youth participants, staff and volunteers.**
- **The program is run well, is liked by participants and is effective in achieving the desired outcomes.**

In addition to positive evaluation results, a strong message and influential supporters, sustainability requires that someone or some work group related to the program takes the responsibility for preparing and promoting an ongoing financial development plan. This role needs to go to someone with financial development expertise -- someone who knows how to find and solicit funding sources, market the program to potential funders, prepare grants, manage the reports required by funding sources and keep the program in front of people who can provide the resources needed for the program to thrive.

Some things to think about when outlining a sustainability plan...

- Make sure the program is worth sustaining: Does it work? Does it address the needs of the youth and community it serves? Is the "yield worth the effort?"
- Identify who/what group has the capacity to plan and pursue program partners, resources and funding in an active, ongoing manner.
- Continually work on holding the current funding base while obtaining new funding and other resources.
- Work with state, county or city agencies to include the program in on-going public funding (e.g., block grants, state agency funding streams).
- Find program advocates or champions, like community leaders, to generate goodwill for the program and push for continued financial support.
- If you use volunteers, students or other in-kind resources for certain program activities, make sure your permanent staff members are trained in those activities as well, and that volunteers and groups providing in-kind support are recognized and thanked.
- Work to keep the Step 5 Capacities strong (e.g., staff retention, funding).
- Partner with established organizations that have compatible values to help build good relations with the community and to identify local advocates and leaders to promote for adolescent sexual health.

Tools for Step 10

- *Strategies for Sustaining Your Program*
- *Tip sheet: GTO Sustainability Recap*

Reviewing Step 10 – A Quick Checklist

Whether you are starting a new program or want to improve/expand an existing one, have you...

- Developed a Sustainability Plan
- Started discussions with your organizational leadership, program partners and key community members about sustaining the program
- Identified respected, influential program champion(s) to promote the program
- Have clear strategies in place for gradual financial self-sufficiency

Linking the Steps Together



Information gathered from other steps will help determine if a program should be continued, especially Steps 7, 8, 9. Information from Step 8 and Step 9 can help make the case for support from current and potential funders.

Strategies for Sustaining Your Program

There is limited information about how to effectively sustain programs. Below are some common-sense strategies to consider that may assist you with your programs' sustainability plans:

Program financing: Obtain new external funding to continue the program (e.g., obtain new grant funding). Talk with state, county or city agencies about including the program in existing public funding (e.g., block grants, state agency funding streams, other). Emphasize the need to include "evidence-based" program criteria in any the criteria for any new Requests for Proposals (RFPs). Diversify your funding streams, to the extent possible, to protect your program from being vulnerable to budget cuts from a single agency or source.

Program champions: Recruit an influential program advocate or champion (individual or group) to generate good will and support for the continuation of the program. The champion can be internal or external to the organization, such as a well-known and well-respected community leader. Having champions in various community sectors increases the visibility of your program and expands your potential base of support.

Training: If you use external program deliverers, such as university students/staff or volunteers, you will want your permanent staff to be trained, in order to increase the likelihood of sustaining the program once the external program deliverers are gone. Trained staff recruit and train new students or volunteers or can provide the programming themselves, help train others and help expand the base of support for the program.

Institutional strength: Work to maintain the capacities from Step 5, including staff retention and fiscal accountability. Your organization's board or your program advisory group may be especially helpful in continuing to strengthen the capacity to provide a strong, effective program over time that becomes an important part of the organization's scope of work and activities.

Integration with existing programs and services: Encourage the host organization or community to invest its own resources into continuing the program. Identify the appropriate "lead organizations" for the long-term sustainability of the program from the beginning and nurture their involvement and sustainability capacity.

Fit with host organization or community: Your program should demonstrate its value and document its effectiveness, when compared to pre-existing non-EB programs. This will strengthen the case to continue to invest resources in your effective EB program.

Managing controversy: Controversy can arise with any program and needs to be planned for ahead of time in a careful and thoughtful manner. Working in the field of teen pregnancy prevention means there will be program topics about which various people have different opinions and degrees of comfort. Even a small misunderstanding, lack of communication and/or difference of opinion can spin into a full-blown controversy... quickly. And, when the local media picks up on a controversy, the potential for embellishing, misrepresenting and/or blowing issues far out of proportion may increase dramatically. (This is especially true if it is "sweeps week" or "ratings month" for the particular media involved.) Building partnerships with established organizations that have compatible values and strong credibility in the community is one way to prepare to handle controversy. Developing trust and good relationships with key community leaders and organizations is another positive strategy, along with finding professional and articulate advocates for adolescent health and quality sexuality education who are experienced in speaking to these issues in public, should they arise.

Tip sheet: GTO Sustainability Recap

Step 1	Build relationships. Whether you are starting something new or refining an existing program, relationships are a key to your success. Get buy-in all along the way from a diverse group of participants, including young people!
Step 2	Use your logic model creatively. It will help you develop your interventions, and it can also be used to communicate your vision, mission, plans and results. Keep it fresh by updating it with new research and practices.
Step 3	Ground your work in <i>what works</i>! Use as many of the characteristics of evidence-based programs as possible to strengthen what you are doing. This will increase staff competence and confidence and help deliver an effective program.
Step 4	Take time to assess fit. The more aligned your program is with existing needs, resources and characteristics of the participants to be served and the community, the more likely your community will become engaged in it and support it.
Step 5	Develop important capacities. Training is important to ensure your staff and volunteers know how to deliver a program with fidelity. Cultural competence and effective youth development approaches are important elements to include. Ongoing training will enable new staff to keep up-to-date on your program.
Step 6	A good work plan tells your story. Designing and using a clear work plan optimizes the time, energy and resources you put into the program. It brings together all of the research, assessments, goals, desired outcomes and evaluation plans which help you track your work, communicate what you are doing and more easily attain the goals of an effectively-implemented program.
Step 7	Process is important. Identifying strengths, weaknesses and areas for improvement will increase your overall effectiveness which, in turn, helps build confidence in and support for your program.
Step 8	Positive outcomes are crucial. The core of sustainability is achieving the impact you desire in terms of behavior change in the youth being served by the program. This is essential -- clearly demonstrating the effectiveness of what you have done and tying it to your vision, goals and community needs.
Step 9	Revitalize your work. Looking for ways to continuously improve what you are doing keeps your work fresh and current, helping to strengthen your overall program.
Step 10	Plan for sustainability – from the start. Keeping an effective program going over time involves the constant promotion of your program with potential supporters, a whole lot of perseverance and a passion for your program and the young people it serves.

Evidence-Based Teen Pregnancy Prevention Program Resources

ORGANIZATIONS

Administration on Children & Families, U.S. Dept. of Health and Human Services

acf.hhs.gov/programs/fysb/programs/adolescent-pregnancy-prevention

Advocates for Youth

- **Science & Success:** advocatesforyouth.org/for-professionals/programs-that-work
- **Sex Education Resource Center:** advocatesforyouth.org/serced?task=view

Office of Adolescent Health, U.S. Dept. of Health and Human Services

- **Choosing an Evidence-Based Program:** hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/curriculum.html
- **List of EBPs approved for Federal funding:** hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/index.html
- **Searchable Database:** hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/tpp-searchable.html

Healthy Teen Network

healthyteennetwork.org/search/gcse/Effective%20programs

National Campaign to Prevent Teen & Unplanned Pregnancy

thenationalcampaign.org/featured-topics/sex-education-and-effective-programs

Oklahoma Institute for Child Advocacy - Power Through Choices, EBP for system-involved youth

powerthroughchoices.org

Sociometrics

A collection of effective program replication kits: www.socio.com/pasha.php

RESEARCH AND TOOLS

BDI Logic Model

teenpregnancy.ncdhhs.gov/docs/appp/forms/Sample-BDI-LogicModel.pdf

recapp.etr.org/recapp/logicmodelcourse/

recapp.etr.org/recapp/index.cfm?fuseaction=pages.ForumsDetail&PageID=464

recapp.etr.org/recapp/documents/BDILOGICMODEL20030924.pdf

Getting to Outcomes (GTO): rand.org/health/projects/getting-to-outcomes.html

Medical Accuracy - Definition: healthyteensok.org (Resources tab)

Youth Asset Study: healthyteensok.org (Resources tab)

Youth Risk Behavior Survey (YRBS) - Center for Disease Control and Prevention: cdc.gov/healthyyouth/data/yrbs/index.htm

Glossary

Activities	All of the actions needed to prepare for and carry out the program. This includes intervention activities, training activities, and staff debriefing, among others.
Adaptation	The process of making changes to a evidence-based program to strengthen it and make it more suitable to a particular population or organization's capacity without changing or removing core components.
Capacity	The resources (staff, skills, facilities, finances, technology, partnership capabilities and other resources) an organization has to implement and sustain a program.
Core components	The essential elements that are believed to make an evidence-based program effective, and which should be kept in order to maintain program effectiveness.
Desired outcomes	The specific changes you expect as a result of the program. Desired Outcome statements are also known as objectives.
Evidence-based program	A program that research has shown to be effective in changing at least one of the following behaviors that contribute to early pregnancy, STD/ HIV infection: delaying sexual initiation, reducing the frequency of sexual intercourse, reducing the number of sexual partners or increasing the use of condoms/contraceptives.
Fidelity	The faithfulness with which a evidence-based program is implemented. This includes implementing the program without removing parts of the program that are essential to the program's effectiveness (core components).
Fit	Compatibility between a program and the youth and community served. <i>Cultural Fit</i> refers to how well a program fits with the structure of behaviors, beliefs, values, customs, language and practices of a particular group of people.
Informed consent	Educating potential participants to make sure they can make an informed decision about participating in the program. Informed consent must be given freely, without pressure or coercion, and must be based on a clear understanding of what participation involves. This means more than just obtaining a signature on a form.
Objectives	The specific, measurable changes – the <i>desired outcomes</i> -- you expect as a result of your program.
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.
Stakeholders	Individuals and organizations that have a shared interest in your program's results. Stakeholders include participants, their families, your program staff and volunteers, funders and community organizations which share your vision.
Work plan	A written list of all of a program's activities, broken down by resources, personnel, delivery dates and accomplishments. A work plan includes specifying who will do what, when and where.



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